The need of epidemiological data on child mental disorders from low-middle income countries

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An understanding of the epidemiological aspects of child mental disorders may provide insight into their distribution and etiology as well as information for planning the allocation of funds for mental health services. However, two clear gaps in the epidemiology of child mental disorders are: (a) data on the prevalence rates of these disorders in low-middle income countries (LMIC), and (b) the prevalence rates of child mental disorders in pre-schoolers. Recently, Kieling et al. [3] documented prevalence rates of child and adolescent mental health disorders ranging from 10 to 20% in the majority of the few original studies conducted in the population of LMIC (16 surveys identified in the literature). In addition, they found a huge heterogeneity on the prevalence rates of these disorders in children and adolescents from LMIC, reinforcing the difficulties of disentangling the effects of culture on the epidemiology of psychiatric disorders in this age range due to diverse methodological approaches implemented in different studies. Moreover, none of the studies found in LMIC were specifically designed to assess prevalence rates in very young children.

Although studies with non-referred samples are more informative of the natural history and distribution of the disorders in the population [5], clinicians working with children and adolescents are also very interested in knowing the rate of child mental disorders in referred samples that resembles more adequately the environment where they work. In LMIC, there is a clear lack of specialized centers for providing care to children suffering from child psychopathology. Family doctors, pediatricians, psychologists or

general psychiatrists are caring for the majority of children in need of mental health services in primary health care centers from those areas [4].

Thus, models of care integrating child mental health inside primary care are very appealing in developing countries [1]. The first step for creating these models of care is a clear understanding of the prevalence rates of child mental disorders especially in pre-schoolers, since preventive interventions at this age range might be more effective.

In this context, Gleason et al. [2] provide us with extremely interesting data coming from Romania. The authors assessed a sample of 1,003 children aged 18–60 months from two pediatric centers using state of the art instruments in a two-stage study. They found a prevalence rate of 10.5% (95% CI = 6.5–16.9) when sleep disorders were included, with a clear preponderance of emotional over behavioral disorders at this age range. The prevalence rate found is a little bit lower than those reported in studies from the US. Authors have examined comprehensively potential reasons for this difference, trying to understand the role of culture in their findings. One of the most interesting results from this study was the fact that only 10% of the parents of children with any psychiatric diagnoses reported that they were concerned with the mental health problems of their children. This issue calls the attention of child mental health workers on the importance of developing strategies for improving awareness of parents of pre-schoolers suffering from child psychopathology. In sum, this is a clinically relevant study bringing some light in an area of knowledge where much more data is extremely needed.

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Conflict of interest Dr Luis Augusto Rohde was on the speakers' bureau and/or acted as consultant for Eli-Lilly, Janssen-Cilag, Novartis and Shire in the last 3 years (less than US\$ 10,000 per year and reflecting less than 5% of his gross income per year). He also received travel support (air tickets and hotel) for attending two Child

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