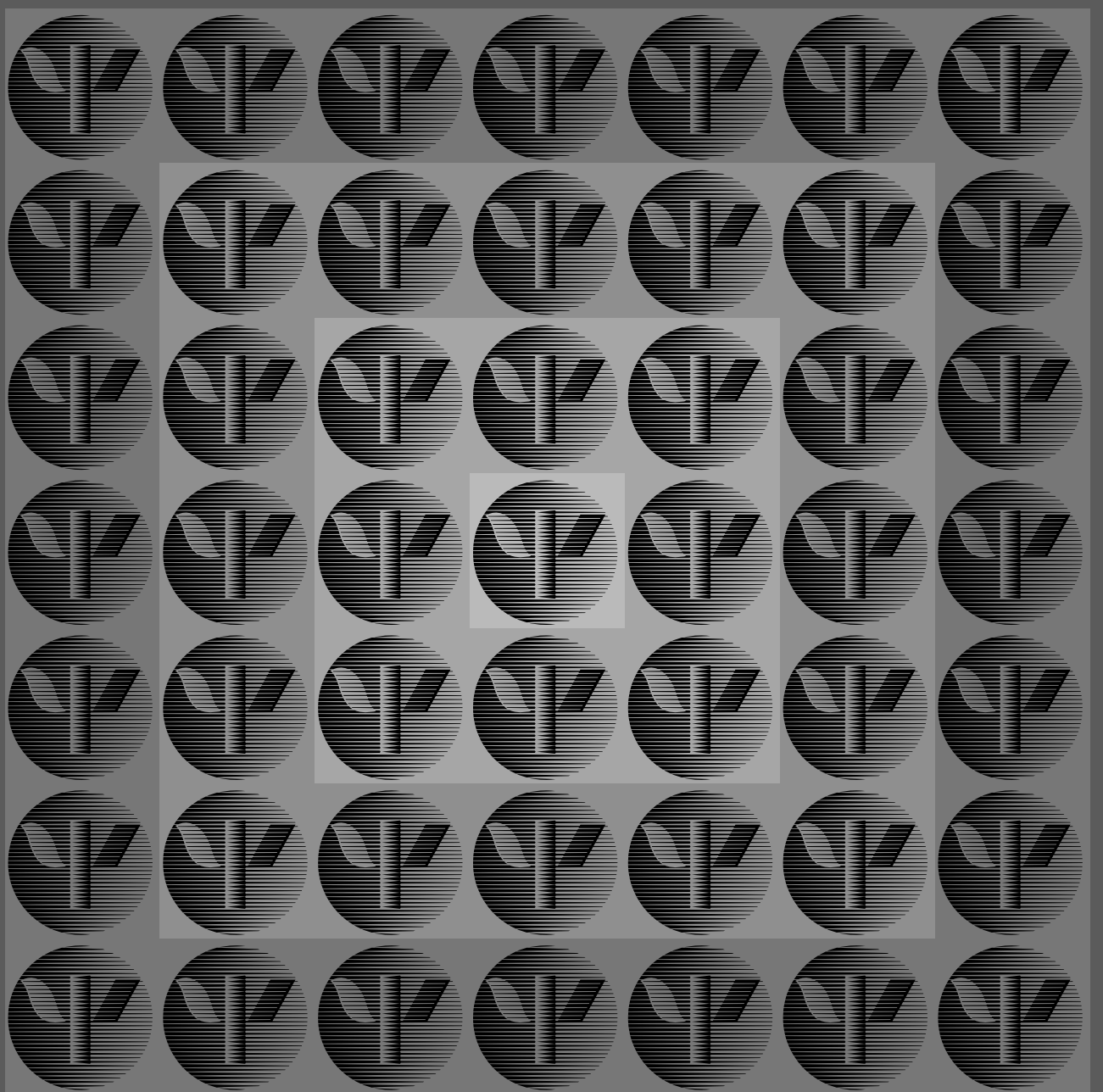
DEVELOPING PSYCHOLOGY'S NATIONAL AGENDA FOR CHILDREN'S MENTAL HEALTH:

APA'S RESPONSE TO THE SURGEON GENERAL'S ACTION AGENDA FOR CHILDREN'S MENTAL HEALTH



Report of the APA Working Group on Children's Mental Health
to the
Board of Directors, American Psychological Association

December 2001

Developing Psychology's National Agenda for Children's Mental Health: APA's Response to the Surgeon General's Action Agenda for Children's Mental Health

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Members of APA Working Group on Children's[1] Mental Health
Patrick H. Tolan, PhD, Chair
Barry S. Anton, PhD
Jan L. Culbertson, PhD
Kathy S. Katz, PhD
Sharon A. Nelson-Le Gall, PhD

Division Liaisons to the Working Group
Division 7—Susanne A. Denham, PhD
Division 16—Rick J. Short, PhD
Division 27—Evvie Becker, PhD
Division 27—Irwin N. Sandler, PhD
Division 37—Karen J. Saywitz, PhD
Division 43—Marsali Hansen, PhD
Division 54—Maureen M. Black, PhD

APA Staff
Mary Campbell
Jeanie Kelleher
Trena King

Public Policy Consultant
Daniel W. Dodgen, PhD

Science Directorate Consultant
Merry Bullock, PhD

[1] *We use the term "children" to refer to infants, children, and adolescents. In addition, we assume that focus on children's mental health also includes a focus on family mental health and family issues related to care of children.*

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Committee on Children, Youth, and Families

Kathy S. Katz, PhD
Child Development Center
Georgetown Medical Center
3307 M Street, NW
Washington, DC 20007-3935
(202) 687-8778 (W)
(202) 784-4747 (F)
katzk@georgetown.edu

Patrick H. Tolan, PhD, Chair
Director, Institute for Juvenile Research
University of Illinois at Chicago
840 South Wood Street (M/C 747)
Chicago, IL 60612
(312) 413-1893 (W)
(312) 413-1703 (F)
ptolan@psych.uic.edu

Board for the Advancement of Psychology in the Public Interest

Jan L. Culbertson, PhD
Child Study Center
1100 NE 13th Street
Oklahoma City, OK 73117
(405) 271-6816 (W)
(405) 271-8835 (F)
jan-culbertson@ouhsc.edu

Board of Educational Affairs

Sharon A. Nelson-Le Gall, PhD
829 LRDC Building
University of Pittsburgh
3939 O'Hara Street
Pittsburgh, PA 15260
(412) 624-7481 (W)
(412) 624-9149 (F)
Legall+@pitt.edu

Board of Professional Affairs

Barry S. Anton, PhD
Department of Psychology
University of Puget Sound
1500 N. Warner
Tacoma, WA 98416
(253) 879-3756 (W)
(253) 879-3500 (F)
(253) 752-8348 (H)
anton@ups.edu

APA Staff

Mary Campbell
Children, Youth, & Families Officer
(202) 336-6039 (W)
(202) 336-6040 (F)
mcampbell@apa.org

Trena King
Children, Youth, & Families
Administrative Coordinator
(202) 336-6045 (W)
(202) 336-6040 (F)
tking@apa.org

Jeanie Kelleher
Children, Youth, & Families
Special Projects Manager
(202) 336-6182 (W)
(202) 336-6040 (F)
jkelleher@apa.org

Daniel W. Dodgen, PhD
Public Policy Office Consultant
(202) 336-6068 (W)
(202) 336-6063 (F)
ddodgen@apa.org

Merry Bullock, PhD
Science Directorate Consultant
(202) 336-5955 (W)
(202) 336-5953 (F)
mbullock@apa.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Division 7
Susanne A. Denham, PhD
Department of Psychology
George Mason University
4400 University Drive
Fairfax, VA 22030-4444
(703) 993-4081 (W)
(703) 993-1378 (Lab)
(703) 502-9045 (F)
sdenham@gmu.edu

Division 16
Rick J. Short, PhD
University of Missouri–Columbia
5A Hill Hall
Columbia, MO 65203-4600
(573) 882-2592 (W)
(573) 882-0768 (F)
rshort@tiger.coe.missouri.edu

Division 27
Evvie Becker, PhD
(attended 12/00 and 3/01 meetings)
4201 Cathedral Avenue, NW
Washington, DC 20016
(202) 690-5937 (W)
(202) 690-5514 (F)
Ebecker@osaspe.dhhs.gov

Irwin N. Sandler, PhD
(attended 7/01 meeting)
Program for Prevention Research
Department of Psychology
Arizona State University
Tempe, AZ 85287
(480) 727-6121 (W)
(602) 840-4869 (F)
irwin.sandler@asu.edu

Division 37
Karen J. Saywitz, PhD
Department of Child and Adolescent Psychiatry
Harbor/UCLA Medical Center
Building D6
1000 West Carson Street
Torrance, CA 90509
(310) 222-4262 (W)
(310) 443-1569 (F)
ksaywitz@ucla.edu

Division 43
Marsali Hansen, PhD
Pennsylvania CASSP Training and Technical Assistance Institute
2001 N. Front Street, Suite 316
Building 1
Harrisburg, PA 17102
(717) 232-3125 (W)
(717) 232-2820 (H)
(717) 232-3610 (F)
mxh54@psu.edu

Division 54
Maureen M. Black, PhD
387 Valley Stream Road
Severna Park, MD 21146
(410) 706-5289 (W)
(410) 706-0653 (F)
mblack@som.umaryland.edu

Executive Summary

The APA Working Group on Children's Mental Health (WGCMH) convened on December 1-3, 2000, to begin developing the APA's response to the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (SGAA). The report was prepared by David Satcher, MD, PhD, Assistant Secretary for Health and Surgeon General. The WGCMH held a second meeting on March 2-4, and a third meeting on July 20-22, 2001. This report to APA's Board of Directors is on the development of the WGCMH, the activities undertaken by the working group, and the recommendations made by the working group.

At the initial December 2000 meeting of the WGCMH, held in the APA building, working group members and division liaisons heard reports from Kimberly E. Hoagwood, PhD, Associate Director for Child and Adolescent Research, Office of the Director, National Institute of Mental Health; and Serene Olin, PhD, Special Expert, Office of the Director, National Institute of Mental Health, about the development of and expected follow-up to the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda. Drs. Hoagwood and Olin shared with the working group important issues raised at that conference. Members and liaisons also reviewed a conference summary developed by the APA Public Policy Office based on reports from APA members present at the conference. A copy of the conference summary is attached to this document as Appendix A.

The working group was funded for two subsequent meetings to further develop APA's response to the SGAA. At the March 2001 meeting, the report content was refined, and recommendations for immediate activities of the working group were reviewed and finalized. Gary DeCarolis, MEd; Kimberly E. Hoagwood, PhD; Judy Katz-Levy, MEd; Eve Moscicki, ScD, MPH; and Serene Olin, PhD, provided additional reports on relevant federal activities. Some initial plans were formulated for activities beyond the time of this working group. At the July meeting, the working group discussed the final report and planned additional working group products for completion by December 31, 2001. It also identified project leaders.

