



Psychiatry and Mental Health in Forensic Children and Adolescents

Ida Welle*

Department of Psychology, Geneva University Hospitals, Geneva, Switzerland

DESCRIPTION

Despite being a worldwide health priority, child and adolescent mental health services are severely lacking, especially in Low-Middle-Income Countries (LMIC), and as a result, they require extensive upgrading. Understanding the hardware components of the system is necessary for this (human resources, financing, medicines, technology, organizational structure, service infrastructure, and information systems). These components of Child and Adolescent Mental Health (CAMH) services and systems were the focus of this study [1].

Despite the fact that services are scarce, especially in low- and middle-income countries, child and adolescent mental health remains a global health priority. In order to strengthen health systems, it is necessary to comprehend a variety of landscapes, including the policy and resource landscape (which mostly represents hardware components of health systems) and the stakeholder landscape (which would describe both hardware and software elements of the healthcare system) [2].

While software typically refers to concepts and interests, relationships and power, values and norms, and the interactions between all factors and actors, hardware frequently refers to things like human resources, finances, medical technology, organizational structure, service infrastructure, and information systems [3].

To be responsive to the demands of the community it serves, a health system's various components must all be in balance. A good enough health system should have adequate, fairly distributed resources as well as human resources with the skills necessary to address population requirements.

South Africa, an upper-middle-income nation with some of the biggest economic and health inequities in the world, is the geographic focus of our research. In 2005, Kleintjes and colleagues undertook a situational analysis to assess major facets

of CAMHS services and systems in South Africa, Uganda, Zambia, and Ghana. South Africa had relatively greater CAMH resources than the other three sub-Saharan African countries [4].

We decided to concentrate our efforts on the Western Cape in order to conduct a more thorough situational analysis of CAMH. Two factors led to the choice of the Western Cape. First of all, it is one of the provinces with higher resources for health care, making it easier to do research there because there are more data sources, records, and mental health specialists available. Second, it serves as the foundation for our own clinical work at the University of Cape Town's Division of Child and Adolescent Psychiatry (DCAP). As a result, it serves as a representation of the direct and immediate health system and services in which we are involved and provides us with a solid knowledge and experience base from which to analyze and understand the data that is accessible [5,6].

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Correspondence to: Ida Welle, Department of Psychology, Geneva University Hospitals, Geneva, Switzerland, E-mail: Ida@welle.ch

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