Child and Adolescent Psychiatry and Mental Health

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A framework for Global Child and Adolescent Mental Health (GC-CAMH) Curriculum: why the world cannot wait

Ramya Mohan[1,2,3,4*], Ayesha Mian[5], Flávio Dias Silva[6], David Cawthorpe[7,8] and Zheala Qayyum[9,10]

Introduction

Children and adolescents face unprecedented escalating convergence of adversity today. Climate change, war/conflict, forced displacement, economic/political instability, digital pressures, social media, sociodemographic inequalities, parental stress, reconfigured societies and COVID-19 have created more homogeneously hazardous adverse childhood environments. They compound individual, familial and societal risks of early/cumulative exposure to childhood adversity, consistently amongst the strongest predictors of later-life mental disorder in a dose-dependent manner across populations [1, 9].

Yet, the world is without a unified professional, community-focussed, locally adaptable curriculum framework for global child and adolescent mental health (GC-CAMH). Existing training programmes remain adult-focused, narrow in scope or region- specific. Essential competencies in ethics, confidentiality, advocacy, systems-based care, humanitarian responsiveness, cultural sensitivities, intra/inter-community engagement and interprofessional collaboration are variable. A recent review of 117 Psychiatry curriculum publications (2010–2025) identified only two that described themselves as global in scope, with no unified CAMH curriculum. Psychiatric training frameworks prioritise adult models, while developmental psychiatry remains fragmented/variable.

This disparity is more than an academic gap. It represents structural, qualitative and functional vulnerabilities in global mental health architecture. Without globally informed, locally coherent training, we remain ill-equipped to respond effectively or quickly to dynamic, cumulative adversities.

Why decades of progress and evolving knowledge have not delivered a global curriculum

Historically, three epistemic worlds evolved in parallel: Western biomedical child psychiatry (evidence-based clinical approaches), global mental health and public health (prevention and task-sharing) and indigenous/community-based healing systems (mainly in low-resource settings).

Each developed its own traditions, curricula and epistemologies. Multiple accreditation standards (ACGME, CanMEDS, WHO mhGAP, UEMS, WFME, etc.) create barriers to cohesive dialogue and a unified competency framework across geographies, clinical disciplines, allied healthcare, local cultures and professions.

*Correspondence:
Ramya Mohan
ramya@imanaslondon.com
[1]National Health Service UK, London, UK
[2]Priory Healthcare, London, UK
[3]I MANAS London and CAPE For Health, London, UK
[4]Association of Child and Adolescent Mental Health -India International Hub, Bengaluru, India
[5]Synapse Pakistan Neuroscience Institute, Karachi, Pakistan
[6]WPA (Section of Child and Adolescent Psychiatry), Palmas Medical School, Federal University of Tocantins, Palmas, Brazil
[7]Department of Psychiatry, Faculty of Medicine, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada
[8]Department of Community Health Sciences, Faculty of Medicine, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada
[9]Boston Children's Hospital, Boston, USA
[10]Harvard Medical School, Boston, USA

Existing CAMH training programmes are considered medically mainstream, with limited training in advocacy, care systems, humanitarian aspects, leadership, equity or justice. GC-CAMH can create flexible, sensitive approaches that engage and amalgamate available assets within local social, cultural and resource contexts. Interprofessional education remains rare: a paradox, considering CAMH support is delivered by families, teachers, nurses, allied healthcare, community workers, social workers and traditional practitioners in areas where trained CAMH psychiatrists are rare.

Epistemic disparity, rigid training architecture, regulatory silos and capacity-demand inadequacies have hindered the emergence of a unified global CAMH curriculum.

The compelling case for GC-CAMH

With global adversity rising, children are exposed to uncertainty, economic disparity, rapid digitalisation and social disintegration/reconfiguration (often simultaneously). Stressors shape neurodevelopment and longer-term mental health adversely at individual, familial, community and global levels.

Recent meta-analytic data indicated 54% of adolescents requiring mental healthcare had unmet needs [10]. Post-COVID-19 incidence of unmet mental health needs for children and adolescents exponentially increased by 22.4% (2019–2021) [11].

Despite this, accessibility to care remains limited. One in seven adolescents lives with a mental disorder (WHO). Most receive no formal assessment/treatment, highlighting widening gaps between prevalence and service capacity [12]. Depression, anxiety, trauma, self-harm, suicidality, school/ecosystem disengagement and digital harm are rising rapidly. Hitherto well-functioning high-income countries and overstretched public healthcare systems have pivoted to crisis management and urgent/emergency care.