To move the SGAA forward, the working group recommends that APA implement the following strategies:

1. Act in a leadership role, working with other organizations and groups to develop a primary mental health care system for children;

2. Act in a leadership role to enhance competence in child development and mental health through education of professionals and increased public awareness;

3. Act in a leadership role to advocate for research in child and family development and mental health. This includes basic and applied research, bridging research to practice, and disseminating evidence-based models of promotion, prevention, and treatment;

4. Identify, organize, and promote current activities and capabilities within APA that highlight and support the SGAA and contribute to improving children's mental health; and

5. Act to enhance current APA activities and policies in order to further the SGAA.

These strategies guided the WGCMH and are intended to provide general guidance for APA in furthering the SGAA to improve children's mental health. Our review of the goals of the SGAA, the identified roles that psychology through APA can play in furthering that agenda, and the current activities and additional opportunities for APA to contribute to realizing that agenda's goals leads the WGCMH to recommend that APA:

1. Define the necessary characteristics of an effective primary mental health care system for children and advocate with other professional organizations, consumers, and policymakers for its implementation;

2. Educate non-mental-health child-care, educational, health, child welfare, and other service providers and parents and families about child mental health issues through a variety of informational strategies;

3. Advocate with federal policy agencies for parity in financial resources for children's mental health services;

4. Work to ensure that children's needs and issues are included in any advocacy by APA regarding financial support for research, training, and services and that advocacy include efforts that will promote healthy development, prevention of mental health problems, and provision of effective mental health services (e.g., evidence-based, culturally competent, developmentally appropriate, and family centered);

5. Expand current efforts to increase public awareness of mental health issues and de-stigmatize mental health needs to include child mental health;

6. Advocate with federal and private funding agencies to promote research in children's mental health, with particular focus on gaps that hinder culturally competent and developmentally appropriate understanding of children's mental health needs;

7. Identify and synthesize best practices for linking research and practices in regard to child mental health; and

8. Provide oversight and organization in implementing these recommendations by having the APA Board of Directors appoint, for a 3-year term, the Ad Hoc Working Group on Children's Mental Health.

Working Group Membership

Committee on Children, Youth, and Families
Patrick H. Tolan, PhD, Chair
Kathy S. Katz, PhD

Board for the Advancement of Psychology in the Public Interest
Jan L. Culbertson, PhD

Board of Educational Affairs
Sharon A. Nelson-Le Gall, PhD

Board of Professional Affairs
Barry S. Anton, PhD

Division Liaisons
Division 7—Susanne A. Denham, PhD (attended 7/01 meeting)

Division 16—Rick J. Short, PhD (attended 12/00 and 3/01 meetings)

Division 27—Evvie Becker, PhD (attended 12/00 and 3/01 meetings), and
Irwin N. Sandler, PhD (attended 7/01 meeting)

Division 37—Karen J. Saywitz, PhD

Division 43—Marsali Hansen, PhD

Division 54—Maureen M. Black, PhD (attended 7/01 meeting)

Board of Directors
*Katherine C. Nordal, PhD

Staff Consultants
*Merry Bullock, PhD, Associate Executive Director, Science Directorate
(attended 12/00 and 7/01 meetings)
*Daniel W. Dodgen, PhD, Senior Federal and Legislative Affairs Officer,
Public Interest Public Policy Office

Staff
Mary Campbell, Staff Liaison
Jeanie Kelleher, Staff Liaison (attended 3/01 and 7/01 meetings)
Trena King, Administrative Coordinator

Guests
*Henry Tomes, PhD, Executive Director, Public Interest Directorate
*Heather Kelly, PhD, Legislative and Federal Affairs Officer,
Science Directorate Public Policy Office (attended 12/00 meeting)
*Ronald S. Palomares, PhD, Associate Executive Director, Policy and Advocacy in the Schools,
Practice Directorate (attended 12/00 meeting)

**Indicates partial attendance*

Invited Speakers

Gary DeCarolis, MEd (attended 3/01 meeting)
Chief, Child, Adolescent, and Family Branch
Division of Knowledge Development and Systems Change
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

Kimberly E. Hoagwood, PhD (attended 12/00 meeting)
Associate Director for Child and Adolescent Research
Office of the Director
National Institute of Mental Health

Judy Katz-Leavy, MEd (attended 3/01 meeting)
Office of Policy Planning and Administration
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

Eve Moscicki, ScD, MPH (attended 3/01 meeting)
Office of the Surgeon General

Serene Olin, PhD (attended 12/00 and 3/01 meetings)
Special Expert
Office of the Director
National Institute of Mental Health

History of the APA Working Group on Children's Mental Health

David Satcher, MD, PhD, Assistant Secretary for Health and Surgeon General, on September 18-19, 2000, convened the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda. The conference, held in Washington, DC, focused on the unmet mental health needs of children and their families in the United States. (See Appendix A for Conference Summary prepared by the APA Public Policy Office.) The APA Working Group on Children's Mental Health (WGCMH) was conceptualized at the September 2000 Committee on Children, Youth, and Families (CYF) meeting, when the committee developed a proposal for establishing a cross-directorate working group on children's mental health within APA. The CYF proposal was based on reports by two conference attendees: Norine G. Johnson, PhD, then APA president-elect, and Patrick H. Tolan, PhD, CYF member. Patrick H. DeLeon, PhD, JD, MPH, then APA president, also encouraged CYF's active attention to the issues raised at the Surgeon General's conference. Dr. Johnson provided a report and noted that one anticipated product of the conference was a 10-point action plan. CYF discussed the timeliness and critical importance of the issues for psychology and for children, youth, and families and developed a proposal to establish a cross-directorate, cross-divisional WGCMH within APA that would address the anticipated 10 points of the Surgeon General's action plan.[2] Following approval by the Board for the Advancement of Psychology in the Public Interest (BAPPI), the APA Board of Directors, during its October 13-15, 2000, retreat meeting, approved and funded the proposal for a working group. The APA Board of Directors charged the WGCMH with developing APA's proactive, cross-directorate strategy to address issues raised at the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda.

The five-member WGCMH is composed of representatives from the Board for the Advancement of Psychology in the Public Interest (Jan L. Culbertson, PhD); the Board of Educational Affairs (Sharon A. Nelson-Le Gall, PhD); the Board of Professional Affairs (Barry S. Anton, PhD); and the Committee on Children, Youth, and Families (Patrick H. Tolan, PhD, and Kathy S. Katz, PhD). Dr. Tolan serves as chair. The Board of Scientific Affairs (BSA) was unable to find a representative. BSA was invited to review and comment on the working group's draft report. Divisions 7, 16, 17, 27, 35, 37, 43, 44, 45, 53, and 54 were each invited and encouraged to support a division liaison to the WGCMH. Liaisons from Division 7 (Susanne A. Denham, PhD), Division 16 (Rick J. Short, PhD), Division 27 (Evvie Becker, PhD; Irwin N. Sandler, PhD), Division 37 (Karen J. Saywitz, PhD), Division 43 (Marsali Hansen, PhD), and Division 54 (Maureen M. Black, PhD) actively participated in the WGCMH's activities. Merry Bullock, PhD, Associate Executive Director, Science Directorate, serves as science consultant, and Daniel W. Dodgen, PhD, Senior Legislative and Federal Affairs Officer, serves as public policy consultant.

The initial WGCMH meeting was convened on December 1-3, 2000, and follow-up meetings were held March 2-4 and July 20-22, 2001. These meetings resulted in this working document outlining proposed strategies for APA to respond proactively and productively to the SGAA.

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[2] *The actual report produced an eight-point action plan. Most pertinently, the report did not include explicit mention of development of a primary mental health care system, which had been one of the basic recommendations during the meeting. Notably, this system is recommended as a major focus for APA's efforts.*

Discussion of the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda

The Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda arose out of a growing recognition of the crisis in children's mental health care in the United States. Among the reasons for this crisis are:

- Inaccessibility to quality mental health services: Sixty percent of children with identified mental health disorders do not receive care; many of those who access care do not have it provided by professionals with expertise in children's mental health.

- Grave disparities in access to mental health care: Children who live in poverty, children of color, and children with special needs have less access to care than other children.

- Limited attention to cultural competence in services: Few practitioners are trained with adequate consideration of cultural competence, and many children do not have access to services provided in a manner that is culturally competent.

- Unavailability of evidence-based/validated services: Often the professionals who provide services to children are not adequately trained to accurately identify mental health needs, adequately informed about empirically validated interventions, or aware of the importance of coordinating services to address the developmental ecology affecting children's mental health.

- Inadequate reimbursement of mental health professionals for providing child mental health services: Primary health and education professionals are not funded for incorporating mental health needs into routine educational and health services. For example, mental health professionals are reimbursed for child and family therapy at rates too low to cover the costs of providing it. Many important collateral activities, such as providing school consultation and including behavioral questions in routine examinations, are not billable activities for most health professionals.

- Lack of support for psychosocial interventions: Current funding promotes use of medication over psychosocial interventions, even without efficacy data to support this preference and in the face of evidence that psychosocial interventions are important components in pharmacological treatments.

- Missed opportunities for promoting healthy social and emotional development and preventing mental health problems for children exposed to mental illness risk factors.

- Key players' limited knowledge about children's mental health: Limited public and policymaker knowledge about children's mental health, the viability of prevention and treatment, and stigma about mental health impose risk for children and impede referral for and access to needed mental health services.

- Lack of support systems for well care, mental health needs, early intervention, and prevention: Systems of support or administration for most children for well-care mental health needs, prevention, early identification of at-risk children, and for mental health services to children and families other than face-to-face psychotherapy are lacking. Utilizing mental health services usually requires a diagnosable disorder, and services are often limited to or focused only on symptom reduction, not appropriate development or family needs.

- Increased concerns about appropriate assessment and treatment of very young children with behavioral disorders: A February 2000 publication of an article in the Journal of the American Medical Association (JAMA) showed that the number of preschool children

receiving stimulants, such as Ritalin and other psychiatric medications, "rose drastically from 1991 to 1995." The broad reaction to this paper highlighted the growth of concern nationwide about children's mental health and the lack of information and research on the diagnosis and treatment of behavioral disorders in children, especially young children.

To address these critical issues, formulate a national agenda, and make a call to action regarding the crisis in children's mental health care in the United States, the Office of the Surgeon General held the conference on Children's Mental Health: Developing a National Action Agenda on September 18-19, 2000, in Washington, DC. The conference brought together 300 persons representing a broad range of constituencies, including providers, child mental health researchers, funders, consumer and advocacy groups, and policymakers. From this unprecedented meeting, a consensus agenda for children's mental health was developed. This agenda, the Surgeon General's Action Agenda (SGAA), identified eight goals and accompanying action steps (provided in Appendix B).

APA's Response to the Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

The conference not only emphasized the critical need for action, but also provided an unprecedented opportunity for the American Psychological Association to collaborate with other disciplines, government agencies, and consumer groups to shape and move forward the SGAA. APA leadership, including President Norine G. Johnson, PhD, and Past-President Patrick H. DeLeon, PhD, JD, MPH, through the Committee on Children, Youth, and Families recognized this unique opportunity and supported the establishment of the APA Working Group on Children's Mental Health (WGCMH).

The APA Board of Directors charged the WGCMH with developing the association's proactive, cross-directorate strategy to address issues raised at the Surgeon General's conference. The initial WGCMH meeting was convened on December 1-3, 2000, and follow-up meetings were held March 2-4 and July 20-22, 2001. The five-member working group, divisional liaisons, APA staff, and invited guests collaborated to review pertinent materials and formulate recommendations.

The WGCMH concluded that APA can and should have a leadership role in furthering these goals and that through collaboration with other constituencies could do much to address this crisis in children's mental health. APA can and should make a variety of contributions. These include organizing and focusing the organization's resources to further policies, research, and practices called for in the SGAA; noting the shared interests of psychologists in issues of children's mental health; continuing to pursue strong scientific study that can inform understanding of development, risk, and intervention; and working to organize collaborations with other service providers, scientific groups, policy advocates, and consumers. Because of the many unique and important contributions the organization and psychologists can make, this involvement in leadership is critical to furthering the SGAA. Psychologists bring a depth of research knowledge, consistency of focus on children's mental health policy, and an interest in integrating mental health concerns in primary settings of development and child care. For example, in 1994 the APA Task Force on Comprehensive and Coordinated Psychological Services for Children (ages 0-10) noted the need for more preventive services, for integrated services for children with mental health problems, and for related modification of training and practice. That task force presented recommendations that are quite consistent with those noted in the SGAA as critical for improving children's mental health. This report led to APA's policy stating its support for such approaches for children's mental health.

