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تم رفع هذه الرسالة بواسطة / سنوي محمود عقل

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى

مسئولية عن محتوى هذه الرسالة.

**ملاحظات:**





# **PATHWAYS TO PSYCHIATRIC CARE AMONG CHILDREN WITH MENTAL HEALTH PROBLEMS**

*Thesis*

*Submitted for Partial Fulfillment of M.D.*

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*2022*

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# قالوا

سُبْحَانَكَ لَا عِلْمَ لَنَا  
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ  
الْعَلِيمُ الْعَظِيمُ

صدق الله العظيم

سورة البقرة الآية: ٣٢

## Acknowledgments

*First and foremost, I feel always indebted to **Allah** the Most Beneficent and Merciful.*

*I would like to express my deepest gratitude to my respected **Prof. Hisham Ahmed Ramy Taha**, Professor of Psychiatry, Faculty of Medicine - Ain Shams University, for introducing me to this fruitful topic. His sincere guidance and immense knowledge were a mainstay of this study.*

*In addition, I would like to sincerely thank **Prof. Soheir Helmy ElGhonemy**, Professor of Psychiatry, Faculty of Medicine - Ain Shams University, for her cooperation, generous advice, patience, and kind support. Her contributions to this work was undeniably fruitful.*

*I would like express my gratefulness and appreciation to **Prof. Nesreen Mohamed Mohsen Ibrahim**, Professor of Psychiatry, Faculty of Medicine - Ain Shams University, for her valuable supervision and encouragement which were, with no doubt, essential for this work.*

*Special thanks are due to **Dr. Mohamed Yousef Mohamed Yousef**, Lecturer of Psychiatry, Faculty of Medicine - Ain Shams University, for his sincere efforts, fruitful encouragement.*

**Safi Mohammed Nagib Abd El-Samad**

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# List of Abbreviations

Abb.	Full term
<b>ADHD</b> .....	Attention Deficit Hyperactivity Disorder
<b>CBCL</b> .....	Child behavior checklist
<b>DALYs</b> .....	Disability-adjusted life years
<b>DSM</b> .....	Diagnostic and Statistical Manual of mental disorders
<b>DUI</b> .....	Duration of untreated illness
<b>FH</b> .....	Family history
<b>IQ</b> .....	Intelligence quotient
<b>K-SADS-PL</b> .....	Kiddie Schedule for Affective Disorder and Schizophrenia for School-aged children present and lifetime
<b>LAMIC</b> .....	Low- and middle-income countries
<b>MOHP</b> .....	Ministry of health and population
<b>PCPs</b> .....	Primary care physicians
<b>PTSD</b> .....	Posttraumatic stress disorder
<b>SD</b> .....	Standard deviation
<b>SES</b> .....	Socioeconomic status
<b>YLDs</b> .....	Years lived with disability

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# INTRODUCTION

Psychiatric disorders in children and adolescents are unquestionably ubiquitous and burdensome. Typically, these disorders are emotional, behavioral, or developmental and arise in the first two decades of life (*Akhter et al., 2017*). Around 10-20% of children and adolescents experience mental illness worldwide and half of all psychiatric conditions start before the age of 14 (*WHO, 2020*).

Data from the WHO Mental Health Atlas (2005) found that the need for child and adolescent mental health services are not fully met anywhere in the world. The scenario is comparatively worse in developing countries, including Egypt (*WHO, 2005*).

Also, in developing countries, families may not appreciate, or children may not be able to express psychological distress and may somatize their symptoms. Children and their caregivers hesitate to seek help from mental health professionals (*Jesmin et al., 2016*).

Recently, increased attention has been given to the inadequacies of mental health services provided for children and adolescents (*Warren et al., 2010*) as well as attempts to develop, implement, and expand a revised paradigm of care (*Lourie et al., 1998*).

Untreated pediatric mental illness leads to complications including lifelong disability, substance abuse, and suicidal

behavior (*Wang et al., 2005*). Such delay in diagnosis and treatment can be determined by the pathways which the child and his caregivers took till finally seeking psychiatric services.

An assessment that was conducted in Egypt in 2006 to evaluate the health care system has found that, only 5% percent of undergraduate training for medical doctors was devoted to mental health, in comparison to 10% of training for nurses. In terms of refresher training, 5% of primary health care doctors have received at least two days of refresher training in mental health, while 1% of nurses and 6% of non-doctor/non-nurse primary health care workers have received such training (*WHO, 2006*).

Less than 20% of physician-based primary care clinics have assessment and treatment protocols for key mental health conditions. Although 97% of schools employ apart-time or full-time health professional, only about 1% of these professionals are trained in mental health. Less than 20% of primary care physicians in physician-based clinics make an average of at least one referral a month to a mental health professional (*WHO, 2006*).

Children may have a wide range of mental health problems. However, health care providers and many of the population in Egypt are not as aware of this as they should be, Children and adolescents are particularly vulnerable as they do not participate in the decision-making process but can only seek care through the pathways that the parents may choose (*Hussein et al., 2012*).

Delay in reaching psychiatric service can possibly lead to the deterioration in the overall quality of life and can worsen the desirable outcome (*Wang et al., 2005*).

A previous study that was conducted in 2011 in Egypt has found that the main reason for seeking psychiatric help in children and adolescents was behavioral symptoms and that most parents first sought advice from pediatricians, and a substantial number consulted traditional healers (*Hussein et al., 2012*).

The current study intended to investigate further the pathway to seeking psychiatric service and how long does it take the parents to reach for psychiatric services, in addition to possible sources of referral and what possible impacts delayed treatment might have on the outcome.

## RATIONALE OF THE STUDY

Around 34.2% of Egypt's population are children under the age of 15 years old (*CAPMAS, 2017*). Children may have a wide range of mental health problems. Around 10-20% of children and adolescents experience mental illness worldwide and half of all psychiatric conditions start before the age of 14 (*WHO, 2020*). However, health care providers and many of the population in Egypt are not as aware of this as they should be. Delay in seeking help for these children may impact the overall quality of life with worse outcome (*Wang et al., 2005*). The aim of the current study was to assess the pathways to mental health services for children, factors that influence such pathways and the sources of information available to caregivers about these services.

## **HYPOTHESIS OF THE STUDY**

Parents of children who may suffer from mental illness usually take other routes before reaching child psychiatric services, and the first point of contact for these children is with other non-psychiatric services which may lead to a delay in reaching psychiatric services. Also, there is a difference in duration of illness before reaching the psychiatric facility and the patterns of help seeking between children seeking care in a university hospital and children going to a general psychiatric hospital.