

# EDITORIAL

## CHILD AND ADOLESCENT PSYCHIATRY IN PENINSULAR MALAYSIA

T.H.WOON

The child guidance clinics of the 1920's and 1930's in America and Europe were the fore-runners of the present day inpatient psychiatric services for children in North America and Britain. They continue to be a developing part of the health services of western countries, and provide a special sort of therapeutic environment and are also places for the assessment and short, medium or long-term treatment of psychiatric disorders in children and adolescents. The day-to-day care of the children is the essence of the treatment, the main therapeutic agents in Britain being the nursing staff. They, and all the other staff, are dependent on the leadership of the psychiatrist — this being an unique feature of the hospital care of disturbed children (Barker, 1974).

### WHAT ARE THE PROBLEMS SEEN AMONG CHILDREN AND ADOLESCENTS? WHO CAN CONTRIBUTE TO THE RELIEF OF THESE PROBLEMS?

According to the age of the child, the specific developmental disorders include reading disorders, arithmetical disorders, language disorders, articulation disorders, mixed specific developmental disorders and atypical specific developmental disorders (Barker, 1979). From this list, it will be evident that the team members or personnel required to manage a particular child can include remedial teachers, speech therapists and occupational therapists. Encouraging the parents to

liaise with some energetic and empathic teachers can also be of help to a number of these children. For the older children, instead of developmental disorders, personality disorders may sometimes be seen.

Psychological, behavioural and even physical symptoms can surface as manifestations of conflicts within the child or with the parents or as reactions to crises for example during bereavement, or as chronic stress as when marital problems occur. Such symptoms may become obvious to relatives, friends, teachers and family medical practitioners. Isolated childhood or adolescent antisocial behaviour, and behavioural problems among the children of spouses in the process of separation or divorce, may sometimes come to the attention of lawyers. Children with bizarre behaviour, attention deficit disorders, symptoms of anxiety and depression may sometimes be brought by parents to family practitioners or paediatricians. The latter may refer some of them to a clinical psychologist or psychiatrist. However, some parents may perceive that anything to do with disciplining and child-rearing is their sole responsibility. They may also believe that the rituals and "medicine" of *temple-mediums* and *bomohs* (indigenous medicine and spirit-healers) are more acceptable than the family interviews, play therapy, sedatives or neuroleptics of the child psychiatrist. Any successful referral of such children to the psychiatrist will require good rapport and tactful explanation on the part of the

general medical practitioner.

## WHERE DO MALAYSIAN CHILDREN WITH PROBLEMS GO TO?

The success of our educational system and the move towards universal education bring with it new challenges and responsibilities. Residential schools have been expanded for those who are handicapped by their psychosocial or geographical background. With the raised expectation of parents for academic excellence, children are subjected to pressures at home and at school. Remedial education is being organized and special education for the blind, the deaf and the intellectually handicapped children is being developed. The slow learners, the motor, sensory and intellectually handicapped persons have been recognised as the joint-responsibility of parents and teachers.

Six-hundred and twelve persons including school children appeared in camera before the Kuala Lumpur juvenile courts in 1980. Eighty-six of them were below 15 years old and 184 were between 15-18 years of age. Some who have appeared before the juvenile courts are returned to the care of their parents and are reviewed periodically by parole-officers. A small number are committed to homes for juvenile delinquents which also accept some other children for care and protection. Many more children with conduct disorders are not being brought to the notice of the welfare and legal services or members of the Royal Malaysian Police.

Occasionally, family practitioners and government doctors are presented with children who have physical symptoms which may or may not be associated with psychological problems that are reactive to different degrees of psychosocial stress at home, at school or in the community (Woon, 1980). Medical practitioners may also come across some sick children who are abused.

At the University Hospital, Kuala Lumpur, the child psychiatric clinic, with participation from a multi-disciplinary team of psychiatrists, paediatricians, clinical psychologists and medical social workers, has provided services since 1968. Inpatient and outpatient care in psychiatry in liaison with the Paediatrics Unit is also available (Woon, 1979). The Hospital Bahagia, Ulu Kinta, has been able to extend its services to the community in Ipoh through the pioneer effort of the adolescence and child guidance clinic. The Departments of Paediatrics and Psychiatry at the General Hospital, Kuala Lumpur also provide services for child psychiatric

patients.

## WHAT CAN BE DONE TO IMPROVE THE MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS?

Preventive and early diagnostic measures which have been adopted in European countries should be explored and selectively implemented. These include screening of children at risk for psychosocial problems and early detection of handicapped conditions. The adequate training of kindergarten teachers and continuous education of the teachers and parents on the mental health and optimal learning environment for the children must be done. Topics on mental health should be introduced in secondary school curriculum. Courses in psychology and child development should be popularized in colleges and universities.

Educationists recognize that more training needs to be given to specialist teachers to enable them to diagnose as well as provide support in helping the child to learn. The child's problems with symbols, reading, writing and arithmetic (the 3 Rs) should be identified and efforts directed towards mastery of the 3 Rs. Courses for guidance and counselling for specialist teachers have been started. The discipline and guidance of school children with conduct disorders, and the management of emotionally disturbed students should ideally be shared between school counsellors, school social workers and the parents. Wherever possible, a nearby child psychiatric or child guidance clinic should provide opportunities for liaison and consultation with the school counsellors and guidance teachers.

Among the proposals arising from a series of symposia, organized by the Ministry of Social Welfare, Malaysia (1980), and co-sponsored by UNICEF, was the recognition of the need to organise 'Child Guidance Clinics for children and adolescents.

The desire to help children and adolescents with emotional and psychiatric problems is not enough, skills and knowledge have to be acquired. The teaching of child and adolescent psychiatry forms an integral part of the teaching of paediatric and adult medicine in the undergraduate medical curriculum at the Faculty of Medicine, University of Malaya. In the postgraduate psychiatric training towards the Master of Psychological Medicine degree, child and adolescent psychiatry is also part of the curriculum (Woon, 1979).

Doctors have to remind themselves that diagnosis of either physical or psychological illness is not by exclusion of either one but by positive history and clinical signs. In the multiaxial classification of disease in childhood and adolescence, apart from diagnosing the physical illness, psychological illness, and psychosocial stresses, the following additional information, namely information regarding specific development disorders and the level of functioning in the last one year, will help us in the comprehensive management of the child (American Psychiatric Association, 1980). For older children, there is also the need to understand the personality of the adolescent.

The Ministry of Health has to provide the leadership in encouraging interest in child and adolescent psychiatry. A W.H.O. Consultant to Malaysia, Professor K. Suzuki (1980) observed that in spite of the fact that nearly 50 percent of our population is below 21 years of age, the only inpatient facility in the Ministry of Health for severely disturbed children is in Hospital Bahagia. He suggested that child psychiatric units, including guidance clinics, should be set up in all states in conjunction and in close cooperation with the Education and Welfare Ministries.

## CONCLUSION

Children are a valuable human resource of our nation. Yet these children face a number of problems, namely, academic, social, physical and psychological. They require the advocacy of their needs by enlightened citizens and professionals and our help to plan and provide for these needs. Suitable individuals can be

trained to meet their needs and to provide appropriate services. Together with the educational, social, legal and other services, child and adolescent psychiatric service can play a useful and complementary role.

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