Because of these many potential avenues of contribution and because in many instances APA has unique capabilities to further the agenda for addressing the crisis in children's mental health, the WGCMH recommends that APA act deliberately and substantially to advance the goals and actions of the SGAA. In essence, the WGCMH recommends that APA develop "Psychology's National Agenda for Children's Mental Health."

The WGCMH recommends that APA develop this agenda through emphasis on five central strategies. These strategies are meant to guide APA and the WGCMH to develop and complete activities that will promote and further the eight goals comprising the SGAA.

The five central strategies recommended to guide APA are:

1. Act in a leadership role, working with other organizations and groups to develop a primary mental health care system for children;

2. Act in a leadership role to enhance competence in child development and mental health through education of professionals and increased public awareness;

3. Act in a leadership role to advocate for research in child and family development and mental health. This includes basic and applied research; bridging research to practice; and disseminating evidence-based models of promotion, prevention, and treatment; and

4. Identify, organize, and promote current activities and capabilities within APA that highlight and support the SGAA and contribute to improving children's mental health.

5. Act to enhance current APA activities and policies in order to further the SGAA.

Activities of the Working Group on Children's Mental Health
The WGCMH developed these five recommended organizing strategies based on a review of reports about the Surgeon General's Conference on Children's Mental Health and the considered expertise and focus of the experts who attended the first meeting of the WGCMH to complete its charge of developing APA's proactive strategy to address issues raised at the conference.

Based on its charge, the working group undertook four major activities:

1. To describe the major features of a primary mental health care system and the importance of APA leadership in realizing such a system in this country;

2. To identify, review, and organize current and recent APA activities that are supportive and/or consistent with the goals of the SGAA;[3]

3. To identify, develop, and execute a limited set of products during the initial funding of this working group that further the recommended strategies for psychology's national agenda for children's mental health; and

4. To identify, describe, and suggest activities that can be undertaken subsequent to this working group's initial funding period and/or through avenues other than this working group that will help with the implementation of the five recommended strategies.

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[3] *Because of time and resource constraints, the working group undertook to identify five of the eight goals contained in the action agenda that seemed most critical for immediate review. This is not meant to imply that review and activities that relate to furthering the other three goals are not important, but that separate focus on the remaining goals could not also be included given the time and funding limitations of this working group.*

Accordingly, this report describes our four major activities, our products, and our recommendations. The first section describes in some detail the reasons for developing a primary mental health care system for children and suggests some of the major characteristics of such a system. The next section describes the results of the WGCMH's review of APA activities related to five goals from the SGAA that were prioritized by the working group. Next, products of the working group are listed with brief descriptions. The last section focuses on a set of recommended additional activities and goals for APA to undertake subsequent to the WGCMH's existence.

Working Group Activity 1: A System for Mental Health as Primary Health Care for Children

The WGCMH proposes that APA lead a multidisciplinary, collaborative process of developing and implementing a sustainable children's mental health care system that is primary health care.[4] A fundamental shift is needed to integrate health promotion, well care, prevention, early intervention, and coordinated care into a sound, adequately supported, and sustainable system that supports the positive development of all children.

The Surgeon General's conference highlighted the importance of expanding and improving children's mental health service systems to meet more directly and fully the needs of children and families. To adequately respond to families that have children with substantiated clinical disorders, mental health care must be integrated with other health care needs. Access to advice, support, and care for ensuring healthy development of children must be permitted. The development of problems among at-risk children must be stemmed through appropriate identification and access to services. Collaboration among educational, child welfare, and juvenile justice and health care systems must occur to treat adequately children with manifest disorders. Prevention and health promotion efforts must be integrated into settings and systems of children's development to become legitimate sustained components of child development support. An integrated system is needed that places mental health as a primary health component for all children and that makes appropriate types and extent of intervention available to children and their families. To accomplish this critical goal, there is a need to shift fundamentally how children's mental health needs are approached and how these components are integrated. A primary mental health care system for children is needed. APA should undertake accomplishing this fundamental shift as a major strategy for realizing the goals of the SGAA.

This new model will fill an existing gap in mental health service delivery to children and create a sustainable framework for children's mental health by:

- Providing more systematic and universal access to mental health care for all children, thus reducing racial and ethnic disparities in access and increasing access to effective and appropriate levels of mental health services for all children and youth;
- Including early recognition of mental health problems, early intervention services, and health promotion and prevention activities in mental health care models;

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[4] The use of the term "primary mental health care" does not imply simply or primarily that psychologists will be situated on the "front line" to identify children and families in health care settings, schools, day care facilities, social service agencies, or juvenile justice settings. However, it does imply that a system be put in place such that professionals in settings such as these (settings that represent an initial point of entry for mental health care) can detect children at risk and promote healthy social and emotional development. Such a system might involve psychologists in consultation teams, providing technical assistance, developing screening instruments, training "front line" health care, caregiving, and educational professionals, and facilitating timely, appropriate referral to effective mental health interventions.

- Legitimizing and providing access to well care mental health services for parents, children, and families to aid normal development, promote mental health, prevent more serious mental health problems, and remediate subclinical level, but nonetheless serious, mental health needs;
- Providing mental health services that are family centered, culturally competent, developmentally sensitive,[5] and appropriate in extent and in location for access to the need;
- Providing a framework and incentives to promote the needed collaboration and coordination across relevant systems, including primary health care, mental health, education, child welfare, and juvenile justice systems, in meeting children's mental health needs;
- Developing more systematic knowledge and methods to detect and meet children's and youths' mental health needs and mental disorders (These would include early detection, refinement and broadening of knowledge about the most effective intervention methods, increasing integration of services research knowledge, and, ultimately, lessening the gap between patterns in rates of mental health disorder and who and what problems are receiving mental health care.);
- Justifying more systematic research on normal and abnormal development as well as systematic research to evaluate the quality and effectiveness of existing assessment, prevention, and treatment approaches and to ensure the development of new approaches;
- Justifying additional studies of the relative effectiveness and cost benefits of pharmacological and psychological approaches to treatment of behavioral and emotional problems in children and youth;
- Integrating attention to social-emotional development across contexts and settings of child development and in well child care in health, educational, early child care, and other relevant systems.

The need to develop the features of a primary mental health care system is based on the supposition that such a framework is a requisite for appropriate recognition of need; for integration of sound practices into the mental health and general health care systems; for minimization of disparities in access to care; and for adequate inclusion of well care, prevention, early intervention, and multiple levels of treatment interventions. There is a fundamental limitation in the existing organization of children's mental health services that hinders the valuing of children's mental health and adequate, systematic, and effective allocation of resources.

APA and Psychology's Contribution to a Primary Mental Health Care System for Children

APA, for the field of psychology, has a unique opportunity and many capabilities to contribute to this important endeavor. APA members are many of the leaders in the research, training, and practice that should guide such a system. The research skills, the strong scientific knowledge base, the practice expertise, and advocacy and policy experience that occur under the auspices of APA represent multiple facets of developing and sustaining such a system. Thus, this organization has much to offer for the planning and development of a model of primary mental health care for children, youth, and families. APA can and should be a leader in affirming this goal and in realizing the features of this system.

Specifically, APA has capabilities to:

- Contribute to technical training of primary health care providers, educators, and other professionals to improve their ability to understand normal development and recognize the signs and symptoms of mental health problems in children and youth and to know the indicators for referral to mental health specialists for diagnosis and/or intervention;

[5] *We provide working definitions of primary mental health care, evidence-based, culturally competent, family centered, and developmentally sensitive in* Appendix F, Glossary and Discussion of Terms.

- Contribute to training professionals and increasing public awareness about normal child development, family functioning, and factors that support healthy social-emotional development;
- Contribute to training professionals and increasing public awareness about the benefits of seeking aid and intervention regarding normal development and mental health problems, including understanding the effectiveness and benefits of seeking such aid and intervention;
- Address the need for an infrastructure to support a primary mental health care service delivery system and collaborate in the development of viable models for supporting that system, including adequate financial support and consideration of the costs of not constructing such a system;
- Promote research activity centered on children's mental health and promote the need for research to be central in directing the infrastructure and priorities;
- Provide training/continuing education for psychologists that increases awareness and knowledge about roles and competencies needed for primary mental health service delivery, e.g., increasing consultation skills, training in collaborative models for practice, translating our theoretical knowledge into basic educational principles for public information and for training professionals from other disciplines;
- Scrutinize and evaluate current psychology training practices at the undergraduate, graduate, internship, postdoctoral, and continuing education levels; and
- Promote development of new screening and assessment tools and broaden the range of existing tools that would be used by other professionals who have primary contact with children and youth (e.g., medical professionals, educators, etc.) to ensure psychometrically validated and reliable screening and early detection of mental health problems.

In addition to these contributions, APA can also play a critical role in forming a strong collaboration with other constituencies in support of a primary mental health care system for children. APA has a strong record of professional collaboration with consumer and advocacy groups, professional organizations, and disciplines. The process of planning and developing a primary mental health care system for children, youth, and families will require working closely with these various constituencies and professional colleagues.

Throughout the endeavor, it will be essential to emphasize cultural competence and to remove racial and ethnic disparities in access to mental health care. Also, it is essential that services and infrastructure supporting this mental health system be developmentally appropriate. Adequate mental health support for children requires that services supported be those that are effective for each age group, that consider that services to children are services to families, and that recognize that infrastructure and financing should incorporate needed variations from adult services and from the current practice. This system also should be inclusive, with sensitivity to the particular issues and needs of children and youth with disabilities; of lesbian, gay, and bisexual children and youth; and to issues of gender, socioeconomic status, and geographic location.

The WGCMH considers the conceptualization, development of infrastructure, and realization of the primary mental health care system for children to be the most important contribution APA can make to further the SGAA and the status of children's mental health. Therefore, one of the primary recommendations of the WGCMH is that pursuing development and realization of a primary mental health care system for our nation's children be one of APA's primary goals in the next decade. We recommend that this activity and its required collaborations across disciplines be a featured focus of APA's activities for the Decade of Behavior.

Working Group Activity 2: Review of APA's Activities Related to the Goals Listed in the SGAA

The WGCMH was impressed by the extent to which the SGAA was based on research by psychologists and called for approaches, activities, and organization that are consistent with prior APA activities (e.g., APA Task Force on Adolescent Girls and the resulting book *Beyond Appearance: A New Look at Adolescent Girls* (1999)). The report was also consistent with APA policy (e.g., "Comprehensive and Coordinated Psychological Services for Children: A Call for Service Integration" (1994)). In addition, the WGCMH recognized that there are many boards, working groups, divisions, and groups within APA that give priority to issues of children's mental health, including producing many very useful reports and other contributions.

Thus, the WGCMH worked to identify as many as possible prior and ongoing APA activities, reports, and groups working on issues pertinent to furthering the SGAA and to organize this information for understanding how APA can take a leadership role in furthering the goals of the SGAA. For example, Goal 5 of the SGAA is to "Improve the infrastructure of children's mental health services, including support for scientifically proven interventions across professions" (U.S. Public Health Service, 2000). Division 53 already is working to define standards for judging therapeutic interventions for children as scientifically proven and to define the related training implications.

Because of its limited time, the WGCMH prioritized its focus on five of the eight goals listed in the SGAA. The five goals prioritized for inclusion here were chosen through an extensive discussion among working group members and consultation with liaisons of participating divisions. A major influence was the extent to which focus on a goal helped address a broad set of issues affecting children's mental health.

The five goals given priority were:

1. Promoting public awareness of children's mental health issues;

2. Improving the infrastructure to address funding and parity issues;

3. Increasing access and coordination of quality mental health services;

4. Training providers about child development and mental health; and

5. Monitoring access and coordination of quality mental health care services.

For each goal the WGCMH focused on three issues: (1) What APA should do to help reach this goal, (2) what work within APA addresses this goal, and (3) what other opportunities are there for APA to further this goal. For each goal the working group considered activities that APA could undertake in regard to psychology research, training, and practice and in collaboration with other organizations and groups. The working group intended that all work related to goals be culturally competent, developmentally appropriate, and family centered and use evidence-based approaches. The five goals are further defined below.

