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CHILD MENTAL HEALTH AND PSYCHOSOCIAL DEVELOPMENT

Report on a WHO Meeting

Copenhagen
6-7 June 1985

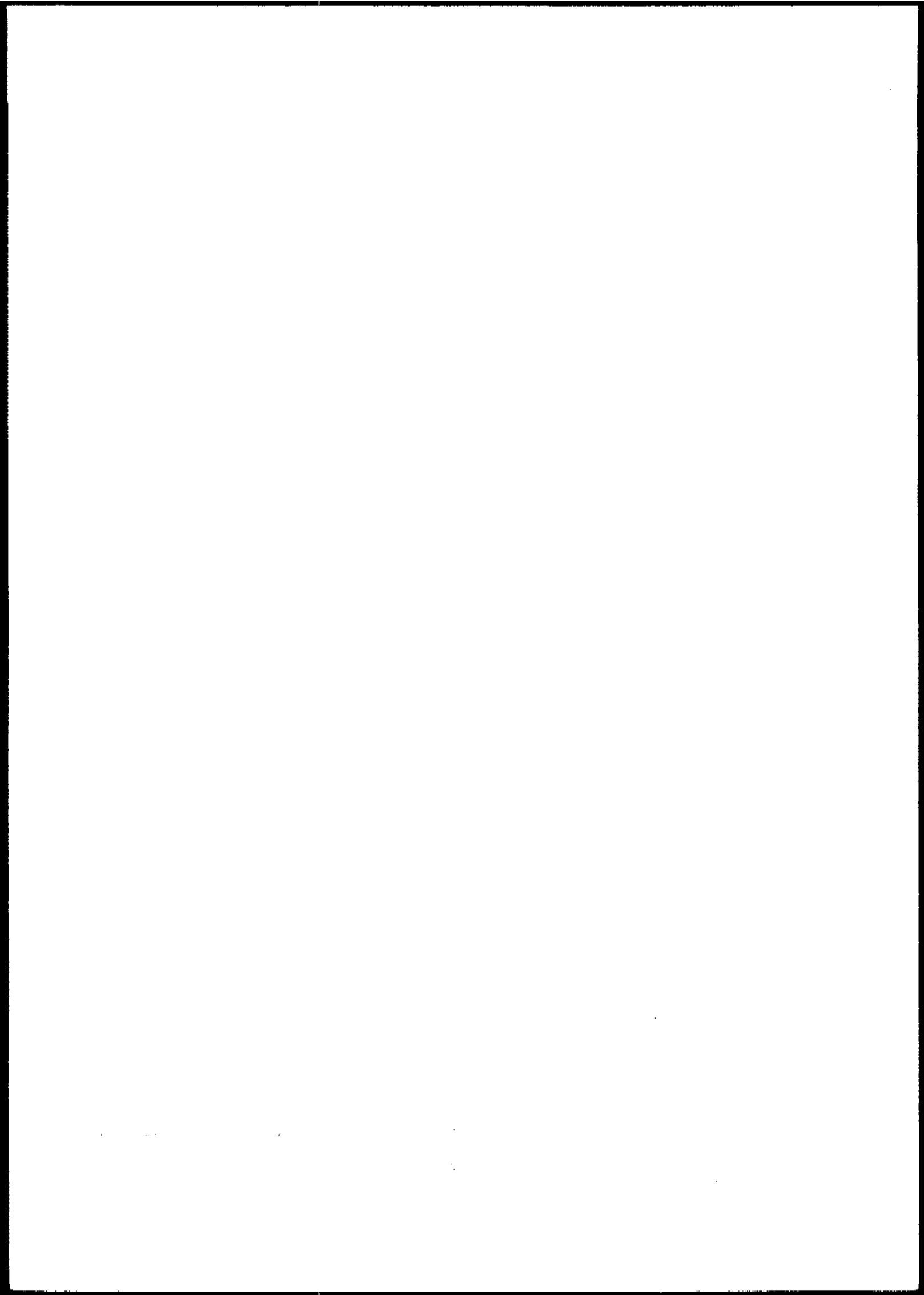
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1. Aims

The aims of the meeting were to consider priorities for research and the potential for research training programmes in child mental health in Europe, and to consider progress and further development of national case studies in the region.

2. Background

The WHO is committed to Health for All by the year 2000. The key to attaining this goal is primary health care, one of whose essential elements is maternal and child health care (Alma-Ata Declaration). The WHO document: Child Mental Health and Psychosocial Development (Technical Report Series, No. 613, WHO, 1977) outlines the background of broad strategies for attainment of these goals in the field of child mental health. Within this broad framework each of the six WHO regions has developed different strategies and priorities. In the European region a meeting on Child Mental Health and Psychosocial Development at Delphi in 1983 reported on:

- the existing needs in Member States;
- the patterns of existing health, education and social services;
- the possibility of immediate and middle-term provision of services and development of personnel;
- appropriate research, and its implications and priorities;
- national and regional planning, international programmes and the role of the WHO.

Four main research priorities were delineated:

- standardisation of assessment instruments and methods;
- epidemiological and longitudinal research;
- research on psychosocial factors and the impact of social change on child mental health and psychosocial development;
- health services and health policy related research, including programme evaluation research.

Additional recommendations related to the need for Governments to stimulate ways of monitoring the development of the preschool population and evaluating the care of institutions. It was considered WHO policy should be based on scientific evidence: where this was lacking it should be sought.

3. Format of the meeting.

The present meeting was in two stages:

- An exchange of research papers on assessment methods and neuropsychiatry.
- Discussion of priorities for research, prospects for research training and national case studies.

