

**From research to practice in child and adolescent mental health**

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We are honored to have the opportunity to provide this editorial for the International Association of Child and Adolescent Psychiatry and Allied Professions' *From Research to Practice in Child and Adolescent Mental Health*.

Approximately 20% of children worldwide have at least one disabling mental illness, with half of all mental illnesses beginning before the age of 14. These data emphasize the importance of early and effective implementation of the best practices to address a problem of this magnitude. Successful treatment of mental illness in children and adolescents requires regular access to care and a variety of support services, which are often either unavailable or under-used. Recent estimates by the WHO indicate that the treatment gap in developed countries, (*i.e.* % of individuals who need mental care but do not receive treatment) ranges from 44-70%, but in developing countries, the treatment gap can be as high as 90%. The burden of global disease often falls disproportionately on these developing low-income countries due to their limited resources to address a multitude of developmental challenges. In addition to the common barriers to mental health care (limited availability, affordability, insufficient policies, lack of education, and stigma), the pediatric and adolescent populations experience the unique challenges associated with lifelong labels, stigma, isolation, and discrimination.

An additional factor to consider when appreciating the constantly evolving field of child and adolescent treatment strategies is the change between the DSM-IV and the DSM-V. Several of the childhood disorders have been reclassified, renamed, or redefined with different criteria, (*e.g.* Separation anxiety disorder and selective mutism, were classified under *Disorders Usually First Diagnosed in Infancy,*

*Childhood, or Adolescence* but are now classified as anxiety disorders. Feeding disorder of infancy or early childhood has been renamed avoidant/restrictive food intake disorder, and the criteria have been significantly expanded to include adult). A more comprehensive review of changes between the DSM-IV to DSM-V may be found in reference.

This book provides not only a key source of information for professionals or politicians working on those issues, but also a launching pad for the discussion of both recognizing and addressing mental health challenges in special populations. The first section provides essential background information on the World Health Organization's Mental Health Agenda and highlights new models of treatment within the context of resource limited countries. Additionally, it provides comprehensive epidemiological information that summarizes the prevalence of mental disorders in the United States and compares between access to mental health services in developed and developing countries.

The second section summarizes the mental health problems and disorders of children and adolescents. Chapter 3 describes the genotypic and phenotypic characteristics of schizophrenia and mood disorders, and new developmental discoveries and the research opportunities are offered. Chapter 4 focuses on sleep and autism spectrum disorders, but also considers a wide variety of childhood and adolescence disorders, especially epilepsy, anxiety, depression, and bipolar.

The previous chapters have set the stage by stating common problems, so the third section moves on to interventions and practice. It starts in chapter 5 with highlights of the UN Millennium Goals that overall health requires addressing mental health issues and also addressing the treatment gap seen between developed and developing countries as well as that between rural and urban areas. Considering the shortage of health care workers, creative approaches such as *task shifting*, which entails delegating health care tasks to existing workers with less training, will need to be incorporated into a viable strategy to address mental health challenges in developing nations. Chapter 6 outlines the results of a

systematic review of the most common childhood psychiatric disorders worldwide and provides a step-wise approach to develop future interventions and treatment steps that can be taken to optimize care for adolescents. Chapter 7 focuses on mental health challenges in wartime by analyzing emerging themes that highlight how war in Sierra Leone affected youth. It also presents a valuable intervention session outline that can be used to address the mental health needs of children in war-affected countries. In chapter 8 the authors look at the current status of autism spectrum disorders in Japan and the existing support programs for ASD, providing valuable insight into program administration and other support structures. The importance of considering cultural factors within the educational environment and the transition of children from home to school is addressed in chapter 9. The last chapter wraps up the section and book with an overview of how information technology can be used effectively to both prevent and mitigate the effects of the various psychiatric disorders that affect children and adolescents.

As the demographics of the world change, the research and politics will have to adjust in order to keep pace with the needs of humanity. It is very impressive to see this kind of work published, as it very likely could be instrumental in fostering a global understanding of the difficulties of mental health in those particularly vulnerable populations. Further research is needed toward understanding the actual needs and also towards predicting the trends, as eventually the crisis mode will not be the status quo of mental health.

In conclusion, the book offers a well-organized summary of the challenges and opportunities in addressing child mental health in developed and developing countries. It offers a variety of valuable perspectives and lessons from different cultures to move forward on beginning to address the numerous aspects of child and adolescent mental health.

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