



Expanding Awareness of Mental Health in Childhood and Adolescence

The Awareness Program Manual

The Presidential World Psychiatric Association (WPA)
Program on Global Child Mental Health

In Collaboration with

The World Health Organization (WHO)

&

The International Association for Child and Adolescent
Psychiatry and Allied Professions (IACAPAP)



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The Awareness Program Manual

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Introduction to an Awareness Campaign



Gleb Sudnitsin, Age 12
Russia



It is imperative that nations and non-governmental organizations begin to address the issue of children's mental health. In addition to the simple fact that mental health problems cause significant distress to child, family, and community, mental health problems in children often lead to lifelong impairment, which has tremendous negative social and economic consequences. These issues make the development and implementation of child mental health initiatives imperative. A successful initiative should include the elements of awareness promotion, intervention methods, and preventive measures. The logical starting point is to begin with awareness promotion, through a Child Mental Health Awareness Campaign, given the fundamental assumption that increased awareness of mental health issues will also work to increase awareness of the need for better prevention and intervention mechanisms.

This introduction states the purpose and goals of an awareness campaign, as well as describes what can be accomplished by achieving these goals. It also provides the basic facts and information about children's mental health, in order to illustrate the magnitude of the problem. Finally, it outlines the contents of the remainder of the manual, describing its organization and how it may be used to plan and implement a Child Mental Health Awareness Campaign.



Mykel Hutchinson, Age 11
Namibia



Purpose of an Awareness Campaign

Increasing awareness of the nature, magnitude, and treatment of children's mental health problems is a fundamental step towards improving child mental health care.

Child and adolescent mental health:

- is a basic human right that needs to be protected for children to thrive
- is a general health issue
- is associated with better educational outcomes
- facilitates improved adult productivity and economic stability

This manual is designed to provide practical guidance for planning an awareness campaign, and includes information on:

- the rationale for the development of an awareness campaign
- how to develop an awareness campaign at all levels: national, community, and individual
- the data needed to support such a campaign
- the techniques to implement the campaign

Goals of an Awareness Campaign:

- Inform the public about the nature and treatment of children's mental disorders, which will facilitate early identification and treatment of such problems
- Reduce the stigma attached to children's mental health problems that might cause further emotional and social distress or prevent an individual from seeking treatment
- Begin a dialogue between different groups so people begin to work together to promote children's mental health



Preethi M. Shet, Age 8
India



Throughout the world, even in countries with sophisticated mental health resources, the public remains skeptical — or worse, prejudiced — towards persons with mental health problems. Moreover, people who have some understanding of mental health in adults are often uncertain about the nature, or even existence, of children’s mental health problems. Statistics on the prevalence and severity of these problems worldwide, however, underscore the urgent necessity for greater awareness.

Awareness of Stigma will:

- **Help overcome stigma.** A major obstacle to the treatment of mental disorders is stigma. It can be reduced through knowledge, especially about possible helpful interventions and information about the frequency of these problems in the general population.
- **Lead to early detection and treatment.** Teaching individuals, especially parents and teachers, how to identify children who may be having a problem, and then informing them about possible community and medical resources that can increase the chances of the children being helped early and effectively.
- **Promote change in mental health treatment and policy.** By providing information to families, communities, schools, governments, and organizations about the necessity of mental health care for children, these groups will be able to take action themselves and implement programs to support, treat, and help prevent children’s mental health problems.



Bolor-Erdene, Age 10
Mongolia



Severity of Children's Mental Health Problems

Untreated mental health problems in children have serious implications, yet mental health policy for children and adolescents does not exist in over 90% of countries.¹ As indicated in the statistics below, mental health problems in childhood may lead to more severe problems in adulthood, which can be a significant burden on future health and productivity.

- As measured by Years Lived with Disability (YLDs), the leading cause of disability worldwide is depression.²
- An estimated 12% of the global burden of disease comes from mental and behavioral disorders.³
- The total economic burden of mental disorders in the US, which has comprehensive available estimates, is a staggering \$148 billion per year. Moreover, the cost of mental illness is equal to 2.5% of the Gross National Product.⁴

The prevalence and severity of mental health problems in children is alarmingly high worldwide. In countries where studies have been conducted, the following has been found:

- Over 20% of children aged 9 to 17 have a diagnosable mental or addictive disorder that causes at least some impairment.⁵
- Up to 2.5% of children and 8.3% of adolescents suffer from depression at any given time.⁶
- Depression is occurring earlier in life than in previous decades and may predict more severe disorders later in life.⁷
- The US National Institute for Mental Health (NIMH) estimates that in any six month period, 13% of children and adolescents may suffer from an anxiety disorder.⁸
- In 2003, suicide was the 3rd leading cause of death in 10-14 year olds.⁹ Among adolescents with major depressive disorder, up to 7% might commit suicide in the young adult years.¹⁰

¹ www.who.int/whr2001/

² WHO (2001). The World Health Report, Mental Health: New Understanding, New Hope. Geneva; www.who.int/whr2001/; DALYs are Disability Adjusted Life Years or "the sum of years of potential life lost due to premature mortality and the years of productive life lost to disability."

³ WHO (2001): see the previous footnote.

⁴ www.who.int/mental_health/media/en/265.pdf; WHO (2001): see the previous footnote.

⁵ Shaffer, D., Fisher, P., Dulcan, M., et al. (1996). The second version of the NIMH Diagnostic Interview Schedule for Children (DISC-2). *Journal of the American Academy of Child and Adolescent Psychiatry* 35, 865-877.

⁶ Page 1428 in Birmaher, B., et al. (1996): see Suggested Readings at the end for a full citation.

⁷ Klerman, G.L. and Weissman, M.M. (1989): see Suggested Readings at the end for a full citation; Weissman M.M., Wolk S., Goldstein R.B., et al. (1999). Depressed adolescents grown up. *JAMA (Journal of the American Medical Association)* 281, 1707-1713.

⁸ Shaffer, D. (1996): see the footnote above for a full citation.

⁹ Danuta Wasserman, The Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health; see: <http://www.ki.se/suicide/>

¹⁰ Weissman (1999): see the footnote above for a full citation.



Understanding the Impact of Social Problems

Worldwide social, political, and health crises significantly impact the mental and physical health of children. These problems often lead directly to a number of mental health problems in children. The frequency of these worldwide crises makes awareness and treatment of children's mental health all the more important.

UNICEF¹ gives compelling statistics for a number of worldwide problems:

- **Children deprived of their primary caregiver:** In Central and Eastern Europe alone, almost 1.5 million children live in public care. Globally, an estimated 13 million children are orphaned as a result of AIDS alone.
- **Juvenile justice:** More than 1 million children worldwide live in detention as a result of coming into conflict with the law.
- **Forced and bonded child labor:** Approximately 180 million children are engaged in the worst forms of child labor.
- **Trafficking of children:** An estimated 1.2 million children are trafficked every year.
- **Sexual exploitation of children:** 2 million children are believed to be exploited through prostitution and pornography.
- **Children in armed conflict:** More than 2 million children are estimated to have died as a direct result of armed conflict since 1990.
- **Female genital mutilation/cutting:** An estimated 100 to 130 million women and girls alive today have undergone some form of genital mutilation/cutting.
- **Violence:** 40 million children below the age of 15 suffer from abuse and neglect and require health and social intervention.

In addition to these problems, it must be remembered that in many rapidly developing countries, widespread social change and resulting breakdown of family systems can have a tremendous impact on the mental health of children.

¹ For this UNICEF information, see: www.unicef.org/protection/index_bigpicture.html



Planning an Awareness Campaign

As individuals and groups become aware of the problem of children's mental health, children will begin to receive the support and treatment they need.

This manual provides the tools needed to develop a Child Mental Health Awareness Campaign. The manual is organized in a fashion that will allow the campaign planner or other interested party to access vital information about child and adolescent mental health issues and develop strategies for an awareness campaign.

The following three sections of this manual may be used to plan an awareness campaign that will begin to address these goals. In **Chapter I**, the proposed contents of an awareness campaign, including the facts and information that should be emphasized in promoting awareness of children's mental health, are described. **Chapter II** addresses the groups targeted by the campaign, and includes descriptions of the specific goals for awareness at different levels, as well as the role that different groups may play in promoting children's mental health. Finally, **Chapter III** provides information about the different methods and resources that can be used for implementing an awareness campaign, addressing both traditional community-based and newer technological tools that can be utilized to increase awareness of children's mental health.



Monica Pineda, Age 11
El Salvador



I. Contents of an Awareness Campaign



Fadel Abbas Yousef, Age 10
Bahrain



An awareness campaign must contain several components in order to reach the stated goals. It must first supply correct clinical information to the audience. This chapter provides information about three important clinical topics that should be included in the campaign.

First, it explains what constitutes healthy child development, offering basic information on how to distinguish between normal development and possible problems.

Second, it describes some common mental health problems in children, listing basic symptoms that are indicative of each disorder. Special emphasis is given to understanding impairment related to child mental disorders, which may vary in different cultures.

Third, it offers very basic information about treatment, describing what information should be included in an awareness campaign in order to further its goals.

Because it is impossible to reduce the fear surrounding mental health problems if people have no idea of where to turn to receive help, this chapter also addresses practical problems related to child mental health. It includes information about possible resources available to individuals with problems and those who want to help. Many people, for example, parents and teachers, can help in resolving children's problems even in settings where few services exist.

Finally, the chapter discusses two crucial topics: stigma and suicide. The campaign must work to dispel common myths surrounding mental illness. Regarding suicide, the campaign must make everyone more aware of its possibility, especially among adolescents.



Henry Giovannetto, Age 11
USA



Healthy Development

Awareness of healthy child development is necessary to identify early mental health problems. Healthy child development can decrease a child's vulnerability to future mental health problems. An awareness campaign should provide information about the following aspects of healthy development:

Mental Health:

- WHO has defined health as: "The state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity."¹
- Such well being implies emotional balance, the capacity of living with others, skills for dealing with life stresses and motivation for development.

Healthy Mental Development

- Healthy children are likely to participate in and enjoy activities and relationships that a culture feels are appropriate for that child's age, including:²
 - relationships with the family
 - relationships with friends
 - play
 - school or work
- While some behavioral problems are normal in all developing children, more unusual behavior can signal a serious problem. The following may indicate that a child has a problem:³
 - Having few friends or interests that are common for the same age group
 - Engaging in self-destructive behavior
 - Difficulty seeing or accepting the perspective of others
 - Being extremely disobedient

As different cultures have different understandings about what constitutes healthy development, an awareness campaign must remain sensitive to these factors when describing possible problems.

Healthy Physical Development

- As physical health is important in maintaining mental health, the campaign should offer basic guidelines for the health and nutritional requirements of children and adolescents. The Child Mental Health Awareness Campaign should be developed in close cooperation with health authorities dealing with physical illnesses (and their prevention).

¹ Preamble to the of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Citation can be found at www.who.int/about/definition/en

² <http://www.aacap.org/publications/factsfam/normal.htm>

³ http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZ8QW1A79C&sub_cat=21



Identifying common problems and disorders

An understanding of what constitutes healthy development will assist in identifying children who may be having a mental health problem. In addition, an awareness of common mental health disorders that may occur in children enables identification of children who have a specific or more severe disorder, one which may necessitate treatment and more immediate intervention.

Identifying Children with Mental Health Problems: The Importance of Functional Impairment

Diagnosing children's mental health problems is very complex, and must take into account symptoms, observations of the child's behavior, and awareness of the child's developmental level. Making an accurate diagnosis is often difficult for many reasons, including the fact that young children may not be able to discuss their emotional problems with an adult. Adults often need to depend on observations alone.

Symptoms of many mental health problems in children may be similar, and include:

- irritability
- reckless behavior
- frequent outbursts
- social withdrawal
- frequent physical complaints

Because of the difficulty of diagnosis, and the lack of trained individuals for identifying specific disorders, it is important to look for functional impairment in identifying children who may have a mental health problem. Impairment can be defined as difficulty functioning in daily activities, such as relationships, school, play, or work. Culturally sensitive measures of impairment should take into account disturbances in a child's functioning, and can help to identify children who may need further diagnosis or treatment.¹

Some common disorders in children, along with the associated symptoms, are indicated on the following pages. The most common symptoms of these disorders are listed, though it should be noted that symptoms can vary according to a child's age.²

¹ For an example of how impairment may be used in identifying a disorder, see Bolton's 2003 study in Uganda: see suggested Readings at the end for a full citation.