Professor K. Tolstrup (Denmark) was elected Chairman, and Dr A. Cox elected Rapporteur. Dr J.H. Henderson (WHO Regional Officer for Mental Health) outlined the background to the meeting. Research paper sessions were chaired by Professor M. Schmidt (FRG) and Professor Dr H. van Engeland (Netherlands); discussion of research priorities and research training by Dr J. Tsiantis (Greece): review of national case studies by Professor P. Graham (England), and the final recommendations by Professor K. Tolstrup (Denmark).

4. Research papers

a) Assessment methods

Dr A.D. Cox (UK) described experimental studies of clinical assessment interviews with parents of children referred to a psychiatric clinic. Measures of interviewer behaviour were developed and the effects of different styles of interviewing compared. Implications were drawn for the way different techniques can be combined to achieve the aims of initial diagnostic interviews with parents. Dr Verhulst (Netherlands) reported research into the content and criterion validity of the Achenbach Child Behaviour Check List (CBCL) on a Dutch general population sample and a sample of children referred to mental health agencies. A two-stage procedure was used. In the intensive phase, 8 and 11 years olds scoring high and low on the CBCL were investigated with the Child Assessment Schedule, psychological tests and parental interview.

Application of the Present State Examination to an adolescent inpatient population had been investigated by Professor F. Poustka (FRG). Comparison was made between diagnoses and symptom profiles obtained by the PSE, routine clinical procedures and a self-report questionnaire.

Dr G. Esser (FRG) contrasted information obtained from a random field sample of 13 year olds and their parents. Parent and adolescent had separate interviews covering an identical range of symptoms. Analysis was made of severe symptoms and diagnoses which would not have been detected without the adolescent interview. A comparative report of symptoms was examined in relation to various adolescent and parent characteristics.

Issues in the assessment of change in relationship to treatment were discussed by Professor I. Kolvin (UK) using material from the Newcastle Treatment Project in which three different types of intervention were compared with each other, and with controls, in two age groups. Emphasis was placed on assessment using multiple measures and on an adequate length of follow-up.

Professor P. Graham (UK) catalogued some of the large range of assessment topics and issues which it had not been possible to address in the limited number of presentations possible, viz:

- Assessment in primary health care and psychological and developmental problems in young children.
- Assessment of developmental level, temperament, coping and severe mental disorders.
- Assessment of family relationships.
- Assessment of schools and nurseries and institutions.

The papers on assessment drew attention to:

- The need for careful development of measures, their reliability, standardisation and validity.
- The importance of the manner in which assessment techniques were applied.
- The necessity for restandardisation and validation of measures on different populations.
- The value of two-stage procedures in epidemiological studies (screening of whole populations and intensive investigation of random sub-samples).
- The importance of the use of multiple measures, including data from different sources.
- The contribution of longterm follow-up in intervention studies.

b) Neuropsychiatry

Dr C. Gillberg (Sweden) summarised research into Deficits in Attention, Motor Control and Perception (DAMP), Autism and Autism-like Conditions. The studies were population-based and used initial screening followed by intensive investigation of selected samples. A preschool questionnaire for parents was employed in detecting DAMP. Chromosomal culture, CAT-Scan, auditory brain stem responses, biochemical studies and other evidence for organic impairment were important in the assessment of autism and autistic-like conditions.

Frontal lobe function in the control of voluntary movement had been explored by Dr A. Rothenberger (FRG) on samples of children with Chronic Multiple Tics, Gilles De La Tourette Syndrome (some of whom had Attention Deficit Disorder), controls, and children with Attention Deficit Disorder and Hyperactivity. Theoretical implications of the results were discussed.

Professor G. Le Lord (France) described electrophysiological and biochemical research comparing groups of autistic, normal and mentally retarded children, and double-blind studies of the treatment of autistic children with magnesium, Vitamin B⁶ and Fenfluramine.

Results of a systematic series of studies of the effect of diet on hyperactivity in a clinical sample were outlined by Professor P. Graham (UK). Professor H. van Engeland (Netherlands) described electrophysiological research with a group of autistic children. The three control groups were normals and children with internalising and externalising disorders. Reported results focussed on visual evoked responses and, more particularly, the P300 Component.

Areas for research included in a general discussion were:

- The use and monitoring of anticonvulsive medication.
- Early detection.
- The investigation of developmental, dysontogenetic and learning disorders.
- Evaluation of interventions.

brought direct and beneficial consequences for child mental health services. In some there has been a disappointing lack of response. Difficulties in preparation of case studies arise when there are large regional variations. An overall picture then blurs important differences. The value of more localised regional case studies was affirmed. Several countries who had not yet prepared national case studies planned to do so either nationally or for particular regions, e.g. Sweden, Spain and Yugoslavia.

11. Recommendations.

National

- Where there are existing national case studies their recommendations are to be pursued. National case studies should, if possible, be updated regularly.
- In some countries it may be more appropriate that local community case studies rather than national case studies should be carried out. WHO should encourage the preparation of national case studies in countries where these have not been completed.
- Particular attention needs to be paid to the careful monitoring of the psychosocial development of the preschool population using primary health care workers. This in addition to routine monitoring of physical growth and development.

International.

- The initiatives for international seminars, symposia and workshops of professional bodies like the European Society for Child and Adolescent psychiatry should receive co-sponsorship and technical support from the World Health Organization.
- The content of programme activities of International Agencies and Organisations should reflect more directly the proportion of children and young people in the population of Member States and in the regions of the World.

World Health Organization

- WHO should aim to improve comparability between ICD and DSM and other schemes of diagnosis and disease classification.
- WHO should promote exchange of information by convening working groups or by identifying centres to produce state of knowledge reports on relevant topics in child mental health and psychosocial development, e.g. assessment techniques, classification and diagnosis.
- WHO should promote exchange of information by organising, co-sponsoring and supporting international symposia on topics in child mental health and psychosocial development, which are research priorities.

Annex 1

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

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