



CATCHING THEM YOUNG

A speech presentation by **Ms. Vicky Omifolaji**
at an International Association of Psychiatric
Nurses of Nigeria.

8th April 2015
Alfred Hospital, Melbourne

I wish to express deep appreciation to the organizers of this event for inviting me to speak on a subject of this great importance – “**Mental illness – supporting the clients and carers**”.

There is no doubt that the state of deplorable healthcare for children and adolescents with mental illnesses as witnessed across developed and developing countries calls for attention.

Since the situation is **worse** in developing countries, it poses enormous challenges not just to children and adolescents identified with mental illness, but also to their immediate families. Mental illnesses in any family, whether children and adults, impact economic development, since we are disenfranchising productive members of our community that early intervention to their mental problems would have made them productive members of our society.

INTRO

DUCTION



There is no doubt that mental illnesses in terms of cost to human lives and suffering is also enormous. We are not just talking about the **discrimination** and **disfranchisement** faced by people with mental health illnesses, but about the pains suffered by patients and their families. They also include disruption to family life, and most times unbearable pressures on other family members, who often feel powerless to assist the person who has mental illness. The costs of mental illness to families and the economy are **enormous**.

Before I proceed, let me revisit some of the illnesses children and adolescents who experience mental problems face on a daily basis in our society. They include Anxiety Disorders, Attention Deficit Disorder (ADD, Attention Deficit Hyperactivity Disorder (ADHD), Autism, Bipolar Disorder, Borderline Personality Disorder, Brain Disorder, and Depression.

INTRO DUCTION



MENTAL ILLNESSES



Mental illnesses also include mood disorders, stress-related and somatoform disorders, and mental and behavioral disorders due to psychoactive substance use. Please note that the list was compiled from variety of resources, including WHO, Australian Government Department of Health, Victoria Mental Health Services, Medline Plus, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the National Institute of Mental Health. There is unanimous agreement from these institutions that some forms of mental illnesses are still **undiagnosed** throughout the lifetime of the patients.

As I looked around this room, I could see professionals in the field of psychology, psychiatric nursing and medicine and other stakeholders whose positions in the academia and the society in general could be **strong advocates** for children and adolescents with mental problems. My instinct affirmed that we have all gathered here because we are concerned and have unwavering interests in providing care for people with mental illnesses – in particular children and adolescents.

MENTAL HEALTH CARE



Our drive is based on our **determination** to see **improvement** in government policies, stakeholders showing commitment by funding intervention programs to address the needs of children and adolescents with mental health challenges at their very early stage of being diagnosed.

Devoting our time and attention on mental illnesses of young people is important because despite several efforts to address the mental health problems of people, the concentration of efforts has been on adults in developed countries (and barely any in developing countries). However, in developed countries even with policies passed by legislation, they are still at the threshold of success.

MENTAL HEALTH CARE



A lot still remains to be achieved as far as mental health care intervention programs for adults, children and adolescents with mental illnesses are concerned.

Take for example, in Australia, Burdekin's National Committee was set up to examine the Human Rights of People with Mental Illnesses. The committee sat for over three years, and in October 20, 1993, it handed over its report to the parliament. The committee's report remains today the most comprehensive findings that drive government policies as they impact people (Australians) with mental illnesses including children and adolescents. The committee's report found that people affected by mental illnesses are among the most vulnerable and disadvantaged in our community. They suffer from widespread systemic discrimination and are consistently denied the rights and services to which they are entitled.

MENTAL HEALTH CARE



The committee also found –

- ✿ A need for substantial public education efforts to change community attitudes.
- ✿ Failure by governments to invest the money saved by deinstitutionalization into adequate community services.
- ✿ A need for education for service providers to perform changed roles in an environment emphasizing community care.
- ✿ A need for additional resources for preventive measures.
- ✿ NGOs carrying a major part of the burden without adequate funding from the state.
- ✿ Families and carers struggling with inadequate support.
- ✿ Inadequate services for women; children and young people; non-English speaking people; indigenous people; and in particular for people with other disabilities in addition to a mental health problem.
- ✿ Human rights breaches for people with a mental illness encountering the justice system.
- ✿ A need for improved accountability and service standards and a need for law reform.

