

Child mental health and psychosocial development

Report of a
WHO Expert Committee

Technical Report Series

613



World Health Organization, Geneva 1977

This report contains the collective views of an International group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization

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The World Health Organization (WHO) is one of the specialized agencies in relationship with the United Nations. Through this organization, which came into being in 1948, the public health and medical professions of some 150 countries exchange their knowledge and experience and collaborate in an effort to achieve the highest possible level of health throughout the world. WHO is concerned primarily with problems that individual countries or territories cannot solve with their own resources—for example, the eradication or control of malaria, schistosomiasis, smallpox, and other communicable diseases, as well as some cardiovascular diseases and cancer. Progress towards better health throughout the world also demands international cooperation in many other activities: for example, setting up international standards for biological substances, for pesticides, and for pesticide spraying equipment; compiling an international pharmacopoeia; drawing up and administering the International Health Regulations; revising the international lists of diseases and causes of death; assembling and disseminating epidemiological information; recommending nonproprietary names for drugs; and promoting the exchange of scientific knowledge. In many parts of the world there is need for improvement in maternal and child health, nutrition, nursing, mental health, dental health, social and occupational health, environmental health, public health administration, professional education and training, and health education of the public. Thus a large share of the Organization's resources is devoted to giving assistance and advice in these fields and to making available—often through publications—the latest information on these subjects. Since 1958 an extensive international programme of collaborative research and research coordination has added substantially to knowledge in many fields of medicine and public health. This programme is constantly developing and its many facets are reflected in WHO publications.

* * *

Expert committees and other international groups of experts are convened to give advice on technical and scientific matters. Members of such expert groups serve without remuneration in their personal capacity and not as representatives of governments or other bodies. The selection of members of international groups is based primarily on their ability and technical experience, with due regard to adequate geographical distribution.

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CHILD MENTAL HEALTH AND PSYCHOSOCIAL DEVELOPMENT**

Geneva, 9-15 November 1976

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CHILD MENTAL HEALTH AND PSYCHOSOCIAL DEVELOPMENT

Seventeenth Report of the WHO Expert Committee on Mental Health

INTRODUCTION

The WHO Expert Committee on Mental Health met in Geneva from 9 to 15 November 1976 to discuss child mental health and psychosocial development. The meeting was opened by Dr T. A. Lambo, Deputy Director-General, who welcomed members of the Committee and representatives of nongovernmental organizations on behalf of the Director-General. Dr Lambo pointed out that the mental health needs of children, who comprise a very large proportion of the population of the world, received too little emphasis in programmes concerned with health and wellbeing. Knowledge about psychosocial development and about child mental health is only rarely applied, an omission that is particularly dangerous in times of rapid socioeconomic and political change. At the same time the effectiveness of programmes is hindered by important gaps in knowledge, although the research technology necessary to obtain such information has become available.

It was for these reasons that the Expert Committee was asked firstly to review available knowledge and possibilities for its application in health and social welfare programmes and secondly to identify whatever additional information may be necessary and the methods of obtaining it. The main focus of these considerations was the improvement of the mental health and psychosocial development of children rather than a detailed study of topics covered in previous meetings, such as mental retardation, juvenile delinquency, and epilepsy.

Dr Lambo called the attention of the Committee to the fact that WHO's essential functions were cooperation with countries and the transfer of information necessary to establish effective programmes. He urged the Committee to be bold in their deliberations, to think of health and development rather than disease and to pay particular attention to the needs of children in developing countries. Efforts in this area were of great social relevance, and proposals for programme activities must be formulated in the complex framework of interrelations of child health, psychosocial factors, socioeconomic settings, and political reality.

PART I

THE CURRENT SITUATION

1. POPULATION CHARACTERISTICS AND SECULAR TRENDS

There are 1.3 billion children under the age of 15 years in the world—about a third of the world's total population. Approximately 83% live in developing countries, where they form a high proportion (a recent estimate suggested 40%) of the total population. By contrast, not only do developed countries have smaller overall numbers of children but the proportion of children (approximately 25%) is also smaller.

There is also a sixfold difference in infant mortality rates between developed and developing countries. Indeed, the extreme figures show a much greater difference since they range from one infant in six dying in Africa compared to approximately 1.1 per 100 in some industrial countries. In all countries the socioeconomic level is the most important variable affecting infant mortality. Mortality rates in older children also vary according to the state of economic development. For example, the mortality rate in Mexico in 1972 for children in the age range 1-4 years was 843 per 100 000 total population compared to 79 per 100 000 in the Netherlands—a tenfold difference.

Reliable morbidity data are very difficult to come by, but it can reasonably be assumed that the main killers (infectious diseases and malnutrition) are also the main direct or indirect causes of morbidity. Reliable figures are, however, available for the proportions of people with food supplies inadequate in protein and energy, and it is a striking phenomenon that, while in the developed countries 3% of the population are below an acceptable lower limit for food intake, the average figure for developing countries is 25%.

Urbanization is proceeding rapidly, particularly in developing countries. Whereas 25 years ago the proportion of the population living in big cities was less than 30%, it is predicted that by 1990 half the world's population will live in urban areas. Patterns of movement from rural areas to large cities vary, but in general the movement is motivated by the wish for employment. Consequently it often happens that the father leaves the family behind in the country in order to look for work in the town. Living conditions in large cities are often highly unsatisfactory, and many city dwellers now live in large insanitary