² Jellinek (2003) gives descriptions of symptoms for each disorder at different development stages; see Suggested Readings at the end for a full citation. For additional information about childhood disorders see: <http://www.aacap.org/publications/factsfam>



Depression

Depression in children and adolescents is a serious disorder and is on the rise. It is estimated that 2.5% of children and 8.3% of adolescents may be depressed at any time, and up to 7% of these adolescents may commit suicide.¹ Common symptoms of depression in children and adolescents include:²

- Frequent, persistent sadness or crying
- Decreased interest in enjoyable activities
- Social isolation or poor communication
- Spending an unusual amount of time alone
- Increased irritability, anger, or hostility
- Frequent physical complaints
- Self-destructive behavior or talk of suicide
- Low self-esteem and guilt

Bipolar Disorder (also called Manic-Depression)

An increasingly larger number of adolescents are being diagnosed as bipolar. A person who is bipolar has alternating periods of mania and periods of depression. (The depression symptoms are described above.) Symptoms of the manic phase include:

- Inflated self-esteem
- Decreased need for sleep
- Recklessness, or high-risk behavior
- Rapid speech or racing thoughts

It is important to diagnose bipolar disorder in youths, as they are at significantly higher risk for suicide. Also, if bipolar patients are misdiagnosed as having just a depressive disorder, they may be given medication that worsens rather than helps control their symptoms.³



Tigran Sargsyan
Armenia

¹ Birmaher (1996); Weissman (1999). See Suggested Readings at the end for full citations of both articles.

² <http://www.aacap.org/publications/factsfam/depressd.htm>

³ The US National Institute of Mental Health (NIMH) offers information on bipolar disorder, including symptoms, treatments, and suicide prevention; it also provides a link to clinical research findings. See: www.nimh.nih.gov/publicat/bipolar.cfm.



Anxiety Disorders

Anxiety disorders are also highly prevalent in childhood. While some anxiety is usual, anxiety that interferes with normal behavior and functioning at school or work may be a sign of a more serious problem. Approximately 13% of children and adolescents may suffer from an anxiety disorder during any 6 month period.¹ Common symptoms of anxiety disorders include:²

- Many worries about things before they happen
- Constant worries or concern about school performance, friends, or sports
- Repetitive thoughts or actions
- Extreme fears of embarrassment about making mistakes
- Low self-esteem

There are also several specific types of anxiety disorders that should be noted, as they have distinct symptoms and may require different treatments:³

- *Phobias*: unrealistic and excessive fears about a certain situation or object
- *Social Anxiety Disorder*: overwhelming anxiety and excessive self-consciousness around others
- *Generalized Anxiety Disorder*: extreme, unrealistic worry about general life activities
- *Obsessive Compulsive Disorder (OCD)*: repetitive, intrusive thoughts and/or compulsive behaviors that interfere with functioning or cause distress

Post-Traumatic Stress Disorder (PTSD)

Extremely disruptive events — such as violence, war, natural disasters, or abuse — can cause psychological trauma in children. A reaction to trauma is not uncommon, including extreme anxiety, nightmares, crying, irritability, social withdrawal, guilt, or other symptoms that may last for some time. When these symptoms (reactions) do not subside, however, some children will develop PTSD, which involves prolonged and chronic problems after a traumatic event. These problems can include:⁴

- Re-experiencing the traumatic event through play or in trauma-specific nightmares or flashbacks, or distress over events that resemble or symbolize the trauma
- Routine avoidance of reminders of the event or a general lack of responsiveness (e.g., diminished interests or a sense of having a shortened future)
- Increased sleep disturbances, irritability, poor concentration, startle reaction and regressive behavior

¹ <http://www.nimh.nih.gov/publicat/childnotes.cfm>

² www.aacap.org/publications/factsfam/anxious.htm

³ Jellinek (2003); see Suggested Readings at the end for a full citation.

⁴ <http://www.nimh.nih.gov/publicat/violence.cfm#viol4>



Conduct Disorders

While all children will sometimes display oppositional behaviors, children suffering from conduct disorders have more serious problems in social and family functioning. For example, it is estimated that 5.5% of children have an aggressive behavioral problem.¹ This disorder also puts a child at a higher risk for suicidal behavior. Some symptoms of a conduct disorder include:²

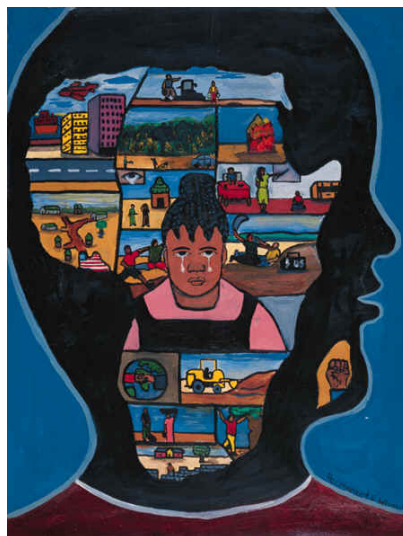
- Aggression to people or animals
- Destruction of property
- Lying or stealing
- Serious violation of rules

It is especially important to note, however, that children displaying these symptoms may be suffering from other mental health problems, and require further diagnosis and treatment.

Attention Deficit Hyperactivity Disorder (ADHD)

While all children are disruptive or hyperactive at times, children with ADHD have more severe behavioral problems that may interfere with school, work, or family functioning. ADHD is found in 3-5% of children,³ and can be indicated by:

- Distractibility and trouble paying attention
- Talking too much and difficulty playing quietly
- Trouble following multiple directions
- Trouble sitting still



Permanent Sam Wilmot, Age 11
Liberia

¹ Offord (1991): see Suggested Readings at the end for a full citation; also see: <http://www.aacap.org/publications/factsfam/conduct.htm>

² <http://www.aacap.org/publications/factsfam/conduct.htm>

³ <http://www.aacap.org/publications/factsfam/noattent.htm>



Alcohol and Drug Abuse

Alcohol and drug abuse can be a significant problem, particularly for adolescents. Depression and other disorders may lead to alcohol and drug abuse, as the individual attempts to “self-medicate” for the disorder. While many adolescents will experiment with alcohol and drugs, alcohol and drug abuse can lead to serious health consequences. Some problem signs include:¹

- Fatigue, and/or repeated health complaints
- Red and glazed eyes, and/or a lasting cough
- Personality change or sudden mood changes
- Irresponsible behavior and poor judgment
- Loss of interest in common activities
- Starting arguments, breaking rules, and/or withdrawing from the family

Eating Disorders

Eating disorders often begin in adolescence, and are more common in girls. Eating disorders are characterized by a distorted relationship to food and an obsession with weight and body shape. Some common symptoms of eating disorders are:²

- Intense fear of gaining weight
- Refusal to maintain body weight at or above 85 percent of that expected for age or height
- Recurrent episodes of binge eating
- Compensatory behavior to prevent weight gain (such as vomiting, using laxatives, and taking diet pills)



Tamara Talat Mamedova, Age 11
Azerbaijan

¹ <http://www.aacap.org/publications/factsfam/teendrug.htm>

² Jellinek (2003); see Suggested Readings at the end for a full citation. The American National Eating Disorders Association’s website has general information on each of the different types of eating disorders, including anorexia nervosa, bulimia, and binge eating. It covers symptoms, treatment strategies, and health risks: www.nationaleatingdisorders.org.



Schizophrenia

Schizophrenia in adolescents can be difficult to detect, and is often confused with other psychiatric disorders. There are several types of schizophrenia, but in all types the afflicted individual at times lacks appropriate ego boundaries and generally has difficulty evaluating the accuracy of personal thoughts.¹ Warning signs in youth include:

- Odd behavior or speech
- Confusion about reality
- Paranoid thoughts
- Severe anxiety and fearfulness
- Social problems

Epilepsy

Though often confused with being a mental disorder, epilepsy is actually a medical disorder. It is a neurological disorder characterized mainly by the existence of seizures. A seizure is an electrical disturbance in the brain. These seizures can be mild and momentary or more serious, marked by longer disturbances called convulsions. The cause of epilepsy is often unknown, but fortunately there are a number of medications that can reduce the incidence and severity of seizures. As with all medical conditions, some children with epilepsy may also have a mental disorder.²

Autism

Autism is a developmental disorder, often diagnosed by the age of 3. While the criteria for autism and subtypes of autism are continually being refined, the central facet of the disorder is clear: those affected by autism lack normal social development. The absence of normal social growth is marked by the following:³

- inappropriate responses in social situations
- impaired communication
- lack of emotional reciprocity
- lack of facial expressions or eye contact
- failure to develop normal peer relationships
- restricted sets of behaviors and gestures, often repetitive

¹ For more information on schizophrenia, see Open the Doors: <http://www.openthedoors.com/>

² For more information, see www.epilepsyfoundation.org

³ Autism Resources' website provides links to sources, including books and other websites: www.autism-resources.com.



Mental Retardation

Approximately 1% of the population is diagnosed as mentally retarded, which signifies a deficit in adaptive behavior and an intelligence lower than the general population (an IQ at or below 70). Mental deficiency varies from mild to severe. With changing social attitudes and new understanding, many of those who are mildly retarded can lead productive, self-sufficient, and relatively normal lives. Those with severe retardation usually require supervision throughout their lives but even they can sometimes learn a meaningful role in the family.¹

Other Disorders

There are other children's disorders not described above, including various developmental disabilities. Some mental problems may be related to medical conditions, and may often be serious enough to need prolonged medical intervention.

It is important to note that these disorders can especially result in the child becoming the focus of severe stigma, rendering the child susceptible to abuse, neglect, or abandonment.



Gina Pearson, Age 12
Great Britain

¹ For mental retardation, the website of the National Dissemination Center for Children with Disabilities is helpful. It describes what mental retardation is and also discusses ways to help children live with this disability:
www.kidshealth.org/kid/health_problems/birth_defect/mental_retardation.html.



Treatment Options

An awareness campaign should have several goals in providing information about treatment. Information provided to the general public should:

- Emphasize the fact that mental health disorders in children and adolescents are highly treatable
- Provide basic information about the types of treatments that are available

This information should focus on dispelling myths about mental health problems, and must be sensitive in addressing cultural perspectives on mental health. In this way, awareness of treatment options may also work to decrease the stigma and fear surrounding mental disorders.

An awareness campaign should also provide detailed information about treatment to those who will provide the services, such as medical providers, community leaders and organizations, NGOs, and government health institutions. This information will assist in establishing better treatment practices and resources, and should include:

- Standard guidelines for effective pharmacological treatments that have been clinically tested on children
- Guidelines for psychotherapy options that can be practically implemented
- Information on community-based programs for health promotion or therapy



Henri Matias Lehtinen, Age 8
Finland



In addition to information about current treatment options, the campaign might also include information about mental health promotion and prevention. For example, certain educational and recreational programs may help to prevent or decrease children's mental health problems and thus alleviate the stigma and fear surrounding mental disorders. Awareness could inspire individuals and organizations to begin such programs. These programs can often help to protect children from adverse environments, increase resilience and the ability to cope with stress.

Primary Prevention and Health Promotion

Interventions for infants, school-aged children, and adolescents have been effective in preventing or reducing mental disorders. Examples of effective interventions include school-based social competency programs, parenting education programs, and programs that target specific risk factors for mental disorders such as abuse or parental divorce.¹ One such intervention is the Primary Mental Health Project, which targets school children in kindergarten through third grade who have adjustment problems.²

Identifying strategies to promote wellness and encourage healthy behaviors are also effective. Several government agencies and organizations have developed resources for the promotion of child mental health. For example, the Health and Behavior Unit in the WHO Regional Office for South-East Asia developed eight training modules to promote the mental health of adolescents. Covering topics such as coping with stress, dealing with emotions, and conflict resolution, these modules have been adapted for successful use in countries such as India, Thailand, and Indonesia.³

¹ For example, Greenberg et. al. reviewed 34 prevention programs that reduced psychological symptoms and behaviors such as aggression, anxiety, and cognitive skill deficits in school-aged children: Greenberg, M.T., Domitrovich, C., and Brian B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment*, **4**(1).

² Rogers, K. (2003). Evidence-based community-based interventions. In *The Handbook of Child and Adolescent Systems of Care*. (Eds. A.J. Pumariega and N.C. Winters), Jossey-Bass: San Francisco, CA, pp.164-5.

³ Website for the WHO Training modules: http://w3.whosea.org/EN/Section1174/Section1199/Section1570_6723.htm



Available Resources

Awareness of problems alone may begin to reduce stigma and fear, but will not lead to significant changes unless individuals are also told where they can go for help. The public must also be made aware of whatever resources are available to provide further assistance or treatment for children's mental health problems. If mental health resources are not widely available, individuals should be directed to appropriate community leaders or organizations that may be able to provide support and assistance.

