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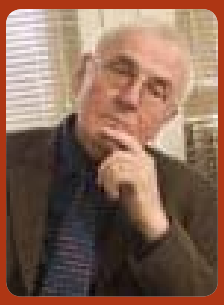

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Biography:

Colin Pritchard, after 15 years in practice ended as Principal Psychiatric Social Worker and then became a Lecturer in 1970 at the Dept. of Psychiatry, University Leeds. He gained a Senior Lectureship at the University of Bath 1976-80 before moving to the Foundation Chair in Social Work Studies at University of Southampton 1980-1998. From 1998-2001 he was Research Professor in Psychiatric Social Work, Dept. of Psychiatry, University of Southampton since which he has been Emeritus Professor, School of Medicine, University of Southampton and Visiting Professor at Dept. Psychiatry, 2001 to till date

Child-abuse-related-deaths in the UK & western world and "hidden" neglect: The need for a mental health paradigm for effective child development & protection

Need for Mental Health Paradigm: Being concerned with child wellbeing and protection Child-Abuse-Related-Deaths (CARD) attract considerable public and therefore political concern however UK and Western world evidence raises the question are CARD the wrong focus for child development and protection. From a decade of CARD from an English region, based upon police records, we found that the majority of Within-Family assailants were predominately either mentally ill or had severe personality disorder, whilst the minority Extra-family assailants were all Violent-Multi-Criminal-Child-Sex Abusers, and lie outside the responsibility of the caring services. Re-evaluating evidence from other Western countries supports this contention points towards the need to reframe our intervention programs, starting from the 'normative', to assist the child's bio-psycho-social development, which would improve child protection. We offer an integrative inter-agency paradigm the "Mental Health Syndrome" (MHS), which recognizes the over-lap of the mental illnesses, personality disorders, which often include alcohol and substance abuse, hence the Mental Health Syndrome concept, rather than narrow separate diagnostic criteria. If child protection services thought `mental health' or rather MHS, and adult psychiatrist thought 'children', half the children died would not have ended as victims. Our evidence indicates CARD assailants problems are primarily psychological rather than social, though poor socio-economic circumstances, worsens the situation for psychological/ psychiatrically vulnerable people. Supportive evidence for the MHS emphasis comes from the fact that at national levels, 'ordinary/ total' Child Mortality Rates are strongly correlated with `income inequality' [data from WHO and World Bank] but CARD are not, thus it is the MHS factors rather than the socio-economic per se. Using the MHS paradigm offers a preventive service that recognizes the impact that mentally ill parent has upon the child's development, which requires an integrative optimal psychopharmacological-psycho-social service for parents, and, a support service for children that would be cost-effective overtime over time.

'A Hidden' Neglect: However, our MHS focus exposes the fact that there is a 'hidden neglect' in the UK as currently Britain has the third worst relatively poverty in the Western world, fifth highest child mortality and comparatively the lowest funded health service of 21 Western countries. The evidence lies in the fact that UK adult (55-74) deaths have been reduced significantly more than 17 other countries (1980-2013), whereas nine of these same countries have had significantly bigger reductions in child mortality than Britain, suggesting differing priorities. We call this 'hidden' neglect because in view of UNICEF's statement. "In the last analysis child mortality rates are an indication of how well a nation meets the needs of its children" (UNICEF, 2001). Compared with many countries Britain has an 'excess deaths of children' hence we require a refocusing of our child wellbeing and protection policies for all children not just those of mentally ill parents.

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