

APA RESOLUTION on Child and Adolescent Mental and Behavioral Health

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Childhood mental and behavioral health is essential to health and well-being across the lifespan. While psychology has made substantial contributions to promoting children's mental and behavioral health, much remains to be done. Structural determinants of mental and behavioral health, limitations in access to, and implementation of, evidence-based prevention and treatment practices, and workforce and training needs persist. Without renewed attention from psychology, mental and behavioral health problems, disparities, and societal costs will continue.

WHEREAS psychology and other disciplines have made numerous scientific advancements, leading to understanding of critical periods in child and adolescent development (Giedd et al., 2015; Kessler & Wang, 2008; National Research Council and Institute of Medicine, 2009);

WHEREAS there are many factors affecting mental and behavioral health, including genetic, biological, environmental, structural, and social factors (i.e., low socioeconomic status, immigration and social policy, adverse and risky environmental conditions, and limited educational opportunities) that can lead to the onset of mental and behavioral health disorders in childhood or adolescence that continue through adulthood (Albert, Chein, & Steinberg, 2013; Dunn et al., 2011; Smith, Chein, & Steinberg, 2013; Tercyak, 2010);

WHEREAS structural, policy, social, environmental, family, and individual mechanisms have been clearly linked to mental and behavioral health outcomes and access to mental and behavioral health services and treatment outcomes (American Psychological Association [APA], 2018b; Frick, 2016; Latimer et al., 2012; Reiss, 2013);

WHEREAS psychology recognizes that some children and adolescents are exposed to disproportionate levels of adversity and toxic stress in childhood that has a cumulative and detrimental effect on *lifelong* physical and emotional well-being (Center on the Developing Child, 2014; Conti & Heckman, 2013; Felitti et al., 1998; Halfon & Hochstein, 2002; Halfon, Wise, & Forrest, 2014; Shonkoff & Gardner, 2012);

WHEREAS psychology has made significant strides in preventing and treating mental and behavioral health disorders among the general population, children and adolescents with disabilities,

racial/ethnic minority, sexual orientation and gender identity minority children and adolescents, and immigrants continue to experience elevated rates and more persistent course of mental illness (APA, 2011; Chatterji, Alegría, & Takeuchi, 2009; Fredriksen-Goldsen et al., 2014; Kessler et al., 2005);

WHEREAS there is a disparity of access to and utilization of quality, evidence-based mental and behavioral health promotion, prevention, and treatment services based on immigration status, gender, race, ethnicity, sexual orientation and gender identity, disability status, and low-income communities (APA, 2011; Austin & Wagner, 2010; Coker, Austin, & Schuster, 2010);

WHEREAS stigma regarding mental and behavioral health imposes risk for children and families, and impedes understanding of mental and behavioral health issues and access to needed mental and behavioral health services (APA, 2017a; Hendricks & Testa, 2012; Meyer, 2003; Turner, Jensen-Doss, & Heffer, 2015);

WHEREAS the field of psychology has pursued a primary role in the promotion of mental and behavioral health and the development of evidence-based prevention and early intervention programs for children (National Research Council and Institute of Medicine of the National Academies, 2009);

WHEREAS psychology is committed to providing the highest quality mental and behavioral health care to children based on the best available evidence derived from ecologically valid research and evaluation of promotion, prevention, and treatment interventions (Alegría, Green, McLaughlin & Loder, 2015; Alegría Vallas & Pumariega, 2010; Atkins, Graczyk, Frazier, Abdul-Adil, 2003; Austin & Wagner, 2010; Kataoka, Zhang, & Wells, 2002);

WHEREAS the high cost associated with untreated mental and behavioral health can be lessened through prevention and early intervention (Agency for Healthcare Research and Quality, 2012; (Tanner, Candland, & Odden, 2015); Washington State Institute for Public Policy, 2018);

WHEREAS psychology recognizes that evidence-based intervention and prevention programs, early in childhood, and at community and systems levels, promote positive mental and behavioral health (Anderson, et al., 2003; (Tanner et al., 2015); Mountain, Cahill & Thorpe, 2017; Neil & Christensen, 2009);

WHEREAS there is an increased need for research on assessment and diagnosis of children's mental and behavioral health problems and strengths in the context of their culture, family, school, and community (Breland-Noble, Al-Mateen & Singh, 2016; Breland-Noble, Burriss & Poole, 2010; Eyberg, Nelson & Boggs, 2008; Flay et al., 2005; Weisz, Doss & Hawley, 2005; Weisz, Jensen-Doss & Hawley, 2006);

WHEREAS there is a need for increased research on the translation of evidence-based, culturally sensitive practices into promotion, prevention, or treatment services that are appropriate for diverse children, families, schools, and communities in real world settings (cf., Chorpita & Daleiden, 2009; Roberts & James, 2008; Roberts, Blossom, Evans, Amaro & Kanine, 2017);