Above all others, the chief resource(s) for child mental health are parents, who are motivated and can be taught ways of handling many of their child's problems by themselves. Parents and children can become important resources by educating themselves about mental health. One possible resource is the annotated websites indicated at the end of this document. Especially see: "Information on Mental Health for Children, Parents and Families."



Amanda Montgomerie, Age 11
New Zealand



Stigma

Stigma compounds the already devastating effects of mental health problems. Ironically, stigma comes not only from the public at large, but also from medical professionals, families, and, significantly, often from the very person who has the problem.

The effects of stigma on sufferers range from feelings of fear and inadequacy to those of denial, isolation, and despair. Perhaps, most important, stigma often leads to discrimination of children and their family in many areas. It can also lead to maltreatment and abuse. These factors often cause the mentally ill to fail to seek help. For these reasons, reducing stigma and prejudice can make the difference between wellness and illness, between healing and suffering, and even between choosing to live and dying by suicide.

Anti-stigma education is crucial in changing attitudes and behavior. Education needs to target both the general public and medical professionals, as these professionals are often, surprisingly, the source of prejudiced attitudes toward the mentally ill.

This campaign's goals for reducing stigma:

- Dispel common myths about mental health problems by informing the public about the nature and extent of mental disorders
- Emphasize that mental health problems are treatable, and most afflicted individuals can go on to lead healthy and productive lives
- Inform patients and families about ways to live with mental health problems
- Encourage compassion rather than disinterestedness, prejudice, or discrimination, and explain that mental illness is not the fault of the sufferer
- Initiate supportive legislation for child mental health and development.

Many of these goals for the current Awareness campaign are derived from the World Psychiatric Association's (WPA) ongoing campaign **Open the Doors**. WPA began a successful international program to fight stigma related to schizophrenia in 1996. That program provides an effective framework for this campaign.¹

Changing Minds: Fighting stigma in the United Kingdom

From 1998 to 2003, the Royal College of Psychiatrists in the UK ran an anti-stigma campaign, **Changing Minds**. It attempted to shift attitudes and behavior towards people with mental health problems, and also to help individuals recognize that some form of mental health problem affects every family.

The areas of public perception that the campaign successfully combated were: "dangerousness," illness is self-inflicted, lack of understanding for the ill person's outlook, and that the mentally ill are difficult to communicate with.²

¹ Open the Doors: <http://www.openthedoors.com/>

² Source: www.rcpsych.ac.uk/campaigns/cminds/



Suicide Among Adolescents

Thinking about suicide is not abnormal in adolescence. This is especially true when life seems stressful or chaotic, which characterizes some portion of almost every adolescent's life. Even though casual thoughts (ideation) about suicide are not abnormal, prolonged thinking about suicide is. Sustained suicidal ideation may result in an adolescent actually attempting to commit suicide.

Suicide Facts to Consider:

- Attempted suicide, especially among males, is a strong predictor for completed suicide.¹
- Among 15-19 year olds adolescents of both sexes, the rate of suicide has increased dramatically in the WHO European Region during the past year.²
- Over 90 percent of children and adolescents who commit suicide have a mental disorder before their death.³
- A study in the USA found that among pupils in 9th-12th grade, suicide ideation was present in 20% of the males and 34% of the females.⁴
- Worldwide, the average adolescent rate for suicide is approximately 7 per 100,000. Several countries have a significantly higher rate.⁵ In a birth-cohort study from New Zealand, it was found that 3% of all 16 year-olds in New Zealand attempted suicide during their life-time.⁶

Factors Associated with Increased Suicide Risk in Adolescents

There are many known risk factors for suicide and these risks can best be placed into four different categories: 1) a preexisting psychiatric diagnosis such as bipolarity, depression, schizophrenia, substance abuse or an eating disorder; 2) a family history and a genetic predisposition; 3) personality traits and behavior disorders such as impulsivity, aggression, anger, and conduct disorder; and 4) psychosocial and environmental indicators that lead to family dysfunction, and a history of physical, emotional, or sexual abuse.

¹ Hawton, K., Arensman, E., Wasserman, D., et al. (1998). Relation between attempted suicide and suicide rates among young people in Europe. *Journal of Epidemiology and Community Health* **52**(3), 191-194.

² Mittendorfer-Rutz, E. and Wasserman, D. (2004): see Suggested Readings at the end for a full citation.

³ Shaffer, D. and Craft, L. (1999): see Suggested Readings at the end for a full citation.

⁴ Kann, L., Kinchen, S.A., Williams, B.I., et. al. (1998). Youth risk behaviour surveillance, United States 1997. *Morbidity & Mortality Weekly Report. CDC Surveillance Summaries*, **447**(3), 1-89.

⁵ Wasserman, D. (2004): see Suggested Readings at the end for a full citation.

⁶ Fergusson, DM. and Lynskey, MT. (1995): see Suggested Readings at the end for a full citation.



Suicide Prevention

Suicidal behavior can be both prevented and treated by adults involved in adolescents' lives.

- **Families** can help by simply recognizing symptoms and by following basic common sense precautions: keeping firearms, medications, pesticides (and raticides) carefully locked and unavailable to adolescents, and monitoring internet activities. Parents should respond to warning signs especially when a child is feeling lonely and prefers isolation. Children and particularly adolescents who suffer from depression are at much greater risk of committing suicide than are children without depression.¹
- **Schools** should educate students about substance abuse, violence, and common mental health issues, such as depression. Schools can also help by de-romanticizing celebrity suicides. Suicide prevention measures, however, always need to be implemented carefully and to be coordinated with professional health care services.²
- **Clinicians** should consider hospitalizing adolescents who attempt suicide, or who express a persistent wish to die, until their mental state or level of suicidal behavior has subsided. Any medication prescribed to the suicidal child or adolescent must be carefully monitored, and should be complemented by psychosocial intervention, such as talk therapy and work with the parents.³

Because the stakes are so high and because there is among the public such a scarcity of accurate information, education about suicide must be a prominent component of any mental health awareness campaign. If all adults can better understand and recognize the risk factors for suicide, many suicides will be prevented.



Linda Kholobekian, Age 11
Nigeria

¹ Shaffer, D., Fisher, P., Dulcan, M., et.al. (1996). The second version of the NIMH Diagnostic Interview Schedule for Children (DISC-2). *Journal of the American Academy of Child and Adolescent Psychiatry* 35, 865–877.

² Zenere, F.J. and Lazarus, P.J. (1997). See Suggested Readings at the end for a full citation.

³ Apter, A. (2001). Adolescent suicide and attempted suicide. In *Suicide — an Unnecessary Death*. (Ed. D. Wasserman), pp. 181-194. Martin Dunitz Publishers, Taylor & Francis Group, London. [Available in: Chinese, English, Japanese, Russian and Vietnamese]



II. Target Populations for an Awareness Campaign



Khanyisile
South Africa



Before starting an awareness campaign, the local situation must be explored to identify distinct target populations. To assist with this basic task, this chapter indicates which populations should be targeted, describes why it is important to target each specific group and reviews what awareness at each of these levels will accomplish. The goal of this approach is to identify the barriers, at each level, which frequently keep children from receiving the mental health treatment and support they need.

To do this, the first groups that must be addressed are children and those who are most directly involved in their care: families, schools, community and religious leaders, including educators and child care workers. Awareness at these levels will serve to reduce stigma and fear, to facilitate early identification of problems, to direct children to treatment resources, and to initiate programs to promote mental health.

The chapter will then describe the role of institutional child care providers, who are the primary care providers for many children with mental health problems.

It continues by addressing the role of larger organizations that are involved in children's mental health care: medical providers, government and non-government organizations, and international organizations. Increasing awareness among the many individuals working at each of these levels will ideally work to inspire change in the policies related to children's mental health.

While each of these groups is addressed separately, in order to emphasize the different roles played by each in a child's life and in mental health care and promotion, one must always remain aware of the interrelationships between these groups. Awareness at each of these levels will naturally spread and foster communication between each group throughout this network. Ideally, awareness of children's mental health will encourage mental health promotion initiatives, which can be implemented by families and communities as well as by larger organizations. Examples of how this process might occur are included in this chapter.



Children

In spreading awareness of children's mental health, one must not minimize the role of the children and adolescents themselves. While many of the goals for an awareness campaign are aimed at the individuals or organizations that care for children, children also need to be made aware of the fundamental issues about mental health — as the children themselves may be the first to realize that something is wrong. Also, many children most in need may have no adult to turn to. Spreading awareness to children directly may make them more likely to seek treatment and support for their problems, facilitating more effective treatment and empowering them to begin to learn to help themselves.

In spreading awareness to children, one must keep in mind the importance of providing information in a format that is age appropriate and sensitive to their fears and concerns about mental health problems.

Awareness in children will facilitate the following goals:

Identification of problems

- Children need to understand what common mental health problems are and how they might feel or think if they are experiencing these problems.

Reducing fear and stigma

- Children experiencing mental health problems may suffer from considerable fear and distress and may be afraid to turn to others for help. Awareness of common problems and an understanding that these problems are both common and treatable will encourage children to seek help.

Communication of problems

- Children may be unable to express their thoughts and feelings about mental health problems, and so the campaign should also promote awareness of alternative methods to express these feelings and problems. For example, some children who are not able to express feelings verbally are in fact able to express them through art.

Knowledge of how to get help

- Children, among the most vulnerable population in our interconnected world, need sound information about where they can go and to whom they can turn to if they have questions or needs. Because there may be some issues they cannot discuss with their family, they should be made aware of other resources.
- It is crucial to develop child-friendly mental health resources providing access to local information such as a directory of local health officers, counseling centers, Red Cross and Red Crescent, or websites such as www.kidshealth.com, which give appropriate health information for children, teens, and parents.¹

¹ <http://www.kidshealth.com>. In addition, in 2005, the Child and Adolescent Mental Health Awareness Campaign's website plans to add a new section that answers the 100 most common thoughtful questions asked by children and adolescents regarding mental health: <http://www.globalchildmentalhealth.com>



Awareness helps children to create their own community programs and activities that provide support for each other. These children can serve as role models, providing positive examples for other children. In Malawi for example, there is a program that promotes child participation in the fight for AIDS awareness. It can serve as a useful example of how children can educate other children to promote change.

Local activities for AIDS awareness in Malawi: The Steps Program

STEPS stands for Scaling-up [HIV/AIDS interventions] Through Expanded Partnerships. It is an expanding community-based program that provides services to children affected by AIDS and their families. STEPS helps with prevention, care and support for those living with and affected” by HIV/AIDS and has helped mobilize more than 200 Village AIDS committees. They especially note that “young people design and conduct health education activities including theatrical productions and home visits.”¹



Amal Al-Hajj, Age 9
Yemen

¹ The sponsor of STEPS is Save the Children. It has been endorsed by the Malawi government and received funding from U.S. Agency for International Development (USAID) along with other international groups. For updates and current events for this ongoing and expanding work, see: Save the Children: www.savethechildren.org/education/youth.asp



Families

Families, as defined by any culture, are the child's primary social and psychological support. For this reason, they are usually the ones who are most intimately aware of the child's mental health. It is critical that the campaign ensures that families have accurate and adequate knowledge about mental health issues in children.

With this knowledge, families will be able to support the child's mental health in the following ways:

Early identification of problems

- Early identification is a primary goal of an awareness campaign, as this may lead to early and more effective treatment options and may minimize the child's distress.

Promoting a healthy environment

- Awareness of what constitutes healthy development, and what is necessary for this development, will enable families to create a healthy physical and emotional environment — promoting and strengthening children's mental health.

Fostering understanding and reducing stigma

- It is crucial to remember that children with problems who “act out” can increase family stress and may increase the isolation of children from their families. Better understanding may enable families to reduce or cope with this stress.



Imar Mohhamed Hamer Saif, Age 8
United Arab Emirates



The Turkish Early Enrichment Project illustrates how educating mothers and making them aware of positive parenting practices not only benefited the children, but also empowered the mothers to further disseminate the information to others in the community.

The Turkish Early Enrichment Project

Over a period of 10 years (1982-1992), the Turkish Early Enrichment Project was involved in childhood enrichment and mother training in low-income environments in Istanbul. Working mothers of children in day care centers run by factories and non-working mothers who were their neighbors were recruited for training. The philosophy was to change the family environment for the child by focusing on the mother. The general approach was "empowerment," not "deficiency," and it emphasized strengthening positive behaviors. Group discussion facilitated attitude and behavior change, as people began to internalize group norms as their own.

