

Advanced Seminar: Global Perspectives in Child and Adolescent Mental Health

*Course number: V05.0202; 4 points credit.

* Instructors: K. Ron-Li Liaw, MD, Clinical Instructor of Child and Adolescent Psychiatry; Munira Olia, MD, Clinical Instructor of Child and Adolescent Psychiatry

*This course will be first offered in spring of 2009 and each spring thereafter.

*Prerequisites: Child and Adolescent Psychopathology (V05.0101) or consent of instructor.

Course Description:

The United Nations Convention on the Rights of the Child in 1989 recognized “that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child’s active participation in the community.” Although these rights have been nearly universally accepted, still there has been relatively little focus on child and adolescent mental health around the world. International epidemiological studies suggest that up to 20% of children and adolescents suffer from a significant mental illness, but how mental health and illness are perceived varies greatly around the world.

This course begins with an overview of the magnitude and scope of child and adolescent mental illness globally by reviewing international epidemiological studies. The most commonly identified child and adolescent mental illnesses, including mood and anxiety, post-traumatic, disruptive behavior, and substance abuse disorders, are then examined from various cultural perspectives. The ways in which geo-socio-politico-economic factors, specifically war and conflict (child soldiers and displacement), child exploitation (labor, prostitution and drug-trafficking), structural violence and poverty, and HIV/AIDS (illness and orphans), affect child development and mental health are also studied. In addition, we investigate available global resources in relation to unmet needs and explore why countries having the highest proportion of children are least likely to have specific child mental health policies. Finally, we explore barriers to care, including stigma, which remains one of the greatest impediments to the proper recognition and treatment of mental illness in both high-income and low-income countries. Throughout the course, selected case studies from the Americas, Africa, Europe, South-East Asia, East Asia, and the Middle East are employed to highlight key concepts.

The course meets once weekly using a combined approach of lecture, recitations, readings, and film. Lectures and readings serve to present epidemiologic data and teach key concepts. Recommended primary narratives and documentary films reviewed between sessions enhance cultural awareness and understanding of underlying concepts. Weekly recitations provide an opportunity for critical thinking and active discussion.

Course Aims:

Knowledge

Students will learn about:

1. The global prevalence and burden of child and adolescent mental illness; and
2. The impact of geo-socio-politico-economic factors on child development and mental illness.

Skills

Students will be able to:

1. Critically examine how views of mental health and illness vary across cultures; and
2. Assess global resources and barriers to care.

Perspectives

Students will develop:

1. A sensitivity to the varied perspectives of mental illness in children and adolescents around the world; and
2. An appreciation of the complexities involved in developing global mental health policies and programs.

Course Syllabus:

Session: Course Topic

1-2 **Introduction:** Using epidemiological studies, we present an overview of the global magnitude of child and adolescent psychopathology and the burden of untreated mental illnesses. We also introduce some of the most important geo-socio-politico-economic factors affecting children's mental health. The impact of these factors on child and adolescent development are explored further in subsequent classes. Finally, the dearth of global policy and program development is highlighted in order to stress the need for understanding and action.

Assigned readings:

1. World Health Organisation (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. Geneva, Switzerland: WHO.
2. Prince M, Patel V, Saxena S, et al. No health without mental health. *Lancet* 2007.
3. Carlson M. Child rights and mental health. *Child and Adolescent Clinics North America*, 2002, 10(4): 825-839.
4. Kessler RC, Berglund PMBA, Demler O, et. Al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Study Replication. *Arch Gen Psychiatry*, 2005, 62(6):593-602.
5. United Nations (1989). *The convention on the rights of the child*. Adopted by the UN General Assembly, 20 November.
6. World Health Organisation (2005). *Mental Health Atlas, 2005*. Geneva, Switzerland: WHO.

3

Children’s Mental Health Throughout the World: This session begins with two questions: (1) What represents an emotionally well child; and (2) what constitutes psychopathology? These questions are addressed from various international perspectives. Beginning with the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* and the ICD-9, we examine the Western psychiatric perspective of mental illness as a set of discrete, heterogeneous, phenomenological disorders. We then examine how the term “common mental disorders” is used in order to study disorders globally. We focus in subsequent sessions on the differing cultural perspectives of the most commonly identified child and adolescent mental illnesses, including mood and anxiety, post-traumatic, disruptive behavior, and substance abuse disorders.

