



NW

BULLETIN



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Promoting Children's Mental Health

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Introduction

Prevention. We all know it's the fulcrum of public health. And we know that we're living in a time of shrinking budgets and ever-increasing challenges to maximize the reach of limited resources.

This issue of *Northwest Bulletin* spotlights prevention in the context of children's mental health—a field that's beginning to receive attention despite funding constraints and an historical lack of political will to address the problem.

Since the late 1990s, federal agencies have targeted mental health in general and children's mental health in particular through initiatives developed by then Surgeon General David Satcher. Building on these efforts, the University of Washington's Leadership Education in Maternal and Child Public Health program convened a colloquium in late 2002 to consider mental health promotion strategies for infants, children, and youth.

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Focus on Children: Advances in Mental Health Policy Spearheaded by the Surgeon General

Since 1999, a national dialogue about mental health has been growing and the needs of infants, children, and adolescents have been considered and addressed in these discussions. That year also heralded the publication of the *Surgeon General's Report on Mental Health* and the convening of key experts. The 1999 report, *Mental Health: A Report of the Surgeon General*, included a chapter on children, and featured model prevention programs representing various communities throughout the country.

These activities culminated, in September 2000, in *The Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda*. At that meeting, a group representing a wide spectrum of stakeholders honed in on specific recommendations—a blueprint of

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Changing Times

This issue of the *Northwest Bulletin* marks some important transitions. It's the first issue to be distributed only in electronic format, which the editorial board hopes will meet the twin goals of wider distribution and lower costs.

The second transition is the change in managing editor. Deborah Stewart, who has served as managing editor for the past eleven years, has moved on to other projects and challenges. Deborah has been a mainstay of the NWB. The consistently high quality of the publication is due in large measure to her efforts and those of her able assistants. Thanks to Deborah, Penny O'Leary, and other assistant editors who have worked on the Bulletin over the years.

And, welcome to new managing editor Janet Epstein, and assistant editor Meghan Lancaster, who are in full swing after completing this issue. We look forward to working with the new editorial staff to bring MCH news to the Northwest and beyond.

Northwest BULLETIN: Family and Child Health is published periodically for the Northwest Region by a consortium of organizations including the Maternal and Child Health Program, University of Washington (UW) School of Public Health and Community Medicine, and the Healthy Mothers, Healthy Babies Coalition of Washington State, with support from the Public Health Seattle-King County, the Western Washington Chapter of the March of Dimes Birth Defects Foundation, and the Bureau of Parent-Child Health Services, State of Washington Department of Health, and the state health departments of Alaska, Idaho, Oregon, and Washington. It is produced under MCH Grant #6T76MC00011, with additional grants and in-kind contributions.

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Comments about the *Northwest Bulletin* and reports of family-child health-related news from throughout the Northwest, activities of state legislatures and upcoming meetings and events are welcome. All materials submitted are printed at the discretion of the Editorial Board.

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The Web Site is: <http://depts.washington.edu/nwbfch/>

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key goals and actions to meet those goals. The conference marked an unprecedented level of cooperation among the departments of Health and Human Services, Justice, and Education.

According to then Surgeon General Satcher, “there is no mental health equivalent to the federal government’s commitment to childhood immunization. Children and families are suffering because of missed opportunities for prevention and early identification, fragmented services, and low priorities for resources.” Satcher also stressed the need to further develop a community health system in our nation in which a balance exists between health promotion, disease prevention, and early detection, in a context of universal access to care.

Guiding Principles of the National Action Agenda

- Promoting the recognition of mental health as an essential part of child health.
- Integrating family, child, and youth-centered mental health services into all systems that serve children and youth.
- Engaging families and incorporating the perspectives of children and youth in the development of all mental health care planning.
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible.

Eight major goals for the national action agenda

An important outcome of the Surgeon General’s Conference was the development of eight public health goals for children’s mental health. These goals, and companion action steps, were both comprehensive and ambitious. Priorities included increasing public awareness of children’s mental health issues; continuing to develop, disseminate, and implement evidence-based prevention and treatment services; improving the assessment and recognition of mental health needs in children; eliminating racial/ethnic and socioeconomic disparities in access to services; improving the children’s mental health services infrastructure across professions; increasing access to and coordination of services; training providers to recognize and manage mental health issues; and monitoring access to and coordination of high quality mental healthcare services.

Spotlight on prevention

While the goals appropriately encompass a wide spectrum of activities including treatment, several discussions took place during the meeting in which prevention strategies and issues were raised. A key action step described was increasing awareness of the need to identify problems during the first five years of a child’s life “to ensure that when children start school, the race is fair.”

Stigma: According to Steven Hyman, MD, Director of the National Institute of Mental Health, the scourge of stigma contributes to

Editorial

A Child and Adolescent Clinician's View of Prevention

by Charles Huffine, MD

In my private practice I work with teenagers. I engage them to assess their problems, I diagnose and treat definable syndromes, and I work with their parents to help them support this process. But most of what I do is provide long-term support for these fabulous young people to return to a more healthy developmental process. So often they have difficulties due to growing up in families and communities with big problems, inadequate resources, and a poor understanding of adolescent development.

Clinicians play a significant role in prevention even as they may be assigned the task of treating a very ill and complicated individual child.