1. SGAA Priority—Promoting Public Awareness of Children's Mental Health Issues

a. To meet this goal, APA should work to:

- Promote a wellness model of mental health using a strategy that targets parents (and other caregiving adults) and children, both separately and collectively;
- Reduce stigma about behavioral disorders and mental health services;
- Help children, youth, and families recognize when they or their friends/family need help, understand how to get help, and understand who psychologists are and how they can help;

- Help children, youth, and families understand the processes of normal human development (cognitive, social, and emotional) and the commonness and treatability of psychological problems in childhood; and
- Promote awareness about the importance of psychological research in understanding and improving children's mental health to policymakers and the public.

b. Identified relevant current APA initiatives related to this goal include:

- Two relevant campaigns, "Change Your Mind About Mental Health" and "Talk to Someone Who Can Help," sponsored by the Practice Directorate, that could be expanded to pay particular attention to children and families;
- The APA/MTV Youth Anti-Violence Campaign, which could be used as a model for communicating information about mental health to children; and
- Science advocacy training, provided by the Science/PPO office, that can be used to encourage research experts in children's mental health to inform policymakers.

c. Opportunities to expand psychology's contribution or address gaps include:

- Using various venues to disseminate already existing materials (such as APA- or NIMH-produced fact sheets) or newly created materials about various aspects of mental health, including prevention, early intervention, referral, treatment, and mental health promotion;
- Developing informational materials to explain, through a variety of media, when to seek professional help, how to access it, and what kinds of services psychologists can provide;
- Initiating public awareness activities that could educate people about areas in which psychology has unique expertise, such as normal development, healthy families, enhancing resilience, the relationship of trauma/stress to mental disorders, efficacy of different treatments, and how mental health professionals can help address problems such as youth violence or child abuse;
- Utilizing "heroes" (celebrities who have sought and received treatment for mental disorders as children) in the campaign;
- Promoting principles of effective practice to professionals who work with children, youth, and families;
- Using future campaigns to increase recruitment of high school and undergraduate students into the fields of children's human services and research on children's mental health;
- Integrating children's mental health issues into APA's agenda to involve behavioral scientists in public health settings, thereby incorporating a focus on children's mental health.

2. SGAA Priority—Improving the Financial Infrastructure To Address Funding and Parity Issues

a. To meet this SGAA goal, APA should work to:

- Make legislators and policymakers aware of the need to address children's mental health needs across all child-serving systems (i.e., juvenile justice, child welfare, education);
- Educate policymakers and funders to recognize that because of developmental characteristics in children, children's service needs can be substantially different in kind and extent from adults' needs and may need to be more integrated into primary settings and systems for development;
- Educate policymakers and funders to recognize that children's relation to accessing services can be quite different from adults' needs (i.e., children do not have their own insurance, they are still in school, they almost always access services as part of a family system);

- Expand funding opportunities for children's mental health services across systems of care and for fundamental research on children's mental health; and
- Educate about the need for financial organization and support for children's mental health to be fundamentally informed by developmental research on children's needs and effective services for children.

b. Identified relevant current APA initiatives related to this goal include:
APA's ongoing efforts through the Government Relations Office (GRO), the Public Policy Office (PPO), and the state psychological associations, in most key legislative and policy initiatives related to children's mental health.

c. Opportunities to expand psychology's contribution or address gaps related to this goal include:
- Promoting a legislative agenda designed to capitalize on existing funding streams (such as State Child Health Insurance Program, Early Periodic Screening Diagnosis and Treatment, Head Start, etc.) to expand mental health services for children at the federal, state, and local levels;
- Educating state- and local-level psychological associations about ways to take advantage of existing funding;
- Expanding focus of parity initiatives to address issues specific to children's mental health;
- Using APA PPO/GRO resources to educate federal policymakers about funding issues in children's mental health, including research and service provision;
- Using the APA State Leadership Conference as a forum for educating leaders of state psychological associations about funding issues in children's mental health;
- Promoting policies that provide reimbursement for specialized mental health services (both direct and consultative) that children require, including prevention, early intervention, and family interventions; and
- Working with private insurance companies to provide reimbursement for services that have proven effective in the public sector.

3. SGAA Priority—Increasing Access and Coordination of Quality Mental Health Services[6]

a. To meet this goal, APA should work to:
- Broaden and formalize the identification points at which children, youth, and families can be assessed for mental health needs, including health care systems, schools, day care settings, courts, welfare, and social service agencies;
- Develop and institutionalize local interagency coordinating of mental health teams;
- Increase sharing of information to avoid duplication and assure shared responsibility;
- Promote collaboratively determined assessment strategies and identification of child and family strengths and problem areas;
- Jointly plan strategies for monitoring program delivery and outcomes;
- Include parents, children, and youth in all phases of planning and decision-making;
- Ensure sensitive and ethical communication of information to protect client confidentiality without compromising collaborative services; and
- Expand the range of mental health interventions and levels of intensity of service provisions offered.

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[6] *Children are served by a variety of professions and agencies with differing perspectives and sensitivities to mental health needs. Agencies providing services often are so disparate that communication and collaboration across service delivery systems are difficult. Children's mental health needs, thus, may either not be identified, or redundant services may occur. Accordingly, several specific needs for quality coordinated mental health services are apparent.*

b. Identified relevant current APA initiatives related to this goal include:

- "Change Your Mind About Mental Health"—A youth antistigma campaign (White House/MTV/APA);
- American Academy of Pediatrics—APA: Policy Statement on Insurance Coverage of Mental Health and Substance Abuse Services for Children and Adolescents: A Consensus Statement;
- The CYF-established Early Mental Health Interventions Working Group to direct attention to the need for expanding early mental health efforts for young children and their families. A manuscript for submission to a professional journal is expected by the end of 2001.

c. Opportunities to expand psychology's contribution or address gaps related to this goal include:

- Heightening awareness among public and private providers as to warning signs, risks, and protective factors in social-emotional development;
- Expanding primary providers' knowledge of effective prevention, identification, and intervention strategies for children's mental health needs within culturally and developmentally appropriate contexts;
- Providing information about normal and abnormal development to all providers serving children, youth, and families;
- Providing consultative support to frontline providers in existing systems for addressing mental health needs within natural environments;
- Developing guidelines for primary providers for next steps for accessible mental health referral and consultation;
- Enhancing mental health professionals' knowledge of evidence-based prevention and intervention strategies for particular risk groups;
- Providing same-location availability of mental health services within primary service sites;
- Expanding utilization of mental health professionals in agencies already mandated to provide mental health services (e.g., Head Start);
- Identifying and promoting exemplary models of effective interagency collaboration and models of care for children's mental health services;
- Utilizing psychology's expertise in organization development, systems interventions, and group behavior to promote collaboration among child service providers for meeting mental health needs;
- Utilizing psychology's expertise in community capacity building and participant empowerment to promote active participation of consumers as partners;
- Partnering with other organizations (American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, National Association of School Psychologists, etc.) to enhance child mental health needs identification and service provision within a range of access points;
- Assuring that funding streams support the range of services that need to be included in a comprehensive child, youth, and family mental health system; and
- Refining psychology training models to assure that psychologists will have the necessary competencies for functioning in collaborative primary service roles.

4. SGAA Priority—Training Providers About Child Development and Mental Health[7]

a. To meet this goal, APA should work to:

- Adapt training models at the predoctoral and postdoctoral levels to generate psychological education, practice, and research that is more responsive to the changing environment in mental health services for children, youth, and families;
- Enhance efforts to recruit and train minorities for roles as psychological educators, researchers, and practitioners in the emerging child mental health services and research arenas;
- Encourage and provide continuing education for psychologists who already work with children and families to function in new roles within the emerging children's mental health services;
- Facilitate the integration of policy, practice, and research in the preparation of child mental health professionals at all levels of children's mental health; and
- Develop and implement procedures and expectations that disseminate information on child development and children's mental health to front-line providers in primary health care, education, child welfare, law enforcement, juvenile justice, and child care.

b. Identified relevant current APA initiatives related to this goal include:

APA's development of materials on adolescent development through a cooperative agreement with the Maternal and Child Health Bureau, Office of Adolescent Health, that will be aimed at a multidisciplinary audience of professionals. These materials will provide a deeper understanding of the normative developmental processes (i.e., cognitive, physical, social, emotional, and behavioral). The product will provide information addressing the risks and challenges adolescents face and will stress the positive aspects of adolescent development.

c. Opportunities to expand psychology's contribution or address gaps related to this goal include:

- Implementing the recommendation of the Report of the Task Force on Professional Child and Adolescent Psychology to train psychologists to develop new skills appropriate to evolving service delivery models. Specifically, training to work with children and families should include a focus on normal child development, normal family functioning, and evidence-based strategies for promoting/maintaining social and emotional well-being and for prevention, early intervention with high-risk populations, and strengths-based interventions, especially in the birth to 5 year old range;
- Implementing the recommendation of the Report of the Task Force on Professional Child and Adolescent Psychology that suggests that psychologists need to be trained to participate in integrated, collaborative multisystem treatment approaches. Psychology as a profession should actively support training in the emerging shift to a "systems of care" paradigm in which expert professionals and families are partners engaged in collaborative problem solving. Training should emphasize skill development in coordinating multiple

[7] *In the past decade, the field of children's mental health services has been transformed by the rapid growth of the knowledge base in basic research (e.g., new findings on brain development and social attachment), the shift to managed health care delivery systems, and changing economic/social trends (e.g., new employment options). These trends signal a need for change in the preparation and deployment of professionals who work in the field of children's mental health. This is true not only for psychologists but for other mental health professionals, as well. APA is uniquely positioned to respond to these human resource needs by refining the way we train psychologists to better fill the roles they will need to play in future child mental health delivery systems and by disseminating the scientific research (e.g., child development, evidence-based treatment outcome, etc.) to frontline workers from other disciplines that serve children (e.g., health care practitioners, educators, social welfare and juvenile justice workers). In this environment, preparation of and continuing education for personnel in a modern mental health care system for children need to include a number of overarching principles. Systematic emphasis should be placed upon developmental and contextual sensitivity, cultural competence, and evidence-based prevention, identification, and intervention.*

systems that have an impact on children's lives and make a priority of preparation in providing services where children are-that is, at home, schools, and day care centers, as well as in the more traditional setting;
- Training psychologists to participate in the preparation of other professionals who work in the child serving systems (e.g., pediatrics, education, social services, and juvenile justice) on issues related to child development and in the identification of mental health issues in children and families and provision of services to children with mental health needs;
- Implementing strategies for the development and retention of a culturally competent workforce that includes significant representation of ethnic minorities in the field of children's mental health;
- Encouraging psychologists to think broadly about their roles in children's mental health care and expanding training to include preparation for new roles (e.g., consulting to nonpsychology providers within the child-serving systems, collaborating with state and local government entities, program direction, and development) and the development of new skills (e.g., administration, organizational leadership, advocacy, marketing, grantsmanship, public policy, program evaluation), while at the same time, respecting the diversity of different types of training programs (i.e., school, clinical child, community, pediatric, family);
- Partnering with other efforts that address the training needs of the changing workforce in children's mental health services, such as those of the American College of Mental Health Administrators, National Association of State Mental Health Program Directors, and Substance Abuse and Mental Health Services Administration;
- Increasing the focus on children's mental health needs and services within APA's current structure for education and training and facilitating increased collaboration among groups, such as the Practice, Education, Science, and Public Interest directorates; and
- Developing educational and dissemination venues about research findings and factual summaries on child development, child mental health issues, health promotion, and effective prevention and treatment methods to front-line primary care health, education, day care, child welfare, and criminal justice professionals working with children.

