Point of view

Mental health needs of children and adolescents in child care institutions in Sri Lanka

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Sri Lanka Journal of Child Health, 2021; **50**(1): 145-150
DOI: http://dx.doi.org/10.4038/sljch.v50i1.9416
(Key words: Mental health needs, children, adolescents, child care institutions, Sri Lanka)

Background

The number of children placed in institutional settings around the world is rapidly increasing due to factors like poverty, war, violence and substance use[1]. Bringing up children in childcare institutions can deleteriously affect their development due to profound deprivation of sensory, linguistic, cognitive, emotional and psycho-social stimulation[1]. According to the United Nations Children's Fund (UNICEF) report in 2009, up to eight million children are in institutions worldwide[2]. However true figures may be higher due to gaps in global statistics and unregistered children's homes[3].

Reasons for institutionalization

Poverty is one main reason for institutionalizing children in most countries[4]. Children with learning and physical disabilities are at higher risk of institutionalization due to limited support services[5]. This risk is further increased by social stigma and negative attitudes towards disabled children[6]. In some countries disabled children are considered unlucky or cursed[6] and people are encouraged to keep them away from home[7]. In an Indian study, 90% of 11 million abandoned children were girls, showing how gender discrimination can affect institutionalization[3]. Child abuse and neglect are also major risk factors worldwide[2].

Multiple reasons lead to enrolling children in residential care settings in Sri Lanka. Some of these are economic hardship, physical or mental illness, disabilities, inability to provide education, domestic violence, labour migration and second marriages[8].

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The author declares that there are no conflicts of interest
Personal funding was used for the project.

In Sri Lanka, institutionalized children are more stigmatized by society, thereby encountering problems when trying to adjust to life outside the institution. This may be due to segregation within institutions limiting contact with family, community and other children. Institutional care also provides limited physical care and limited effective responses to their psychological needs[9].

Mental health related issues in children and adolescents in childcare institutions

Worldwide research has shown that mental health of institutionalized children is significantly worse than their peers, nearly 50% fulfilling criteria for mental illness[10]. Children under care experience more adverse physical, mental health, educational and social outcomes[11]. According to a United Kingdom study, youth leaving care have 5 times higher risk of suicide than the normal population and a greater likelihood of entering the criminal environment[12]. Aetiological factors for mental health issues can be events prior to institutionalization, events related to process of institutionalization, events after institutionalization and events after deinstitutionalization.

Psychological impact on children due to prior events / factors which resulted in institutionalization

- Poverty can negatively impact the mental health of children. Children with poverty can experience deficiencies in nutritious food, housing, safe environment and access to health care and are at higher risk of being exposed to trauma and stressful life events like parental separation, domestic violence, and punitive parenting practices. Poverty can also lead to social isolation and marginalization[7]. Empirical evidence has shown heightened baseline activation of the stress response system in poor children due to chronic stress exposure[7].
- Children with learning disabilities are at six times higher risk of getting a diagnosable psychiatric illness such as depression, anxiety or psychotic disorder which can be further increased by exposure to traumatic

events like separation from home due to institutionalization[13].

- Children with chronic physical illnesses can experience more behavioural and emotional problems than children with good physical health even before institutionalization and their risk of a major psychiatric disorder is also high[14]. Major depressive disorder and chronic medical disorders are strongly associated[15].
- Child abuse victims can experience a wide range of psychological consequences which can be short-term effects (in childhood) and long-term effects (in adult life)[16] A systemic review on 45 studies from 1980s to early 1990s reported child sexual abuse victims to experience regression, hyperactivity, anxiety disorders, post-traumatic stress disorder (PTSD), depression, suicidal and self-injurious behaviours, substance misuse, illegal acts and running away[17].
- Many children have witnessed domestic violence before institutionalization. A study in Hawaii reported 40% children who witnessed domestic violence had symptoms of PTSD[18].
- Parental separation plays a key role in child institutionalization. A national survey in USA showed that 25% of children from divorced parents were early school dropouts and 40% received psychological support[19].