The long-term effects included better child, mother, and family outcomes. Mothers who participated in the program later prepared a television program to reach more mothers, and eventually received funding from various organizations to carry out additional education programs.

While the program initially covered only a few locations, more centers opened with new funding from the Turkish Ministry of Education and UNICEF.¹ This early enrichment program helped lead to the "Mother-Child Education Program" which has been "widely implemented" in Turkey through the Ministry of Adult Education's infrastructure and municipal centers under the Ministry of State for Women, Family and Children.²



Zeynep Can Koray, Age 12
Turkey

¹ Kağıtçıbaşı, Ç. (1996); see Suggested Readings at the end for a full citation.

² Funding came from various sources during different phases. It initially included parent teacher associations and women's groups and businesses; later the Ministry of Education and UNICEF; then a private Turkish bank and the International Development Resource Center (IDRC). For a more recent, 9 year re-evaluation, see: <http://www.worldbank.org/children/csturkey1.html>. For the wider implementation under the Mother-Child Education Program, see: <http://www.worldbank.org/children/csturkey2.html>.



Schools

Beyond the primary care givers, schools often have the largest impact on a developing child. In many communities, schools — including daycare, preschools, primary, and secondary schools — may be the most authoritative community agent and the primary location for socialization. The mission of schools is to provide a child with the foundation for future success. This is achieved not only through training in necessary skills and competencies for future employment, but also through the positive social development that makes the individual a productive member of society.

Awareness of mental health in schools will ideally enable the following results:

Identification of common problems and impairment

- Schools see the child in a different environment than the family, and so may see problems that are not expressed to the family, or may assist children lacking family support.
- Schools can facilitate communication between, the child, the child's family and the teacher to help identify problems and direct the child to appropriate help or treatment.

Confronting stigma

- As educators, schools can teach children to have empathy and understanding about mental health problems.
- Schools can give reassurance to both children and families who are dealing with mental health problems.

Encouraging programs for mental health promotion

- Educational programs that teach children to understand and express their feelings, understand the consequences of their behavior, and use problem solving skills are proven to be effective in reducing some common mental health problems.¹

Teaching Teachers to deal with problems

- A teachers' curriculum should be developed to bring teachers up to date on accepted methods for responding to children's mental health needs. For example, New York City teachers were provided with professionally tested guidelines for talking to students about the events of September 11, 2001 in which many people died in the World Trade Center, as millions of people around the world watched on television.

A special caveat: Children most in need of services may not attend school.

¹ Greenberg, M.T., Weissberg, R.P., O'Brien, M.U., Zins, J.E., et al. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist* **58**, 466-474.



Community and Religious Leaders

Community and religious leaders are often the first people that caretakers turn to when their child is having an emotional or behavioral problem. Thus, it is imperative to target religious leaders, social workers, local school officials, and other community leaders in an awareness campaign. As central figures in the community, they can help in many ways.

Awareness in community leaders will enable the achievement of the following goals:

Reducing fear and stigma

- Community leaders can provide information to children and families to dispel myths and reduce the fear of those who are suffering from mental health problems.
- As these figures are important in the community, others may be likely to follow their example regarding the treatment of individuals who have mental health difficulties.
- Community leaders can set the example of inclusion by making sure that no child is left out.

Directing individuals to treatment

- As individuals or families may turn first to community leaders, these leaders must be equipped to provide support or be able to direct children to the appropriate resources.
- Many effective programs do not require formal resources. For example, recreational activities that teach children problem solving skills, social skills, and the value of teamwork can reduce stress and provide social support. Active participants can become positive role models for others.



Akhtota Nurtanova, Age 8
Kazakhstan



Institutions

There are currently tens of millions of institutionalized and unaccompanied children in the world. Without the guidance and protection of a family, children are at increased risk of exposure to violence, physical abuse, exploitation, physical and psychosocial trauma, and impaired cognitive and emotional development.

Many children end up in juvenile prisons, orphanages, or on the streets, and they may end up there after being rejected from communities or because of the lack of other resources. Juvenile prisons, for example, often warehouse children who have mental health problems or “act out.” When institutions are poorly run, they further increase risk for these children to develop mental health disorders.

Ideally, awareness of mental health issues will encourage good institutional child care practices. People helping with the daily care of children can guide them toward normal development. Also, supportive child care can help children to form healthy attachments and to socialize, thus increasing resilience and promoting better mental health.

The goals for awareness in these institutions are:

Implement new ways to handle children who are ill or at risk

- Development of mental health programs for these vulnerable children in need of specific services and treatment
- Discouragement of or restrictions on discrimination and punitive methods in responding to children’s maladaptive behaviors

Offer treatment options within these institutions

- Programs, such as group therapy, promote positive social behaviors without a large financial investment
- Opportunities for interpersonal therapy, which is effective for children, even with minimal intervention; many children respond to group behavior and incorporate positive group norms into their own lives

Advocate change in government policy

- The incorporation of mental health services into juvenile prisons and orphanages. For example, children who receive proper mental health care will be more apt to stay healthy and lead productive lives outside the institution. Thus, there are economic benefits to this, which may positively influence policy makers
- The allocation by policy makers of additional funding for children’s mental health programs is more likely when positive effects of these programs on children are identified.



Health care providers

Importance of medical professionals

Over half the countries in the world have only one psychiatrist per 100,000 people. Furthermore, 40% have less than one hospital bed reserved per 10,000 people for mental disorders.¹ Many governments have begun integrating mental health services into primary care settings to alleviate the widespread lack of mental health care resources.

It is imperative that all medical providers are aware of the facts about children's mental health. The campaign should target doctors, nurses, mother-infant care nurses, social workers, and any other individuals involved in medical care.

Awareness of this information will help to accomplish the following goals:

Creation of guidelines for diagnosis and treatment

- Use culturally sensitive measures for diagnosing disorders and impairment
- Give standard guidelines for effective pharmacological treatments
- Provide information about other mental health resources

Integrating care across health care disciplines

- Alleviate the burden on primary care physicians with better education of health workers across disciplines
- Encourage collaboration and consensus between general practitioners, nurses, other health workers and volunteers to influence decisions about intervention and treatment
- Use a train-to-train model to enable primary health practitioners to effectively train others (volunteers, nurses, social workers, etc.); this will better integrate mental health care into primary health care

Increase awareness in medical training

- Incorporate children's mental health in university and hospital curriculums
- Reduce negative perceptions of professional competence towards other professionals with less training
- Decrease stigma to avoid health care workers condemning, rather than helping, children with mental health problems

All medical professionals should be aware of the WHO website on mental health.² The Atlas Project is an especially helpful source for everyone, professionals and non-professionals.³

¹ WHO (2001). The World Health Report, Mental Health: New Understanding, New Hope. Geneva. See also:

<http://www.who.int/whr2001/2001/main/en/media/pressrelease.htm>

² http://www.who.int/mental_health/en

³ http://www.who.int/mental_health/evidence/atlas



A special note about alternative medical providers and traditional healers

“Traditional healers are the main source of assistance for at least 80% of rural inhabitants in developing countries.”¹ Healing traditions are deeply ingrained in many societies. For mental or behavioral problems, many families feel more comfortable with a traditional healer than with any other provider. Thus, a strong effort must be made to provide traditional healers with good, accurate information about children’s mental health.

Cultural sensitivity, acceptance and integration of traditional healers into an awareness campaign may encourage teamwork between modern medical research and traditional healing practices for the treatment of children’s mental disorders.

However, in some instances a fine line must be walked between strengthening the practices that are in the best interests of the child and deterring behaviors that might adversely impact children. This can be an important challenge



Roberto Fernandez Madero, Age 8
Mexico

¹ WHO. The World Health Report, Mental Health: New Understanding, New Hope. Geneva. See also: www.who.int/whr2001



Non-Governmental Organizations (NGOs)

NGOs vary widely in terms of size and range of activities. Some are large global organizations coordinating policy in many different countries. But just as important are the small, community-based clinics offering counseling and food to those in need. Aside from the obvious divisions in size among NGOs, they also can be distinguished by what they actually do. Note that some groups blur these distinctions by performing multiple operations; those tend to be the larger organizations.

Essentially, the differing NGOs' agendas are:

- To deliver goods and services directly to underserved populations
- To distribute information, mainly through initiatives to educate the public
- To network NGOs and other interested institutions, such as universities, serving to coordinate NGOs which have related interests
- To support advocacy, seeking policy change by working on policy issues, lobbying lawmakers, and educating the public

All of the above types of NGOs will be important in any awareness campaign. Ultimately, it will be the first two types that actually implement the campaign. Those that network, however, are particularly important in terms of widening the campaign. These NGOs can “spread the word” about children’s mental health problems to a broad constituency. Many of them have partnerships with government agencies, universities, police departments, hospitals, faith communities, health clinics, and community organizations. Finally, significant changes in attitudes, policies, and funding for children’s mental health will most likely come as a result of the efforts of those NGOs that serve as advocates.

It is obviously crucial to target NGOs in an awareness campaign. Further awareness of children’s mental health issues will enable NGOs to begin, or continue, working to promote children’s mental health. This awareness will hopefully lead to the following actions:

- Allocation of funds and other resources for an Awareness Campaign
- Enhanced focus on children’s mental health as a part of their overall health
- Increased communication between various NGOs involved in children’s mental health, in order to strengthen their networks and encourage government entities to provide better services
- Promotion of international child mental health initiatives attuned to the needs and cultural demands of local communities



Two effective NGOs in India

Sangath (Goa): A local NGO attuned to a global initiatives

Sangath (the Society for Child Development and Social Guidance) is an example of a Non-Governmental Organization (NGO) entity directly involved in the development of child and adolescent mental health. It focuses on a wide range of psychosocial disabilities and quality of life issues affecting children, families and communities. Both regionally and locally, Sangath has generated an exceptional sense of collective responsibility.

Sangath has been extraordinarily successful in bringing together multidisciplinary professional teams comprising teachers, special educators, counselors, healthcare professionals, policy makers and other key stakeholders. These teams strive to integrate available resources and instruments that provide efficient and individualized treatment approaches for children. Sangath also conducts workshops and training sessions for families, community liaisons, teachers and schools.¹

The Bridge Network (Chennai): An NGO creating regional cooperation

The Bridge Network partners with regional NGOs that care for different populations ranging from “special” children, to orphans, mentally disabled women, men and children, aged destitutes, and the visually impaired. Even though it has no direct role in the policy making of the ten institutions currently under its umbrella, the Bridge Network has been successful in bringing these NGOs that serve different target populations onto a common public stage. Major goals have been to spread awareness, decrease stigma, and provide special education and training to different populations including children and caretakers.²



Ivan Veljkovic, Age 11
Serbia and Montenegro
(former Yugoslavia)

¹ Sangath was founded in 1997. Besides local funding, international support to Sangath is provided by several reputed organizations such as The Wellcome Trust (UK), The World Health Organization (Geneva), the MacArthur Foundation (USA), and the National Institute of Mental Health and Neurological Sciences (NIMHANS) in Bangalore, India. . See: <http://www.sangath.com>
(Note that Zippy's Friends by Befrienders International is used by Sangath and has been translated into Konkani: see Suggested Readings for a full citation.)

² See: www.bridgenetwork.org



Policy Makers And Government Organizations

More than 40% of countries currently have no mental health policy, over 30% have no mental health program, and around 25% have no mental health legislation.¹ Even countries with established policies may not have programs that reach the majority of the population.

The magnitude of the mental health problems worldwide is not matched by the size and effectiveness of the current response. Currently, 33% of countries allocate less than 1% of their total health budgets to mental health, and another 33% spend a mere 1%.²

The campaign must provide information on the scope of this problem, particularly focusing on the economic burden and lifelong disability resulting from lack of intervention. As many aspects of an awareness campaign can only be initiated at a national level, governments must be persuaded to recognize the importance of mental health, specifically targeting Ministries of Health, of Youth, Sports, and Recreation, of Education, and the judiciary sectors.

