



# Adolescent Mental Health Summit 2024

## **Child and Adolescent Mental Health: Steps Towards a Policy Framework**

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## Objective

This presentation is based on the: *WHO Mental Health Policy and Service Guidance package: Child and Adolescent Mental Health Policies and Plans. 2005*



Do we need a Child Mental Health Policy?

The objective of this presentation is to answer this question



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## Introduction

*“Children are our future. Through well-conceived policy and planning, governments can promote the mental health of children, for the benefit of the child, the family, the community and society” (WHO, 2005)*



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# The “Dreams” of Nations

We Live in a competitive world and no Nation wants to be left behind

Nations invest in Educational programs- to ensure that children and young people learn the skills:

- To achieve their potential, to sustain development and the growth of the Nation
- Every year a large number of children do not meet the set standards.
- These children are in some countries labelled failures.



## “Failures” or Mental Illness

How many of the children/youth labelled failures are living with undiagnosed and untreated mental illness?

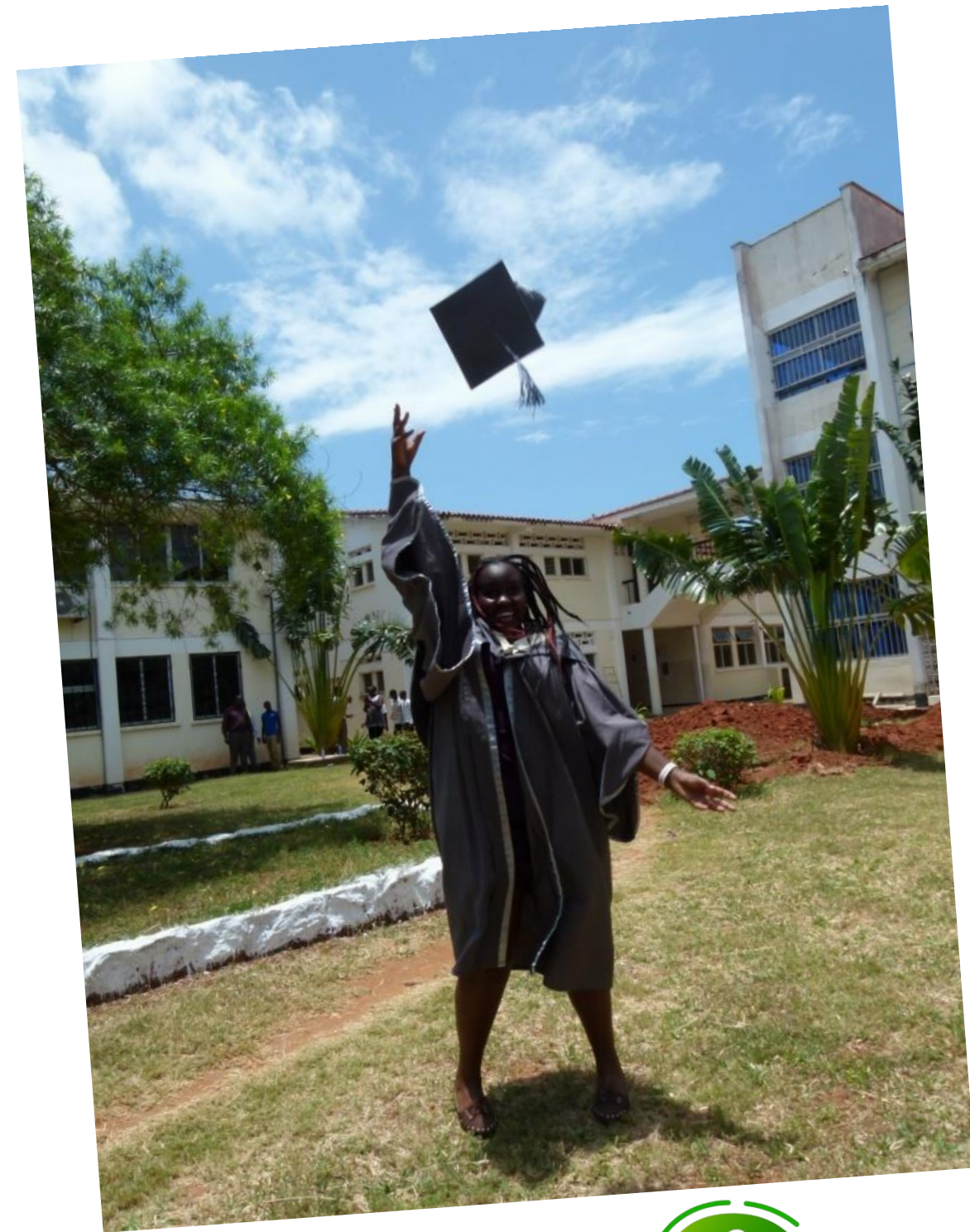
Who is a failure here?

