

Tomorrow's People Matters: Evidence for Action in Oman

Samir Al-Adawi

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William Wordsworth's maxim: "*the child is father to the man*" candidly captures the view that all what entails as an adult owes its origin to the formative years. Recent epidemiological surveys indicate that adverse childhood experiences tend to have direct impact on cognitive, emotional and behavioral (CEB) development. This, in turn, defines the process of physical development and quality of life. Such understanding has heralded the scientific study of CEB development, which has brought a body of knowledge that is employed to prevent, treat and arrest CEB development. In modern parlances, such undertakings have been an integral part of the multidisciplinary field that goes under the umbrella of child and adolescent mental health services (CAMHS).

Oman has witnessed increased standards of living and the integral of such a qualitative leap of social changes is the emergence of 'baby boom' and the challenges this entails in safeguarding the welfare of tomorrow's people.¹ The increased number of youngsters with CEB disorders appears to coincide with the social changes and urbanization that the country has witnessed in the past decades. Previous agent of socialization in Oman used to lie in the realm of the extended family, but now the extended family is being supplanted with a nuclear family that often requires juggling between career and family life. According to Al-Barwani and Albeelyb,² there is a public concern for 'weakening of family ties' in the country as children are left on their own due to increased activity of women outside the house and thereby setting the background for 'proximal abandonment'. The good cause of woman empowerment has opened the door for Omani women to join the workforce but children are left to be nurtured by non-family members with all the social consequences this may entail.

Increase in population means that the number of youngsters who are likely to fall prey to the vagaries of CEB would also increase. Some emerging surveys in the country suggest that variant forms of CEB disorders are common and that they are likely to impede these youngsters from finding meaningful existence in the society. Some presentation of CEB among childhood and adolescent appears to be unique to Oman, probably stemming to the culturally specific odium of distress.³ This would require culturally-tailored rehabilitation, educational and remediation services.

Globalization is also likely to bring new challenges in safeguarding the welfare of tomorrow's people. According to Narconon International,⁴ "Oman was seeing a large increase in numbers of those addicted to drugs. The largest increases in drug addiction are currently seen in school and college girls." Fleming and Jacobsen have reported that approximately 40% of middle-school students in Oman have experienced bullying.⁵ Some preliminary studies have documented the existence of disorders of parent-child relationships,⁶ and due to high consanguinity, the country has a greater risk of children born with developmental anomalies. While it is evidently clear that the magnitude of CEB disorders in Oman is on the rise, it is worrisome that many of them do not seek care from qualified professionals. In general, services for CAMHS have yet to mushroom in the landscape. Instead, as in many traditional communities, modern CAMHS has yet to play a dominant role in the country. What is deemed as CEB disorders are largely in the prerogative of traditional healers. Educational institutions appear to be ill-equipped to provide educational and remedial services for those children who failed to thrive in indices of CEB functioning. Instead, caregivers of children with CEB disorders are left on their own accord to care for their challenged youngsters.⁷

Within the aforementioned background, the following needs to be contemplated in order to safeguard the wellbeing of what mounts to be the majority of the population. Firstly, there is an urgent need to revamp the existing fragmented structures for CAMHS into one efficient system with input from different spheres of Oman's society. The present preoccupation that CAMHS is the mainstay of 'medical model' runs counter to international best practice and the reality on the ground. All ancillary services relevant to the running of CAMHS should be established, including a team comprised of psychiatric, non-psychiatric physician, psychologist with mental health training, social workers with mental health training, speech and language therapists, occupational therapists, and relevant sub-specialities of nurses. Secondly, there is a need to standardize taxonomy relevant for CEB in relation to intervention, remedial and rehabilitation. Taxonomic assumptions shape the views of psychopathology, treatment and administrative decision, professional communication, formal diagnoses, diagnostic formulations, research, epidemiology, and public policy. There is a dearth of instruments, standardized for the Omani population to quantify the presence of CEB disorders. Last but not the least, the country needs to make its landscape childhood friendly in order to give tomorrow's people an opportunity to 'play'. There are vast empirical studies showing that play is paramount in shaping

Samir Al-Adawi ✉

Department of Behavioural, Medicine College of Medicine & Health Sciences, Sultan Qaboos University, Al-Khoud, Muscat, Sultanate of Oman.

E-mail: adawi@squ.edu.om; samir.al-adawi@fulbrightmail.org

CEB development,⁸ a feat entrenched in the United Nations High Commission for Human Rights.⁹

The quality of well-being for tomorrow's people will never rise above a certain ceiling and this ceiling may be quite low unless a concerted effort to safeguard their wellbeing is contemplated. It is worthwhile to note that the level of humanity in any society is reflected in how that particular society cares for its young ones, its human capital or human resources. This is consonant with HM Sultan Qaboos's statement that "Nations are being built solely by the hands of the citizens.... The real wealth of any nation is made up of its human resources.... our call is to... remove all barriers that impede their development" (p. 726).³

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