Abstracts of the 5th International Symposium
„Global Mental Health - Mental Health in Developing Countries“

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Cornelius Oepen, Eschborn, Germany

Mental Health: Options for Integration in Primary Health Care Services

Mental health is a neglected issue in the provision of first line health services in developing countries. In West African former French colonies, a centre for about 100 neuro-psychiatric patients started in 1956 with a new approach trying to bridge the gap between modern medicine and traditional and faith based healers. In the World Health Report 1986, WHO focussed on mental health. Reports then estimated that about 20% of patients consulting in first line health services suffered from psychosomatic or neurotic illness and were thus mistreated in health care services oriented towards infectious diseases control. Another aspect concerned severe psychotic disorders that seemed to affect about 1 out of 1000 inhabitants. Nowadays, mental, neurological and substance-use (MNS) disorders are much more differentiated and recognised as a public health and research priority.

The author has worked for 35 years with German development cooperation in health systems development. He describes three different approaches from his own experience to integrate mental health services into Primary Health Care:

- A treatment “village” for severe psychotic patients and their relatives in Burkina Faso
- A diagnosis and treatment approach of epileptic patients in PHC services in Mali
- A proposal for integration of the treatment of patients suffering from post-traumatic stress after civil war in Libya.
William Sax, Heidelberg, Germany

Global Mental Health: Promises and Pitfalls: the View from Ethnology

To its supporters, the movement for “Global Mental Health” signifies a long-overdue recognition of the importance of mental health, and promises a de-stigmatization of mental illness and the provision of adequate services for those who have lacked them until now. To skeptics, the same movement appears to be a vehicle for the imposition of culturally inappropriate services and the introduction of dangerous psycho-pharmaceuticals in the interests of international capital. This presentation will critically examine both alternatives from an ethnological point of view, focusing especially on the outlook for India.

Andreas Warnke, Würzburg, Germany

Principles of Ethics in Child and Adolescent Mental Health

The ethical Framework of Clinical Care is based on the human rights of the child. The main ethical principles of this framework are summarized in the United Nations „Convention on the Rights of the Child“ (1989). From the point of view of child psychiatry, these principles were adjusted to the clinical and mental health care in the treatment of children and adolescents with psychiatric disorder. Guidelines are the „Declaration on Ethics” (Melbourne 2008) and the resolution „Assuring Mental Health for Children and Adolescents“ (Berlin 2004) of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Guidelines for Clinical Conduct are also given by „The Resolution of Madrid“ (1996) of the World Psychiatric Association. Within this ethical framework, this presentation will refer to principal ethical topics of clinical conduct: the very personal contact between staff member and the patient and parents; the standards of the patient's autonomy, support, non-maleficence, and justice, standards such as: respect confidentiality; do not exploit patient and caregivers; avoid sexual encounters; adhere to the truth when serving the interests of justice; and respect the rights of parents to give informed consent and the preconditions of involuntary treatment.

Pashupati Mahat, Kathmandu, Nepal

Child and adolescent mental health in Nepal

Introduction: The child and adolescent population comprises 45.97% of the total Nepalese population, out of which 36.28% are school going children. Mental health problems in children and adolescents have not been studied systematically. Methods: Five different articles are published about child and adolescent mental health in Nepal. Since there are limited research publications in this area, reports of the organizations working in child and adolescent mental health have also been reviewed to get a comprehensive picture. Most of the studies covered school children and two studies covered a population from a tertiary level hospital and community-level child guidance clinic. School
based studies followed mainly emotional and behavioral problems using the validated child behavioral check-list and clinical interviews from school psychologists, clinical psychologists and psychiatrists.

