KEY COMPONENTS OF SUCCESSFUL TREATMENT PROGRAMS

While studies have identified numerous strategies and techniques that are effective in the treatment of different mental health issues, a growing body of research shows that there are several guiding principles for screening and assessment and individualized care planning which provide the foundation for any treatment program: integrated programming, engagement of families in treatment efforts, and culturally competent service delivery.

Integrated Programming – the "Systems" Approach

Research continues to support the idea that the mental health needs of children and adolescents are best served within the context of a "system of care" in which multiple service providers work together in an organized, collaborative way. The system of care approach encourages agencies to provide services that are child-centered and family-focused, community-based, and culturally competent. The guiding principles also call for services to be integrated, with linkages between the child-serving agencies and programs that allow for collaborative planning, development, and implementation of services. Additional information on systems of care is provided in the "Role of the Family" section.

Service providers have found that a breakdown in the system of care is frequently encountered in the area of discharge planning. A discharge plan should be created whenever a child is transitioning from inpatient or residential treatment back into the community. These plans should be updated in consultation with the child's family or guardian before the child is released from treatment. They should describe the therapy and services provided in the facility and recommend any necessary follow-up services, which should then be coordinated by a case manager. While frequently overlooked, discharge plans are a key component of a comprehensive system of care, as they help to ensure that the gains made in an inpatient or residential setting are continued once the child returns to the community.

Systems of care have been found to produce important system improvements. For example, studies have shown reductions in the use of residential and out-of-state placements, as well as improvements in functional behavior. Parents also appear to be more satisfied with services provided within systems of care than with more traditional service delivery systems. However, the effect of systems of care on costs remains uncertain, and there is little evidence to demonstrate that the system of care framework results in improved clinical outcomes when compared to services delivered within more traditional systems (U.S. Department of Health and Human Services, 1999).

The Virginia Department of Behavioral Health and Developmental Services (DBHDS), formerly the Department of Mental Health, Mental Retardation and Substance Abuse Services, emphasizes the need for agency collaboration at both the state and local levels (2004). This can be achieved by promoting integration of services and establishing policies that require services providers to conduct a single comprehensive intake addressing the areas of mental health, intellectual disability, and substance abuse. Moreover, community partnerships can be strengthened or enhanced to improve the delivery of child and adolescent behavioral health services.

Screening and Assessment

Comprehensive assessment, screening, and evaluation are necessary for children and adolescents experiencing a mental health crisis. Children should also be screened to identify potential delayed or atypical development, thus determining the appropriate level of assessment (Pires, 2002). In addition to screening, assessment and evaluation collectively address the needs and services of the child and family (Pires). A child or adolescent with emotional and/or behavior problems should be evaluated by a qualified

mental health professional to determine whether a comprehensive psychiatric evaluation for serious emotional behavior problems is necessary (American Academy of Child & Adolescent Psychiatry [AACAP], 2005). Such a step will lead to accurate assessment and, if needed, appropriate, individualized treatment.

Individualized Care Planning

In order to assure continuity of treatment, communities must establish a framework which ensures that a child can transition with ease from one service to another. The efficiency of these transitions is enhanced through the creation of effective individualized service plans. These plans, which are targeted to the child's specific needs, identify problems, establish goals, and specify appropriate interventions and services.

Once screening and assessment have taken place, an individual care plan is needed to meet the distinct needs of the child. The goal is to plan and provide appropriate services to the child. Elements that must be acknowledged include building trust, engaging the family, and tailoring family supports (Building Systems of Care, 2002). Some of the components to be included in such a plan, as identified by Building Systems of Care, are:

- Background information and family assessment;
- Identifying information;
- Child development and behavior;
- Needs;
- Family functioning style;
- Social support network;
- Safety issues and risks;
- Goals;
- Sources of support and/or resources;
- Action plan; and
- Progress evaluation.

Engagement of Families in Treatment Efforts

Service providers and researchers have increasingly realized the important role that families play in mental health treatment services for children. The child mental health system has responded by making families essential partners in the delivery of mental health services for children and adolescents (U.S. Department of Health and Human Services, 1999). For further discussion of the roles that families should play in treatment services, see the "Role of the Family in Treatment Programs" section of the *Collection*.

According to the President's New Freedom Commission on Mental Health, local, state, and federal officials must engage families to participate in planning and evaluating treatment and support services (2003). The direct participation of consumers and families in developing a range of community-based, recovery-oriented treatment and support services is important. Consumers and families of children with serious emotional disturbances have a key role in mental health care delivery by requesting a system that focuses on recovery and on the utilization of appropriate evidence-based treatments. Goal Two of the President's Commission specifies that mental health care be consumer- and family-driven. Consumers and families should be encouraged to become fully involved and to promote a recovery-based mental health system. Families can take part in this process by becoming educated about appropriate treatments for their child and who is qualified to deliver these treatments. For more information about mental health providers' qualifications, please see the "General Description of Providers" section of the *Collection.*

Culturally Competent Service Delivery

Virginia's population of racial minorities grew from approximately 23 to 28% between 1990 and 2000 (U.S. Census Bureau, 2000). In 2009, this increased to 32% (U.S. Census Bureau, 2010). This growth in diversity has significant implications for service providers in the Commonwealth, as cultural factors are becoming increasingly important in the evaluation and treatment of mental health disorders.

