Editorial

Disseminating child & adolescent mental health treatment methods: an international feasibility study

A disseminação de métodos de tratamentos em crianças e adolescentes: um estudo de factibilidade internacional

In 2002 the World Psychiatric Association (WPA) Presidential Programme on Child Mental Health was launched to develop a comprehensive set of tools to address countries' needs for a systematic, evidence-guided approach to address child and adolescent mental health problems. The Programme includes three components: a community awareness program, a prevention program, and an Integrated Services Program. Each component was developed by a task force of international experts, under the guidance of a steering committee, and then implemented in multiple sites across multiple countries. This special section describes the Integrated Services Program and its implementation across 4 countries. Additional information on all 3 programs can be found at http://www.globalchildmentalhealth.com/.

Vision and purpose of the ISP

The purpose of the ISP was to assist clinical sites across different countries to implement an integrated, evidence-based system of care that could be fit to the mental health needs and resources of each site within each participating country, and to provide clinicians consultation and support in implementing the ISP. The ultimate hope was that the final materials and program would be adaptable to the mental health needs of children across many different countries.

ISP developers focused on developing tools and implementation methods for treating the two broad categories of the most common disorders/problem types of school-age children, namely, the "internalizing" and "externalizing" disorders. Internalizing disorders and problems are experienced internally by the child, yet may not be apparent to others. These include the DSM-defined mood and anxiety disorders, as well as related problems such as sadness, depression, anxiety, fears, and suicidal ideation. In contrast, externalizing disorders and problems seen in children and adolescents are manifest by patterns of age-inappropriate inattention and/or hyperactive and impulsive behaviors, and/or patterns of defiant, disobedient, hostile, aggressive, deceitful and antisocial behaviors.

Both types of problems are universal and found in children of all cultures, although the exact symptom manifestation may vary depending on cultural factors. Because of their frequency and public health impact, ISP developers focused their intervention development efforts on these two major problem types. The ISP was not intended to address the types of difficulties presented by very young children, nor the problems of children with very severe psychiatric disorders, such as psychosis, autism, schizophrenia, or extreme conduct problems.

ISP approach

To meet its overall objectives, members of the ISP Task Force developed three manuals, two focused on the specific treatment of the internalizing and externalizing problems of childhood, and one focused on overall program implementation. Both intervention manuals, adapted from previous evidence-based manuals,[1-4] were purposely intended to be brief, 8-12 sessions, and involve both the child and parents in treatment activities. Both were drawn from the

current literature of evidence-based interventions. These manuals and the accompanying training procedures are described in detail by Bauermeister et al. and So et al.[5-6]

Key child mental health leaders, most often child psychiatrists known to members of the Task Force through relationships with the World Health Organization or the World Psychiatric Association, were contacted and invited to participate in the overall programme. Of 6 potential sites and child mental health leaders who were contacted, 4 actually joined (see acknowledgements for ISP Task Force Site Directors). A modest amount of support was available to each site to offset local expenses, generally less than $5,000 USD. Each participating site, under the leadership of its clinical director, implemented the interventions in selected school and clinic settings, with the goal of reaching as many children and families as could be effectively accomplished, within available resources.

In this special section, we present the results and "lessons learned" from this exciting activity, a "first" for all of those involved. A brief description of the ISP actual implementation within each site is presented by Murray et al.,[7] after which Bauermeister et al.[5] describe the cross-cultural adaptations needed to make the therapy manuals clinically valid and useful. In the third article in the section, So et al.[6] describe how training and consultation/ supervision was done, despite vast geographic distances. And lastly, Hoagwood et al.[8] describe program outcomes, including the degree of program implementation and the ISP's actual impact on individual children, families, clinicians, and on broader site-related factors.

While most evidence-based interventions (EBIs) have been principally developed in English-speaking, "western" societies, we were both struck and pleased by the degree to which many of therapeutic principles and procedures seemed applicable across settings and cultures very different from those in which they were first developed. Yet important adaptations were necessary, even critical in a number of instances, highlighting to each of us the extent to which our "evidence-base" depends on close partnerships between clinicians, researchers, and families, all of whom have something to teach each other, most especially when we attempt to take EBIs out into the "real world" and into different societies. For us, this was an interesting, important step in our learning process. For the many children affected world-wide by mental health problems, we hope and trust that this step will be only one of among many more.

Peter S Jensen
(on the Integrated Services Program (ISP) Task Force)
Center for the Advancement of Children's Mental Health,
Unit #78, Department of Child Psychiatry,
NYSPI Columbia University

[*] The ISP Task Force is a Working Committee of the World Psychiatric Association (WPA) Presidential Global Program on Child Mental Health. The ISP Task Force includes Members (listed alphabetically) Jose J. Bauermeister, PhD; John Fayyad, MD; Richard Harrington, MD (deceased); Jack (S.F.) Hung, FRCPsych; Kimberly Hoagwood, PhD; Peter S. Jensen, MD; Kelly Kelleher, MD; Laura Murray, PhD; Cheryl So, PhD, and Site Directors Alan Apter, MD and Orit Krispin, PhD (Tel Aviv, Israel); John Fayyad, MD, (Lebanon); Luis Rohde, MD and Paulo Knapp, PhD (Porto Alegre, Brazil), and Amira Seif El Din, MD (Alexandria, Egypt).

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