5. SGAA Priority—Monitoring Access and Coordination of Quality Mental Health Care Services[8]

a. To meet this goal, APA should work to:
- Promote the development and use of empirically supported assessment tools based on valid and reliable measures of operationally defined constructs;
- Promote the development and use of empirically supported treatment models based on valid and reliable measures of operationally defined constructs;
- Support public and private funding for evaluation of assessment tools and treatment models;
- Ensure that evaluation is culturally competent and that it accounts for such challenges as comorbid diagnoses; poverty; cultural, regional, and language differences;
- Maintain awareness of Institutional Review Board issues, such as confidentiality and cultural confounds;

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[8] *Quality, with regard to health care systems, has been defined as a spectrum of qualified services that provide appropriate, high-level care, which is responsive to concerns raised by professionals or families. In addition, assessments and treatments should be empirically supported and should include criteria for level of care, best practices, and the monitoring of progress over time.*

Challenges to empirically based practices arise because of concerns for culturally appropriate services and concerns about the lack of standardization of training in these practices. In addition, translating research into practice is difficult because of practice differences in existing systems, lack of time and reimbursement, and lack of applicability to diverse populations. Barriers to translating research into practice include the rigidity of most evidence-based strategies and their failure to adequately take into account individual differences and contextual and ecological differences.

- Ensure training and development in evidence-based treatment, using multidisciplinary and multisystemic approaches as appropriate; and
- Ensure a seamless system of appropriate care for children and families.

b. Identified relevant current APA initiatives related to this goal include:
No current activities were identified.

c. Opportunities to expand psychology's contribution or address gaps related to this goal include:
- Connecting empirical findings to practice applications, through continuing education, publications, and conference programs;
- Forging collaborative relationships between policymakers and psychologists at local, state, and federal levels to encourage and fund outcome research;
- Encouraging, through APA and state associations, psychology licensing boards to establish an ethics training requirement for licensing and license renewal;
- Highlighting through APA publications issues related to cultural competence and empirically supported assessment tools and treatment;
- Incorporating and highlighting comprehensive, integrated services and multidisciplinary, multisystemic approaches in training at graduate and postgraduate levels;
- Promoting the use of a common set of assessment, diagnostic, and treatment terms across systems, agencies, and providers; and
- Promoting well-defined guidelines and standards of care based on empirically derived treatment protocols.

Working Group Activity 3: Products of the Working Group on Children's Mental Health

In addition to developing the reasons for a primary mental health care system for children and reviewing the selected subset of the SGAA goals, the WGCMH also produced or will have produced by the end of its tenure, 14 additional products. These products are intended to help inform psychologists about the SGAA, promote activity within APA to further psychology's agenda for children's mental health, and provide opportunities for collaboration and dissemination that will further this agenda. Each product is described or is provided in the appendices.

- Product 1: Press release supporting the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (Appendix C).

- Product 2: List of topics on children's mental health and the Surgeon General's report for articles in the APA *Monitor on Psychology*, with suggested APA members for sources/comments (Appendix D).

- Product 3: Proposal for articles for the *Psychology in the Public Forum section of the American Psychologist* about the Surgeon General's report and APA's contributions (proposal approved in principle) (Appendix E).

- Product 4: Proposal for involvement in the 2002 State Leadership Conference for a focus on children's mental health as the theme and including related legislation.

- Product 5: Considered appointment of an APA member to the Surgeon General's Primary Care Initiative and provided a list of recommended APA members in order to promote adequate consideration of children's mental health in those deliberations.

- Product 6: Report on Exemplary Models of Integration/Aspects of Primary Care Mental Health System.

- Product 7: Proposal to Science Directorate Public Policy Office requesting inclusion of children's mental health in advocacy training.

- Product 8: Proposal for Continuing Professional Education program on "Emerging New Roles for Psychologists in Children's Mental Health" for 2002 APA Convention.

- Product 9: Draft resolution on Children's Mental Health (Appendix G).

- Product 10: Compendium of child and adolescent psychology programs at the 2001 APA Convention.

- Product 11: Proposal to divisions that a cluster theme for the 2002 APA Convention be the SGAA for children's mental health.

- Product 12: Proposal for Decade of Behavior lecture series on solutions for the crisis in children's mental health.

- Product 13: Proposal for Decade of Behavior congressional briefing on solutions for the crisis in children's mental health.

- Product 14: Report titled *"Developing Psychology's National Agenda for Children's Mental Health: APA's Response to the Surgeon General's Action Agenda for Children's Mental Health"* for APA's Board of Directors.

Working Group Activity 4: Recommendations for Developing APA's Proactive Strategy to Address Issues Raised at the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda

Based on the review of the goals of the SGAA, the identified role that psychology through APA can play in furthering that agenda, and on the review of the current activities and additional opportunities for APA to contribute to realizing that agenda's goals, the WGCMH recommends that APA:

1. Define the necessary characteristics of an effective primary mental health care system for children and advocate with other professional organizations, consumers, and policy makers for its implementation;

2. Educate non-mental-health child care, educational, health, child welfare, and other service providers, parents, and families about child mental health issues through a variety of informational strategies;

3. Advocate with federal policy agencies for parity in financial resources for children's mental health services;

4. Work to ensure that children's needs and issues are included in any advocacy by APA regarding financial support for research, training, and services and that advocacy include efforts that will help promote healthy development, prevention of mental health problems, and provision of effective mental health services (e.g., evidence-based, culturally competent, developmentally appropriate, and family centered);

5. Expand current efforts to increase public awareness of mental health issues and de-stigmatize mental health needs to include child mental health;

6. Advocate with federal and private funding agencies to promote research in children's mental health, with particular focus on gaps that hinder culturally competent and developmentally appropriate understanding of children's mental health needs;

7. Identify and synthesize best practices for linking research and practices in regard to child mental health; and

8. Provide oversight and organization in implementing these recommendations by having the APA Board of Directors appoint, for a 3-year term, the Ad Hoc Working Group on Children's Mental Health.

Conclusion

The Surgeon General's Conference on Children's Mental Health was unprecedented; it was the first-ever conference by that office focused on this important topic. This remarkable event provided a cogent synthesis of the most critical issues regarding children's mental health and evidence of the crisis we are facing. The report also provided a blueprint for action through eight goals and its frequent reference to what we term in this report a "primary mental health system for children." The WGCMH has put forth here findings and recommendations that it believes are important for APA to undertake or build on to help address that crisis. There is ample evidence that APA and psychology hold a very strong leadership position in moving forward to address this crisis. The recommendations are drawn from this cross-directorate working group to suggest specific activities and general strategies that APA can undertake in its science, practice, education, and public interest work. The APA Board of Directors is to be commended for its quick and enthusiastic response to the Surgeon General's conference report. The WGCMH hopes that the recommendations in this report will be taken in full and implemented to help address this crisis burdening our nation's children.

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Conference Summary

Developed by the APA Public Policy Office Based on Reports From APA Members Present at the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda

1. A model of primary mental health care is needed. Such a model would probably borrow from public health and wellness paradigms and might include mental health check-ups and integrating social, emotional, and physical assessments.

2. A public education and national awareness campaign is needed to increase understanding about children's mental health. Such a campaign could utilize various media to address stigmas, with particular sensitivity to the specific needs of children and youth. This campaign could also incorporate the concept of mental health check-ups outlined in the first point.

3. Family support and engagement are essential. Families should be included as partners in all phases, and this should be emphasized in professional training.

4. Youth voices must be heard. Because youths are themselves consumers, their participation and engagement must be considered in addition to the participation and engagement of the family in all phases of treatment.

5. Screening must be improved. Tangible assessment tools must be developed and disseminated for practitioners and for others working with children. Such tools must be useful for screening and may include information about "warning signs."

6. Access to quality care must be improved. Access includes universal screening and referral systems, such as those referred to in Point 5. It also includes mental health parity. Parity for mental health services includes both funding and reimbursement. Improved access may also include enhanced school-based programs.

7. Care must be coordinated between primary care, mental health, education, juvenile justice, and other relevant systems. Federal policies should facilitate coordination among the various programs that provide services to families of children with mental health needs. Special attention should be given to the large number of children in the juvenile justice system who have mental health needs.

8. Professional training must be addressed for teachers, professionals, physicians, and others. The training needs of mental health practitioners and others who work with children and youth must be addressed. Additional funding is needed for professional and paraprofessional development. Training must consider the need for culturally competent assessment and treatment. All training should expose professionals to empirically supported strategies.

9. Quality of care should be monitored. Quality of care should be monitored to look at issues discussed above, such as cultural competence and the appropriate utilization of empirically based treatment.

10. Bringing research to practice and cultural competence must be emphasized. The research base regarding the efficacy and effectiveness of treatments and the process of taking proven treatments to scale should be improved. An expansion of the evidence base should consider cultural variation, urban versus rural settings, indigenous treatments, faith-based strategies, evidence-based prevention, and other factors that influence the success of treatment programs.

Appendix B

Goals Listed in the Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

Goal 1: Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.

Action Steps

- Promote social, emotional, and behavioral well-being as an integral part of a child's health development.
- Develop and/or disseminate existing guidelines on how to enhance child development, including mental health. Different sets of guidelines will need to be created for the general public, families, parents and caregivers, and professional groups.
- Identify early indicators for mental health problems.
- Integrate mental health consultations as part of children's overall general health care and advise health care providers regarding the importance of assessing for mental health needs.
- Develop national capacity to provide adequate preventive mental health services.
- Conduct a public education campaign to address the stigma associated with mental health disorders. This could be accomplished through partnerships with the media, youth, public health systems, communities, health professionals, and advocacy groups.

Goal 2: Continue to develop, disseminate, and implement scientifically proven prevention and treatment services in the field of children's mental health.

Action Steps

- Support basic research on child development and the use of knowledge about neurological, cognitive, social, and psychological development to design better screening, assessment, and treatment tools and to develop prevention efforts.
- Support research on familial, cultural, and ecological contexts to identify opportunities for promoting mental health in children and providing effective prevention, treatment, and services.
- Support research in developmental psychopathology to help clarify diagnoses and provide methodology that is sensitive, specific, and that can be used in designing and interpreting pharmacological and other clinical trials.
- Support research in basic and clinical neuroscience to provide better information and understanding of pharmacogenetics and ontogeny of drug effects on the developing brain in the short term, as well as the long-term consequences of pharmacological intervention, associated with both acute and chronic exposure.
- Support research on legal/ethical and confidentiality issues associated with the treatment of children and families.
- Support research to develop and test innovative behavioral, pharmacological, and multimodal interventions.
- Increase research on proven treatments, practices, and services developed in the laboratory to assess their effectiveness in real-world settings.
- Study the nature and effectiveness of clinical practices in real-world settings.
- Assess the short- and long-term outcomes of prevention and treatment efforts, including the effect of early intervention on prognosis and course of mental illness.
- Promote research on factors that facilitate or impede the implementation and dissemination of scientifically proven interventions.
- Support research evaluating the process and impact of promising policies and programs, including cost-effectiveness research (e.g., EPSDT, IDEA, Head Start, SCHIP).
- Evaluate the impact of organization and financing of services on access, the use of scientifically proven prevention and treatment services, and outcomes for children and families.
- Develop and evaluate model programs that can be disseminated and sustained in the community.
- Build private and public partnerships to facilitate the dissemination and cross-fertilization of knowledge.

- Create a forum for promoting direct communication among researchers, providers, and youth and families to bridge the gap between research and practice.
- Create a standing workgroup for the purpose of identifying research opportunities, discussing potential approaches, monitoring progress in the area of psychopharmacology for young children, and addressing ethical issues regarding research with children. This group should include representatives of all interested parties, such as researchers, practitioners, youth and families, industry, and federal regulatory, research, and services agencies.
- Create an oversight system to identify and approve scientifically based prevention and treatment interventions, promote their use, and monitor their implementation.