Psychological impact due to events occurring during the process of institutionalization

The process of institutionalization itself is stressful for children due to a variety of reasons. Once a child is victimized for an abuse he or she will be interviewed by different stakeholders from different professions including health care workers, police, legal system, probation and social service. National Guideline for Management of Child Abuse and Neglect: Multi-sectoral Approach in Sri Lanka, has given clear instructions on responsibilities of different stake holders when dealing with victims with minimal re-traumatization[20]. However, it is evident that during this process, victims are re-traumatized by stakeholders due to many reasons which can result in adverse psychological consequences among victims[21]. In situations where the perpetrator is a family member, victims may have non-rational guilt towards him or her[22].

Psychological impact on children and adolescents after institutionalization

When a child is institutionalized, his or her opportunity to have contacts with the family becomes limited. Some institutions in Sri Lanka only allow family to visit the child once a month. The psychological impact on the child of separation from the family is determined by the age of separation, attachment with family, nature of care received at home, level of security felt at home, level of support received at the institution and duration of stay at the institution.

According to the attachment theory put forward by John Bowlby, a British child psychiatrist and psychoanalyst (1907-1990), "The earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life". Thus, mothers who are available and responsive to their infant's needs establish a sense of security in their infants. Bowlby also identified the first three years of life as a very sensitive period for attachments[23]. As mentioned in Bowlby's attachment theory, studies showed that children institutionalized before the age of three can experience difficulties in formation of emotional attachments which can negatively affect their social behaviour and interactions with others[24]. They can also experience poor cognitive development and language deficits[24].

Many studies have found that social deprivation and neglect at institutions can greatly increase the negative psychological impact on children like developmental delay and mental health disorders[11]. Young children with a history of institutional care often show behavioural and emotional problems such as hyperactivity, poor attention, emotional dysregulation, increased anxiety, attachment disorders, and poor peer relationships[11]. Same study showed that institutionalized children can have more internalizing symptoms, like anxiety and depressive disorders and externalizing symptoms, like attention-deficit hyperactivity disorder, oppositional defiant disorder and conduct disorder. Their functional level was also found to be lower than controlled group[11].

Institutions are not necessarily good environments for children. Children in institutions often experience "structural neglect" including minimal physical resources, unfavourable and unstable staffing patterns and social, emotionally inadequate caregiver-child interactions[25]. In most institutions the number of children per caregiver is large. Groups tend to be homogenous with age or disability status resulting in limited access to children with different ages and development. Caregiver for any single child tends to change constantly resulting in difficulties in building up amicable relationships with children. Most caregivers have limited training on childcare resulting in poor quality of care. Most caregivers provide care as a duty, not addressing the emotional needs of children[25].

All types of child abuse are common in institutional settings. A multisystem review on child violence experience in institutional care worldwide reported that prevalence of physical maltreatment ranges from 50% to 93% at institutions[26]. In the same study prevalence of sexual abuse at age 13 was 49% for males and 50% for females and peer-on-peer violence was 9%[26].

Current context of alternative care facilities in Sri Lanka

In Sri Lanka, the Department of Probation and Child Care Services (DPCCS) was founded on 1st October, 1956 and functioned under various ministries until 2015. Since 2015 to date, it functions under the Ministry of Women and Child Affairs. Its mission is to ensure the rights of all children and provide equal opportunities in line with national policies and international standards with special attention to orphaned, abandoned and destitute children and children in conflict with law[27].

Alternative care policy was developed by the DPCCS with the final goal of preventing institutionalization and to progressively eliminate long-term institutional care except in special circumstances. It also focuses on systematic deinstitutionalization and strengthening all alternative care options so that institutional care is considered the last resort and for a limited period only[8]. A study on status of child care institutions and institutionalized children in Sri Lanka was undertaken in 2013 by the National Institute of Social Development (NISD) for the DPCCS, sponsored by the UNICEF[28]. There were 14,179 children in 414 institutions located in all nine provinces in Sri Lanka in 2013. Among them 8,538 (60.2%) were females and 5,641 (39.8%) were males. Majority of child care institutions were run by non-governmental organizations, registered under the DPCCS. Out of the total number of child care institutions surveyed, 95% were registered. The remaining institutions were unregistered, contrary to the Orphanage Ordinance. Only 44.9% of the professionally qualified staff was trained in formal areas like child care or counselling. Children to staff ratio was found to be 12 children per caregiver which is desirable. According to the transcripts nearly 70% of the institutionalized children were mentally imbalanced to different degrees[28].