Culture has been found to influence many aspects of mental health disorders. Individuals from specific cultures may express and manifest their symptoms in different ways, and may differ in their styles of coping, their family and community supports, and their willingness to seek and continue with treatment. Moreover, clinicians may be influenced by their own cultural values, which may impact diagnosis, treatment, and service delivery decisions (U.S. Department of Health and Human Services, 2001).

The variability within and between each cultural group is described in Table 1.

Table 1

Addressing Cultural Variability

- Acculturation – This reflects the extent to which a person is familiar and proficient within U.S. mainstream culture.
- Poverty – There may be difference in resources, as well as in "resourceful behaviors" needed for survival. This may include awareness or compliance with traditional mental health interventions.
- Language – Differences exist in fluency in the client's native language and in English, but also in dialect. Among various ethnicities, there exists many different language sub-groups.
- Transportation, Housing & Childcare – A lack of available supports may interfere with access to treatment and adherence with provider expectations.
- Reading Ability/Educational Background – Individuals may vary substantially in academic experience and aptitude. This is true within ethnic subgroups, as well as between subgroups.
- Beliefs – People from diverse cultures vary in their beliefs about what is considered "illness," what causes the illness, what should be done to address the illness and what the treatment outcome should be. The provider cannot assume the client's views match theirs.
- Physical Characteristics – People of color differ in their appearance, even within ethnic groups.

Source: Saldana, 2001.

The following is attributed to Kumpfer and Alvarado (1998). Research has shown that tailoring interventions to the cultural traditions of the family improve outcome effectiveness. Culturally relevant values can be integrated with existing model programs for a variety of ethnic groups. Such an approach can address the various nuances that cultures may exhibit, such as specific values and beliefs. Various cultural beliefs and modifications need to be incorporated into an organized, culturally sensitive treatment framework. Children may be reticent to share elements of their cultural orientation with persons they do not know. Cultural competency involves addressing the various folkways, mores, traditions, customs, rituals, dialects that are specific to each culture and ethnicity (Saldana, 2001).

Cultural differences may exacerbate general problems of access to appropriate mental health services in the community. The mental health treatment setting relies significantly on language, communication, and trust between patients and providers. Therefore, therapeutic success may hinge on the clinician's ability to understand a patient's identity, social supports, self-esteem, and perception of stigma. Consequently, mental health service providers must recognize underlying cultural influences so they can effectively address the mental health needs of each segment of the community (U.S. Department of Health and Human Services, 1999).

Culturally competent treatment programs are founded upon an awareness of and respect for the values, beliefs, traditions, customs, and parenting styles of all of the people served in the community. Providers are aware of the impact of their own culture on the therapeutic relationship with their clients and consider these factors when planning and delivering the services for youth and their families. Culturally competent programs ideally include multilingual, multicultural staff and provide extensive community outreach (Cross, Ennis, Isaacs & Bazron, 1989).

The services offered within a community should also reflect a respect for cultural diversity. For example, the inclusion of extended family members in treatment efforts should be incorporated within certain treatment approaches, when appropriate. It would also be beneficial for mental health agencies to display culturally relevant pictures and literature in order to show respect and increase consumer comfort with services. Finally, agencies should consider the holidays or work schedules of the consumers when scheduling office hours and meetings (Cross, Ennis, Isaacs & Bazron, 1989).

Cultural differences other than ethnicity must also be considered. For example, Americans living in rural areas may display unique characteristics that present barriers to mental health services. Many individuals living in these areas may not seek care because there is a perceived stigma attached to mental health disorders, a lack of understanding about mental illnesses and their treatments, a lack of information about where to go for treatment, and an inability to pay for care. Furthermore, poverty, geographic isolation,

cultural differences and other factors may affect the amount and quality of mental health care available to these individuals. The issues are further complicated in rural areas by limited access to and availability of mental health specialists, such as psychiatrists, psychologists, psychiatric nurses and social workers (National Institute of Mental Health [NIMH], 2000).

It is important to consider the impact of culture on mental health service delivery. Specialized cultural programming has been found to promote service utilization for all ages, including children (Snowden & Hu, 1997). Furthermore, children and families enrolled in mental health programs that are linked to community culture have been found to be less likely to drop out of treatment than families in mainstream programs (Takeuchi, Sue & Yeh, 1995). Cultural training and service planning serve as important components of the mental health delivery system.

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