Awareness of the magnitude of these issues should encourage policy makers to:

- Allocate funds for treatment, for an awareness campaign and for the development of mental health programs
- Insure that materials contain accurate and adequate information and reach the targeted groups outlined in this section
- Institute their own campaign for awareness, suitable to their country and culture(s)
- Work with international bodies to further the campaign's efforts



Rune Kondo, Age 12
Japan

¹ WHO. The World Health Report, Mental Health: New Understanding, New Hope. Geneva. See also: www.who.int/whr2001

² [Ibid.](#)



International Organizations

International organizations, such as the United Nations and private organizations, can do much to ensure that mental health awareness — especially child mental health — becomes a worldwide goal. They can encourage and assist countries in implementing an awareness program. These organizations, being international, can uniquely:

- Provide funding for an awareness campaign and other children's mental health programs
- Facilitate the exchange of information among relevant organizations, including organizing conferences that focus on mental health
- Continue to emphasize the magnitude of the problem
- Remind countries of the urgency to address the issue of children's mental health

Consult the annotated websites at the end of this document for international organizations that can help make the goals for child mental health awareness become a reality. Some are set up to advise; some provide information and documents (usually free); and some may even provide funding.



Tanya Mendikovskaya, Age 12
Turkmenistan



III. Implementation of an Awareness Campaign



Lizaveta Lenkevich, Age 9
Belarus



Communication, whether through word of mouth or sophisticated satellite technology, influences people's identity, values, and worldview, as it enables both the sharing of information and the exchange of ideas. Individuals are capable of developing creative methods to obtain and exchange information if there is a recognized need. This chapter outlines some of the possibilities for communication by all types of media, recognizing its potential to empower people, stimulate public action, and catalyze change.

Opening the chapter is a list of considerations that should be taken into account when choosing between different forms of media. The chapter then addresses possibilities for using local initiatives to implement an awareness campaign, discussing both printed material, such as posters and billboards, and local meetings. Next, it considers possibilities for using "traditional" mass media: print, radio, and television, also providing specific guidelines for working with journalists and the media

This chapter then examines the potential role of new media in spreading awareness. Recent years have brought exciting new technologies to the fore, increasing the possibilities for implementing an awareness campaign. The Internet in particular offers tremendous possibilities for increasing awareness, and several of these possibilities are discussed. The chapter also describes how satellites and cell phones offer new ways of connecting the world and disseminating information. While these technologies offer great possibilities, they are changing rapidly, and thus many of the ideas offered in this chapter are speculative. Due to rapidly changing technology, some suggestions may even be outmoded.

Despite this emphasis on global-mindedness, it is nonetheless absolutely imperative that traditional "grassroots" communication not be ignored. The new internationalism, or possibly more correctly, transnationalism or supranationalism, must still build on and interact constantly with traditional "grassroots." For this reason, this chapter concludes by addressing some possible directions for the future, emphasizing the role of international partnerships. These new tools of internationalism provide new opportunities for individuals, families and greater society to participate in decision-making processes at many levels, which can promote the mental health of children and adolescents throughout the world.



Four Considerations Before Selecting Media

When choosing which forms of media to use in an awareness campaign, several factors must be considered. Some involve economic considerations while some are concerned with understanding exactly which type and what size of an audience should be targeted.

- **The more well-defined your target audience, the more effective your media selection will be.** Groups undertaking efforts to create awareness or change attitudes often select the “general public” as a target. Yet even the so-called mass media can be highly segmented and skew to particular demographics. Radio stations vary in their music formats for different demographics. Television programs may appeal to younger or older audiences. The more detailed you make the profile of the individual whom you wish to reach, the better you will be able to assess the medium or media to meet that challenge.
- **The medium must support the message – and vice versa.** The more complex the message you are trying to communicate the less likely mass media will serve your communication goals, unless you are developing a longer format documentary. Thirty- and sixty-second commercials can be effective at generating awareness (e.g. for an information hotline) but less effective at changing attitudes. For example, in Spain, the Local Action Group of the WPA Programme to Fight Stigma and Discrimination because of Schizophrenia conducted research into the knowledge and attitudes of adults in Madrid about schizophrenia. The research showed that because a large percentage of the population did not know what schizophrenia was, a public awareness program might actually create more stigma. A more targeted, more information-rich intervention was undertaken toward psychiatrists.
- **In general, the greater the reach of the medium, the lower the frequency of the message.** This is primarily a matter of economics. Messages placed on popular television programs may reach a very large audience, but the cost of placement can be many times that of radio or newspaper where messages might be run more frequently. This again reinforces the importance of defining your target audience so you can most effectively reach them enough times that your message will be remembered.
- **Working with multiple media, you can achieve an additive effect to strengthen your message.** For the WPA anti-stigma program mentioned above, awareness messages placed on the radio (in Canada) and in cinemas (in the U.S.) were targeted to teenagers and supported educational interventions that had been presented in the classrooms.



Local Initiatives

For local initiatives, there are two main methods of implementing the awareness campaign: distributing print material and organizing local meetings. Both are relatively low cost, yet can have a very high impact and strong influence on people's thoughts and feelings about mental health problems.

Print material

- Posters and billboards can present strong, striking images, which can capture attention and encourage thinking
- Printed materials can be distributed at public places, conveying information about issues. Some possible locations for distributing information are:
 - Schools
 - Community centers
 - Markets
 - Health clinics
 - Religious centers

Local meetings, activities, and training

- Meetings should be held in commonly visited locations, such as markets and community centers
- Awareness workshops can encourage open exchange between professionals or community leaders and members of the community
- In addition to providing information about children's mental health, meetings may simultaneously increase trust, communication, and social cohesion between families, schools, community leaders, religious leaders, and mental health personnel
- Meetings can evolve into new workshops and self-help groups to further community education and information exchange
- These meetings should also involve the children themselves, providing them with the opportunity to seek social support, express their feelings, and learn health-promoting behaviors



Traditional Mass Media

Traditional forms of mass media — print, television, and radio — have a tremendously important role to play in any national or global awareness campaign. They offer strong potential to reach mass audiences.

Newspapers and Magazines

Newspapers and magazines are an effective way to spread awareness to the general public, but they have generally not been used systematically to spread mental health awareness. Potential uses of print media to spread awareness are outlined below.

- Informative and public interest articles, providing information on:
 - The prevalence and magnitude of mental disorders
 - Human rights and health issues of children
 - Human interest stories to decrease stigma
 - Basic guidelines on children's mental health
- Advertising possibilities:
 - Publicize sources of information and help
 - Use celebrities to draw attention to mental health issues
 - Offer informative advertisements that appeal to those whose children are showing symptoms of mental illness

However, some past and future limitations to the use of these media remain. They:

- Are limited to literate people who speak a particular language
- Require an effective and reasonably efficient, hand-to-hand distribution system
- Are often too expensive for the literate poor to buy



Gaby Savelski, Age 11
Israel



National Radio and Television

National radio and television are immensely powerful and universal mediums of mass communication. They offer enormous potential for spreading awareness about children's mental health and for inspiring change to better the lives of children.

Possibilities for using these resources include:

- Creating educational programming about children's mental health through cooperation with NGOs, governments, and producers
- Producing "Talk to the Expert" programs
- Utilizing popular radio and television figures to discuss and promote awareness
- Capitalizing on already popular programs by getting mental health issues for children incorporated into the programs

While these forms of media do offer possibilities for reaching a wide audience, there are some limitations. For instance, programs are often broadcast in the majority language and may only be available in urban areas, which exclude many people that the campaign should reach.



Samara Bittermann, Age 8
Austria



Community Radio: New uses of a traditional medium¹

Community radio can be a local alternative to national radio stations and programs. Community radio differs from national radio in that it is characterized by public participation in production and decision-making and may be financed privately or by international organizations. For many, radio is the only affordable medium and it is a great opportunity for communities to increase knowledge, share information, and develop skills that serve to promote the mental health of children. Broadcasts in local languages and dialects speak to members of communities about issues most relevant to them.²

Community radio has some real advantages and serves to:

- Reach a wide, varied audience from remote, illiterate villagers to government officials
- Utilize local languages and dialects to communicate with communities rooted in oral tradition
- Maximize the potential for local people's needs to be heard by national and international organizations

Capitalizing on these advantages, community radio can heighten awareness and inform the community of mental health by:

- Allowing children to create their own programs that address their questions and concerns
- Encouraging children to interact by writing letters, coming to the station, or calling in to ask questions
- Incorporating mental health issues into community broadcasting by announcing when mental health care workers are coming to town for information sessions, summarizing meetings on the air, answering questions regarding child-care, and indicating where to go for help

Sri Lanka: UNESCO supported Kothmale Community Radio Project

The Kothmale Community Radio (KCR), a community-based radio service, has revolutionized communication in one locality in South Asia. "We have opened the doors to knowledge, understanding and entertainment through radio," says Sunil Wijesinghe, controller of KCR. "This has motivated the community to participate and express themselves freely and receive information without censorship." KCR is a low-powered community-based radio service carrying information from the internet to the community. The station provides access to the internet by having listeners first call in with questions. Then radio operators look on the Internet, get the information, and pass it on to listeners.³

¹ For an interesting article regarding use in Indian villages, see R. Lakshmi, "Community radio gives India's villages a voice." *Washington Post*, p. A17. 7th September 2003. Washington D.C.

² Community radio may not be feasible in countries with serious sectionism. This does not, however, negate community radio's overall potential throughout the world.

³ Source: "Villages get wired on air" by Kalinga Seneviratne, <http://atimes.com/media/BB16Ce02.html>



Working with Journalists and the Media

Journalists – whether print or broadcast – have daily deadlines and are actively looking for news information. Many of these individuals, contrary to stereotype, are also interested in receiving full information on issues. The difficulty is that they often do not know who to call for reliable information. By developing relationships with journalists in the media, you can both disseminate information and clarify mental health questions for those stories where a lack of full information can increase stigma for an individual or an illness. Three inexpensive ways to gain media attention are described below:

- **Press Release.** The press release is designed to give the editor important information on a newsworthy topic. It is important to answer six questions in the first paragraph and provide some relevance – usually by making it relevant to the local reality of the readers or viewers of the news.
 - WHO (is involved, or to whom did it happen)
 - WHAT (was said or done; or what is going to happen)
 - WHEN (did or will the story or event take place)
 - WHERE (did it happen, where will it take place)
 - WHY (did it happen or will it happen)
 - HOW (did it happen or will it happen)

Tips for writing effective press releases that will be read by editors:

- Keep in mind that editors usually cut from the bottom up. Place the most important information at the very start of the story.
- always type your release double-spaced.
- In the upper left-hand side of the release, type “FOR IMMEDIATE RELEASE”; or if the release time and date is specific, indicate
- the release date.
- Keep the headline of the release short (10 words or less) and TYPE IT IN ALL UPPER CASE. The headline should let the reader
- know exactly what the press release is about and its relevance/importance to the reader.
- If announcing an event or press conference, the body of the text of the release should begin with the city where the event is being held (e.g., Geneva, January 2, 20__).
- Limit your release to no more than four pages. Number each page. At the bottom of each page (if additional pages are listed) type “MORE”. On the last page of the release, type “###” or “-30-” to indicate the end.
- Do not split a sentence between pages.
- Include approved quotes from authorities on the issue in your release.
- If you use abbreviations or acronyms of any kind, be sure to spell out the full name, title, or phrase (e.g., World Psychiatric Association [WPA]).
- Your press release should end with the name and phone number of a key contact person who can answer questions.



- **The Press Kit.** The media kit folder is usually a two-pocket folder, which has the news release on the right hand side to ensure visibility. All materials should carry a date of printing at the bottom of the last page to avoid old releases being picked up and rerun. Press kits should be compiled for specific events or to provide background information and the relevance of the announcement. Prepare extra kits and keep them on file to send to reporters who request additional information. The Press kits should include:
 - News release (for specific event).
 - Fact sheets on key topics(usually one to two pages).
 - Brochures, newsletters, and other outreach materials.
 - Questions & Answers document to answer some of the commonly asked questions about mental illness and the stigma surrounding it.
 - Resource materials might also include articles about mental illness or suicide, information on your group, or speeches given by someone in your group.
- **The Press Conference.** Press conferences provide an opportunity to create an event at which many members of the media participate. These events often correspond to conferences and congresses and allow journalists to meet recognized experts in mental health. The following are a few suggestions for conducting a press conference:
 - The venue for the press conference should be large enough to accommodate all press and camera crews. The room should have good lighting, even though most camera crews will bring additional lights.
 - Position the podium or head table to allow an unobstructed view from anywhere in the room. Chairs should be arranged to provide the media with a clear view of the podium or head table. Supply a remote box for multiple sound output for recording devices. Arrive at the site at least one hour in advance to make sure every last detail has been arranged.
 - Prepare your speakers for dealing with the media. Give each speaker a time limit for his or her remarks. Hold a mock press conference to practice and ask the speakers questions you believe are likely to arise. Rehearsal is very important.
 - Make follow-up phone calls to the press (1 to 2 days in advance for newspaper editors, 1 day for radio news directors, and the same day for television assignment editors), since television schedules change frequently.
 - Have a press registration table complete with sign-in sheets and press kits, which will allow you to survey the media attendance for the conference, further cultivate your relationships with the press, and enhance your ability to follow up with reporters.
 - Provide refreshments for the press, especially if the conference is mid-morning.
 - Start your news conference on time and end it when scheduled. Reporters have very tight schedules and you can damage your reputation with representatives of the press by not being punctual or letting your speakers talk too long.