Even though well-structured national policies and action plans are in place in Sri Lanka, it is evident that the quality of care the children receive at institutions is not optimal. Here are some clinical examples of children and adolescents who presented to child and adolescent psychiatry units.

Case 1

Mr S was a 20 year old boy studying in a government university. He had been in an institution from age 1 to 18 years. He did not know about his biological family. He presented with clinical features of social anxiety disorder where he was unable to perform academic presentations at the University in front of other people. This has significantly affected his academic performance in the university. On assessment, he presented with exceptionally poor self-esteem, self-confidence and negative self-evaluation, which were the main aetiological factors for his clinical presentation. He explained how his self-esteem was badly damaged during his stay at the institution where people repeatedly called him *"anathaya"* (orphan in Sinhala). He also explained how he felt worthless and useless about himself when he had to deliver "pin" (a religious way of showing gratitude) after each meal.

Society commonly stigmatizes children in institutions as orphans. Most people also believe that these children can be used as objects for their charity work. In modern society, people commonly donate things to these children, taking pictures and posting them in social media. Zero measures are taken to maintain the dignity and confidentiality of youth. Majority ignore or are unaware about the impact of their behaviour on the psychological wellbeing of these children. United Nations convention of the rights of children article 39 emphasizes the importance of self-respect and dignity of children when dealing with child victims. It is also important to focus on the legal and ethical aspects of taking pictures of these children without the consent of guardians or responsible state parties.

Case 2

Miss M was a 16 year old girl living in an institution for 2 years after sexual assault by her stepfather. She presented to the child psychiatry unit with clinical features of depression. On assessment, she reported that she was repeatedly accused by the main caregiver at the institution saying "I am still a virgin, not like you". Even a minor mistake at the care home ended up with the same conversation. She reported how this repeated statement traumatized her at the institution.

Child maltreatment at institutions is common worldwide. Caregivers' frustration due to limited facilities, knowledge and training at institutions about caregiving, counselling and handling difficult situations may be the main contributory factors.

Case 3

Three fifteen year old girls were brought to the child psychiatry unit for assessment from a child care institution. One girl had cut her hair and started

behaving as a male, identifying herself as "Sanjeewa" (male name). Other two girls had started a romantic affair with "Sanjeewa". On assessment, the girl, behaving as "Sanjeewa" was not having clinical features of gender identity disorder. All three girls presented with predominant heterosexual orientation. Main reasons for their behaviour were limited access to the outside world, limited access to the opposite sex, lack of pleasurable activities at institution and not having future goals and meaning to life.

Residents having sexual contacts with other residents of the same sex is common in child care institutions worldwide. In most circumstances it is not due to clear homosexual orientation. Age appropriate sex education, introducing structured environment and leisure activities at institutions and making them understand future plans and goals would help minimize these incidents.

Challenges as adults after deinstitutionalization

Childhood abuse victimization can result in low self-esteem, self-confidence and problems in interpersonal relationships even as adults. According to the concept of "Circle of abuse" children who were abused as children can become abusers as adults. Their self-esteem, self-confidence and self-evaluation can be badly damaged in institutions. Due to limited access and experience with the outside world and social deprivation they can have difficulties in getting adjusted to the outside world as adults. When they do not have their own families in the outside world they are more prone to build up social connections which can make them more vulnerable to get connected to unhealthy social groups such as substance use and sexual exploitation.

Things can be done at institutions in Sri Lanka to support mental health needs

Children and youth in institutions have higher need for mental health services worldwide compared to general youth[29,30]. However, relative to their high rate of mental health needs, service utilization by them seems low. Furthermore, a considerable part of this population does not receive services according to need[31,32]. Developed countries have established community based child and youth mental health services providing separate services for children in institutions.

Currently in Sri Lanka, child and youth mental health services are at a primitive stage with very limited numbers of child and adolescent psychiatrists. Current services in Sri Lanka are mainly hospital-based and community-based child and youth mental health services are unlikely to be established in the near future. Considering the huge mental health needs of children in child care institutions it is vital to pay more attention to this aspect.