Assigned readings:

1. Belfer ML, Remschmidt H, eds. *The Mental Health of Children and Adolescents: An area of global neglect*. US: Wiley, April 2007. (Chapter 3: The Epidemiology and Burden of Child and Adolescent Mental Disorder)
2. Kleinman A. *Rethinking psychiatry: From cultural category to personal experience*. New York, The Free Press, 1988. (Chapters 1-4)
3. American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. Washington, D.C.: American Psychiatric Assn. (selected sections)
4. Shaffer D, Fisher P, Dulcan MK, Davies M, Piacentini J, Schwab-Stone ME, Lahey BB, Bourdon K, Jensen PS, Bird HR, Canino, G, & Regier DA. (1996). The NIMH Diagnostic Interview Schedule for Children, Version 2.3 (DISC-2.3): Description, acceptability, prevalence rates, and performance in the MECA Study. *Methods for the epidemiology of child and adolescent mental disorders study. Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 865-877.
5. World Health Organisation (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. Geneva, Switzerland: WHO.

Assigned films:

“Seven Up” and “7 Plus Seven” (d. Michael Apted, 1964 and 1970, GB)

4

Mood and Anxiety: Approximately one person commits suicide every second globally, and suicide is the third leading cause of death among youth aged 15 – 24 years in the United States. Depression and substance abuse are strongly associated with suicides; however, there are also many complex sociocultural factors contributing to high suicide rates among adolescents throughout the world, which are discussed during this session. Furthermore, anxiety disorders, which frequently occur comorbidly with depression and often lead to social isolation and extensive functional impairment, are also discussed.

Assigned readings:

1. Murray CJL, Lopez AD, eds. (1996) *The global burden of disease*. Geneva: World Health Organisation.
2. Kleinman, Arthur, and Byron Good. 1985. *Culture and Depression*. (Chapters 2, 9, 10)
3. Good, Byron. 1997. Studying Mental Illness in Context: Local, Global, or Universal? *Ethos* 25: 230-248.

- 5** **Post-Trauma:** One billion people (about 1/6 of the globe) suffer from impairing post-traumatic symptoms. In light of frequent natural disasters and continued armed conflict worldwide, the need to understand conflicting views on the impact of trauma on children and adolescents is underscored.

Assigned readings:

1. Herman, J. *Trauma and Recovery*. New York: Perseus Books Group, 1992 (96-115)
2. Mollica, RS. *Healing Invisible Wounds-Paths to Hope and Recovery in a Violent World*. 2006 (62-88)

- 6** **Disruptive Behaviors:** Disruptive behaviors occur within a host of childhood syndromes which create costly public health problems worldwide. Children and adolescents with ADHD or conduct disorder in the US often have co-occurring problems, such as depression or anxiety, and may display severe impairments in many domains of functioning with long-term consequences on academic performance, vocational opportunities, and social and emotional development. Cross-cultural studies are used to compare and contrast variations of these syndromes in other countries.

Assigned readings:

1. Lewis, DO. From Abuse to Violence: Psychophysiological Consequences of Maltreatment. *J.Am.Acad.Child Adolesc.Psychiatry*, May 1992, 31(3): 383-91.
2. Wasserman, G.A. et al. Risk and Protective Factors of Child Delinquency. *Bulletin Series, US Dep't of Justice*. 2003.
3. World Health Organisation (2002). *World report on violence and health*. Geneva, Switzerland: WHO.

- 7** **Substance Use:** Substance use in children and adolescents is a worldwide phenomenon. An understanding of the various forms of abuse and associated risk factors are important as substance use fares central in any discussion of violence, crime, and high risk behaviors.

