The RedeAmericas

RedeAmericas

Ezra Susser[1]

It is with great pleasure that the editors of the journal *Cadernos Saúde Coletiva* present a special section devoted to RedeAmericas (RA), which is a regional network or 'hub' for public mental health research in Latin America. This issue features the work of different investigators and teams affiliated with the RA. It also introduces RA to researchers, mental health professionals, and advocates, as well as to individuals who may be interested in contributing to such institution.

RA brings together an interdisciplinary group of investigators from urban centers in Argentina (Buenos Aires, Cordoba, and Neuquén), Brazil (Rio de Janeiro), Chile (Santiago), Colombia (Medellín), and the United States (New York City). A leadership group includes representatives from all seven sites, and each member of this group has decades of experience in developing health and/or mental health interventions in Latin America. Thus, the RA leadership group creates a foundation of mutual support that is evolving into an ongoing regionally led initiative in public mental health. More important, perhaps, we are also providing intensive training and mentoring for investigators early in their careers in the field of public mental health, and fostering a network of mutual support among them (as well as with their mentors). We believe that these RA Awardees have the potential for being leaders of public mental health in the next generation, so that the initiative will be self-sustaining and dynamic, continually improving upon past experience.

RA is one of the five 'hubs' funded by the National Institute of Mental Health (two in Latin America, two in Africa, one in South Asia). Together, the five hubs are forming an innovative global mental health network led by people from the regions in which they are located. We have already started to develop strong ties to the second (newly funded) hub in Latin America.

The articles in this special section cover a wide range, however they all pertain to the overarching goal of the RA: to improve the condition of people living with mental disorders in the urban areas of Latin America. Some readers may wish to better understand the general context in which these articles were written and for which the RA was developed. For a discussion of the evolution and current state of community mental health services in Latin America, and how the RA was designed to address the gaps in mental health services, see Minoletti et al.[1] and Alvarado et al.[2].

Some of the manuscripts in this issue are also related to a specific initiative of the RA. We are developing and testing an approach to community mental health services that may prove adaptable and feasible for wide scale use across countries of Latin American region. Some of them are relevant to the intervention being tested, and others to the measures being used to assess its effectiveness. Therefore, I will briefly describe this objective here, in order to provide a context for these articles.

RA is testing an intervention for individuals with severe mental disorders, the critical time intervention-task shifting (CTI-TS), which was adapted over a seven-year period from CTI, a time-limited intervention that is widely used in high-income countries (http://www.criticaltime.org/). CTI is targeted to a point of transition (e.g.

[1]PhD; Professor at Columbia University, Department of Epidemiology & New York State Psychiatric Institute – New York (NY), USA.
Mailing address: Ezra Susser – Columbia University Mailman School of Public Health – Department of Epidemiology – 722 West 168th Street New York, NY 10032, USA – E-mail: ss8@columbia.edu

from hospital to community), while time-limited is designed in order to have an enduring effect, by shaping the patterns of service use and personal recovery during this transition. This lasting effect has been demonstrated in randomized clinical trials[3,4].

The RA trial of CTI-TS will be the first to adapt the CTI model to Latin America. A feature common to both CTI and CTI-TS is that they target a point of transition, in order to support mental health service users during a difficult period, helping them to lay the foundation for building an enduring support system, and explicitly transferring responsibility to the users and their support system after the time-limited intervention. CTI-TS is targeted to the period of transition when users first connect (or reconnect) to mental health services. Another common feature is that assessments and intervention plans are made by working together with service users in the locales where they actually spend their time (as opposed to at the clinic site). However, there are also important differences that represent genuine innovations embedded in CTI-TS. Among them is the emphasis on employing peer support workers and on coordination with local primary health care centers. With regard to the outcome assessments, the CTI-TS trial provided much deeper consideration to measures of social integration, users' perceptions of recovery, and stigma. The rationale for these innovations is the focus of some of the articles included here.

Moreover, the RA also has a more ambitious goal than any previous study of CTI *per se* or any previous adaptation of CTI. Thus, we plan to test the feasibility of a regional randomized controlled trial, which will be done in three cities: one in Brazil, one in Chile, and one in Argentina. The challenge of a regional trial is to maintain the same essential approach, at the same time allowing necessary adaptations for different services and contexts of particular sites. While far more difficult than a trial carried out in one site, we believe a regional one can have a much greater impact. Hence, a regional trial can show that an intervention is (or is not) effective across many contexts in Latin America. This provides the basis for scaling up its use across the region. The long history of regional approaches in Latin America, exemplified by the Caracas Declaration of The Pan American Health Organization/World Health Organization (PAHO/WHO)[1], and the reemergence of democracies and regional alliances, are among several factors that make regional scale-up more feasible than in most other areas of the globe.

The articles in this issue are led by researchers from all stages in their careers, ranging from very early to very senior. Yet, they are all engaging, and personally, I find some of the papers by early investigators to be among the most interesting and creative. This is surely a promising sign for the future. Thus, I end with an invitation to early investigators across Latin America to make contact with RA. Although Awards *per se* are limited, a wide variety of other kinds of training is not, and contributions from early investigators will always be welcome and credited to them.

To contact RedeAmericas sites:
Chile: Graciela Rojas (graciela.rojas.castillo@gmail.com)
Argentina: Ruth Fernández (aruthfernandez@gmail.com)
Brazil: Giovanni Lovisi (glovisi@uol.com.br)
Colombia: Alexandra Restrepo Henao (cheres80@gmail.com)
The United States: Kim Fader (kf2012@columbia.edu)

REFERENCES

1. Minoletti A, Galea S, Susser E. Community mental health services in Latin America. Public Health Rev. In press.

2. Alvarado R, Minoletti A, Valencia E, Rojas G, Susser E. The need for new models of care for people with severe mental illness in low- and middle-income countries. In: Thornicroft G, Ruggeri M, Goldberg D (eds). The Global Challenge of Improving Mental Health Care. John Wiley: Chichester. In press.

3. Susser E, Valencia E, Conover S, Felix A, Tsai WY, Wyatt RJ. Preventing recurrence of homelessness among mentally ill men: A "critical time intervention" after discharge from a shelter. Am J Public Health. 1997;87(2):256-62.

4. Herman D, Conover S, Gorroochurn P, Hinterland K, Hoepner L, Susser E. A randomized trial of critical time intervention to prevent homelessness after hospital discharge. Psych Serv. 2011;62(7):713-9.

Received on: 24/11/2012
Accepted on: 03/12/2012