Alternative child care policy in Sri Lanka has clearly identified the areas to improve in providing best quality care for children in institutions while adhering to all the principles of United Nations for Convention of the Rights of Children 1989[2]. However, most of the plans are still at paper work level. Before focusing on comprehensive community-based child and youth mental health services in Sri Lanka, it is crucial to focus on fulfilling the basic mental health needs of these young people with the limited resources available.

This can be approached in three areas. There should be staff focused programmes, residents focused programmes and institution based programmes. All caregivers in institutions should be given continuous training and support on how to provide care for these children with minimum further traumatization, how to handle difficult situations with children, problem solving counselling and how to provide psychological support for these children. Simultaneously, programmes should be conducted for youth focusing on how to improve social skills, communication skills, problem solving skills, anger management techniques, emotion regulation and distress tolerance skills, assertiveness skills and life skills. Structure of the institution also has to be improved in a way where youth get more structured and effective routine, more leisure activities, more opportunities in vocational training and activities of daily living training. All these activities should finally target the smooth and less disturbed systematic deinstitutionalization of youth.

References

1. Nelson CA. A neurobiological perspective on early human deprivation. *Society for Research in Social Development* 2007; **1(**1):13-8. https://doi.org/10.1111/j.17508606.2007.00004.x

2. Progress for Children: Report Card on Child Protection, UNICEF. Number 8, 2009 Available from: https://www.unicef.org/publications/files/Progress_for_Children-No.8_EN_081309.pdf

3. Csáky C. Keeping children out of harmful institutions: why we should be investing in family-based care. Save the Children 2009, p 3.

4. Global Facts about Orphanages, Better Care Network. 01 Aug 2009. Available

from: https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/global-facts-about-orphanages

5. Chiwaula L, Dobson R, Elsley S. Drumming together for change: A child's right to quality care in Sub-Saharan Africa. SOS Children's Villages International, CELCIS, University of Malawi, 2014. Available from: https://strathprints.strath.ac.uk/68548/1/CELCIS_etal_2014_Drumming_together_for_change_report.pdf

6. UNICEF, Children and Young People with Disabilities Fact Sheet, 2013. Available from: https://www.unicef.org/disabilities/files/Factsheet_A5__Web_REVISED(1).pdf

7. Jakovljevic I, Ashley P, Fitzgerald B. Children's mental health: Is poverty the diagnosis? *British Columbia Medical Journal* 2016; **58**(8): 454-60.

8. The National Policy for Alternative Care of Children in Sri Lanka. Available from: http://www.probation.gov.lk

9. De Silva N, Punchihewa A. Push and pull factors of institutionalization of children: A study based in the Eastern Province of Sri Lanka. Save the children 2011. Available from: https://www.researchgate.net/publication/233942527

10. Children and Young People's Health Outcomes Forum, Report of the Children and Young People's Health Outcomes Forum- Mental Health Sub-Group (July 2012), p 2

11. Bos K, Zeanah CH, Nathan A, Drury S, McLaughlin KA, Nelson C A. Psychiatric outcomes in young children with a history of institutionalization. *Harvard Review of Psychiatry* 2011; **19**(1): 15–24. https://doi.org/10.3109/10673229.2011.549773
PMid: 21250893 PMCid: PMC3445019

12. Browne K, Hamilton-Giachritsis C, Johnson R, Ostergren M. Overuse of institutional care for children in Europe. *Child-Care Health and Development* 2006; **32**(4): 502. https://doi.org/10.1111/j.13652214.2006.00652_3.x

13. Children and Young People with Learning Disabilities - Understanding their Mental Health. Available from: www.youngminds.org.uk/bond

14. Hysing M, Elgen I, Gillberg C, Atle Lie S, Astri J. Chronic physical illness and mental health in children: Results from a large-scale population study. *Journal of Child Psychology and Psychiatry* 2007; **48**(8): 785-92. https://doi.org/10.1111/j.14697610.2007.01755.x
PMid: 17683450