Dr Gro Harlem Brundtland, Director-General of WHO said, *“Mental illness is not a personal failure. In fact, if there is failure, it is to be found in the way we have responded to people with mental and brain disorders”* (WHO, 2001b).



## The “Dreams” of Nations

“Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the level reached and the competence achieved in Psychological and social functioning.” (WHO 2005)



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## Background Information

10-20% of children and adolescents are likely to suffer from mental illness with the majority of these having been in adolescence (WHO 2020)

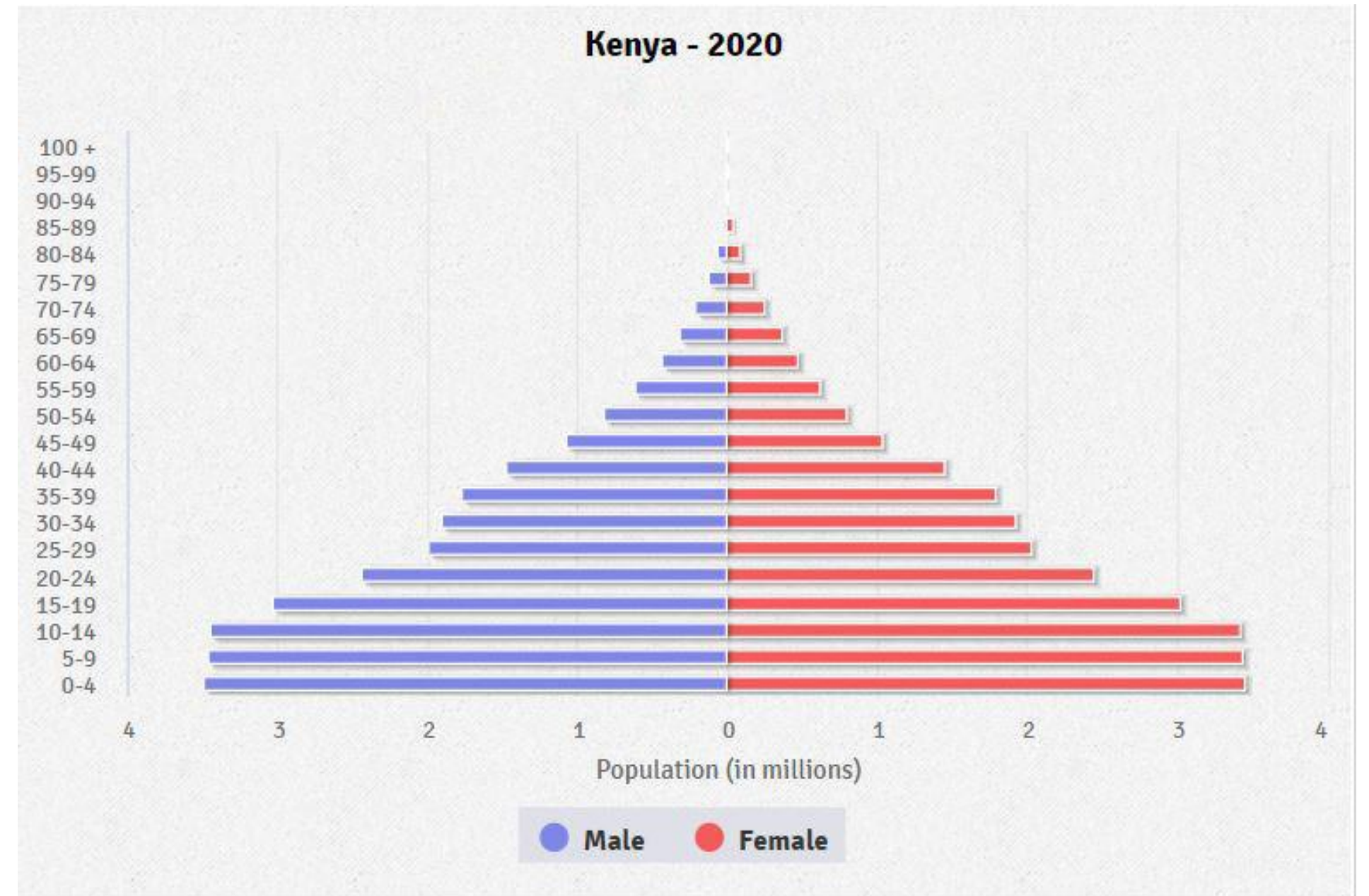
The prevalence of Mental disorders is even higher among children and adolescents/youth living with HIV

