Global Child and Adolescent Psychiatry: Challenges and Opportunities in a Flattening World

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In the December 2012 edition of *World Child and Adolescent Psychiatry* (*World CAP*), the e-journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA-CAP), the late John ("Jack") F. McDermott, MD, who once chaired the section, concluded in an interview that "[a]s the world is flattening out, we are likely to see... a child and adolescent psychiatry... that becomes more globally encompassing in diagnosis as well as treatment...."[1] This article aims to promote his vision of global youth mental health through a review of current WPA-CAP section activities.

Mental health is an essential part of child and adolescent health and wellbeing. Children and adolescents constitute a special population that is particularly vulnerable to the effects of adversity and disaster, as well as social and economic upheaval. According to the World Health Organization, at any one time, 10-20% of youth experience mental health disorders. More striking is the increasing awareness that at least 75% of mental health disorders begin in childhood and adolescence. And there is some evidence that the prevalence of neurodevelopmental disorders is increasing (whether or not this also reflects increased incidence is unclear).[2]

Based on the foregoing, it is evident that there is a growing need for CAP services in both the developed and developing regions of the world. Without more skilled professionals, we are facing a public health crisis of major proportions; this is a crisis that if left unattended could have a profoundly negative impact on all of the health care needs of our youth.

In 1977, the World Health Organization recommended that every country throughout the world have a national plan for child mental health. The United Nations Convention on the Rights of the Child (1989) was the basis of a 1990 international law codifying the basic protections that should be accorded to children. Similarly, the 1961 European Social Charter secured the rights of children. The Charter's 1996 revision was expanded to include a list of core obligations among the signers, relating to the recognition of social, legal, and economic rights for children and young persons. These three international policies served as a stimulus for governments worldwide to develop national child and adolescent mental health policies and legislation.[3]

Despite the general consensus about the importance of youth mental health, and the policies and laws requiring that services be available, the scarcity of such services for children and adolescents remains worldwide, with evident detriments to children today and the adults that they will become in the future. It is not entirely clear how many child and adolescent psychiatrists there are in the world. In some sense, this lack of clarity reflects part of the problem.

With growing urbanization and industrialization, the demands on children and adolescents are increasing. There is a growing need for education and more sophisticated levels of adaptation in order to succeed in our ever more challenging world. And there are still far too many places where children face poverty, inadequate sanitation, limited health care and poor nutrition, as well as high levels of stress and exposure to violence and trauma; the latter two seem to be painfully common in even the most developed countries.[4]

Thousands of children and adolescent refugees are currently entering Europe. In 2015 there was a tenfold increase in the absolute number of unaccompanied minors in Germany and some other European Union (EU) countries.[5] In the EU-28, 26% of all asylum applicants in 2014 were minors (19% < age 14; 7% between 14 and 17.9 years). They are exposed to many risks

pre-flight, during their flight, and upon arrival; each stage can make these youth even more vulnerable to the risk factors that can then lead to the development of psychiatric illness.

Taken together, all of these factors serve to create or further complicate child and adolescent psychiatric disorders, which are among the most prevalent conditions facing today's youth as they struggle to successfully make the challenging journey to adulthood. Clearly, there is a great and growing need for child and adolescent psychiatrists, especially those who can apply traditional approaches to diagnosis and treatment in multiple cultural contexts and towards a growing level of complexity of problems. Sadly, these needs have been anticipated for more than a quarter century. Although CAP is a recognized specialty in much of North America and Europe, that is not the case throughout the world. Postgraduate CAP training, where it exists, is distinct and systematized and produces a workforce that can meet at least some of the health care needs of our youth. However, workforce distribution is such that there is often an uneven distribution of specialists and a subsequent shortage in rural areas.

Over the past few years, WPA CAP has developed a much more engaged membership and has become more active in terms of its interest in the health of children and adolescents as well as in the broader interests of the field. *World CAP* is a freely accessible forum to share information about contemporary challenges and potential solutions throughout the globe.[6] Through participation in conferences, visiting professorships, and other networking opportunities, WPA CAP members have fostered collaboration among child and adolescent psychiatrists seeking to expand services and to start programs aimed at growing or building skills in the workforce.

In order to extend our reach and provide evidence-based CAP services, it is imperative that we establish and maintain effective communication with our colleagues within our own and in related disciplines. By working closely with pediatricians, family physicians, psychologists, nurses, and other professionals, we can use our knowledge and skills to support their efforts, while teaching them how to optimize utilization of our services. Collaboration and co-location of services (either in person or virtually) will not only help patients but will imprint our role on the overall health care system.

The world calls each of us to learn a lesson or two from Dr. McDermott, who in the course of his education and career moved from the East Coast to Michigan and then to Hawaii, where he established strong programs focused on cross-cultural and indigenous child and adolescent mental health and collaborated both in person and remotely to establish CAP in the large and diverse nation of Indonesia. In thoroughly embracing and learning about diversity locally and in reaching out to the rest of the world, he advanced the science of our specialty and gave us both the inspiration and a concrete model to apply to make ourselves more globally relevant and accessible.

Take Home Summary

Only a small proportion of children needing health and mental health care ever receive them. The new challenges (including refugee and economic crises) put existing child and adolescent mental health services under even greater pressure and highlight the need for better services: more professionals and closer collaboration to address the mental health needs of children and adolescents worldwide.

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Disclosure: Dr. Skokauskas reports no biomedical financial interests or potential conflicts of interest.

Dr. Guerrero reports no biomedical financial interests or potential conflicts of interest.

Dr. Milavic reports no biomedical financial interests or potential conflicts of interest.

Dr. Leventhal has served on the advisory board of the Brain Research Foundation. He has served as a consultant to Illinois Children's Healthcare Foundation, and Janssen Research and Development, LLC. He has received grant support from the National Institutes of Health.

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