Source: Burns, B. J. (1999). A call for a mental health services agenda for youth with serious emotional disturbance. *Mental Health Services Research*, *1*(1), 5-20.

In this article, appearing in the inaugural issue of *Mental Health Services Research*, Barbara Burns makes an urgent call for the development of a research agenda on mental health services for youth with serious emotional disturbance. This proposal comes on the heels of the National Institute of Mental Health (NIMH) National Advisory Mental Health Council report on adults with severe mental disorders issued in 1991. This report led to a research plan and significant expansion of services research for this adult population. Burns believes a focus on the needs of children with severe disorders is long overdue and argues that "it is time to engage in a similar effort for children."

Burns provides both a strong rationale and a comprehensive approach for developing the research agenda. The rationale is based on three key issues. First, Burns asserts that the need for effective treatment is "real," given the considerable evidence of unmet needs, inappropriate care, and poor outcomes consistently documented for this population. Second, the author contends that "the time is right" for the development of a research agenda for children and youth. In addition to an expressed commitment to children and families at the federal level, as evidenced by such policy changes as the reauthorization of the Individuals with Disabilities Education Act and the National Institute of Justice's search for alternatives to juvenile justice, Burns urges that children's issues be given equal attention as those of adults. Finally, she argues that the knowledge base on what works in children's mental health has expanded considerably, and there are researchers who have the expertise and interest needed to study the effectiveness of children's mental health services.

In detailing the necessary steps for developing the research agenda, Burns recommends that NIMH or another agency commission an expert panel to address the following tasks:

- Conduct a review of promising clinical interventions for youth with serious emotional disturbance
- Assess the adequacy of existing tools for monitoring the quality of care (e.g., measures of treatment fidelity, best practices)
- Evaluate the adequacy and need for further development of outcome measures, particularly those that measure functioning
- Reach consensus on an appropriate research phase model, that is, determine the most appropriate research design for examining effectiveness

The expert panel should integrate their findings into a research plan and develop strategies for implementing the plan. Burns is hopeful when she states that "a research plan for youth with serious emotional disturbance could be endorsed before the new millennium."

Specifically, as she briefly reviews the effectiveness research, Burns makes several important points. First, she points out that the Fort Bragg study, the Starke County study, and the review of outpatient services by John Weisz all "cast doubt about the value of usual care as provided in the community, and have suggested a need to look more carefully into the issues surrounding quality." While Burns' interpretation of the significance of these studies may be open to question, there is wide consensus about her conclusion of the "need to examine the relationships between service system characteristics, specific clinical interventions (including the fidelity with which they are implemented), and outcomes. Studies that look only at system-level inter-

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Prepared by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd. Tampa, FL 33612, (813) 974-4661 For more information, contact kutash@fmhi.usf.edu or visit the website: http://rtckids.fmhi.usf.edu ventions without looking also at the actual services and supports that are provided are likely to miss the mark, according to this view. Burns goes on to indicate that the research base is relatively strong for multisystemic therapy and therapeutic foster care, "is building for wraparound," and remains weak for case management, family preservation, and group homes.

A major need that Burns identifies is tools for monitoring quality of care, including treatment fidelity. She does an excellent job of describing six approaches to deriving and implementing quality: 1) best practices, including CMHS "Promising Practices" series; 2) practice parameters for diagnostic-specific interventions that are either evidence-based or consensus-based; 3) regulations, largely for licensure, accreditation, or reimbursement by regulatory agencies; 4) quality monitoring, usually developed by clinicians to monitor clinical practice; 5) clinical protocols/manuals, historically designed to assure adherence to specific types of treatment; and 6) use of fidelity/adherence measures (primarily used in multisystemic therapy and therapeutic foster care but increasingly in wraparound).

Interestingly, in discussing research models for effectiveness studies, Burns goes beyond randomized clinical trials. While she sees randomized clinical trials as being critical for efficacy tests, she is supportive of the use of "observational designs" for effectiveness studies. She indicates that the advantages of such uncontrolled observational studies include more flexibility, less intrusion, greater ease in obtaining larger sample sizes, and lower study costs. However, she indicates that these uncontrolled observational studies include more flexibility, less intrusion greater ease, and lower study costs. She indicates that these uncontrolled observational studies include more flexibility, less intrusion, greater ease in obtaining larger sample sizes, and lower study costs. She indicates that these uncontrolled observational studies include more flexibility, less intrusion, greater ease in obtaining larger sample sizes, and lower study costs. She indicates that these uncontrolled observational studies are particularly helpful where there have been good efficacy studies and where the results of the observational studies can be compared to the results of the efficacy studies. This is much easier to do with studies on the treatment of ADHD or phobias than it is with the treatment of youth with serious emotional disturbance through wraparound, for example.

Overall, this article is especially significant because it is a major part of the first issue of a significant new journal, includes a strong call for a research plan for children with serious emotional disturbance and their families, is written by perhaps the most respected overall researcher in the field, and includes excellent, although brief, summaries of many important issues.

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