Depression is of particular significance, rated as being the 9<sup>th</sup> leading cause of illness and disability in adolescence, and closely linked to suicide in adolescence, which has been reported as the 3<sup>rd</sup> leading cause of mortality in the age group 15-19 years (WHO, 2020).



## LMICs Burden of Age Structure

The high prevalence of mental and neurological disorders in children and youth and, the huge treatment gap have dire implications in countries like Kenya and other LMICs where children and young people below the age of 25 years make up the bulk of the population





# Disorders in Childhood

- Intellectual disabilities (Mental retardation)
- Specific Learning Disorders
- Neuro-developmental disorders – Autism Spectrum Disorders
- Disruptive Behavior Disorders, impulse control and conduct disorders
- Post Traumatic Disorders and Adjustment disorders
- Eating Disorders,
- Elimination Disorders
- Anxiety Disorders- Attachment disorders and phobias
- Mood Disorders- Depression
- Schizophrenia



# Psychosocial and Environmental Risk Factors



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## Psychosocial and Environmental Risk Factors

Vulnerability to MI starts in pregnancy and progresses to childbirth, early childhood, adolescence to adulthood.

Children like Adults may experience difficult circumstances - abuse, trauma, homelessness, migration, poverty, HIV/ AIDS and other chronic disorders.

Difficult conditions and mental health problems can be interlinked back and forth- Difficult circumstances can predispose to Mental disorders, and Mental disorders can be a risk factor for difficult circumstances



# The Mentally Well Child

Child Mental wellbeing - Characterized-

- sense of identity,
- self worth,
- family, and peer relationships,
- ability to learn,
- Acquire coping skills that use developmental challenges and cultural resources

**Good mental health in childhood is a prerequisite to good mental health in adulthood**

*“Child is father of the man” William Wordsworth*



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# Approach to Management of Child & Adolescent Mental Disorders

- Child and Adolescent Mental Disorders are either not diagnosed or misdiagnosis in the Primary and Secondary health care settings
- Sick or “Bad”= lazy, disobedient



- Prevention-Minimize Risk factors and enhance protective factors
- Early detection, diagnosis and treatment



# Who delivers Child and Adolescent Mental Health Care

The child's environment is anchored in family and school

Additional Systems of care include Child Welfare, Children's Department, Pediatric Medicine and Psychiatric Medicine.

Others ?????



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## Treaties, Conventions and Policies

### **The Constitution of Kenya, 2010**

The well-being of the Kenyan people is covered under the Bill of Rights in the constitution of Kenya.

In the Bill of Rights, part 3– a specific application is dedicated to children and youth among other marginalised persons.

Every child has the right to (c) basic nutrition, shelter and health care and d) to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous exploitative labour.