Findings: School based studies showed a general prevalence of emotional and behavioral problems in 14.7% of children. Boys had a two times higher number in the prevalence of emotional and behavioral problems. Externalizing problems were more commonly reported in boys while internalizing problems in girls. Externalization problems in boys were poor concentration, hyperactive behavior, destroying one’s own and others’ things in class, fighting with others, not obeying rules in the classroom. The internalizing problems in girls were fear of being alone, somatic complaints (pain in different body systems), hysterical fainting, depression and anxiety. Another study revealed a 14% prevalence rate of emotional and behavioral problems in primary level school children. More boys were disturbed with poor concentration, frequent aggressive behavior, running away from class or school absenteeism, and drug and alcohol misuse, while girls displayed fear, anxiety, and depressive symptoms. Studies on physically disabled children showed emotional and behavioral problems in 32%. Common problems were depression (22% adolescents) and anxiety (44%), social phobia (17%) and adjustment problems with peers and others (34%). Suicides in teen-age girls and boys are reported to be increasing every year. Hospital based data showed more cases of depression followed by anxiety disorder (Phobia, social anxiety, OCD), conversion disorder, and learning difficulties including mental retardation. Human resources and the service situation for child and adolescent mental health are still in a rudimentary stage. Child mental health clinics are in operation only in four places. On a community level some NGOs began to integrate child mental health programmes in schools and primary health services.

Discussion: Despite increasing problems in the mental health of children, it has not become a focus in the national level health plan, although mental health in general has become a priority for the government. Human resources development in child and adolescent mental health seems to be a major challenge as there are only few experts in this field. More investment for research and development of human resources in children’s mental health are recommended.

Andrea S. Winkler, Munich, Germany

Head nodding in children in East Africa: a new neuropsychiatric disorder

Background: Nodding syndrome, a newly recognized epilepsy disorder of sub-Saharan Africa, has been identified in three locations: northern Uganda, South Sudan and southern Tanzania.

Objective: We describe nodding syndrome and our knowledge of potentially involved pathophysiologic mechanisms across the three sites.

Method: We reviewed all the literature currently available and included our own unpublished observations.

Results: There are both similarities and dissimilarities across the three sites. The age of onset (5-15 years of age) is similar as are the clinical characteristics of the nodding episodes themselves. Detailed prevalence data are unavailable to date, but it is assumed that some thousands of children suffer from the illness and hundreds have been reported to have succumbed to it so far. A longitudinal study from Tanzania shows that the majority of children with nodding syndrome ultimately develop grand-mal seizures. Response to antiepileptic medication has been anecdotally observed, but efficacy has not been assessed in any controlled studies. Cognitive impairment is present in children with nodding syndrome,
but gross neurological abnormalities seem to be absent at least in the early stages of the illness. In northern Uganda and South Sudan children have been reported to be stunted in growth with delayed sexual development and some children demonstrate signs of malnutrition. Results of MRI investigations have been inconclusive and electroencephalography of affected children of northern Uganda has demonstrated that the nodding episodes themselves represent atonic seizures; results from southern Tanzania indicate the presence of atypical absence seizures. Cases of nodding syndrome seem to cluster in areas with high prevalence rates of onchocerciasis, although a causal association between nodding syndrome and infection with the parasite *Onchocerca volvulus* has not been demonstrated.

Conclusions: Nodding syndrome represents a new epilepsy disorder in the wider context of a progressive encephalopathy in at least three different sites of sub-Saharan Africa. Despite extensive investigations, the cause remains unknown, but there are puzzling results as to an association with the parasite *Onchocerca volvulus*. Further studies to determine the prevalence, epidemiology, possible causal factors, and management and treatment options are needed in all affected areas.

Kerstin Mannert, Munich, Germany

**Trauma, Post-traumatic Stress Disorder, and Quality of Life in Ethiopia’s Street Youth at a Rehabilitation Center**

Street youth are at high risk for traumatic events and show disproportionately high rates of post-traumatic stress disorder (PTSD); in addition, quality of life (QOL) tends to be lower among the homeless than the general population. Little research has been performed on trauma, PTSD, and QOL among street youth in low-income countries. Therefore, we interviewed 84 male and female street youths aged 6 to 20 from a community-based rehabilitation program in Jimma, Ethiopia, with the Amharic version of the Diagnostic Interview for Children and Adolescents (DICA) and the World Health Organization QOL questionnaire (WHOQOL-BREF). Eighty-three percent of the street youths had experienced at least one traumatic event, and 25.0% met DSM-IV criteria for PTSD. QOL did not differ significantly between those with and without PTSD. PTSD rates were lower among street youths who had been living with their mother before entering street life. Mean general QOL and health scores differed significantly between the groups assessed at the beginning and end of the program, despite similar PTSD rates. The findings underline the important role of rehabilitation programs in improving QOL among street youth and the necessity of offering suitable treatment to trauma-exposed youth to prevent the development of psychiatric disorders.
Anselm Crombach, Konstanz, Germany

