

Declaration of the Consortium for Global Infant, Child and Adolescent Mental Health

A mentally healthy infancy, childhood and adolescence is essential for the future wellbeing of our societies

The mental health of infants, children and adolescents is essential for sustaining healthy and productive societies. Threats to the mental health of children are recognized worldwide in the form of exposure to violence, malnutrition, poverty, disrupted families, lack of opportunities for self-sufficiency, and mental illness. Despite an increasing body of evidence documenting the objective costs to society of ill mental health in children and adolescents, meaningful policies and financial support are lacking.¹ In fact, in some nations child mental health is suffering a set back because of lack of access to services previously available. This is a critical period in world history when there is a need to redress past failures and focus with a heightened sense of urgency on a few steps that could be undertaken globally to improve the mental health status of children.

The World Health Organization (WHO) has documented in the Mental Health Atlas 2005² the worldwide absence of services for children with, or at risk for mental disorders. The gaps are universal but with obvious differences between countries due to economic development, historical precedent, and impact of current events. Where the number of children is greatest, the resources are the least! The Atlas demonstrated that long held beliefs that the United Nation's Convention on the Rights of the Child ensured a level of access to care and the fulfillment of a mentally healthy life, and that training of primary care clinicians would have alleviated the need for other service initiatives were not true. The absence of infant, child and adolescent-focused mental health policy appears to be a significant limiting factor to the support for appropriate care, and that current influences from industry are distorting the development of services in ways that undermine the growth of *rational care*.³

Lack of a skilled workforce hampers the delivery of needed services. This coupled with a lag in the ability of primary health care services to incorporate mental health interventions, and a failure of public health initiatives to highlight mental health issues has led to continuing gaps in care over decades despite the public pronouncements of needs. Proven interventions for infants at the beginning of life, including home visiting to benefit both the mother and child in their bonding and to recognize difficulties in mother-child interaction, have failed to be implemented in the face of considerable evidence for its effectiveness.

The imperfections in current diagnostic schema are acknowledged. Better understanding of the place of culture in both recognizing and ameliorating pathology is essential. Likewise, recognizing the singular importance of schools and the tragedies that result from school dropout must become

part of the public debate.

For the purpose of gaining a consensus on the needed steps an unprecedented coalition of interested parties has been formed, the *Consortium for Global Infant, Child and Adolescent Mental Health*, representing consumers and professionals across disciplines and a broad range of institutional supporters.⁴

The Consortium has endorsed the following recommendations:

Recognize a place for the consideration and utilization of child mental health intervention in international bodies such as WHO, UNICEF, UNESCO, the International Organization for Migration, the Office of the United Nations' High Commissioner for Refugees, and others who engage children and adolescents in the aftermath

Resources are the least where the number of children is greatest!

of war, natural disaster and other upheavals, and responsible for the mental health needs of children. Currently, in none of the identified organizations is there a focal point for infant, child, or adolescent mental health.

Foster the development of child and adolescent mental health policy as an integral part of health policy and health reform. Many guides to policy development exist with a most useful one being the WHO's child and adolescent mental health policy guidance.⁵

Recognize and support inter-sectoral responses to child and adolescent mental health. Utilize childcare, educational resources, community education resources, and health care promotion initiatives to focus on mental health as an essential component of health awareness.

Recognize and intervene at the earliest possible developmental stage to avert the consequences of growing up with conditions that interfere with healthy mental development. The field of infant mental health provides sophisticated guidance for promoting mental health. Likewise, it is now recognized that over 50% of all adult mental disorders begin before the age of 14.

- It is the intention of the Consortium to initiate a *Global Infant, Child and Adolescent*

Mental Health Report Card. Data will identify continuing gaps in policy, services, and economic support, and report on examples of distortions and crises in care. Core data for the Report Card will be derived through the resources of Consortium members but others are invited to participate in this global initiative.

- Further, the Consortium will initiate the free distribution of an annual *Yearbook* containing articles on best practices, newer scientific findings and systems development. The Yearbook will be specifically aimed to enhance the resources of low income countries.

In the final analysis the Consortium aims to alleviate the suffering of vulnerable infants, children and adolescents so that the trajectory for healthy development can be supported. The Consortium also seeks to gain a better understanding of the clinical and policy issues that either impede or support the ability to deliver culturally relevant, responsible and responsive services to infants, children and adolescent.

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¹ Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry*, 2008; 49: 226–236. Available at <http://www.blackwell-synergy.com/doi/full/10.1111/j.1469-7610.2007.01855.x>

²World Health Organization. *Mental Health Atlas 2005*. Available at: http://www.who.int/mental_health/evidence/mhatlas05/en/index.html

³Rational care defines care for children and adolescents that includes an appropriate diagnostic process, involvement of the family, recognition of the child's environment, treatment of any disorder in a manner that is based on efficacy and effectiveness, and the utilization of interventions that do not inappropriately utilize medications.

⁴Consortium members include the World Association of Infant Mental Health (WAIMH), International Society for Adolescent Psychiatry and Psychology (ISAPP), World Federation for Mental Health (WFMH), the International Alliance for Child and Adolescent Mental Health and Schools (Inter-CAMHS), and IACAPAP.

⁵World Health Organization. *Mental Health Policy and Service Guidance Package: Child and Adolescent*. Geneva, Switzerland: WHO, 2005. Available at: www.who.int/mental_health/policy/Childado_mh_module.pdf