NOTE: As mentioned above, if you cannot gather enough attendees together for the press conference or if the announcement is an update of information previously released, you may want to send a Press Kit to appropriate Editors in the print and broadcast media.



The Internet

The Internet allows communication between users almost instantly, whether with a neighbor next door, a friend in a nearby city, or someone around the world. Reciprocal exchanges of information, research, and practical experience are possible on a heretofore unthinkable level. Individuals have new opportunities and a new capacity for generating change. Individuals can access worldwide public domain information and become active participants in decision-making processes at many levels.

Because of all of this, spreading awareness of children's mental health is easier than before. It is possible to generate an information network for mutual learning at the local, national and international level.

One possible way to look at using the Internet in a campaign is by considering how information can flow:

- To and from children:¹
 - Gives children a voice by allowing them to share experiences and learn from other children how to overcome challenges
 - Information from professionals to children can provide support and answers to children's questions. For example, a list of questions and answers that children may have about mental health could be posted on a child-friendly website²
- Information flowing from professionals to the public:
 - Encourage individuals to ask questions to professionals, discuss concerns, and upload pertinent information on children's mental health through interactive websites
- Among the public
 - Create e-mail networks, and encourage participation in interactive websites at local, regional, and international levels
 - Enable motivated, literate individuals with access to the Internet to share retrieved information with other members of the community

¹ In the slums of Calcutta a businessman provided a large number of computer terminals in many locations and invited children to teach themselves to use them free of charge. Their use was widespread and resulted in children teaching children to use the Internet. The results were the subject of a television film that was shown at a meeting at International House in New York City. The meeting was sponsored by Lonely Planet and WNET on 6th November 2003. The meeting was described on <http://desitalk.newsindia-times.com/2003/11/14/cinema20-world.html> in an article "Impact of Media on the Developing World," by Sushweta Ghosh. The film, "Hole in the Wall," was produced by Rory O'Connor and was aired in the USA on PBS, Frontline/World.

² The WPA and WHO intend to initiate a website devoted to children's most frequently asked questions about mental health.



- Among professionals
 - Generate systems for mental health professionals to access, distribute, and implement science-based prevention and treatment services
 - Re-evaluate and assess mental health services and monitor progress of practical applications
 - Create comprehensive surveys about the cost effectiveness of ongoing programs, generalizing results from one population to another
 - Share online manuals for guidelines in prevention and treatment
 - Coordinate an information system for measures of impairment, indicators of early symptoms, prevention, policies, and programs
 - Share ideas using the latest technology such as video consultations
 - Develop models for prevention and treatment that can be disseminated

The ‘Eye to Eye’ Project

The ‘Eye to Eye’ project is an example of a program that connects children together via the Internet. Palestinian children have a unique opportunity to express themselves creatively and share their work with their peers around the world through Save the Children’s UK ‘Eye to Eye’ project. The children’s photos, stories, and opinions are shared online. Inspired by the photographs, 14-year old Kim and 15-year old Daventry from the United Kingdom wrote in an online message board, “we would like to say how touched we felt by looking at pictures of people our own age in totally different situations to us . . . but you still are able to be happy and positive and optimistic about your way of life.”¹

Children Voicing Opinions

Voices of Youth (VOY) is a website created by UNICEF for young people who want to know more, do more, and say more about the world. It links children and adolescents from over 180 countries. It offers important information about relevant issues under its “The Right to Know” section and also gives children a chance to share their opinions. Thus, they have an opportunity to explore, discuss, and take action on complex human rights and development issues. Since 1995, young people from around the world have given their opinions on issues as varied as HIV/AIDS, gender inequality, child rights, education, and child protection against violence, abuse and exploitation.²

¹ Save the Children: <http://www.savethechildren.org.uk/eyetoeye>

² <http://www.unicef.org/voy/voy.html>



- **Current limitations on Internet use**

- There is currently limited access to the Internet due to the high cost of computers
- Websites can lack cultural attunement
- Many sites regarding mental health use language that is generally aimed more at professionals than toward the general public
- The Internet shares the same language barriers of every other print media

A cautionary note on Internet information: Perhaps a crucial limitation of the Internet is that the accuracy of information is unregulated. Sites that seem to have professional advice and information may in fact be created and written by someone who does not have professional knowledge or experience. Also, people who have suffered personally from mental illness may have accurate information about their own experience and a desire to convey the information through the Internet, but that information might not be correct if generalized for others and could even be dangerously misleading.



Carolina dos Santos Israel, Age 12
Brazil



Other Newer Media

Transnational Satellite Television and Radio

Satellite technology extends beyond national boundaries. Satellites maximize the potential for sharing the information and skills of individuals throughout the world.

While satellite technology is still developing, the possibilities for use in the future are promising. Some key points to consider about transnational satellites are:

- Alliances can be established with media organizations having existing sophisticated technology to facilitate initiatives for spreading awareness on child mental health.
- Satellites provide direct delivery of digital audio, data, and multimedia services to the emerging markets of the world, and thus could be tapped into for an awareness campaign.

WorldSpace

WorldSpace, which built the first satellite radio infrastructure, “began with the vision of using direct audio broadcast via satellite to stop the spread of AIDS. Three Satellites – Afristar, AsiaStar, and, in the future, Ameristar - reach Africa, Asia, the Middle East, Western Europe and the Americas. WorldSpace is now used as a tool for spreading knowledge for the sake of making millions of people throughout the world more informed and productive. Over clear digital beams, it brings knowledge to four billion people in the hope to diminish ignorance, disease and despair.”¹

Reducing isolation from the world community in Bhutan

A recent television series (early 2001) described how the widespread arrival of modern media has increased international awareness in Bhutan, a geographically isolated country, surrounded by the Himalayan Mountains. The program showed how satellite televisions and computers connected to the Internet were becoming popular in the towns and cities. It illustrated how these new connections have enabled children and adults to access many satellite television programs and international websites. Providing access to world information is transforming this society.²

¹ Source: WorldSpace: www.worldspace.com

² This example is based on a meeting at International House in New York City sponsored by Lonely Planet and WNET on 6th November 2003, described on <http://desitalk.newsindia-times.com/2003/11/14/cinema20-world.html> in an article “Impact of Media on the Developing World,” by Sushweta Ghosh. The film described, “The Last Place,” was co-produced by Alexis Bloom and was aired in the USA on PBS, Frontline/World.



Cell Phones

Cell Phones are the “now” tool for creating an information exchange from local communities to the rest of the world. The impact of cell phones on the entire world is remarkable, and many individuals now have access to cell phones. Cell phones can provide the opportunity for individuals to access information on mental health and to seek the resources that may offer assistance. An awareness campaign should consider new ways to tap them.¹ The following are points to consider about using cell phones to spread information:

- Cell phones, unlike the Internet that awaits better access for the general public, have become very widespread in many areas of the world (in 2004).
- This explosion of use has occurred even in very impoverished areas, as sending and receiving text messages can be done extremely cheaply and quickly.
- Cell phones increase access to help.
- They permit instantaneous exchange for disseminating information among individuals in the community and with people beyond.

Given the penetration of cell phones, governments and NGOs could capitalize on the technology to reach a wide audience.



Nino Bugadze, Age 10
Georgia

¹ For an example of constant innovations in developing countries, see W. Arnold and C.H. Conde, “Cellular phone company gains by thinking small.” *The New York Times*, pp. A1, A7. 17th October 2003.



Some Directions for the Future

There are exciting possibilities for the rapid dissemination of mental awareness materials. Mass media now influences ideas, thoughts, and actions of people even in the most remote locations. Effective marketing can reach a wider scope of people, influence the need for information, and ultimately raise awareness for the need to create positive social change.

This section consists of speculation, ideas for what may exist at some later date, and other considerations. Most of the ideas involve larger organizations, not individuals, as they require implementation on a scale not possible at the individual level.

Creating partnerships with international organizations

International organizations have the ability to create partnerships and connections with various organizations, which in turn can reach communities and individuals, allowing the information to filter down to every level.

- International organizations have the power and the finances to implement communication networks. For example, UNESCO, World Bank, the World Psychiatric Association (WPA), WHO, and other public and private organizations can draw upon existing resources to convey pertinent information, exchange ideas, and strengthen mutual initiatives.
- Other organizations primarily provide information for the general public. WorldSpace, for example has three satellites that relay information in several languages to Asia, Africa and, in the future, the Americas.
- Communication between organizations will increase awareness that children's mental health issues are a programming priority. Partnerships can create effective use of resources for funding and provide the opportunity to streamline content and to increase consensus to "spread the word" about children's mental health problems.
- Partnerships with NGOs will connect internationally driven initiatives with smaller regions. NGOs can condense information in order to directly attend to needs of local populations. By speaking at seminars in universities, schools, and communities, NGOs can encourage local professionals to disseminate necessary information and implement programs that increase children's mental health.



Considering new ways of looking at and sub-dividing the world

Utilizing the new media for mental health awareness requires a very different way of looking at the world. The boundaries between local communities, districts, and nations become far less relevant, as geo-linguistic and geo-cultural groupings, which span large parts of the world, become a reality. While perhaps controversial, the following indicates potential international (or “transnational” or “supranational”) categories.

- **Geo-Linguistic divisions** are internationally used, even when they involve an individual’s second or third language. They include:
 - English
 - French
 - Spanish
 - Portuguese
 - Arabic
 - Russian
 - Chinese / Mandarin
- **Geo-Cultural orientations** overlap with each other and with language groupings. By connecting large geographic regions, individuals may identify with each other through heritage, culture, or visual identity. Above all, geo-cultural orientations provide the opportunity for reaching large, mass audiences. They include:
 - Africa south of the Sahara
 - Parts of Africa with parts of South America:
 - Brazil with Mozambique and Angola
 - Spanish South America with enclaves in Africa
 - Middle East/Arab
 - South Asia
 - East Asia
 - Western Europe including eastern Europe and western (possibly all of) Russia
 - Areas covered by the former USSR
 - USA and Canada
 - Latin America (South and Central America with parts of the Caribbean)



An unusual example (in 2003) illustrating new 21st century methods of communication across vast portions of the world:

In early 2003, two satellite TV networks that stretch across Sub Saharan Africa aired “**Big Brother Africa**,”¹ which many called Africa’s new continent-wide reality TV show. This racy and controversial program became an instantaneous success and was widely popular with teens and young adults, even among those who spoke English as a second or third language. The show confronted nothing less than the clash of cultures and generations existing in Africa. One government banned the series, a few denounced it, but most just accepted it. The most popular African statesman, Nelson Mandela, met and praised the winner, a Zambian woman. The show highlighted continent-wide social themes and even asked fundamental questions such as “Who is an African?” Certainly, the show activated intense discussions, especially among millions of young people.

Some Implications for the mental health awareness campaign

The impressive statistics on the reach of **Big Brother Africa** have important implications for new mental health awareness initiatives using satellite television and radio.

- Over 30 million people watched though less than one in 20 of Africa’s 900 million inhabitants has a television set.
- *The New York Times*² observed that the reach was much wider than seemed possible because “viewers gather in bars, shopping malls or anywhere else the show is playing.”
- Those without cable could watch 30 minutes of “Big Brother” highlights on local stations that received free daily summaries from the network M-Net.
- Phones (especially cell phones) became crucial in evaluating the actors, and hundreds of thousands called in to “vote” regularly.

Raising awareness using popular programs

Big Brother Africa is an example of how literally tens of millions can be reached simultaneously. How can an awareness campaign tap into this potential? To do so would require coordination with district, regional and national programs that appeal to children or especially adolescents. Possibilities include:

- Several half-hour semi-documentaries highlighting children’s disorders that can capture and hold a mass audience³
- Providing phone numbers for information
- Publicizing websites where children and adolescents as well as parents and the wider community can get further information

¹ The two networks were M-Net and MultiChoice.

² M. Lacey, “Reality TV Rivets Africa, to the Churches’ Dismay.” *The New York Times*, p. A8. 4th September, 2003. New York City.

³ For an overview article that describes new efforts at working social themes into mass media programs throughout many countries see: J. Serjeant, “Soapies are saving lives across the Third World.” *The Star* (Johannesburg, South Africa), p. 9, 20th November 2003.



