

3rd International Symposium  
***Mental Health in Developing Countries***  
12th November 2011 in Munich

Child psychiatry  
in Jimma, Ethiopia, first experiences

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# Approach

## Jimma meetings

A well structured concept

Exchange of ideas and experiences within the group

Notes from outside - the Canadian experience

Child psychiatry two credit hours =  
two weeks

## Meeting Dr. Markos Tesfaye

Case examples  
children from Jimma  
Occupational activities?



# Priority condition: mental health in children and adolescents

## Developmental disorders

- Much slower learning

- Restricted, repetitive behavior

- Difficulties in carrying out everyday activities

- Compared to what is normal for that age**

## Behavioral disorders

- Externalizing (social) behavior

- Internalizing problems - emotions

WHO mhGAP intervention guide: **what to do**  
Assessment, decision, management  
Role of specialist: training, support and supervision

## Teaching goals: **how to do**

Mental state in children

Training by means of videoexamples

Cultural issue: what is normal for age?

Doctor patient communication

Cultural issue – postponed

Teaching experience

video - constructive feedback

See child patients

Developmental delay - continuous course

Assessment and decision

Cultural issue

How to determine normal development

Familiar with memory?

What do children play?

The school system?

„Bring puzzles and games“

Structured activities for patients

# Management – psychosocial intervention in a group



# Teaching experiences

Example separation anxiety

# Evaluation

Weekly feedback

Students – teacher

Teacher – students

Tests on skills:

mental state of child from video example

Teaching

Draft on one aspect of mental retardation

Patients engaged in activities

Head of department: patients calmer

# Evaluation

by Dr. Markos Tesfaye one year later

- “I think child psychiatry course had a novel teaching method. It was very practical and real case oriented, students took active role in the teaching learning process. The video recording and feedback was important for the students.
- Christine's enthusiasm to engage patients (including teenagers and adolescents) in painting and other activities was helpful for the staff to get ideas on recreational therapy for the patients.”

# Participants: postgraduate students



Very good knowledge and clinical experience

## Follow up: one year

- “The students have completed their child psychiatry rotation in Addis and they were assessed as very good to excellent by our colleagues.
- In addition, after the training I am not the only one to be called on for a child psychiatric case - students are able to assess children and their parents with minimal supervision.”

# Perspective

“My expectations are:

1. It might be good to give students assignment to prepare seminar presentation before your next visit so that they read and prepare well.
2. The previous method of teaching should be continued as it is.”