Goal 3: Improve the assessment and recognition of mental health needs in children.

Action Steps

- Encourage early identification of mental health needs in existing preschool, child-care, education, health, welfare, juvenile justice, and substance abuse treatment systems.
- Create tangible tools for practitioners in these systems to help them assess children's social and emotional needs, discuss mental health issues with parents/caregivers and children, and make appropriate referrals for further assessments or interventions.
- Train all primary health care providers and educational personnel in ways to enhance child mental health and recognize early indicators of mental health problems, including among children with special health care needs, children of fragmented families, and children of parents with mental health and/or substance abuse disorders.
- Promote cost-effective, proactive systems of behavior support at the school level. These systems of behavior support should emphasize universal, primary prevention methods that recognize the unique differences of all children and youth, but include selective individual student supports for those who have more intense and long-term needs.
- Increase provider understanding and training to address the various mental health issues among children with special health care needs and their families.
- Increase the understanding of practitioners, policymakers, and the public of the role that untreated mental health problems play in placing children and youth at risk for entering the juvenile justice system.

Goal 4: Eliminate racial/ethnic and socioeconomic disparities in access to mental health care.

Action Steps

- Increase accessible, culturally competent, scientifically proven services that are sensitive to youth and family strengths and needs.
- Increase efforts to recruit and train minority providers who represent the racial, ethnic, and cultural diversity of the country.
- Co-locate mental health services with other key systems (e.g., education, primary care, welfare, juvenile justice, substance abuse treatment) to improve access, especially in remote or rural communities.
- Strengthen the resource capacity of schools to serve as a key link to a comprehensive, seamless system of school- and community-based identification and assessment and treatment services to meet the needs of youth and their families where they are.
- Encourage the development and integration of alternative, testable approaches to engage families in prevention and intervention strategies (e.g., pastoral counseling).
- Develop policies for uninsured children across diverse populations and geographic areas to address the problem of disparities in mental health access.
- Develop and support mental health programs designed to divert youth with mental health problems from the juvenile justice system.
- Increase research on diagnosis, prevention, treatment, and service delivery to address disparities, especially among different racial, ethnic, gender, sexual orientation, and socioeconomic groups.

Goal 5: Improve the infrastructure for children's mental health services, including support for scientifically proven interventions across professions.

Action Steps

- Encourage the health system to respond to mental health prevention and treatment service needs through universal, comprehensive, and continuous health coverage.
- Review both incentives and disincentives for health care providers to assess the mental health needs of children, including preventive interventions, screening, and referral.
- Provide the infrastructure for cost-effective, cross-system collaboration and integrated care, including support to health care providers for identification, treatment coordination, and/or referral to specialty services, and the development of integrated community networks to increase appropriate referral opportunities.
- Provide incentives for scientifically proven and cost-effective prevention and treatment interventions that are organized to support families and that consider children and their caregivers as a basic unit (e.g., family therapy, home-based treatment, intensive case management).
- Create incentives and support for agencies, programs, and individual practitioners to develop and utilize evidence-based strategies and interventions in community settings.
- Determine which policies and programs for children are most cost-effective and improve access to quality care, especially among the uninsured.

Goal 6: Increase access to and coordination of quality mental health care services.

Action Steps

- Develop a common language to describe children's mental health, emphasizing adaptive functioning and taking into account ecological, cultural, and familial context. A common language is important to facilitate service delivery across systems.
- Develop a universal measurement system across all major service sectors that is age-appropriate, culturally competent, and gender sensitive to (i) identify children, including those with special health care needs, who may need mental health services; (ii) track child progress during treatment; and (iii) measure treatment outcomes for individual patients.
- Modify definitions and evaluation procedures used by education systems to identify and serve children and youth who have mental health needs. These definitions and procedures should facilitate access to, not exclusion from, essential services.
- Provide access to services in places where youth and families congregate (e.g., schools, recreation centers, churches, and others).
- Support the development of coordinated responses by emergency medical providers (e.g., paramedics, emergency room personnel) and community mental health service providers to expedite appropriate treatment and/or referral for children presenting with emergency and traumatic episodes in hospital emergency rooms.
- Address issues of confidentiality in ways that respect a family's right to privacy, but encourage coordination and collaboration among providers in different systems.
- Encourage family organizations to help family members access information on how to enhance children's mental health and effective treatments for mental illness so that they can make fully informed decisions about interventions offered.
- Include youth in treatment planning by offering them direct information in developmentally appropriate ways about service options. As much as possible, allow youth to make decisions and choices about preferred intervention strategies.
- Use family advocates, such as family members with prior experience, to assist families in interacting effectively with complicated service systems such as health care, education, juvenile justice, child welfare, and substance abuse treatment.
- Provide a mechanism for input from youth and families in setting a national mental health agenda and in assessing policies and programs to promote mental health services delivery.

Goal 7: Train frontline providers to recognize and manage mental health issues and educate mental health providers in scientifically proven prevention and treatment services.

Action Steps

- Engage professional organizations in educating new frontline providers in various systems (e.g., teachers, physicians, nurses, hospital emergency personnel, day care providers, probation officers, and other child health care providers) in child development, equip them with skills to address and enhance children's mental health, and train them to recognize early symptoms of emotional or behavioral problems for proactive intervention. Such training must focus on developmental and cultural differences in cognitive, social, emotional, and behavioral functioning and on understanding these issues in familial and ecological context.
- Facilitate training of new providers by building knowledge of child development into the existing curricula of professional programs and encouraging ongoing training opportunities across disciplines to facilitate the development of effective partnerships.
- Develop and evaluate multidisciplinary programs for health care professionals that focus on child and family mental health.
- Create training support for professionals, paraprofessionals, and family advocates to keep abreast of new developments in the field of children's mental health.
- Address the shortage of well-trained child mental health specialists, particularly minority individuals, through active recruitment and incentive efforts by professional organizations, federal programs, and federal legislation and consider the development of training programs for mid-level providers in mental health to address inadequate capacity.
- Engage professional boards for mental health specialists (e.g., psychiatry, psychology, social work, and nursing) to require training in evidence-based prevention and treatment interventions; outcome-based quality assurance; competency-based assessment and diagnostic skills; principles of culturally competent care and engaging youth and families as partners in assessment, intervention, and outcome monitoring.
- Ensure mechanisms to monitor and evaluate efforts to train new professionals, retrain existing professionals, and examine the effectiveness of these training efforts.

Goal 8: Monitor the access to and coordination of quality mental health care services.

Action Steps

- Establish formal partnerships among federal research, regulatory, and service agencies, professional associations and families/caregivers to facilitate the transfer of knowledge among research, practice, and policy related to children's mental health.
- Encourage behavioral health care industry and service agencies to develop and use broad-based outcome and process measures to ensure accountability. These measures should be relevant and meaningful, such as symptom severity, adaptive functioning, family satisfaction, and societal/economic costs and benefits in terms of involvement in systems such as special education, welfare, and juvenile justice.
- Develop national quality improvement protocols that emphasize the use of scientifically proven practices and evaluate the effectiveness of service systems.
- Encourage providers to inform consumers about evidence for and against the effectiveness of proposed treatments and services.
- Make available information on effective prevention and treatment interventions through federal partners, professional organizations, family organizations, and private foundations. In addition, provide information that will allow practitioners to evaluate the worth of promising interventions.
- Encourage industry and service agencies to develop a variety of mechanisms for consumers to communicate their experiences and concerns to funding agencies and purchasers of health care plans (i.e., federal, state, and local governments and private employers).
- Monitor efforts to coordinate services and reduce mental health access disparities through public health surveillance and evaluation research.

(http://www/surgeongeneral.gov/cmh/childreport.htm, pages 6-13)

Appendix C

Press Release

Date: January 8, 2001
Contact: Mara Greengrass
(202) 336-5700
mgreengrass@apa.org

APA Applauds Surgeon General's Report on Children's Mental Health, Forms Working Group To Implement National Action Agenda

Washington—The American Psychological Association (APA) applauds the release of the Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, and supports Surgeon General David Satcher's efforts to give American children a healthy start. The APA's new Working Group on Children's Mental Health will investigate ways for psychology to best address the issues raised at the conference.

"We in this country owe a great debt of gratitude to Surgeon General Satcher for his outstanding leadership in efforts to improve the mental health of our nation's children," says APA President Norine G. Johnson, Ph.D. "His message—that mental health problems are real, treatable, and often preventable—can have a profound impact in our nation's schools, families, and communities for the betterment of our children."

The Surgeon General's report directs long overdue attention to the unmet mental health needs of our nation's children. Whereas in the past, children with mental health problems were often regarded as "going through a phase" or "acting-out," there is now growing awareness that about one out of ten children suffers from mental disorders significant enough to cause some degree of impairment. Yet, it is estimated that in any given year, less than one in five receives needed treatment.

At the first meeting of the Working Group in early December, the Working Group identified five areas of concern; issues that if addressed would provide the most real benefit to children in need. They are:

1) promoting public awareness of children's mental health issues
2) improving the financial infrastructure to address funding and parity issues
3) increasing access and coordination of quality mental health services
4) training providers about a wide range of issues including child development, working with different cultures and how to work in schools, primary care facilities and other settings
5) monitoring access and coordination of quality mental health care services.

"There is a national crisis in children's mental health," according to Patrick H. Tolan, Ph.D., Chair of the APA Working Group. "The Surgeon General's report provides an excellent opportunity to address the mental health needs of all of our nation's children." The Working Group noted that appropriate and adequate mental health care for all children needs to be a recognized and sanctioned aspect of primary health care.

The APA looks forward to continuing working with the Office of the Surgeon General and the National Institute of Mental Health to fully implement the National Action Agenda. The Surgeon General's Report is available at: http://www.surgeongeneral.gov/cmh

The American Psychological Association (APA), in Washington, DC, is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 159,000 researchers, educators, clinicians, consultants, and students. Through its divisions in 53 subfields of psychology and affiliations with 59 state, territorial, and Canadian provincial associations, APA works to advance psychology as a science, as a profession, and as a means of promoting human welfare.