15. Cohen P, Daniel S, Kasen S. Prospective associations between somatic illness and mental illness from childhood to adulthood. *American Journal of Epidemiology* 1998; **147**(3): 5. https://doi.org/10.1093/oxfordjournals.aje.a009442
PMid: 9482497

16. Sachs-Ericsson N, Cromer K, Hemandez A, Kendall-Tackett K. A review of childhood abuse, health and pain-related problems: The role of psychiatric disorders and current life. *Journal of Trauma and Dissociation* 2009; **10**(2):170–88. https://doi.org/10.1080/15299730802624585
PMid: 19333847

17. Kendall-Tackett K, Williams LM, Finkelhor D. Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin* 1993; **113**(1):164-80. https://doi.org/10.1037/00332909.113.1.164
PMid: 8426874

18. Claude M, John G. Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management* 2004; **11**(3): 209-26. https://doi.org/10.1037/10725245.11.3.209

19. Zill N, Morrison DR, Coiro MJ. Long-term effects of parental divorce on parent-child relationships, adjustment, and achievement

in young adulthood. *Journal of Family Psychology* 1993; **7**(1): 91–103. https://doi.org/10.1037/0893-3200.7.1.91

20. National Guideline for the management of child abuse and neglect: A multi-sectoral approach. Available from: https://medicine.kln.ac.lk/depts/forensic/images/LearningMaterials/Guidelines/National_Guideline_on Child_Abuse_and_Neglect.pdf

21. Hettiarachchi D. Management of victims of child abuse in Sri Lanka: A view of a child psychiatrist. *Sri Lanka Journal of Child Health* 2020; **49**(3): 279-83. https://doi.org/10.4038/sljch.v49i3.9148

22. Gail M. Non rational guilt in victims of trauma. *Dissociation* 1990; **3**(4):163-4.

23. The origin of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology* 1992; **28**(5): 759-75. https://doi.org/10.1037/00121649.28.5.759

24. Lionetti F, Pastore M, Barone L. Attachment in institutionalized children: A review and meta-analysis. *Child Abuse and Neglect* 2015; **42**: 135-45. https://doi.org/10.1016/j.chiabu.2015.02.013 PMid: 25747874

25. Van Ijzendoom MH, Palacios J, Sonuga-Barke EJS, Gunnar MR, Vorria P, McCall RB, *et al.* Children in Institutional Care: Delayed development and resilience. *Monographs of the Society for Research in Child Development* 2011; **76**(4): https://doi.org/10.1111/j.15405834.2011.00626.x PMid: 25125707 PMCid: PMC4130248

26. Sherr L, Kathryn J. Child violence experiences in institutionalized/orphanage care. *Psychology, Health and Medicine* 2017; **22**(1): 31-57. https://doi.org/10.1080/13548506.2016.1271951 PMid: 28064527

27. Department of Probation and Child Care Services website. Available from: http://www.probation.gov.lk/download_e.php?act=11

28. Current status of the Child Care Institutions and the institutionalised children in Sri Lanka, a situational analysis. National Institute of social development 2013. Available from: https://www.unicef.org/srilanka/reports/current-status-child-care-institutions-and-institutionalized-children-sri-lanka

29. Luke N, Sinclair I, Woolgar M, Sebba J. What works in preventing and treating poor mental health in looked-after children NSPCC (January 2014). Available from: https://www.researchgate.net/publication/274228705_2014_What_works_in_preventing_and_treating_poor_mental_health_in_looked_after_children_NSPCC

30. Garland AF, Landsverk JL, Hough RL, Ellis-MacLeod E. Type of maltreatment as a predictor of mental health service use for children in foster care. *Child Abuse and Neglect* 1996; **20**(8): 675–88. https://doi.org/10.1016/01452134(96)00056-7

31. Leslie LK, Landsverk J, Ezzet-Lofstrom R, Tschann JM, Slymen DJ, Garland AF. Children in foster care: factors influencing outpatient mental health service use. *Child Abuse and Neglect* 2000; **24**(4): 465–76. https://doi.org/10.1016/S01452134(00)00116-2

32. Pecora PJ, Jensen PS, Romanelli LH, Jackson LJ, Ortiz A. Mental health Services for Children Placed in Foster Care: an overview of current challenges. *Child Welfare* 2009; **88**(1):5–26.