Children in Burundi: Treatment of Traumatic Stress and Aggressive Behavior

Reactive aggressive responding, such as fearful or angry impulsive behavior to perceived threats as well as appetitive aggression, i.e. violence-related feelings of power, excitement, and pleasure, characterized by positive valence, increase the risk of engaging in routine violence. Insecure and violent environments foster both forms of aggressive behavior. We tested whether exposure to the memories of aggressive acts by means of Forensic Offender Rehabilitation Narrative Exposure Therapy (FORNET; 5 sessions) would reduce involvement in everyday violence and produce beneficial effects for mental and physical health. In a Burundian residential center for former street children, we identified a subset of 32 male youths (mean age 17 years) who scored highly in appetitive aggression. All of them had lived for several years in the center, went to school, with the aim of eventually being reintegrated into society. We conducted a randomized controlled trial assigning matched pairs to either receive FORNET or treatment as usual. During initial assessment and follow-up (4-7 months after completing treatment), we assessed appetitive aggression, recent offenses, symptoms of Posttraumatic Stress Disorder (UCLA PTSD Index), and physical health complaints. During the follow-up, the 16 youths who received FORNET reported having committed significantly fewer offenses (Hedges g = .64) and presented with fewer physical health complaints (Hedges g = .56) than their matched controls. However, they did not differ regarding appetitive aggression and PTSD symptom severity. In conclusion, FORNET reduces the vulnerability to stress-induced health complaints and is a promising approach to diminishing routine violence of male adolescents.

Reiner Frank, Munich, Germany

The Process of Implementing Mental Health Care for Children in Jimma, Ethiopia

Need: Mental health care is scarce in low-income countries, especially for children. In Ethiopia there is one clinic for child psychiatry in the Capital Addis Abeba for a population of about 80 million people. The exchange program between Ludwig-Maximilians-University Munich, Germany and Jimma University, Ethiopia, (Jimma-LMU-Link) has supported capacity building in mental health since 2009. Child psychiatry is part of a graduate program for non-physicians at the department of psychiatry, Jimma University, Jimma, Ethiopia. Course child psychiatry: A course in child psychiatry of two weeks duration was held in November 2010, February 2012 and February 2013. The aim was to promote clinical skills as well as teaching capacities. During the first week, the focus is on observation and assessment; during the second week, on decision making and developing a plan for management. Training is to strengthen clinical skills on how to handle children with mental retardation and behaviour problems. At childhood age, treatment modalities are mainly psychosocial interventions. Examples are the offering of occupational activities which are meaningful for the patient and listening to patient and family with a supportive attitude. Four graduates from the first training course and one graduate from the second course became members of the staff of the psychiatric clinic. Actual situation as seen by local experts: The outpatient service takes place on a daily base. The special service for children is once a week. Children are coming not only from Jimma
town, but also from the countryside. Sometimes they spend two or more days to get the service if they come from distant places. Examples of severe conditions are learning disability with behavioural problems/psychosis, bipolar disorder, or epilepsy. Contact to schools is one element of community orientation and has been established meanwhile. A research project is going to determine the prevalence of behaviour problems in primary schools in Jimma town. Perspective: One element of community orientation, which is still missing, is to establish a self-help group of families. School based screening and interventions are needed in addition to clinical care. Awareness creation among parents and teachers with parallel development of diagnostic and treatment facilities is going to be expensive and the government must be convinced to invest in this.