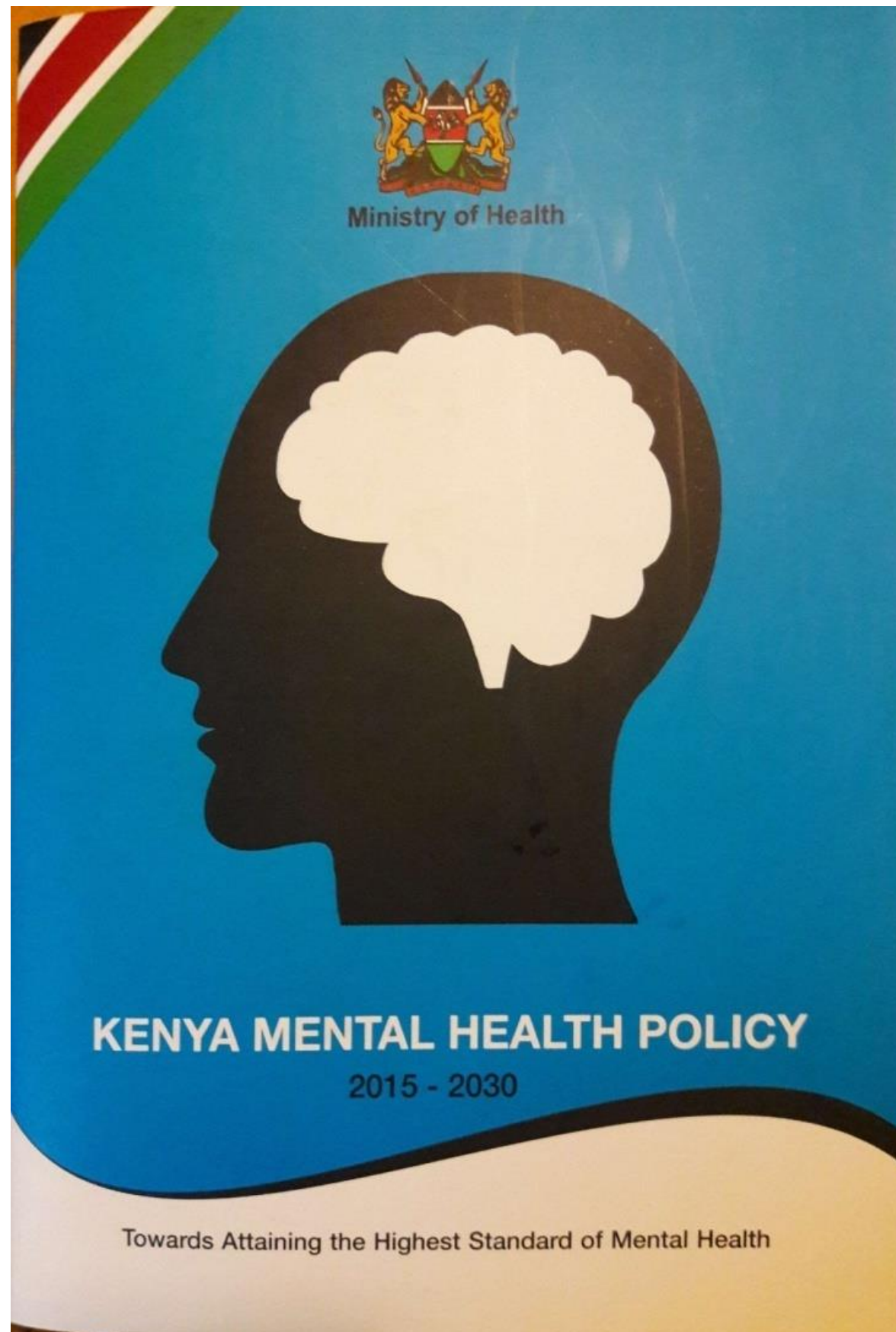
## Conventions, Acts and Policies

- The Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child
- The National Children's Policy Kenya (*GoK 2010*) – *This is the local framework through which the rights of the child are covered.*
- Educational policy and the National School Health Policy 2009
- The Sexual Offences Act (SOA)
- Kenya Health Policy
- National Adolescent sexual and reproductive health policy
- The Kenya Mental Health Act
- The Kenya Mental Health Policy: 2015 -2030





# Conventions, Acts and Policies



This policy is a great achievement for mental health for all Kenyans



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# Kenya Mental Health Policy: 2015 to 2030

- Aims at achieving “optimal health status and capacity of each individual” (pg 3)
- Anchored in a multidisciplinary and intersectoral approach
- Prevention- need to reduce poverty to improve mental health outcomes (pg 14)
- Treatment- mental health services should adopt the lifespan approach (pg 14)
- Development of programs for screening, early detection, and treatment (pg 14)
- Mental health and vulnerable groups (2.3.10) –a) Children and adolescents (pg 19)



# Child & Adolescence Mental Health Policy

- The danger of not having a guiding policy specific to the management of Children and adolescents- is the potential/prevaling fragmentation of care which is expensive and inefficient and probably not very effective-
- A CAMH policy brings together all the different stakeholders guided by the developmental approach that recognises the child's developmental stage can influence the vulnerability and expression of disorders and the treatment approach