Assigned reading:

Bourgois, Philippe. *In Search of Respect: Selling Crack in El Barrio*. Cambridge University Press; 2 edition, 2002. (Chapter 1, 2, 7)

Assigned film:

“Children Underground” (Edet Belzberg, 2002, Romania)

- 8** **Global Challenges:** Here we examine in depth the geographic, social, political, and economic factors that affect children’s development and mental health. Aspects of normal development are reviewed and compared to developmental trajectories of children affected by these factors. Subsequent sessions focus on specific factors and their effects on children’s mental health, such as the impact of war and conflict (child soldiers and displacement), child exploitation (labor, prostitution and drug-trafficking), structural violence and poverty, and HIV/AIDS (illness and orphans).

Assigned reading:

Shweder, Richard. 1990. Cultural Psychology -- What Is It? In *Cultural Psychology: Essays on Comparative Human Development*. James W. Stigler, Richard A Shweder, and Gilbert Herdt, eds. Cambridge Un Pr.

Midterm papers due

- 9** **War and Conflict:** Over six million child combatants have been killed or injured in the past decade. Instruments of international law, such as the U.N. Convention on the Rights of the Child, prohibit the use of child-combatants, but these treaties have been ineffective in actually reducing the prevalence of child-soldiers. The impact of child soldiering and displacement are examined during this session, using case studies from the Middle East, Sierra Leone, Uganda and Sudan.

Assigned readings:

1. Beah I. *A Long Way Gone: Memoirs of a Boy Soldier*. New York: Farrar, Straus and Giroux, 2007. (37-43, 58-68)
2. Singer, PW. *Children at War*. University CA Press, 2006. (9-36)
3. Rosen, DM. *Armies of the Young: Child Soldiers in War and Terrorism*. Rutgers University Press, 2005.

Assigned film:

“Invisible Children” (J Russell, B Bailey and L Poole, 2003, Uganda)

- 10** **Child Exploitation:** There is inherent violence in child exploitation which significantly impacts child mental health. In 2004, an estimated 191 million children aged 5-14 years were at work globally. Drug trafficking is a unique risk factor that is strongly associated with exposure to other forms of community violence and involvement in high risk behaviors. Each year over a million children are exploited in the global commercial sex trade. Case studies from China, Brazil, Thailand, and India are used to study child labor, drug trafficking, and prostitution in context.

Assigned readings:

1. Guarcello, L., Lyon, S., Rosati, F.: Impact of working time on children's health (Geneva, IPEC/UCW, 2004)
2. Hecht, Tobias. *At Home in the Street: Street Children of Northeast Brazil*. Cambridge University Press, 1998. (Chapters 1, 5, 7)
3. International Programme on the Elimination of Child Labour *Global Child Labor Trends 2000-2004*. April 2006.

Assigned film:

"Born into Brothels" (Ross Kauffman and Zana Briski, 2004, Calcutta)

- 11** **Structural Violence and Poverty:** The concept of structural violence and the ways in which poverty, social structure, stress, shame, discrimination and denigration affect child and adolescent mental health are explored around the world. About half of the world's 2.2 billion children live in poverty. Approximately 270 million have no access to health care, and an even greater number have no access to mental health care. Case studies from the US, South Africa and Iran are used to compare and contrast the various ways in which structural violence and poverty affect children's mental health.

Assigned readings:

1. Farmer, Paul. Rethinking Medical Ethics: A view from below. *Developing World Bioethics* Volume 4 Issue 1 Page 17-41, May 2004.
2. Farmer, Paul. *Pathologies of Power: Health, Human Rights and the New War on the Poor*. University of CA Press, 2003.

Assigned films

"The Boys of Baraka" (Rachel Grady and Heidi Ewing, 2005, USA/Kenya)
 "Love and Diane: Examination of poverty, welfare and drug rehabilitation in the United States today." (d. Jennifer Dworkin, 2002, NYC)

- 12** **HIV/AIDS:** At the end of 2005, there were an estimated 2.3 million children living with HIV worldwide, and over half a million are newly infected each year. Fifteen million children were orphaned due to AIDS in 2004. Specific examples from particularly affected regions in Sub-Saharan Africa, India, and Romania are used to study the effects of the illness and its consequences on child mental health.

Assigned reading:

World Health Organisation (2002). *Young People and HIV/AIDS: Opportunities in Crisis*. Geneva, Switzerland: WHO.