WHEREAS there is a need for increased research on implementation and dissemination of evidence-based interventions, including barriers and sustainability, among diverse youth and families relative to clients seen in research settings, as well as the applicability of implementation strategies and strategies for adaptation consistent with the evidence-based practice model for diverse youth and families (Roberts et al., 2017; Southam-Gerow, Rodriguez, Chorpita & Daleiden, 2012; Whaley & Davis, 2007);

WHEREAS the long lag between research and practice calls for innovative translation of knowledge models (e.g., Grant, Green, & Mason, 2003);

WHEREAS supporting children's mental and behavioral health development and treatment requires an interdisciplinary approach to fully understand and address complex issues (Society for Research in Child Development, 2009; Tolan & Dodge 2005);

WHEREAS there is an increased need to integrate, coordinate, and collaborate care with a variety of stakeholders in settings where children and family access services (e.g., Adams, Hinojosa, Armstrong, Takagishi & Dabrow, 2016; Biel, Anthony, Mlynarski, Godoy & Beers, 2017; Kaliebe, 2017; Splett & Maras, 2011; Woltmann et al., 2012; Yu, Kolko, & Torres, 2017);

WHEREAS to increase diversity within the field, there needs to be more diversity among students pursuing higher degrees in the field of psychology and among faculty at the undergraduate and graduate levels (Turner & Turner, 2015; Vasquez & Jones, 2006); and

WHEREAS diversity in the psychology workforce continues to be an important issue due to the lack of recruitment and retention of racial/ethnic, sexual orientation and gender identity minorities, and people with disabilities, resulting in a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children, which contributes to mental and behavioral health

disparities (Callahan et al., 2018; Maton, Kohout, Wicherski, Leary & Vinokurov, 2006; Vasquez & Jones, 2006; Yeo, Erickson Cornish & Meyer, 2017);

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) encourages the use of evidence-based research and knowledge to support and advocate for policy efforts in the following areas:

- APA takes a significant leadership role to support and advocate for every child to have access to culturally competent, developmentally appropriate, family-oriented, evidence-based, high-quality mental and behavioral health promotion, prevention, and treatment services that are in accessible settings;
- APA supports and advocates for policy efforts that increase health equity and reduce barriers that contribute to disparities in access to, and utilization of, high-quality, culturally competent mental and behavioral health services for all children and youth, including those of varied economic, racial, ethnic, gender identity, disability, immigrant, and sexual orientation groups;
- APA supports and advocates for policy that addresses structural determinants of mental and behavioral health burden among all children and youth, including those of varied economic, racial, ethnic, gender identity, disability, immigrant, and sexual orientation groups; and
- APA supports and advocates for policy efforts at the university, state, and national level addressing the recruitment and retention of racial and ethnic minority students and faculty, sexual orientation and gender identity minority students and faculty, and students and faculty with disabilities, at the undergraduate and graduate level to increase the number of psychologists from diverse groups.

BE IT FURTHER RESOLVED that APA supports and promotes evidenced-based mental and behavioral health promotion, prevention, and early intervention treatment services:

- APA takes a leadership role in promoting coordination and collaboration with other professions, organizations, consumers, and policy makers in utilizing an interdisciplinary approach to implement a primary mental and behavioral health care system for all children that integrates culturally competent, accessible, evidence-based, high-quality mental and behavioral health services for children, families, schools, and communities, and includes support for transitioning to adult care settings;
- APA will take a leadership role in advancing integrated primary care where all children and parents can access

evidence-based mental and behavioral health screening, prevention and intervention;

- APA promotes and supports effective implementation of culturally competent promotion, prevention and intervention programs for youth mental and behavioral health that include components of evidence-based practices cited above across a variety of settings; and
- APA promotes and supports improving the speed at which evidence-based research is translated into practice.

BE IT FURTHER RESOLVED that APA encourages the use of evidence-based strategies to support and promote the following education and training efforts:

- APA supports education and training that builds upon culturally competent, evidence-based promotion of mental and behavioral health and prevention and treatment of mental and behavioral health problems for all children, that reduces economic, gender, racial, ethnic, disability, immigrant, sexual orientation, and gender identity related disparities;
- APA supports training in and adoption of time-sensitive, efficient, and effective evidence-based assessment and testing tools for monitoring youth's progress throughout interventions;
- APA supports the inclusion of resilience building and the effects of genetic, biological, environmental, and social factors, including toxic stress and adverse childhood experiences, in education and training of practitioners and caregivers across various settings in which children and families access services;
- APA supports and encourages culturally sensitive and appropriate professional development opportunities for clinicians; and
- APA supports the expansion of efforts to increase diversity and inclusivity in the workforce of psychologists to inform and implement socially just practices.

BE IT FURTHER RESOLVED that APA recognizes high-quality and diverse methods that inform evidence of effectiveness and implementation science:

- APA supports methodologically rigorous research that: examines various aspects of the implementation of evidence-based programs and cultural adaptations to these programs; links developmental neuroscience and prevention/intervention programs; and measures long-term outcomes of interventions and life-course health, as

well as cost-benefit analysis of promotion, prevention, and intervention programs; and

- APA supports research that advances our understanding of how structural, social, family, and individual determinants contribute to mental and behavioral health of all children, particularly those from minority groups.

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