Most existing training programmes focus on diagnostic profiling, clinical risk management and specialist interventions, with minimal structured education around CAMH promotion, prevention, early-intervention, trauma-informed and diversity-sensitive care. Workforce unpreparedness, real-life challenges and societal complexities perpetuate stigma, poor community engagement and patchy interprofessional collaboration. This demands more than national reform.

CAMH care remains geography-led. A standardised, yet adaptable training curriculum in GC-CAMH can support equitable mental health access to poorly resourced areas and empower considered, collective thinking through an existing workforce.

The world requires a unified voice: International coordination, shared standards, consistent and adaptive training integrating core healthcare principles: ethics, social justice, probity, parity and human rights.

Global mental health is interdisciplinary, encompassing prevention, care, treatment, wellbeing and equity [2]. Whilst there is clear evidence that most lifetime mental disorders emerge during childhood and adolescence, CAMH remains insufficiently embedded within global training frameworks.

CAMH urgently requires a reframed global mental health agenda that aligns with UN 2030 SDGs. Recognising mental health as a global public good is critical in childhood, as early intervention yields the greatest lifelong benefits. A dimensional, lifespan-informed call to action (incorporating human rights and lived experience) is fundamental. Developmental trajectories span wellness, vulnerability and disorder, requiring equal emphasis on promotion, prevention and treatment. Socio-cultural context convergence (genetics, neurodevelopment, environment and psychological processes) is key. Cumulative adversities interact dynamically with neurodevelopment, shaping emotional regulation, cognition and social functioning across the lifespan [13].

Effective CAMH responses require a developmentally informed, integrated framework bridging bio-psycho-socio-cultural knowledge systems, explicit attention to children's rights, meaningful stakeholder partnerships in shaping services, training and research. A global CAMH curriculum grounded in these principles ensures ethical, culturally responsive and developmentally appropriate care [13].

A historic opportunity: the IACAPAP, SNF Global Center- CMI and WPA collaboration

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), SNF Global Center at Child Mind Institute (CMI) and the World Psychiatric Association (WPA) have commenced joint working to address this long-standing gap. A cross-sectional survey is currently underway, enabling active iterations and real-time feedback.

The Curriculum for Global Child and Adolescent Psychiatry (GC-CAMH) aims to develop a core competency-based, progressive (foundational to advanced) skill-based framework.

Developed by CAMH providers worldwide, GC-CAMH is grounded in ethics, cultural humility, equity and human rights, recognising mental health access as a developmental entitlement and necessity.

Integrating biomedical science advancements, public health models, indigenous/transgenerational community-based knowledge, socio-demographic data and cultural adaptability, GC-CAMH aims to be interprofessional, community-oriented and inclusive; implemented with inputs and support from policymakers, doctors,

teachers, nurses, social workers, community workers, families and traditional practitioners.

Alignment with existing global frameworks (e.g. WHO mhGAP-IG) will facilitate cross-national comparability with local adaptability. GC-CAMH aims to leverage telepsychiatry, e-learning and scalable training tools to ensure digital, hybrid and low-resource delivery.

The dynamic, multidisciplinary curriculum will prioritise local training needs, support psychiatrists and allied professionals and serve as a continually updated resource (with quick access to international experts for implementation and guidance).

What the GC-CAMH framework could achieve

GC-CAMH can substantially strengthen global workforce capacity through training implementation, particularly in resource-limited regions. It aims to enable intersectoral collaboration across family health, education, social care, community development and child welfare. Facilitating promotion, prevention and early intervention can shift the focus from reactive specialist care to systemic, community-based support [9].

Based on equity and social justice, GC-CAMH aims to ensure children's mental healthcare is independent of where they live. In the longer-term, GC-CAMH can advocate for equitable CAMH services worldwide, promote sustainable capacity building and facilitate shared benchmarks that respect local culture, resources and needs.

GC-CAMH: an ethical and practical imperative

The absence of a unified global curriculum is about disparity, not insufficient need; it is a required but inconsistent structural framework. The widespread injustice and inequality faced by children, adolescents and their families are not limited by just clinical expertise or capacity limitations; they are widely reflective of community literacy, impoverished/entrenched care systems, fragmented training and limited access to appropriate, evidence-based training resources [9].

In an era defined by overlapping/complex crises and unprecedented childhood adversity (requiring an urgent global response on multiple levels), a globally applicable, culturally responsive, interprofessional curriculum is ethically imperative. The GC-CAMH Curriculum Project offers a unique opportunity to close the mental health literacy and training gap.

For our children and the future of global mental health, the time to act is now.

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