MENTAL HEALTH CARE



While report findings indicated that about 20 percent of Australians and 27 percent of young people will experience a mental illness or behavioral disorder during their lives, there have not been much changes since 1993 when this report first came out and not much has changed in 2014/2015; despite the efforts led by professionals and psychiatrists in Australia to champion reforms in the mental health care of children and adolescents. In essence, many of our mentally ill and their carers have not yet felt the full benefit of these improvements.

A look at the global situations of the children and adolescents with mental illnesses reveal that they still face the same discrimination and low budgetary allocation action as witnessed in Australia to address mental illnesses.

For the fact that Australia have enjoyed relatively high standard of living, even though there have been some stoppages in recent years, the intervention I have tried to enumerate here in my presentation (and see if it would be applicable in Nigeria) would definitely be successful if the necessary incentives – including financial commitment by government and stakeholders (including profit and non-profit organizations) is made available toward addressing the problems of children and adolescents with mental issues.

GLOBAL MENTAL HEALTH



On another note, while it is important to highlight that developing countries such as Nigeria has long way to go toward meeting the **early intervention** needs of young people with mental health problems, World Health Organization 2014 report revealed that across developed countries (including United Kingdom, Germany and the United States) **inequalities** in the allocation of resources to health care management for people with mental health issues still prevail.

In developing countries, the state of mental care for young people with mental problems is **worse for** minorities and indigenous people in these countries and communities. According to WHO, nearly half of the world's population are under 18 years of age and only a small fraction of the global mental health resources currently available is invested in young people mental healthcare across low and medium income countries.

GLOBAL MENTAL HEALTH



RESEARCH

As the report of studies conducted by Patel & Rahman, 2015 warned, there is a need for all concerned for the mental health of children and adolescents to take the bold steps toward transforming the global mental healthcare. The agenda which the report of these scholars (Patel & Rahman, 2015) advocate requires community assets, such as lay workers being carers for children and adolescents with mental health problems. It requires harnessing and developing intervention programs for young people guided by the Positive Development Intervention Model (PYDI). The PYDI provides a perspective on the facilitation of development in a more positive trajectory.

Another study conducted by Benson (1997) to test the PYDI reveal that the program provides more possible perspective for the facilitation of the improvement and development of the children and adolescents with mental health problems in more positive projections.



RESEARCH

On a more personal experience, I have practiced as a clinical psychotherapist and a consultant for more than two decades to families and children and adolescents with mental health illnesses, I have come to realize that mental health issues when not addressed early could lead to full blown life-long mental illnesses. I have come to believe from my results from therapies that family and school –based interventions have tremendous successful outcomes. In essence, there is the need to bolster an informed and focused Life Skills Program targeted at young people with a view to combating mental health and behavioral issues.

It is therefore based on this personal and professional experience, supported by findings from studies conducted by other professionals in child psychology and psychiatric medicine that I have proposed Life Skills Program (of my own approach to the problems facing young people with mental health illnesses). It is an intervention model (program) geared toward identifying early stages of development of mental health illnesses and providing intervention programs to children and adolescents with mental health issues.



RESEARCH



My life Skills Program is based on Social Development Model which was developed by David Hawkins and Richard Catalano. The Social Development Model underpins a wide range of research and intervention activities undertaken by the Social Development Research Group.

The Social Development Model (SDM) is a theory of human behavior that is used to explain the origins and development of delinquent behavior during childhood and adolescence.

The SDM hypothesizes that children adopt the beliefs and behavioral patterns of the social unit — such as family, peers, or neighborhood — to which they are most firmly bonded. If the social unit has prosocial attitudes, then the child adopts a prosocial orientation; if the social unit is antisocial, then the child often manifests problem behavior (Catalano, Kosterman, Hawkins, Newcomb, & Abbott, 1996).

RESEARCH

The SDM is used by criminologists, child psychologists, and educators in order to identify and provide early intervention for children likely to develop antisocial dispositions. Researchers frequently use the SDM in order to carry out studies on adolescent drug and alcohol use, violence, and delinquent behavior. Several long-term studies that were undertaken during the 1980's and early 1990's have demonstrated the effectiveness of the SDM as a tool for improving children's adoption of prosocial beliefs and behaviors (Kosterman, Hawkins, Spoth, Haggerty & Zhu, 1997; O'Donnell, Michalak & Ames, 1997).