Appendix D

Suggested *Monitor on Psychology* Articles

Early Attachment Relations in Ethnic Minority Children and Their Families
Contact: Cynthia Garcia Coll, PhD, Brown University
(O) 401-863-3147; (H) 401-751-7336

Exposure to Neighborhood Violence and Emotional Development in African American and Latino Children and Youth
Contacts: Margaret Spencer, PhD, University of Pennsylvania
(O) 215-898-1945
Suzanne Randolph, PhD, Department of Family Studies, University of Maryland
(O) 301-405-4012 sr22@umail.umd.edu

Efforts To Address the Human Resource Crisis: Not Enough Qualified Practitioners To Meet the Need; Mental Health and Cross-Systems Efforts: Psychologists in National Leadership; Increasing Minority Professionals and Cultural Competence
Contact: Jerome Hanley, PhD, University of South Carolina Medical School
(O) 803-898-8350

Annual National Summit and Statewide Efforts
(University efforts, graduate and undergraduate)
Contacts: Marsali Hansen, PhD, /PA CASSP Training and Technical Assistance Institute
(O) 717-232-3125; mxh54@psu.edu
Susan McCammon, PhD, East Carolina University
(O) 252-328-6357; mccammons@mail.ecu.edu
Mark T. Greenberg, PhD, Penn State University
(O) 814-863-0112; mxg47@psu.edu
Robert M. Friedman, PhD, Florida Mental Health Institute
(O) 813-974-4640

University Efforts—The Engaged University in Collaboration With the Child, Youth, and Family Consortium
Contacts: Mark T. Greenberg, PhD, Penn State University
(O) 814-863-0112; mxg47@psu.edu
Karen Bierman, PhD, Penn State University
(O) 814-865-3879; kb2@psu.edu
Marsali Hansen, PhD, Penn CASSP Training and Technical Assistance Institute
(O) 717-232-3125; mxh54@psu.edu
Gary Melton, PhD, Clemson University
(O) 864-656-6271; gbmelton@yahoo.com
Brian Wilcox, PhD, University of Nebraska
(O) 402-472-3130; bwilcox@unlnotes.unl.edu

Mental Health Services for Children in Juvenile Justice
Contacts: Karen Saywitz, PhD, Habor/UCLA Medical Center
(O) 310-222-4262; ksaywitz@ucla.edu
Brian Wilcox, PhD, University of Nebraska
(O) 402-472-3130; bwilcox@unlnotes.unl.edu
Clifford O'Donnell, PhD, University of Hawaii, Manoa, Community Studies Program
(O) 808-956-6271; cliffo@hawaii.edu

Mental Health Services for Children Exposed to Trauma
Contacts: Karen Saywitz, PhD, Habor/UCLA Medical Center
(O) 310-222-4262; ksaywitz@ucla.edu
Anthony Mannarino, PhD, Department of Psychiatry, School of Medicine,
Allegheny General Hospital, Pittsburgh, PA
(O) 412-330-4316

School-Based Mental Health Centers
Contacts: Jim Paavola, PhD, Pupil Services, Memphis City Schools
(O) 901-325-5456
Marc Atkins, PhD, Department of Psychiatry, University of Illinois-Chicago
(O) 312-413-1048; maatkins@psych.UIC.edu

Comprehensive Services
Contacts: Rick Short, PhD, University of Missouri-Columbia
(O) 573-882-2592; rshort@tiger.coe.missouri.edu
Rhonda Talley, PhD, Tri-T Associates, Inc., Louisville, KY
(O) 502-386-1121 talleyrc@aol.com

Use of Psychopharmacology in Children's Treatment
Contacts: Tom Kubiszyn, PhD, Austin, TX
(O) 512-331-0029; tom.kubiszyn@mail.utexas.edu
Ron Brown, PhD, Pediatric Medicine University of South Carolina
(O) 843-876-1522; brownron@musc.edu
William Pelham, PhD, Department of Psychology, SUNY Buffalo, NY
(O) 716-645-3650; pelham@acsu.buffalo.edu

Education and Training for Comprehensive Coordinated Services:
New and Expanded Roles for Psychologists
Contact: Rick Short, PhD, University of Missouri-Columbia
(O) 573-882-2592; rshort@tiger.coe.missouri.edu

Effect of Maternal Depression on Child Development—Intervention Approaches
Contacts: Kathy Katz, PhD, Child Development Center, Georgetown Medical Center,
Washington, DC
(O) 202-687-8778; katzk@georgetown.edu
Tiffany Field, PhD, University of Miami School of Medicine
(O) 305-243-6790
Geraldine Dawson, PhD, Center on Human Development and Disability,
University of Washington
(O) 206-543-1051; dawson@u.washington.edu

Early Assessment of Social-Emotional Development in Children:
Need for Assessment Tools
Contacts: Kathy Katz, PhD, Child Development Center, Georgetown Medical Center,
Washington, DC
(O) 202-687-8778; katzk@georgetown.edu
Susan Campbell, PhD, Psychology Department, University of Pittsburgh
(O) 412-624-8792; preschl@vms.cis.pitt.edu

Collaborative Work/Integrated Systems-Federal Demonstration Projects
(e.g., CMHS sites; DHHS/Justice-funded (Safe Start, Safe Schools))
Contacts: Gary DeCarolis, MEd, Chief—Child, Adolescent, & Family Branch
CMHS/SAMHSA/DHHS, Rockville, MD
(O) 301-443-1333; gdecarol@samhsa.gov
Karen Stern, PhD
(O) 703-838-6400; krstern@aol.com

Developing Evidence-Based Approaches for Child Mental Health Through University-Community Partnerships
Contacts: Patrick H. Tolan, PhD, Univ. of Illinois-Chicago,
Families & Communities Research Group, Institute for Juvenile Research
(O) 312-413-1893 or 1894; ptolan@psych.uic.edu
Mark Greenberg, PhD, HDFS Prevention Center, Penn State University
(O) 814-863-0112; mxg47@psu.edu
Marc Atkins, PhD, Department of Psychiatry, University of Illinois-Chicago
(O) 312-413-1048 maatkins@psych.UIC.edu

Putting the Family in the Center of Child Mental Health
Contacts: Jose Szapocznik, PhD, Department of Psychiatry, Miami School of Medicine
(O) 305-243-4592; jszapocz2mednet.medmiami.edu
Ron Levant, EdD, Center for Psychological Studies, Nova Southeastern University,
Ft. Lauderdale, FL
(O) 954-262-5701; rlevant@aol.com
Alan Kazdin, PhD, Department of Psychology, Yale University
(O) 203-432-4545
Norine Johnson, PhD, ABCS Psychology Resources, Quincy, MA
(O) 617-471-2268; norinej@aol.com
Patrick H. Tolan, PhD, University of Illinois-Chicago,
Families & Communities Research Group, Institute for Juvenile Research
(O) 312-413-1893 or 1894; ptolan@psych.uic.edu

Training Psychologists To Practice
(as suggested by the Surgeon General's Agenda on Children's Mental Health)
Contacts: Patrick H. Tolan, PhD, University of Illinois-Chicago,
Families & Communities Research Group, Institute for Juvenile Research
(O) 312-413-1893 or 1894; ptolan@psych.uic.edu
John Weisz, PhD, Department of Psychology, UCLA
(O) 310-206-7620; weisz@psych.ucla.edu
Ken Dodge, PhD, Center for Child & Family Policy, Duke University
(O) 919-613-7319
Jan Culbertson, PhD, Child Study Center, Oklahoma City, OK
(O) 405-271-6816; jan-culbertson@ouhsc.edu

Policy Actions by APA To Support the Surgeon General's Agenda on Children's Mental Health
Contacts: Dan Dodgen, PhD, Public Policy Office, APA
Evvie Becker, PhD, US DHHS, Washington, DC
(O) 202-690-5937 Ebecker@osaspe.dhhs.gov

Overcoming Barriers to Systems-Oriented Child Mental Health Services
Contacts: Patrick H. Tolan, PhD, University of Illinois-Chicago,
Families & Communities Research Group, Institute for Juvenile Research
(O) 312-413-1893 or 1894; ptolan@psych.uic.edu
Jan Culbertson, PhD, Child Study Center, Oklahoma City, OK
(O) 405-271-6816 jan-culbertson@ouhsc.edu
Jane Knitzer, EdD, National Center for Children in Poverty, School of Public Health,
Columbia University
(O) 212-304-7124; jk340@columbia.edu
Kim Hoagwood, PhD, NIMH
(O) 301-443-3015 khoagwoo@nih.gov

Issues in Accessing Psychological Help for Children Without a Diagnosis
(e.g., well care, early interventions)
Contacts: Carolyn Schroeder, PhD, Lawrence, KS
(O) 785-845-7747
Michael Roberts, PhD, Clinical Child Psychology Program, University of Kansas
(O) 785-864-4226; mroberts@ukans.edu
Jan Culbertson, PhD, Child Study Center, Oklahoma City, OK
(O) 405-271-6816; jan-culbertson@ouhsc.edu
Dennis Drotar, PhD, Department of Pediatrics, Rainbow Babies & Children's Hospital, Cleveland, OH
(O) 216-844-3230

Integrating Child Mental Health Into Primary Systems: Health Care & Education
Kathy Katz, PhD, Child Development Center, Georgetown Medical Center, Washington, DC
(O) 202-687-8778 katzk@georgetown.edu
Jan Culbertson, PhD, Child Study Center, Oklahoma City, OK
(O) 405-271-6816 jan-culbertson@ouhsc.edu

Appendix E

Memorandum

To: **Melissa Warren, PhD**
Managing Editor, *American Psychologist*

From: **Patrick H. Tolan, PhD**
Chair, APA Working Group on Children's Mental Health

Date: **August 2, 2001**

Subject: **Suggested Articles for the Psychology in the Public Forum Section on Children's Mental Health**

On behalf of APA's Working Group on Children's Mental Health, I am writing to propose that the *American Psychologist* feature a Psychology in the Public Forum section devoted to children's mental health. The proposed section would focus on topics central to this issue, particularly as they are framed in APA's response to the Surgeon General's Conference on Children's Mental Health and the resulting Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (Action Agenda) that grew out of that conference. This special section would highlight the key findings of the conference and their relevance to psychology as well as several of the key contributions psychology makes and can make to improve the state of children's mental health.

Rationale/Justification
The current state of children's mental health is a major public health issue that is relevant to diverse sectors of APA's membership. A substantial portion of APA's 155,000 members, including six divisions and several governance groups, are devoted to children's issues, particularly children's mental health. In addition, psychology research and training approaches are central influences on current knowledge about normal development, risk, and intervention for children's mental health. In fact, many psychologists and their research and practice views were highlighted contributions to the landmark Action Agenda. The conference and the resulting report grew out of a recognition of a crisis in children's mental health. Most children with a diagnosable mental disorder are not accessing services, many that are do not receive appropriate services, and many are not able to afford the extent of services appropriate to their needs. In addition, there is a gap between knowledge about the critical role of mental health in child development and about normal development and its impact on practices and policy. The Surgeon General's conference report focused on this crisis and reported out a related eight-point Action Agenda. In response to this remarkable concise statement of need, the APA Board of Directors, under the leadership of President Norine G. Johnson, PhD, and Past-President Patrick DeLeon, PhD, JD, MPH, and the Committee on Children, Youth, and Families and the Board for the Advancement of Psychology in the Public Interest formed the APA Working Group on Children's Mental Health to articulate APA's response to this report. The Working Group formulated a set of action strategies it suggested should guide "psychology's national plan for children's mental health."

This proposed Public Forum would summarize key issues of children's mental health to help further awareness of these issues for APA's membership, to summarize current knowledge about the state of children's mental health in this country, and to report on the recommendations of the APA Working Group. The intent is to bring together APA leadership, the Working Group, expert psychologists, and a public official for this series. The section would include the following elements:

1. Brief Introduction: Responding to the Crisis in Children's Mental Health

This article would summarize the data on trends and prevalence rates, difficulties in access to care, training inadequacies and other problems that comprise the crisis in children's mental health. It would also outline APA's response (including the formation of the Working Group) and outline the articles in this section.
Suggested Author: Norine G. Johnson, PhD

2. Substantive Review on Evidence About Effective Interventions for Children's Mental Health

This article would review the current knowledge about mental health interventions for children, including promotion, prevention, and treatment, and identify key issues in relating research to practices. The article would be intended to show that there is substantial evidence of efficacy for interventions for many child mental health problems but also to highlight needed developments for such efficacy data to be fully able to direct practice.
Suggested Authors: John Weisz, PhD, and Irwin Sandler, PhD

3. Conceptualizing and Developing a Primary Mental Health Care System

This article would describe the need for developing and implementing mental health support, promotions, and care as primary care for children. Barriers to its development, evidence of benefits it would provide, and the fundamental requirements for this to be realized would be described. In particular, the article would argue for importance of such a system to make promotion of mental health in children and prevention, early intervention, and well care integrated components of a mental health care system for children. Psychological research and efforts toward such a system and needed advances and infrastructure development for such a system will be described.
Suggested Authors: The Working Group on Children's Mental Health

4. Children's Development and Mental Health: Critical Issues Relevant to Mental Health

This article will focus on major findings in children's development research and research on basic psychological processes in a framework of their relevance to advancing knowledge about children's mental health and improving the state of children's mental health in this country. The article will review critical issues in relation to developmental change, diversity of populations, context effects on development, socioeconomic conditions, etc. Identification of key research advances that need support for improving children's mental health will follow from this review.
Suggested Authors: The Working Group on Children' s Mental Health

5. Scientific Understanding of the Policy Issues of Children's Mental Health

This article would summarize current scientific understanding about the key policy issues in regard to children's mental health. Among topics of focus are the disparities in access to service, limitations in support for services and infrastructures that can support children's mental health, and the potential economic benefits of adequate support for children's mental health. Policy implications of the state of the research and key areas for future research will be identified.
Suggested Authors: Jane Knitzer, EdD, and Leonard Bickman, PhD

6. Invited Short Article by a Public Figure

This article would provide a perspective from a leading public policy figure on the crisis in children's mental health.
Suggested Author: Surgeon General David Satcher, MD, PhD
Other Possible Authors: Tommy Thompson, Tipper Gore, Jimmy and Rosalyn Carter

Should you have any questions or require additional information, please do not hesitate to contact me by telephone at 312-413-1893 or by e-mail at ptolan@psych.uic.edu.

