Child and adolescent psychiatry in Africa: luxury or necessity?

The issue of sub-specialization within a developing world setting has been raised as an issue for developing world psychiatrists.[1] The current editorial poses the question as to whether sub specialists in child and adolescent psychiatry are a luxury or a necessity. In a continent where over 50% of the population are children and adolescents and one in five will have a mental health problem[2], how appropriate is this question? Yet the question needs to be answered if effective Child and Adolescent Psychiatry (CAP) services are to be developed and extended in Africa.

Historically, psychiatric disorders of children and adolescents have been slow to be recognized, with those of infants being last of all. Generally, CAP services developed in Africa only in the second half of the 20th century. Invariably medical professionals established the kind of psychiatric services they were familiar with in the English-speaking countries of the northern hemisphere, or in France, Portugal and Spain. At the risk of over-simplification of the status of CAP in post-colonial Africa, the continent can be divided into three areas: South Africa, North Africa and the rest of sub Saharan Africa.

South Africa has provided a complete 2 year postgraduate training in Child and Adolescent Psychiatry for general psychiatrists since 1983. This training is available at several universities. At the time of writing, there are over 30 Child and Adolescent Psychiatrists registered with the Health Professions Council, more than half of whom are working in the public sector, mostly in joint academic/health department posts.[3] CAP services are generally tertiary level outpatient clinics, with some centres providing day and inpatient services. Programs in Infant Psychiatry are developing strongly in one or two centres. All universities recognize that Psychiatry is one of the 'big five' undergraduate academic subjects, and dedicated training time for Child and Adolescent Psychiatry is provided. The South African Association for Child and Adolescent Psychiatry (SAACAPAP) was established in 1978, and holds biennial congresses featuring international keynote speakers. SAACAPAP established the peer-reviewed Journal of Child and Adolescent Mental Health in 1989. Today the journal reflects a rapidly growing output of cutting-edge research from all over Africa, with an increasing number of contributions from outside the continent. In 2014 SAACAPAP will be hosting for the first time in Africa the World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). National Policy Guidelines for Child and Adolescent Mental Health were adopted by the Department of Health in 2001.

In North Africa, until the year 2000, most CAP services were provided by general psychiatrists with an interest in child psychiatry. In countries formerly colonized by France, the French psychodynamic model was predominant, as in day hospital programmes for psychosis or autism. Egypt developed a more eclectic approach. Over the last decade, the situation has changed rapidly, with moves towards formal CAP training and services. Tunisia has developed CAP as a specialty, independent from general psychiatry, training 3 to 4 new specialists per year. Morocco is also following this option. In Algeria and Egypt, although formal post-graduate training is available, most practitioners combine adult and child psychiatry in their daily work. Libya has no formal CAP services. The newly formed National Association of CAP in Morocco recently held its first congress, and a Tunisian Association is due to be constituted shortly. North African countries may be members of both AACAMH and the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP). Challenges faced by CAP in North Africa, besides the shortage of professionals, are stigma and lack of CAMH awareness, lack of CAMH policies, and services overwhelmed by neurological conditions such as intellectual disability and epilepsy.

Currently, for the rest of sub Saharan Africa, most of our information is from English-speaking countries. More than twenty Psychiatrists working in Anglophone sub Saharan Africa would have had some formal training in CAP, but few would have had more than one year of supervised training in a recognized training program. These 'child psychiatrists' are working full or part-time with children and adolescents, training medical students and other professionals, conducting research and lobbying for greater recognition and more resources for child and adolescent mental health in their countries. In terms of numbers and professional organization, Nigeria appears to be leading the field.

The Nigerian Association for Child and Adolescent Mental Health was recently established with 59 members. A minimum of 3 months' CAP training has always been a requirement in the curriculum for general psychiatry in Nigeria even though most centres have no services to implement this. To make up for the lack of CAP training, the West African College of Physicians organises in centres which do have CAP services, short updates for participants from around the country. The National Postgraduate Medical College of Nigeria is currently finalising the approval process for a two- year training programme in CAP. Since 1999 10 CAP facilities have opened around the country including 3 with inpatient facilities. Most of the services are provided by general psychiatrists, as there are only 5 psychiatrists with a minimum of two years supervised training in CAP in the country.

In 2005 a group of leading child psychiatrists from Africa initiated the African Association for Child and Adolescent Mental Health (AACAMH), which has been recognized by IACAPAP as the regional CAMH organization representing

Africa. AACAMH has close on 200 members of all disciplines. In 2007 and 2009 IACAPAP sponsored training programmes in Nairobi and Abuja for child psychiatrists from all corners of the continent. Perhaps AACAMH's greatest achievement to date has been the appointment of its chairperson, Dr Olayinka Omigbodun of Nigeria, as President of IACAPAP from 2010-2014.

The above-named achievements by CAP in Africa represent only a small inroad into the challenges posed by the largely unmet child and adolescent mental health needs on the continent. Neuropsychiatric conditions in children and adolescents account for a disproportionately large percentage of the burden of disease globally.[4] In Africa this does not take into account the impact of poverty and ongoing major environmental hazards like HIV/AIDS and war on the mental health of children and adolescents, among the many difficult circumstances in which children grow up. While the number of evidence-based treatments for children and adolescents is steadily growing, the assessment and effective treatment of the complex mental health needs of orphans heading households, or boys and girls abducted to become sex slaves or child soldiers requires highly specialised psychiatric skills. Only trained Child and Adolescent Psychiatrists have the skills to distinguish between disturbances of emotional development, psychiatric disorders, medical conditions, developing personality disorders, cultural presentations and the effects of family psychopathology. Who else is qualified to take medico-legal responsibility for assessing the risk to self or others of children and adolescents with serious mental illness? Who else has the skills to train and supervise those providing services at different levels of care to children and adolescents with complex psychiatric disorders?

While there are cogent arguments for the development of the subspecialty of Child and Adolescent Psychiatry in Africa, it is unlikely that 'third generation' subspecialties such as Forensic Child Psychiatry will receive the same support in the foreseeable future. Although isolated programs may develop in better resourced centres, no one country will have sufficient Child and Adolescent Psychiatrists or programs for the formal recognition of 'third generation' subspecialties.

In conclusion, we would like to offer an answer to the question: Child and Adolescent Psychiatry in Africa: Luxury or Necessity? If the argument is that there are too few psychiatrists in Africa to go round, and so all should be general psychiatrists, we propose that all psychiatrists be trained as Child and Adolescent Psychiatrists. Not only do approximately 50% of adult psychiatric disorders start before the age of 14 years[5], but CAP skills are arguably more naturally generalised to all ages than are those of general psychiatrists.

References

1. *Stein DJ, Szabo CP, Moussaoui D, Gureje O. Psychiatric sub-specialization in Africa – introduction to a series. Afr J Psych 2010; 13: 157-159*
2. *Patel V, Flisher A, Hetrick S & McGorry P (2007). Mental health of young people: a global public-health challenge. The Lancet 2007; 369: 1302-1313.*
3. *Personal Communication, Dr J Bentley*
4. *World Health Organization. World Health Report. 2001.World Health Organization, Geneva*
5. *Kessler R C, Amminger G P, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun T B Age of onset of mental disorders: a review of recent literature. Current Opinion in Psychiatry 2007; 20:359–364.*

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