Critical time intervention – Task shifting: a new psychosocial intervention for people with severe mental illness in Latin America

Intervenção para períodos críticos – Transferência de cuidados: uma nova intervenção psicossocial para indivíduos com transtornos mentais graves na América Latina

Tatiana Fernandes Carpinteiro da Silva[1], Giovanni Lovisi[1], Maria Tavares Cavalcanti[2], Catarina Dahl[2], Sara Conover[3], Eliecer Valencia[3], Ezra Susser[3]

[1] *Universidade Federal do Rio de Janeiro (UFRJ), Instituto de Estudos em Saúde Coletiva (IESC).*
[2] *UFRJ, Instituto de Psiquiatria (IPUB).*
[3] *Columbia University, Newman School of Public Health, New York, USA.*

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Dear Editor

Since the mental health care in Latin America is undergoing a huge transformation with the change of hospital-based care for community assistance, has become clear that is essential the adequacy of these patients in society, being fundamental to the implementation of psychosocial interventions that benefit this population and their families, meeting their needs in a way adapted to the current economic and social reality in Latin America[1,2].

Critical Time Intervention-Task Shifting (CTI-TS) is a psychosocial intervention designed to address a fundamental gap in the services offered by mental health clinics in Latin America[2]. It is a time-limited, 9-month long intervention, provided at the critical time when a person is first offered services at a mental health clinic.

CTI-TS will be provided by a team that will be comprised of two types of CTI-TS workers: Peer Support Workers (PSWs) and Community Mental Health Workers (CMHWs), who work under the supervision of a psychiatrist coordinator. PSWs will be individuals who have experienced a substantial disruptive period caused by a mental disorder in their own life, and who possess interest in peer support work that is oriented toward recovery. CMHWs will be individuals with knowledge of the local mental health and other health services, and a commitment to providing *in vivo* mental health service support for the community.

The CTI-TS aims to enhance the continuity of care for people with SMI by bridging the gap between treatments and/or services. It is implemented by a team with low case-to-worker ratios. The goals and activities of CTI-TS are directed at creating a sustainable support network and recovery plan for each individual user. The CTI-TS focuses in on 1-3 areas that are deemed crucial to address in order to develop lasting supports. These areas of intervention might include: psychiatric treatment and medication management, money management, substance abuse treatment, housing and crisis management, daily life activities and/or family interventions. These areas are individually defined and shaped from the perspective of the consumer[3].

This intervention is carried out in three consecutive and interrelated phases, in which the level of intensity of contact between the CTI-TS workers and the individual declines over time. The role of the CTI-TS is specifically designed to avoid becoming the primary source of care for the individual with SMI. The phases are *Initiation*, *Try-Out*, and *Transfer of Care*. Each phase is implemented roughly over a three-month period.

Regular supervision is an essential element of the CTI-TS model. This role will be performed by a psychiatrist well acquainted with the model. The supervision will be provided on a weekly basis and will be devoted to discussing cases with all members of the team.

The first stage of CTI-TS implementation was finished, including the development of an intervention manual, the semantic adaptation of the instruments used to assess the outcomes and the development of a method to assess the fidelity of the implementation process[4]. Results regarding feasibility and clinical outcomes will be available soon. This will be the first such undertaking of trying to develop and measure the effectiveness of a community mental health intervention across three countries in Latin America.

References

1. Thornicroft G, Susser E. Evidence-based psychotherapeutic interventions in the community care of schizophrenia. Brit J Psychiat. 2001;178:2-4.
2. Almeida JM, González J. Atención comunitaria a personas con trastornos mentales severos. Washington, DC: Panamericana de la Salud; 2005.
3. Herman D, Conover S, Felix A, Nakagawa A, Mills D. Critical time intervention: an empirically supported model for preventing homelessness in high risk groups. J Prim Prev. 2007;28:295-312.
4. Whitley R. Cultural competence, evidence-based medicine, and evidence-based practices. Psychiatr Serv. 2007;58:1588-90.

Address correspondence to: Tatiana Fernandes Carpinteiro da Silva. Instituto de Estudos em Saúde Coletiva. Av. Horácio Macedo, s/n, Ilha do Fundão – 21941-598 – Rio de Janeiro, RJ, Brasil.
Telephone: (21) 9618-7097. E-mail: tatiana_fcs@hotmail.com

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