Conclusion: A model graduate program has been developed and implemented successfully. Child mental health care in Jimma still is in its infancy. The psychosocial aspect of care is very much lacking. In the near future, the exchange program has to support clinical, educational, and leadership capacity. For the long-term, continuing education, support and monitoring will be necessary for sustainability and faculty development.

Manuel Parra, Santiago, Chile

"Surfing the waves?". Steps in building a Psychiatry Service for the community in a public General Hospital in Santiago, Chile

This is the narrative of the slow and difficult process of building a Service of Psychiatry and Mental Health (SPMH) in a General Hospital (GH) in the central districts of the capital city of Chile. Under the mandate of the 1993 National Mental Health Plan, about 100 patients with residence in these districts were discharged from one of the asylums in Santiago in 1994. Most of them had more than 15 years of residence in the asylum. Resources were transferred to start a Service of Psychiatry and Mental Health in the GH. In parallel, a training programme was started in 1995-1996, in alliance with a University, with the sponsorship of Ministry of Health. Psychiatrists trained in this specialization programme came from different regions of the country, with the duty to return for creating new services or reinforcing the existing ones, under the framework of the National Plan. Obstacles and barriers confronted in this process are described. The following are the main examples:

- Assignment of human resources was not accompanied with the facilities inside the GH; as a result, more than 8 years passed from the starting of the SPMH in a Primary Healthcare Center in the neighborhood (1 km) to its moving inside the GH, in spite of the programme of Liaison Psychiatry running from the beginning.
- Pharmacy was insufficient from the beginning; it took 14 years to establish the supplies for the pharmacy.
- Beds were also not allocated until 2008; the earthquake of 2010 destroyed them, relocating less beds in precarious facilities.
- A day hospital was started in 1994, with personal donations of the staff and allocation of precarious facilities; a definite home was allocated in 2009.
- Support for academic development was insufficient, in spite of its success. This was based on personal involvement of the staff. The health authority pressed from time to time to reduce academic activities and to reallocate hours of the staff.
- An anti-stigma campaign started from the beginning and it was reinforced in 2000 with the adscription to the WPA Campaign. It received scarce support from the health
authority, who moved the human resources assigned as leaders in the campaign to other duties in the GH.

- It required 10 years to establish a network with the PHCs for filtering pathology to be derived to the SPMH and to receive specialists support.

The solutions that were implemented are discussed. Currently, the SPMH has crowded facilities for the outpatient clinic. Beds are few in precarious and crowded inpatient facilities. Anti-stigma and academic programme didn't survive. The difficulties to build a Service have been exhausting for several teams. Promises of improvement are scheduled for February 2014. At least, the current team is working together, the pharmacy has become stable, and the national programmes for Schizophrenia, Depression and Bipolar Disorders are working on time.

Mesali Jemal, Adama, Ethiopia

One psychiatrist for 30 million People - initiating psychiatric services

1. Background information on Ethiopia and the Oromiya region.
2. History of psychiatry
3. Service development: - Teaching and recruiting activities - Crisis intervention unit - Community outreach service - Outpatient service - Consultation psychiatry - Child psychiatry - Drug formulary for the hospital - Integration of psychiatric services in a technology university.
4. Future plans

Martina Bungert, Lindenberg, Germany

Community Mental Health Program in Rural Nepal

The NGO “Centre for Mental Health and Counseling Nepal” plays a pioneer role in building up basic services for mentally ill and epileptic patients in rural Nepal. With only 30 psychiatrists for 27 Million people, no mental health services are available for most of the population. In remote areas, where there often are no doctors at all, health assistants are trained and supervised. The program takes place in government health posts and district hospitals in cooperation with the district health offices. Additionally, members of local NGOs, who work in the psychosocial field, receive training in basic counseling skills to serve as referral posts. The program includes awareness-raising activities for the community, for example in conducting exhibitions, health camps, workshops for female community health volunteers, and traditional healers. A program to make psychotropic drugs available on the community level is included. In evaluations, the feedback of patients and their relatives and figures of utilization show that the program is successful.