Working with popular media marketing and integrating pro-social messages

Consumer culture has a thorough understanding of the power of marketing to influence very large populations. The influence of mass media can be seen throughout the world as a part of globalization. Manipulation of thoughts and attention through mass media occurs whether the awareness campaign decides to participate or not.

- It therefore serves the interest of society to work with the existing resources that have proven to powerfully impact individuals to facilitate positive social change.
- While global opinion about the power of mass media is decidedly mixed, there is vast potential to reach the people most in need of information about critical health issues.
- Many people are able to understand mental health issues, but may lack interest in issues that seem excessively “psychological.” By incorporating psychological issues into popular programming, there is greater possibility to attract attention and interest among the public.

A commitment to facilitate the general public’s capacities to access information is essential for individuals to begin to govern their own lives.



Kaung Myat Zaw, Age 12
Myanmar



Conclusion



Alex Romeeden Dikken, Age 10
Netherlands



Awareness is the first fundamental step towards improving child mental health care and promotion. In outlining the campaign, this document named three central goals that awareness efforts can accomplish.

First, awareness of children's mental health will help reduce stigma by dispelling myths about mental health problems. Awareness will also lead to the second goal: early detection and treatment of children's problems. Finally, by providing information about the necessity of mental health care and promotion, awareness will promote change in mental health treatment and policy.

A crucial point of this document has been to emphasize how awareness can be spread. An awareness campaign will depend on the spread of information by targeting many levels, from single individuals to international organizations. Only by increasing awareness at all levels will change be possible and the goals be reached. Ideally, raising awareness of the magnitude, nature and treatment of children's mental health will provide all children with the support and treatment they need and deserve.

When planning and implementing a mental health awareness program, however, it is imperative to remember that the promotion of awareness is just one piece of the puzzle. While increased awareness is key to making a society more accepting of the mentally ill, the benefits of an awareness campaign are often only observed in the long-term. In order to promote more rapid changes within societies, the effectiveness of child mental health programs can often be enhanced by combining awareness campaigns with intervention methods and other preventive measures.

The awareness promotion framework described in this manual provides an interim solution to child mental health problems, along with a good starting point for a long-term solution. A properly conducted awareness campaign should generate enough interest in child mental health issues that individuals, advocacy groups, government agencies, and treatment providers begin to take note of the problem and begin to implement needed intervention and prevention programs.



Annotated Websites

Comments and suggestions about these annotated websites

- This annotated listing of websites serves two broad purposes:
 - To direct readers to information on child mental health
 - To offer help for those designing an awareness campaign
- While striving to be international, the websites in this English-speaking version have a bias towards English-speakers. Translators should include the English-language annotations, but users of the Manual in other languages should strive to locate similar suitable materials in their own languages.
- Websites often quickly “come and go,” especially annual reports included for some world organizations. If the link to a report listed here is not available, check the organization’s online archives.



Yu Keren, Age 8
China



I. Crucial Global Mental Health Sites

The following sites offer a broad range of reliable mental health information, and are the websites to check first.

The **Child and Adolescent Mental Health Awareness Campaign's** website presents its latest materials in several languages. It was initiated by the WPA (World Psychiatric Association) in collaboration with the WHO (World Health Organization) and the IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions): <http://www.globalchildmentalhealth.com>

WHO websites (in English, French and Spanish) are a broad and deep source of all kinds of mental health information for children and adults. The main site is: <http://www.who.int/en>. For information on mental health, see: www.who.int/mental_health/en. For WHO references with links to valuable reports, see: http://www.who.int/mental_health/resources/child/en. It is especially useful to consult the following two booklets: "**Recent reports on Caring for Children and Adolescents with Mental Disorders: Setting WHO Directions**" and "**Through Children's Eyes**". (Both can be downloaded free of cost.)

The National Mental Health Association (NMHA) is the USA's oldest and largest non-profit organization that addresses all aspects of mental health and mental illness for children and adolescents as well as adults. They focus their efforts on patient advocacy, public education, and promoting research: <http://www.nmha.org>

Medline Plus: Child Mental Health is a comprehensive children's mental health information resource developed by the United States National Library of Medicine. It offers an overview of issues, as well as specific information about diagnoses, treatments, and recent research findings. It is designed for use by both professionals and non-professionals in English and Spanish. See: <http://www.nlm.nih.gov/medlineplus/childmentalhealth.html>



Daniela Andrada, Age 12
Paraguay



II. Information on Mental Health

A. For Children, Parents, and Families

In addition to the sites listed in Section I above, the sites below can be helpful to non-professionals.

The American Academy of Child and Adolescent Psychiatry's (AACAP) website (English and Spanish) provides 87 succinct reports (one to two pages) under the title "Facts for Families" (each report in six languages). Most focus on issues relating to children, teenagers, and their families and can be used by anyone free of charge. They are equally valuable for lay persons (especially parents and other care providers) as well as medical professionals: <http://www.aacap.org/publications/factsfam>

Kids Health (Nemours Foundation) offers general health information and provides numerous articles relating to mental health related issues. All resources are divided into the categories of children, teens, and parents. See: <http://www.kidshealth.com> Spanish versions of some articles are available at: http://www.kidshealth.org/kid/en_espanol/index.html

Teenhealthcenter.com is a site designed for teenagers. It offers information on a wide range of mental health issues affecting teens, and is written in language aimed at teen readers. See: <http://www.teenhealthcentre.com/teens/mentalhealth>

Young Minds is an organization based in the United Kingdom that seeks to improve the mental health of children and adolescents. The website provides age appropriate mental health information geared toward young people and parents. The website also has components that are geared toward professionals seeking to stay abreast of the latest findings in child mental health: <http://www.youngminds.org.uk/youngpeople/info.php>

The Mental Health Foundation runs a website with information on mental health problems, treatments, latest findings, and available services. Their special program, Bright Futures, focuses on children, working to identify children at risk and educating the public about ways to help children to be resilient. Their main site is: <http://www.mentalhealth.org.uk>

Mental Health-Matters is an easy to use website with information on all aspects of mental health. It also has links to many recent articles, including several on treating disorders most common in children: <http://www.mental-health-matters.com>

For general healthy development information, crucial for sound mental health, see:

a) the **World Health Organization's** website, "Child and Adolescent Health and Development:" <http://www.who.int/child-adolescent-health> and

b) the **American Academy of Child and Adolescent Psychiatry's** Paper #58, "Normal Adolescent Development: Late High School Years and Beyond:"

<http://www.aacap.org/publications/factsfam/develop2.htm>



B. For Policy Makers and NGOs

These resources are most relevant to Governmental and Non-Governmental Organizations (NGOs). Governmental resources include those relating to the formation of mental health policies and laws.

The **World Health Organization** has several initiatives underway relating to mental health. The extremely helpful document, *Promoting Mental Health*, aims to inform government, education, and business decision makers about mental health issues and can be found at: http://www.who.int/entity/mental_health/evidence/en/promoting_mhh.pdf. For a description of WHO's five-year plan to improve mental health resources worldwide, it is useful to check: http://www.who.int/mental_health/media/en/265.pdf. **Project Atlas**, a large WHO initiative, brings together data, policy descriptions, and analyses of mental health programs around the world: <http://www.cvdinfobase.ca/mh-atlas>. For a primer on mental health issues, see: http://www.who.int/mental_health/media/en/389.pdf

Save the Children organizations have websites that support children's rights around the world (English, French and Spanish). They often suggest useful mental health information for children, such as advice for fighting stigma. For a sample program, see: <http://www.savethechildren.org.uk/eyetoeye>. The world site for the organization is: <http://www.savethechildren.net/alliance/index.html>

The **Conference of NGOs** has a major interest in child and adolescent mental health issues. Its aim is help NGOs participate in events around the world. Their site lists important upcoming meetings: <http://www.ngocongo.org/ngomeet/index.htm>

Family Support America (FSA) aims its policies toward strengthening families. FSA could augment a mental health initiative. <http://www.familysupportamerica.org/content/home.htm>



Pimphipat Saikew, Age 8
Thailand



C. For Health Care Professionals

These sites are aimed toward health care professionals, such as doctors, therapists, and social workers. These sites include professional societies that mental health workers can belong to and sites listing continuously updated information.

The **World Psychiatric Association (WPA)** promotes and implements world and regional conferences in the field of psychiatry. They also coordinate international research efforts in selected areas. Recently they have worked with WHO to develop educational materials. Their official website: <http://www.wpanet.org>.

The **International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)** is an umbrella organization for national associations of child mental health professionals involved in clinical practice, research and training. IACAPAP has available a number of "declarations" useful for advocacy: <http://www.iacapap.org>

The **European Society for Child and Adolescent Psychiatry (ESCAP)** seeks to foster the bonds between physicians practicing child psychiatry in the countries of Europe. They organize conferences and spread research results. See: <http://www.action.mi.it/escap>

The **American Society for Adolescent Psychiatry (ASAP)** serves as a network of professionals working with teens. They administer conferences and also work on educational materials relating to adolescent mental health. See: <http://www.adolpsych.org>

The **National Institute of Mental Health (NIMH)** aims to improve mental health through supporting research. Their website provides general information on a wide range mental health issues: <http://www.nimh.nih.gov>

GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks) promotes awareness about mental illness and treatments available. Its membership includes advocacy and self-help associations and organizations that have an interest in mental illness. Health care professionals, representatives of Government agencies, and interested individuals can also be members. <http://www.gamian-europe.com/>

The **World Federation for Mental Health (WFMH)** has diverse members in 112 countries. It aims primarily to promote education worldwide about mental health issues. See: <http://www.wfmh.org>.



III. Campaign development and implementation: Websites helping users create their own awareness campaigns

A. Models of Mental Health Initiatives

Open the Doors focuses on Schizophrenia and is sponsored by the World Psychiatric Association. This website served as a model for the current Awareness Campaign. It has far more detailed materials for Implementation than contained in this Manual. Familiarization is strongly recommended for those planning local and national campaigns on any mental health awareness: <http://www.openthedoors.com>

The **World Health Organization** has several sample initiatives of interest. References can be found in section IIB above.

BasicNeeds is a UK-based organization with partners in India, Sri Lanka, Ghana, Tanzania, and Uganda. BasicNeeds is a useful example of how to present mental health information on the web and how to coordinate international campaigns. See: <http://www.basicneeds.org.uk>

Sangath (the Society for Child Development and Social Guidance) in India has initiated several unique projects dealing with child and adolescent mental health in collaboration with various community service partnerships since 1977. It has organized various multi-disciplinary professional teams to address a wide range of developmental, emotional and behavioral issues affecting children and families. Its efforts have received both national and international recognition for excellence: <http://www.sangath.com>

AIDS awareness campaigns often provide helpful models. One in particular, called **The AIDS Awareness Campaign in Singapore**, comes from the National University in Singapore: <http://www.scholars.nus.edu.sg/behaviour/students/aids/pl.html>



Giada Kuka, Age 10
Albania



B. Global Communication and Media Issues

Mental Health Media specializes in video and multimedia production relating to mental health education. They also offer services in media relations and marketing:

<http://www.mhmedia.com/about.html>

WorldSpace says its “goal is to create a new form of electronic media. But our vision is an ancient one: to spread knowledge for the good of mankind. WorldSpace began with the vision of using direct audio broadcast via satellite to stop the spread of AIDS in Africa, but that horizon quickly expanded.” See: <http://www.worldspace.com>

VOICES [Voices for Social Change] is an Indian site that says it is a “unit of Madhyam Communications (a registered non-profit trust)” that is potentially useful for any social awareness campaign. They can help with communication production and dissemination: <http://www.voicesforall.org>

UNESCO has several creative innovations and ideas for international media: www.unesco.org; for a wide range of statistics see: www.uis.unesco.org; for multimedia training materials, see: <http://www.itrainonline.org/itrainonline/mmtk/index.shtml>.

