

Paediatric Mental Health in Pakistan: A Neglected Avenue

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Last few years have been phenomenal in improving the status of Paediatric health in Pakistan. An imperative avenue which has remained neglected, however, is the Paediatric Mental Health. Though country wide surveys are not available in literature, estimates gauge the prevalence of childhood mental disabilities in Pakistan to around 17% (8% mental retardation and 9% behavioural, emotional and pervasive developmental disturbances).^{1,2} Early identification and intervention has been implicated to improve clinical and social outcomes in most of these disorders.^{3,4} The multidimensional manifestations of these disorders make them liable to be picked in three different settings i.e., home, school and primary health care setting.

It has been shown by Wake et al⁵ that parents' prediction about developmental status of their children is often emotionally charged and not reliable in the long run. A general lack of education and awareness in our population further makes the Pakistani parents a poor candidate for screening of childhood mental disabilities. There is a dearth of local studies which can explore into the ability of Pakistani school teachers and general practitioners (GPs) to identify developmental and intellectual defects among children. However, in other studies it has been shown that majority of GPs in Pakistan are deficient in knowledge even regarding diseases as clinically common as hypertension.⁶ Considering these observations; coupled with the fact that GPs in Pakistan do not receive any formal training in Mental Health; it would be injudicious to consider Primary Care Level in Pakistan as an efficient means for screening of Childhood Mental disturbances.

We recommend a multi prong approach to combat the grim situation. The need of the hour is not to devise new strategies but to incorporate well planned steps into our existing setup. A structured developmental exam of every child on national immunization days and at the time of school admission by trained personnel can be the primary stride in this regard. Community volunteers can be properly trained and employed for this purpose. LHWs should be instructed to enquire not only about the child's physical health from the mother but also about his/her developmen-

tal status during their community visits. Instructions regarding childhood intellectual and behavioral disturbances can be imparted to primary school teachers during their refresher courses. The prevalent unhealthy trend of corporal punishment in schools should be discouraged and a psychiatric referral of children with subnormal intelligence or specific learning disabilities should be promoted. This will require an active involvement of both government and private educational institutions. Finally, mass media can be utilized to increase awareness regarding normal childhood developmental milestones among general public. This is the only way parents' assessment about their children can be made more objective. An effective screening at multiple levels would ensure an early detection of childhood mental disabilities. Consequently, through appropriate measures, life long morbidity of these patients could be effectually lessened if not prevented.

The Government needs to realize that by taking these measures, it will be spending less and saving more by reducing the mammoth economic burden it has to face every year in the form of permanently disabled population.

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