Numerous studies addressing this issue have provided evidence that the SDM can indeed be applied generally to all youths (Choi, Harachi, Gilmore, & Catalano, 2005; Fleming, Catalano, Oxford, & Harachi et al., 2002).



CATCHING THEM YOUNG

My Life Skills Program is designed to address the mental health problems while also reinforcing the importance of obtaining life skills in the formative years.



During my early implementation of the Life Skills Program, it ran for eight weeks. Participants met once a week to participate in various group programs and activities including role playing, specially designed to help equip the participants with necessary skills. In our Life skills Program, "Catching Them Young," I was delighted that participants walked away from the program with a sense of hope and confidence. They were prepared and they confirmed that they could deal with challenges and still pursue their dreams despite difficulties that may arise. All participants were presented with a certificate of attendance at the end of the program.

CATCHING THEM YOUNG



Overall, when it is considered that from reports of recent study that about 20 percent of Australians and 27 percent of young people will experience one form of mental illness or behavioural disorder during their life time; the situation calls for immediate action. Experience has also informed me that despite efforts by governments in developed countries to promote mental health care, children and adolescents are left in limbo in these campaigns. Among children and adolescents in developing countries family members with limited resources are left abandoned by the state. Meanwhile in developed countries the state are still doing something but not enough. It is with these wide gaps that exist in budgetary allocations, policies that address the needs of children and adolescents that we should work hard to ensure that our children with mental disabilities are not voiceless. We must rise to inform the government and all that are concerned that there must be consistent, well maintained and monitored programs for these disfranchised groups in our society.

CATCHING THEM YOUNG



We must ensure that well tested, informed and focused solutions such as promoting life skills programs targeted at young people are implemented as first step toward combating mental health and behavioural problems in Nigeria and countries where none of these policies in developed countries existed. I will like to conclude this presentation by expressing once again my deep appreciation for your invitation to speak at this conference about this very important subject that we are all concerned to finding sustainable solutions to children and adolescents mental health problems. It is my hope that we remained united and focused (after this conference) in addressing the mental health problems faced by our young people. We cannot fold our hands and watch the situations of our children with mental illnesses deteriorate or spin out of our control.

CATCHING THEM YOUNG

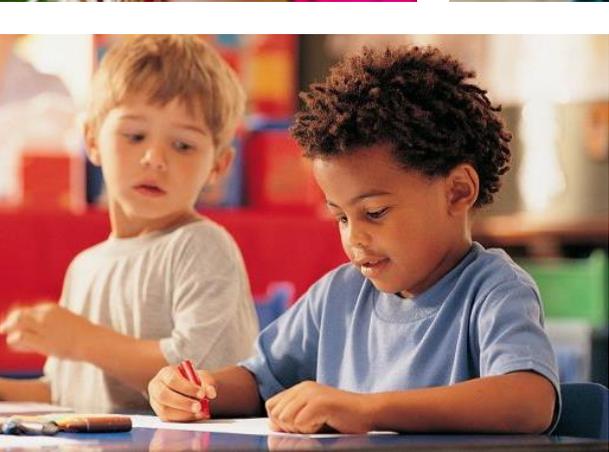


As I have highlighted, when mental health issues are not identified early in young people, it leads to full blown life-long mental problems, which otherwise could have been prevented. When we prevent this population of our young citizens from mental health illnesses, we are not only making them productive members of our society, but also saving families that cared for them the psychological trauma that tell on their wellbeing. We are also reducing the human capital and financial costs to our nation by our early interventions.

As the saying goes, a stitch in time saves nine. It is time for all of us to roll up our sleeves and get the ball rolling as far as providing knowledge (education) in the name of early intervention programs to help address the struggles of children and adolescent with mental health care problems in our society.

CATCHING THEM YOUNG

My Life Skills Program is crucial intervention program.



Our children are our future, and with 20 -26 percent of them likely to experience mental illness in their life time, we cannot afford to put our nation and our future in jeopardy by turning away our eyes from looming and devastating mental health problems that eventually will as a community affect our human and economic development.



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