



# Data Trends

*Summaries of research on mental health services for children and adolescents and their families*

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The National Institute of Mental Health (NIMH) just released its 10-year plan for advancing research on child and adolescent mental health interventions. This report, “Blueprint for Change: Research on Child and Adolescent Mental Health,” articulates new directions in child mental health services research. This report is the product of a year-long evaluation of the progress made in child and adolescent mental health research over the last ten years, by the NIMH National Advisory Mental Health Council’s Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment.

The Executive Summary of the report begins with a very powerful statement. After briefly discussing the prevalence of mental disorders in children and adolescents, and the impairment that accompanies them, the report indicates that, “No other illnesses damage so many children so seriously” (p. 1). This is an even stronger statement about the seriousness of the problem than was included in the reports from the Office of the Surgeon General.

Three predominant themes interweave throughout the report: 1) the need for greater interdisciplinary collaboration between the behavioral and medical sciences to create new, innovative treatment models that are theoretically grounded and developmentally sensitive to the needs of children and their families, 2) the importance of promoting a dissemination-oriented view of model development “wherein dissemination is both a starting point and an end point,” and 3) the need to support the dissemination and transportation of existing, effective models into both research and training curricula and mental health services systems in the community.

Much of the report focuses on basic and clinical research. However, there is a brief section that discusses systems of care under the heading, “Combined interventions and services effectiveness” (p. 64). According to the report, community-based systems of care (SOC) have become increasingly available over the last 15 years to children with serious emotional disturbance (SED) and their families. Yet, the report points out, the research base on systems of care has lagged behind the policy emphasis on creating such systems of care. The report indicates that as a result of research findings from projects like the Fort Bragg Demonstration Project, and the Stark County study, emphasis has shifted to three issues: a) studies on the clinical effectiveness of services within systems of care; b) studies on the transportability of efficacious clinical treatments into mental health services; and c) studies on the fidelity of implementation of system of care principles at the practice level.

The report indicates that studies of intensive case management, therapeutic foster care, and multi-systemic therapy demonstrate “that there are alternatives to lengthy inpatient treatment that can help maintain a child within his or her community setting” (p. 65) but that adequate supervision, therapist training, and institutional program support are essential to successful outcomes from these services. It is reported that progress has been made in identifying effective school-based interventions, and in understanding factors related to engaging families in treatment.

Much attention is paid to issues related to dissemination and deployment. There is recognition that effective knowledge transfer is labor-intensive and expensive, and it is pointed out that “agencies such as NIMH and CMHS that are interested in promoting the use of evidence-based interventions in children’s mental health need to identify mechanisms to study and support this process” (p. 71). Included in the report is also a call for testing interventions in typical community settings to determine if they are effective, to learn how to adapt or modify them as necessary, and to learn how to transport and sustain them in the community.

As part of the report, NIMH contracted with Roland Sturm and his colleagues at Rand to develop national estimates of mental health utilization and expenditures. This part of the report, included as an

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Appendix (p. 91), is extremely useful, and worthy of thorough review. The bottom line estimate from these researchers is that total treatment expenditures of children with mental disorders in the U.S. in 1998 was approximately \$11.75 billion, or about \$173 per child. Adolescents (12 – 17) accounted for 59% of the expenditures, children 6 to 11 accounted for 34 percent, and children 1 to 5 accounted for 7 percent.

Some selected recommendations from the report that have implications for system of care services delivery are outlined below. The full report is available on-line, at: <http://www.nimh.nih.gov/child/blueprin.pdf>

- Encourage interdisciplinary research on the development of new treatments through the establishment of Treatments and Services Practices Networks (TSPs). “These networks could provide support to facilitate the development of culturally sensitive treatments that are feasible, cost-effective, and readily disseminated” (p. 9).
- Implement Evidence-based Practice Networks (IEPs), which would “focus on linking evidence-based interventions to dissemination, financing, and policy research” (p. 9).
- Develop a national system or series of regional systems to track the utilization and costs of child mental health services. (p. 68).
- Accelerate research on the factors that facilitate or impede the processes, transportability, or sustainability of evidence-based treatments...especially in communities or populations where disparities in access to mental health care are prevalent. (p. 75).