The **Arid Lands Information Network** is useful as an example of how to access remote areas. The network focuses on eastern Africa, and describes itself as promoting “the WorldSpace satellite technology which, enables people in remote areas in Africa, Asia and Latin America to access web-based text and images from the satellite without the use of phone line.” See: <http://www.alin.or.ke>

TakingItGlobal is an international organization created by children and participated in by children from countries worldwide (English, French and Spanish). The site offers children the chance to learn about issues, give opinions and take action about world concerns and to learn from their fellow children. They work on concrete projects to make a positive change in the world: www.takingitglobal.org

Communication Initiative is a site to exchange global information. It seeks to provide a forum for ideas, stories, and actions and to connect professionals and the general public to useful information. There are special sections for children and adolescents that range from social issues to healthy mental and physical development: <http://www.comminit.com>

OneWorld.net describes itself as the world's “fastest-growing civil society network online, supporting people’s media to help build a more just global society.” Its articles are in multiple languages and it has links to over 1,500 NGOs and other agencies:: <http://www.oneworld.net>



C. Grants and Funding

The Special Programme for Research and Training in Tropical Diseases (TDR), co-sponsored by UNICEF, UNDP, World Bank, and WHO, supports research for preventing, diagnosing, treating, and controlling neglected infectious diseases in developing countries. While TDR also funds, research on the impact of social-behavioral factors on disease patterns and disease control efforts. This website provides a list of TDR's current grant opportunities: <http://www.who.int/tdr/grants/grants/default.htm>

Grants.gov is a clearinghouse sponsored by all 26 US Federal agencies in the Dept. of Health and Human Services. In addition to searching for grant opportunities, grants.gov allows eligible institutions to apply for Federal grants using their online system: <http://www.grants.gov>

The Bill and Melinda Gates Foundation is a private grant making institution which funds programs that promote greater equity in global health, among other areas. The Foundation favors projects that address health disparities that potentially will have a long-term impact on the public health in developing countries. One of their strategic foci is reproductive and child health: <http://www.gatesfoundation.org/default.htm>

The John D. and Catherine T. MacArthur Foundation is a private, independent grant making institution which supports many programs on community development, including mental health. The Foundation supports research on mental health policy, giving special attention to people with depression, children, and those with severe and persistent mental illness: <http://www.macfound.org>

The Foundation Center is a clearinghouse for information on philanthropy in the United States. The Center offers resources to assist grantseekers in finding funding opportunities, including a search engine and an email notification system. The Center offers education and training on the grantseeking process through online library materials and tutorials, as well as classroom training programs located at their five learning centers: The Center also maintains a list of links to international nonprofit organizations: http://fdncenter.org/research/npr_links/npr08_int.html.



Sagar Manadhar, Age 12
Nepal



Suggested Readings



Madis Aaso, Age 10
Estonia



- Befrienders International (2001). *Zippy's Friends (Reaching Young Europe)*.
Excellent material for teachers and young primary school children about teaching life skills and helping children handle life crises.
- Birmaher, B., Ryan N.D., Williamson, D.E., et al. (1996). Childhood and adolescent depression: A review of the past 10 years: Part I. *Journal of the American Academy of Child and Adolescent Psychiatry* **35**(11), 1427-1439.
A survey of the literature on depression in children and adolescents, covering five main aspects: epidemiology, clinical characteristics, natural course, biology, and other factors related to early-onset major depressive disorder. Extensive references.
- Black, M.M. and Krishnakumar, A. (1998). Children in low-income, urban settings: Interventions to promote mental health and well-being. *American Psychologist* **53**, 635-646.
Discusses the risks to the mental health of urban children, gives examples of urban programs to help children, and provides guidance on how to create and implement intervention programs.
- Bolton, P., Bass, J., Neugebauer, R., et al. (2003). Group interpersonal psychotherapy for depression in rural Uganda: A randomized controlled trial. *JAMA (Journal of the American Medical Association)* **289**, 3117-3124.
A clinical trial of the effectiveness of group therapy, which found the therapy to be helpful in reducing rates and severity of depression and dysfunction in adults.
- Cantor, P., Lewis, O. and Houser, J. (2003). Trauma, uncontrollable events, and the challenge of meeting the needs of children and families. *International Journal of Mental Health* **32**, 54-66.
Describes community-based, mental health interventions established by the Children's Mental Health Alliance in two settings: post-Soviet Eastern Europe and post-9/11 in New York City.
- Carson, D.K., Chowdhury, A., Choudhury, R., et. al. (2002). Competence and family support of vulnerable and invulnerable adolescents representing scheduled tribes and scheduled castes in India. *Journal of Comparative Family Studies* **33**, 249-271.
- Comer, J.P., Haynes, N.M., Joyner, E.T., et. al. (1996). *Rallying the Whole Village*. Teachers College, Columbia University: New York.
Describes the Yale School Development Program's "whole village" idea, which has changed schools in over 600 communities.
- Costello, E.J., Burns, B.J., Angold, A., et. al. (1993). How can epidemiology improve mental health services for children and adolescents? *Journal of the American Academy of Child Psychiatry* **32**(6), 1106-1117.
Discusses the value of various kinds of epidemiological studies, including a summary of how these studies can help mental health professionals.
- Fayyad, J.A., Jahshan, C.S. and Karam, E.G. (2001). Systems development of child mental health services in developing countries. *Child and Adolescent Psychiatric Clinics of North America* **10**, 745-762.
Notes the prevalence rates of children's mental health problems in developing countries, then describes an intervention program for children with ADHD in Lebanon. Also discusses how cultural factors affect children with other mental health or developmental problems.



- Fergusson, DM. and Lynskey, MT. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry* **34**, 1308-1317.
Examines the relationship between childhood and family background and the extent of suicidal tendencies in a 16-year old longitudinal study of a birth cohort of children in New Zealand. Characterizes the factors responsible to identify and treat high-risk teenagers.
- Hoven, C.W., Duarte, C.S., Lucas, C.P., et. al. (in press, 2004). Psychopathology among New York City school children six months after September 11th, *Archives of General Psychiatry*. Describes a large child epidemiological study in the aftermath of 9/11 attack, including study design, measures and sampling, as well as the results for eight psychiatric disorders by age, race/ethnicity, gender and type and level of exposure.
- Jellinek, M., Patel, B.P., and Froehle, M.C. (2002). *Bright Futures in Practice: Mental Health, Vol. I. Practice Guide*. National Center for Education in Maternal and Child Health: Arlington, VA.
Gives information on early recognition and intervention for mental health problems, and offers guides for screening, treatment, and education.
- Kağıtçıbaşı, Ç. (1996). The Turkish Early Enrichment Project. In *Family and Human Development Across Cultures: A View from the Other Side*. (Ed. Ç. Kağıtçıbaşı,), pp. 139-170, Lawrence Erlbaum Associates: Mahwah, NJ.
Describes a program used in Istanbul, Turkey which sought to improve the care of children in low-income areas by educating mothers.
- Kessler, R.C. (2000). Psychiatric epidemiology: Selected recent advances and future directions. *Bulletin of the World Health Organization* **78**, 464-474.
Addresses the recent advances and current challenges in psychiatric epidemiology and the potential need to develop mental health interventions that will facilitate better access to available treatments.
- Klerman, G.L. and Weissman, M.M. (1989). Increasing rates of depression. *JAMA (Journal of the American Medical Association)* **261**, 2229-2235.
Presents data showing that rates of depression among adults is increasing in some countries while the average age of onset is decreasing.
- Kumpfer, K.L. and Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist* **58**, 457-465.
Advocates the use of family-based programs and offers three approaches that have been proven effective in clinical studies.
- Mittendorfer-Rutz, E. and Wasserman, D. (2004). Trends in Adolescent suicide mortality in the WHO European Region. *European Child and Adolescent Psychiatry* **13**, 321-331.
Provides a comparison of trends and analysis on male and female adolescent suicide mortality rates. Also discusses the influence of an increase in the rate and accuracy of reporting deaths and an increase in the total number of undetermined causes of death on the current suicide rates in the WHO European Region.
- Mohit, A. and Seif El Din, A. (1998). *Mental health promotion for schoolchildren: A manual for schoolteachers and school health workers* (limited distribution). WHO, Regional Office for the Eastern Mediterranean: Alexandria, Egypt.



Argues that schools are the best place for intervention and gives specific guidelines for what should be taught and how it should be taught. Also discusses many specific mental health and developmental problems, providing a list of symptoms that teachers should know about for each.

- Offord, D.R., Boyle, M.H. and Racine, Y.A. (1991). The epidemiology of antisocial behavior in childhood and adolescence. In *The Development and Treatment of Childhood Aggression*. (Eds. D.J. Pepler and K.H. Rubin), pp. 31-54. Lawrence Erlbaum Associates: Hillsdale, N.J. Presents data from the Ontario Child Health Study which involved researching the prevalence and possible causes of conduct disorder.
- Patel, V. and Thara, R. (2003). Introduction: the role of NGOs in mental health. In *Meeting the Mental Health Needs of Developing Countries*. Sage: Thousand Oaks, CA, 1-19. Covers several aspects of mental disorders, then focuses on the role NGOs have played in India.
- Pillay, A.L. and van der Veen, M.B. (1997). Depression, developmental level and disclosure in sexually abused children. *South African Medical Journal* **87**, 1688-1691. Discusses a study which showed that in one mental health facility in South Africa, a significant portion of admissions were children who had been sexually abused.
- Puura, K., Davis, H., Papadopoulou, K., et al. (2002). The European Early Promotion Project: a new primary health care service to promote children's mental health. *Infant Mental Health Journal* **23**(6), 606-624. Presents a program implemented in five countries which seeks to prevent mental health problems by working with parents both before and after their child is born.
- Rahman, A., Mubbashar, M., Harrington, R., et. al. (2000). Annotation: Developing child mental health services in developing countries. *Journal of Psychology and Psychiatry* **41**(5), 539-546. Demonstrates the need for better mental health care for children in developing countries, then gives some factors and guidelines that should be considered when designing and implementing programs.
- Russoniello, C.V., Skalko, T.K., O'Brien, K., et al. (2002). Childhood posttraumatic stress disorder and efforts to cope after Hurricane Floyd. *Behavioral Medicine* **28**, 61-71. Describes a study which showed very high PTSD rates among fourth-graders who experienced Hurricane Floyd.
- Rutter M. and Taylor E. (eds.) (2002). *Child and Adolescent Psychiatry* (4th ed.). Blackwell Science: Oxford, U.K. Presents a comprehensive summary of what is currently known in the field of child and adolescent psychiatry, from both empirical findings and clinical practice.
- Sartorius, N. and Graham, P. (1984). Child mental health: Experience of eight countries. *WHO Chronicle* **38**, 208-211.
- Shaffer, D. and Craft, L. (1999). Methods of adolescent suicide prevention. *Journal of Clinical Psychiatry* **60** (Suppl. 2), 70-74. Discusses the results of various epidemiological and neurobiological studies related to adolescent suicide in the United States and presents a scientific suicide screening model using important clinical predictors and strategic prevention control measures for reducing the risk of suicide.



- Shatkin, Jess P. and Belfer, Myron L. (2004). The Global Absence of Child and Adolescent Mental Health Policy. *Child and Adolescent Mental Health* **9**(3), 104-108.
Provides an assessment of mental health policies in a wide range of countries around the world.
- Tiet, Q.Q., Bird, H.R., Hoven, C.W., et. al. (2001). Resilience in the face of maternal psychopathology and adverse life events. *Journal of Child and Family Studies* **10**(3), 347-365.
Identifies factors that contribute to resilience (favorable outcomes) in youth who are exposed to maternal psychopathology and other adverse life events.
- Van Hook, M.P. and Ford, M.E. (1998). The linkage model for delivering mental health services in rural communities: Benefits and challenges. *Health & Social Work* **23**, 53-60.
Advocates integrating mental health care and primary health care in rural areas. Also discusses some challenges to be considered when developing this linkage.
- Wasserman, D., Jiang, G-X., Fleischmann, et. al. (in press, 2004). Suicide among adolescents aged 15-19 years in the world. *World Psychiatry*.
- Werner, E.E. and Smith, R.S. (1992). *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Cornell University Press: Ithaca and New York.
Focuses on psychosocial risk factors and their influences on human development from birth to young adulthood. Provides a summary of suggestions useful for developing successful intervention policies.
- WHO [World Health Organization] (2001). The World Health Report, Mental Health: New Understanding, New Hope. Geneva.
Prevents general health information.
- WHO [World Health Organization] (2003). Caring for children and adolescents with mental disorders. Geneva.
Discusses issues relating to mental health care for children, including information on barriers to care, intervention, types of disorders, and services. Available online:
http://www.who.int/mental_health/media/en/785.pdf
- Yancey, A.K. (1998). Building positive self-image in adolescents in foster care: The use of role models in an interactive group approach. *Adolescence* **33**, 253-267.
Describes a program developed to increase self-esteem among marginalized adolescents through group involvement and the use of role models.
- Zenere, FJ. and Lazarus, PJ. (1997). The decline of youth suicidal behavior in an urban, multicultural public school system following the introduction of a suicide prevention and intervention program. *Suicide and Life Threatening Behavior* **27**; 387-402.

