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Author's reply

Matthew Burke makes an important argument that a better biopsychosocial understanding of placebo responses in randomised controlled trials is required. More detailed design and reporting requirements for placebos in randomised controlled trials might also be informative. In addition to an assessment of the adequacy of blinding, measurement of expectancy and hope associated with the intervention, and effects on core or target symptoms as well as total score on symptom and function measures throughout the randomised controlled trials might aid interpretation.[1] The distinction between active placebo (some common factors with the active treatment) and passive placebo (no common factors)[2] could be useful. A discussion might be included of the nature of the placebo, its functionality, context, and how the efforts to ensure blinding might have compromised the trial in terms of demonstrating efficacy or effectiveness. These effects might be better understood with quantitative and qualitative data collection alongside the trial.

In neuromodulation studies of depression, hope and expectancy might be high since access to novel forms of neuromodulation might be restricted. All neuromodulation interventions require participants to start a regular routine of use at home or attendance outside the home. Setting a daily goal and structuring the day are components of some effective psychological treatments for depression such as behavioural activation and cognitive behaviour therapy.[3] Therefore, sham neuromodulation might be considered an active placebo with a potentially larger, more variable effect on depression than the additional therapeutic effect from neuromodulation. Furthermore, the design of the study to ensure blinding might compromise both the efficacy of an intervention and the generalisability of the findings. For instance, a fixed low dose of cranial electrostimulation that was subsensory, was employed in the Alpha-Stim trial to ensure double blinding.[4] However, in clinical practice, the ability to personalise the dose and use higher currents might improve its effectiveness.

RM was chief investigator on a grant from the UK National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) East Midlands. RM has received other NIHR funding for research on interventions for depression and has received funding from Novartis to serve on a data management and ethics committee for two trials on the treatment of depression.

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Transdisciplinary training for forensic mental health in child sexual abuse in India

In April, 2012, India became the first south Asian country to enact legislation addressing the public health crisis of child sexual abuse. The Protection of Children from Sexual Offences Act 2012 provided a crucial impetus for national child safety agendas and for the role of child mental health professionals to involve more than only the treatment of mental health problems related to child sexual abuse, including supporting children through legal processes.[1] Consequently, capacity-building programmes to inform child mental health professionals about ensuring victim-centred and child-friendly implementation of provisions of the law are imperative.

However, there is a paucity of skilled staff in child and adolescent mental health due to few specialised training programmes;[2] many programmes do not incorporate childhood trauma or abuse in their curricula. Combined with India's nascent development in forensic psychiatry,[3] this situation has created challenges for child mental health professionals trying to embrace their increased responsibilities of providing treatment interventions and supporting children through legal processes.

Support, Advocacy and Mental Health Interventions for Children in Vulnerable Circumstances and Distress (SAMVAD) is a national

initiative and integrated resource for child protection, mental health, and psychosocial care established by the Indian Ministry of Women and Child Development. SAMVAD aims to improve child and adolescent mental health care in primary, secondary, and tertiary health care, child-welfare services, educational institutions, and protection and law-related spaces. Implementing transdisciplinary and integrated approaches to child mental health and protection, SAMVAD is located in the National Institute of Mental Health and Neurosciences (Bangalore, India). SAMVAD provides technical support, particularly training and capacity-building activities, to child-protection functionaries, mental health-care service providers, teachers, early childhood care workers, police, and judicial officers across the country. With trauma and abuse forming crucial areas of SAMVAD's work, it seeks to integrate these themes into the various spaces that children inhabit. Using experiences of research and interventions in child sexual abuse, and in recognition of the needs and complexities involved, SAMVAD developed a training curriculum for forensic mental health in child sexual abuse for child mental health professionals.

See Online for appendix

The curriculum (appendix), a first of its kind in India, was founded on global best practices promoting intersectional methods to alleviate the negative effects of children's interactions with the criminal justice system[4] and through an analysis of experiences of medical and legal interventions in clinical and community mental health settings for children who had been sexually abused.

First implemented at a national level for child mental health professionals and child-protection functionaries, in April, 2022, training workshops were conducted. Two workshops were provided for qualified professionals in mental health (eg, in psychiatry, psychology, and social work), mostly from departments of psychiatry located in national tertiary care health facilities. Secondary-level protection workers (eg, at state level) from One-Stop Centres, a scheme of the Indian Government to address gender-based violence, were also given training. One-Stop Centre staff who did not have the same skills as tertiary mental health-care service providers received an abbreviated version of the training workshop (ie, 54 h or 18 sessions). The curriculum has since been revised and consolidated through input from professionals attending the training workshops. 70 h of training are conducted both online (approximately 23 sessions of 3 h each) and in person (during a 10-day period). As SAMVAD is mandated by the Government of India to provide technical support to child-service providers across the country, no training fees or remuneration are charged to participants. Logistical and support costs incurred for implementing in-person workshops are paid either by SAMVAD or the state-run institution that deputes a mental health service provider for training.

Process evaluations of the curriculum, which seek to understand the use of knowledge and skills from training workshops through interviews with child mental health professionals and periodic case conferences, are ongoing. Currently, they indicate that the training has enabled child mental health professionals to attempt systematically to implement child sexual abuse mandatory reporting processes, to overcome fears of engaging with court processes, to provide in-depth mental health support to children, and to disseminate their new-found understanding of child sexual abuse interventions with their colleagues.

The SAMVAD curriculum's trans-disciplinary conceptualisation of the role of child mental health professionals within the broader discipline of victimology[5] makes it applicable to other countries in which legislation for child sexual abuse exists.

We declare no competing interests.

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Mandatory mental health education in Pakistan: a proposal

Pakistan has a population of 231·4 million people, 63% of whom are aged 15–33 years. However, the country has fewer than 500 psychiatrists[1] and negligible mental health facilities, with only four major psychiatric hospitals.[2] Pakistan has more than 200 accredited universities, both public and private. Each public university has a statutory board of studies that can recommend academic curricula and courses in response to emerging trends. As a former member of the board of studies at the Institute of Chemical Sciences, University of Peshawar, I am trying to work with the relevant board members to introduce a mental health course, or at least to add some content to the psychology course. Education psychology was the major psychology