## Child & Adolescence Mental Health Policy

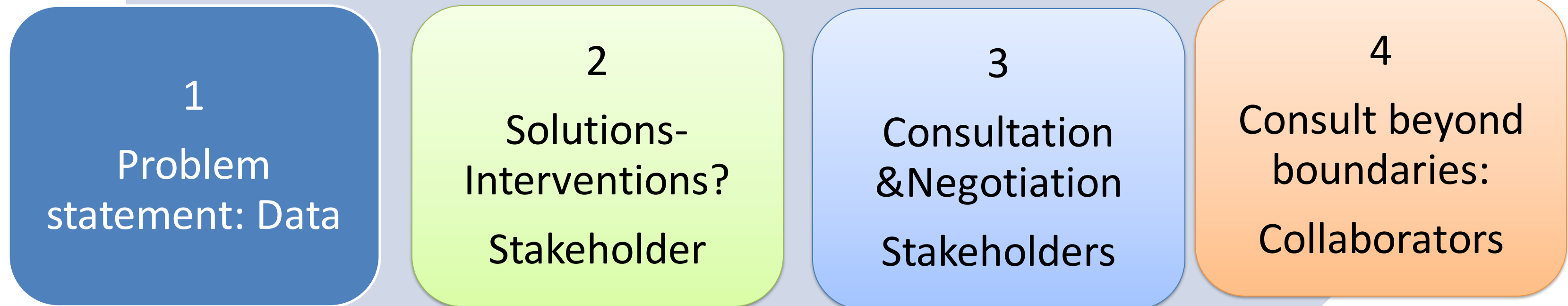
The lack of a CAMH policy means a lack of funds that prioritise and are specific to the Child and Adolescent mental wellbeing.



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# Steps to a Child & Adolescence Mental Health

## Policy



# Step 1: Data

Gather information and data for policy development

Prevalence of mental health problems among children



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## Step 2: Intervention Strategies

Gather evidence for **effective strategies**

Evaluation of international literature- successful and failed interventions

Efficacy does not always mean effective

Effectiveness is determined by taking into consideration issues of implementation-. When applying an intervention in a new setting –

**This calls for consultations with colleagues, policymakers and other stakeholders- to evaluate interventions**



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## Step 3: Consultancies and Negotiations

- Build consensus with all the relevant stakeholders from the beginning.
- Note: The social needs and interests of Children and Adolescents are met in different settings
- Increase buy-in with the relevant stakeholders
- Involving a wide range of stakeholders Highlight the stakeholder contribution to the mental well-being of C&A





## Step 4: Consult and Exchange Outside

Exchange with other countries—

- brings together consultants from several countries some with more experience and some at our stage



## Later Stages

Stage 5- Develop the vision, values, principles and objectives of the policy

Stage 6- Determine the areas of action

Stage 7- Identify the major roles and responsibilities of different stakeholders and sectors



# Together

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WE  
ACHIEVE  
MORE**

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The importance of involving all stakeholders from the beginning cannot be overemphasized



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## Key points

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- Child and adolescent mental health policies should promote the mental health of all children and provide treatment and care for children and adolescents with mental health problems.
- Child and adolescent mental health problems and disorders need to be seen in their wider social context.
- Children and adolescents with mental health problems and disorders are particularly vulnerable to stigma and discrimination.
- Mental disorders in children and adolescents vary according to their developmental stage.
- Factors that affect the mental health of children and adolescents can be divided into risk and protective factors.
- Risk and protective factors can be targets for intervention.
- Mental health interventions need to be sensitive to the developmental stage of children and adolescents and should take into account social and cultural differences.
- There is increasing evidence that prevention and treatment interventions are cost effective.

# References

*WHO Mental Health Policy and service guidance package: Child and adolescent Mental health Policies and Plans. 2005*

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WHO. (n.d.). *Child and adolescent mental health*. Retrieved September 10, 2020, from [http://www.who.int/mental\\_health/maternal-child/child\\_adolescent/en/](http://www.who.int/mental_health/maternal-child/child_adolescent/en/)

*Muthoni Mathai, Anne Wanjiru Mbwayo, Teresia Mutavi, and David Bukusi: Child and Adolescent Mental Health in Kenya: Do We Need a Child and Adolescent Mental Health Policy? In Child Behavioral Health in Sub-Saharan Africa. Edited by Fred M. Ssewamala, Ozge Sensoy Bahar, Mary M. McKay. Springer Nature Switzerland AG 2022: ISBN: 978-3-030-83707-5*



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**Thank you**

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