Assigned film:

"Today the Hawk Takes One Chick" (d. Jane Gilooly, 2008, Swaziland)

- 13** **Barriers and Resources:** This session provides an overview of the resources allocated to children’s mental health with a specific focus on government funding, policy and program development, and human capital. We address barriers to care, such as stigma, lack of prioritization and funding, and deficient training of care providers.

Assigned readings:

1. Saraceno B, van Ommeren M, Batniji R, et al. Barriers to improvement of mental health services in low-income and middle-income countries. *Lancet* 2007.
2. Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity and inefficiency. *Lancet* 2007.

- 14** **Innovative Programs and Future Directions:** In this session students have an opportunity to dialogue with a panel of experts actively engaged in addressing global children’s mental health issues. Experts will include: (1) Dr. Myron Belfer, Professor of Psychiatry, Harvard Medical School and former WHO Senior Consultant for Child and Adolescent Mental Health; (2) Dr. Gary Belkin, Bellevue Hospital Deputy Director, Department of Psychiatry and Representative of the World Federation for Mental Health; and (3) Dr. Manuel Trujillo, Director of the NYU Program for Public and Global Psychiatry.

Assigned readings:

1. Shatkin JP, Belfer ML. The global absence of child and adolescent mental health policy. *Child and Adolescent Mental Health*, 2004, 9(3):104-108.
2. Patel V, Araya R, Chatterjee S, et al. Treatment and prevention of mental disorders in low-income and middle-income countries. *Lancet* 2007.
3. Jacob KS, Sharan P, Mirza I, et al. Mental health systems in countries: Where are we now? *Lancet* 2007.
4. World Health Organisation (1999). *Partners in life skills education*. Geneva, Switzerland: WHO.

- 15** **Wrap-Up:** Students give a brief presentation of their final papers, and all students have the opportunity to discuss their work.

Final papers due

Examinations and Grades:

- 1) Class Participation (10%): Students are graded upon their participation in the class, as evidenced by their attendance, questions, and contribution to the discussion.

- 2) Weekly Response Papers (30%): Students are required to write a two-page response paper for 10 of the sessions based upon the week's assigned readings, films, and class discussion.
- 3) Midterm Paper (20%): Students are given a choice of essay topics from which to base a 5-7 page paper using previously assigned readings and material from class.
- 4) Final Paper (40%): Based on their individual areas of interest, students choose a topic to research in greater depth. Each student meets individually with the course instructors to discuss his/her proposed topic. The final paper is 15-20 pages in length and is presented briefly at the final session.

Assigned documentary films for home viewing include:

“Born into Brothels” (Ross Kauffman and Zana Briski, 2004, Calcutta): A documentary about children growing up in the brothels of Calcutta. This movie serves as a starting point for a discussion of childhood exploitation as it portrays both child labor and prostitution, in addition to the effects of structural violence and poverty.

“The Boys of Baraka” (Rachel Grady and Heidi Ewing, 2005, USA/Kenya): This documentary portrays a group of 12 year-old boys from Baltimore ghettos who were chosen to study in an experimental school in Kenya. This film is used to examine disruptive behaviors in the context of structural violence and poverty.

“Children Underground” (Edet Belzberg, 2002, Romania): This documentary film follows five homeless children in Romania and is used to examine the effects of governmental policy, substance abuse, poverty and homelessness on children's mental health.

“Invisible Children” (J Russell, B Bailey and L Poole, 2003, Uganda): This documentary exposes child soldiering in Uganda.

“Seven Up” and “7 Plus Seven” (Michael Apted, 1964 and 1970, GB): These two films are from a series of nine documentaries that chronicle the lives of a group of children first seen at age 7 and again at age 14. These same children are ultimately followed, every seven years, through age 49. Clips are used to highlight development and explanatory models of child mental illness.

“Love and Diane: Examination of poverty, welfare and drug rehabilitation in the United States today” (Jennifer Dworkin, 2002, NYC): This documentary examines poverty, welfare, and drug rehabilitation, all of which contribute to an understanding of structural violence.

“Today the Hawk Takes One Chick” (Jane Gillooly, 2008, Swaziland): The film is a documentary about the day-to-day lives of three grandmothers in Swaziland — the only adults left to care for grandchildren who have lost their parents to AIDS.