Thank you for your consideration.

cc: Henry Tomes, PhD
Mary Campbell
Jeanie Kelleher
Trena King

Appendix F

Glossary and Discussion of Terms

Culturally Competent—An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations. (Definition taken from Cultural Competence Standards in Managed Care Mental Health Services: For Underserved/Underrepresented Racial/Ethnic Groups, U.S. Department of Health & Human Services, Substance Abuse and Mental Health Service Administration, Center for Mental Health Services, Washington, DC: 2000.)

Developmentally Sensitive—Screening instruments, assessment tools, treatments, and prevention efforts that are developmentally sensitive are those that are tailored to children's and parents' phases of development in the cognitive, social, emotional, adaptive, perceptual, communicative, and physical domains. Many of the tools, treatments, and models currently available are not sensitive to developmental differences among consumers. They are applied without adaptation to the abilities, limitations, and contexts of individuals at different phases of development. In practice, tools, treatments, and models may be far less effective with children or parents than assumed. In fact, the deleterious effects of developmentally inappropriate and mismatched efforts need to be considered.

Evidence-Based—In the professional literature a number of terms are used to refer to interventions with varying levels of empirical support, including evidence-based, empirically proven, empirically validated, or empirically sound. Criteria for determining when treatments enjoy sufficient research support to conclude that they are proven, sound, efficacious, or probably efficacious remains a matter of debate among researchers. Not all treatments or outcome measures lend themselves equally well to the kinds of tests currently available. Still, recent meta-analytic studies indicate that usual mental health care is derived more from clinical theory and experience than systematic tests of the effectiveness of treatments. Researchers find greater support for certain treatments when applied to specific problems than for usual care. However, a large gap exists between research findings and practical application in the field. Most evidence-based treatments have been developed outside the community setting and may need to be adapted to facilitate use in everyday practice settings. Moreover, practitioners are often untrained and ill informed about the evidence supporting or failing to support various treatments. Evidence-based treatments are available primarily in university-affiliated settings and research clinics. Often, patients are not referred to or do not receive the treatment with the most empirical support for their problems.

In this report, the WGCMH suggested that treatment planning should be a collaborative effort between professionals and consumers informed by the latest research findings as well as an understanding of the limitations of the research base. Practitioners and patients should be fully informed about what is known and what is not known about the potential risks and benefits of various options. When treatments exist that have been systematically tested and found to be superior to usual care for use with children and/or families who present with specific problems, at specific age levels, delivered within a specific cultural context, then these treatments should be preferred. However, treatments validated on adult samples, for example, cannot be assumed to be effective for children without systematic testing of effectiveness for children at different developmental levels living in contexts that support treatment to varying extents.

Family Centered—Various terms are used in the literature to refer to tools, interventions, and prevention models that (a) address the needs of the family as a whole and in context, rather than identifying and treating the child as the problem and the lone target of resources; and (b) engage the family as a partner in collaborative problem solving at all levels of development, planning, and implementation. These terms include family centered, family oriented, or family inclusive. In this report, we use the term family centered to promote the notion that our national vision of health, social and emotional development of children, and successful child mental health service delivery cannot be accomplished without the full and informed involvement of their families at all levels.

Primary Health Care—A medical model for promoting and treating children's health that includes periodic well-child examinations, screening for children at greater risk for problems, more systematic and frequent monitoring of children at risk, provision of appropriate and timely treatment when problems are detected, and referral to tertiary specializations for complex problems. In addition, it is a system that is accessible to all and where treatment occurs within the family context. Essential to such a system is integration of behavioral, developmental, and psychological needs with other health care of children, adolescents, and their families.

Primary Mental Health Care—A model for mental health care delivery that shares characteristics with the primary health care model described above, particularly the access to appropriate and quality care. The components borrowed for mental health care include providing more systematic and universal access to mental health care for all children by putting in place a system for well care, early recognition of mental health problems and risk factors, early intervention services, and prevention activities that promote healthy social and emotional functioning and development. In addition, this implies access to services, proportional to need, through other primary settings and systems of children and families, such as child-care and educational systems.

This model does not imply a requirement that psychologists be situated on the "front line" to identify children and families in health care settings, schools, day care facilities, social service agencies, or juvenile justice settings. However, it does imply a system in which professionals in settings such as these (settings that can represent an initial point of entry for mental health care) are able to detect children who are experiencing or are at risk for mental health problems and within their professional duties can promote healthy social and emotional development. This might be accomplished by involving psychologists and other mental health professionals in consultation teams, technical assistance, developing/implementing screening instruments, training of "front line" nonpsychologists regarding mental health issues and normal child development, and timely, appropriate referral to effective mental health interventions. It also implies a system in which direct access to mental health expertise is available as a part of normal health care and other primary settings of children's development.

Appendix G

Draft Resolution on Children's Mental Health (September 18, 2001)

The Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000) has declared that there is a crisis in children's mental health care in the United States. This crisis results from many causes, including:

- Inaccessibility of quality mental health services: Sixty percent of children with identified mental disorders do not receive care; many of those who access care do not have it provided by professionals with expertise in children's mental health. This state is exacerbated for children who live in poverty, for children of color, and for children with special needs.

- Unavailability of evidence-based services: Often the professionals who provide services to children are not adequately trained to accurately identify mental health needs, adequately informed about empirically validated interventions, or aware of the importance of coordinating services to address the developmental ecology affecting children's mental health.

- Inadequate financing for adequate services to promote healthy social and emotional development and prevent disorder: For example, many important activities, such as providing school consultation and including behavioral questions in routine health examinations, are not billable activities for most health professionals.

- Lack of support for psychosocial interventions: Current funding promotes use of medication over psychosocial interventions, even without efficacy data to support this preference and in the face of evidence that psychosocial interventions are important in conjunction with pharmacological treatments.

- Key players' limited knowledge about children's mental health: Limited public and policymaker knowledge about children's mental health and the viability of prevention and treatment, and stigma that mental disorders impose risk for children and impede referral for an access to needed mental health services.

- Lack of support systems for well care, mental health needs, early intervention and prevention: Systems of support or administration are lacking for most children with regard to well care mental health needs, prevention, early identification of at-risk children, and for mental health services to children and families other than face-to-face psychotherapy. Utilizing mental health services usually requires a diagnosable disorder, and services are often limited or focused only on symptom reduction rather than appropriate developmental or family needs.

- Increased concerns about appropriate assessment and treatment of very young children with behavioral disorders: A February 2000 article in the *Journal of the American Medical Association* (JAMA) reported that the number of preschool children receiving Ritalin and other psychotropic medications, "rose drastically from 1991 to 1995." The broad reaction to this paper highlighted the growth of concern nationwide about children's mental health and the lack of information and research on the diagnosis and treatment of behavioral disorders in children, especially young children.

Whereas psychology and other sciences have contributed substantively to the knowledge base about child mental health issues, including child development; risk and protective factors; and prevention, promotion, assessment, early intervention, and treatment of mental health problems in children (Koocher, Norcross, and Hill, 1998; Zeanah, 2000) More references needed).

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Specifically, this body of scientific research has demonstrated:

- The important role mental health can play in child development (Reference needed) and the importance of accurate knowledge about development for parents, schools, health care providers, and others involved with children.

- The efficacy of psychosocial interventions to promote the development of behavioral competencies (References needed), prevent mental health problems (Mrazek and Haggerty, 1990; More references needed) and treat mental disorders (Reference needed).

- The importance of providing interventions that are developmentally appropriate (Reference needed); family centered (Knitzer, 2000); culturally competent (Reference needed) and evidence-based (Reference needed).

- That early, intensive interventions for many of the most troubled young children can prevent or reduce future mental health impairments (Coie et al., 1993; Mrazek and Haggerty, 1994; Knitzer, 2000). Psychological research has also demonstrated the importance of appropriate stimulation in the context of secure attachments with significant caregivers as a foundation for brain growth and emotional and intellectual development (Shore, 1997; more references needed). Also, research involving the long term outcome of early childhood intervention (often conducted by psychologists) demonstrates benefits in academic achievement, decreases in welfare dependence, and less criminal behavior of adolescents (Zito et al., 2000; More references needed).

- Psychosocial risk factors such as exposure to multiple stressors, family discord and disruption, parental mental illness, child maltreatment, and poverty increases risk for a broad range of mental health problems of childhood (References needed).

- That children's mental health can be undermined by environmental and family threats, including poverty, violence, child abuse, and parental mental health problems (Reference needed), children from high risk groups are likely to find themselves in situations where the magnitude of mental health needs far exceeds the availability of quality mental health care and situations where there are substantial institutional, market, and residential barriers to access (Reference needed).

- The importance of psychosocial strengths of children, families, and communities to promote healthy development and prevent disorders (References needed).

- There are disparities in access to quality mental health care for poor children (Reference needed), abused and neglected children in foster care (Reference needed), children diverted to the juvenile justice system (Reference needed), and ethnic minority children (References needed).

- Psychology has contributed substantively to the development of valid and reliable methods of assessment and recognition of mental health needs in children (Sattler, 2001), and also methods for evaluating the efficacy of psychological interventions (References needed), and evaluating the efficacy of prevention programs (Reference needed).

- The efficacy of treatment of children within the context of the family (Reference needed).

Whereas APA has a long-standing commitment to a model of comprehensive, integrated children's mental health care (Paavola, J. C. et al., 1994); Need references for other pertinent policies?);

Whereas through psychology's research, advocacy, policy development, and APA's publication program, APA has laid the foundation for a fundamental shift in the conceptualization of the design and delivery of a children's mental health care system;

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Whereas the American Psychological Association recognized an unprecedented opportunity to collaborate with other groups to shape and move forward the Surgeon General's National Action Agenda;

Therefore, be it resolved,

That APA support and advocate that mental health is an essential part of child health and healthy development;

That APA act deliberately and substantially to play a leadership role in supporting and advancing the goals and actions of the Surgeon General's conference and resulting Action Agenda;

That APA make accomplishment of these goals a major priority for the Association;

That APA support and advocate, as recommended in the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda,* that it is every child's right to have access to culturally competent, developmentally sensitive, family oriented, evidence-based services that are in accessible settings;

That APA support and advocate for the development of mental health services for children that integrate evidence-based mental health promotion, prevention and treatment into an adequately supported and sustainable children's mental health system that supports healthy development of all children;

That APA support and advocate for basic, applied, and services research, as all are necessary for the development of new and more effective understanding of the role of mental health in children's development, causes and interventions for child mental health problems, and for translating established psychological science into effective promotion, prevention and treatment services that are delivered equitably to all children in the community;

That APA work to advance a multidisciplinary, collaborative process of developing and implementing a sustainable children's mental health system over the next decade.

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