Often I hear from colleagues how much they would not want to work with teenagers because by then it is all over—they have been irretrievably harmed by negative forces in their lives. My colleagues who work in early childhood mental health claim that they love what they do because it allows them to be involved in primary prevention. In a loose and cynical moment I replied to one such colleague that it was all over for them the day they were born because no one got to their parents when they were teens. I have thought about that interchange a great deal. I realize now we were both unduly dismissive of the prevention value in each other's work. Clinicians play a significant role in prevention even as they may be assigned the task of treating a very ill and complicated individual child.

I come to this conclusion as one who has been a leader in the emerging field of community psychiatry. As the president of the American Association of Community Psychiatry (AACP) I was often asked to define what it was. We in the AACP are very clear that to be a community psychiatrist is not just to practice in public clinics with very ill individuals, or with those on Medicaid. Community psychiatry is a form of psychiatric practice that pays close attention to contextual issues in the genesis and progression of psychopathology. Community psychiatrists—in collaboration with others—treat patients with the understanding that attending to family and community issues is critical to their recovery in most cases. Most particularly a community approach is necessary in addressing the problems of children of all ages. I practice community psychiatry in my private office as I come to understand my adolescent patient's peer world, invite them to

bring in their friends and offer them group therapy. I practice community psychiatry at my job with King County when I help organize treatment systems for our most disturbed children. Community treatment of one individual necessitates understanding how to mobilize the strengths of that individual, their family, and their community. Good mental health clinical work should be mindful that individual cases exist in populations of other youth at risk. Addressing the social factors that sustain those risks helps an individual patient to recover a more healthy developmental process, but also addresses the needs of many other families.

The blended funding program in King County was assigned the task of addressing the needs of the most difficult cases in our county system. Indeed many of these youth have extreme problems that may even include damaged brains from fetal alcohol exposure. In mobilizing a wraparound process for such children, care managers ally with support organizations and family advocates. Families are encouraged to form teams with relatives, friends, and neighbors and to mobilize all possible resources in their communities to address the needs of their difficult child.

What we see is that as communities are successfully mobilized, the friends and family members learn more about the problems. This affects the way the parents in that emerging community address the needs of siblings, cousins, or other youth in the neighborhood. Consumer families join advocacy and support groups and help other families. Communities are left with a positive nexus of leadership that comes out of a tragic situation with an individual child. Parent advocates, sensitized to community problems assume leadership to make change. Parent advocates who have grown up with learning to manage their own difficult children are now bringing their stories to the state legislature, to the county council, and to their neighborhood organizations. This is an amazing prevention benefit. Community psychiatrists practice a population-based concept; they think beyond their patient to the problems of all youth in the community. Addressing the problems of an individual must be transformed into creating an inspiration within a community for changing the social context that contributed to the problems of an individual patient.

As a community psychiatrist in private practice working with teens, I am mindful of the social context of my patients. Part of my job is to keep abreast of what is happening in the schools, or where the places are that kids go to buy drugs or to get drunk. What are the patterns of crime and police activity in my community related to youth? Young people know about these

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Northwest Initiative to Advance the Surgeon General's National Action Agenda for Children's Mental Health

by Jane Rees

"Mental health and physical health are equally crucial to optimal human development and care providers should be attentive to the state of both the mental and physical wellbeing of children, adolescents, and families at each interaction."

These are the prominent concepts generated to date by the Northwest Initiative to Advance the Surgeon General's National Action Agenda for Children's Mental Health—and the inspiration for this issue of *Northwest Bulletin*. The initiative was developed by the University of Washington's Maternal and Child Health (MCH) Program in response to encouragement from its Community Advisory Board. Implemented by the Faculty and graduate students of the MCH Program, the primary objective is to assure that public health methods are used to promote the mental health of Northwest children, youth, and families. Activities selected for the project are based on the extensive analysis found in the U.S. Surgeon General's National Action Agenda for Children's Mental Health of 2000.

Throughout 2001–2002 a network of partnerships was created. Network members organized a colloquium for partner representatives, providers, experts, and parents to meet in Seattle in December 2002 to review mental health promotion for children and youth, and incorporate new data and methods into their work.

Partners consist of key volunteer and public agencies from Alaska, Idaho, Montana, Oregon, Washington, and Wyoming, as well as experts representing pertinent University of Washington Faculty, service, and research groups. Thus, state and regional public health offices have been joined by policy, nonprofit, advocacy, and lobbying groups—all of whom play a role in developing systems to prevent mental health problems for children or adolescents and their families. Though all of these groups aren't traditionally thought of as applying public health methods, they are pivotal partners in the sparsely populated areas of the Northwest. In other instances the partners are familiar with public health methods but have not applied them to promote children's mental health.

The colloquium in action

Invitees to the two-day conference included about 10 individuals from each state who were experienced in working within existing community systems supporting social change. Keynote speakers were nationally and internationally

recognized experts in promoting mental health at each of four phases of the life cycle of childhood and adolescence. They summarized the epidemiology of mental health conditions and evaluations of current approaches to prevention. Participants were provided an extensive electronic reference list for ongoing use, while display items consisted of *Bright Futures in Practice: Mental Health* and other published modules. The colloquium was structured to promote interdisciplinary interchange within small groups. Each deliberation was built upon a synthesis of previous discussions. Participants identified problems, opportunities, and barriers first by life cycle stage, then as stakeholders. Finally statewide teams generated public health action plans for the prevention and early detection of mental health problems for their state.

The colloquium—and beyond

To support partners as they carry out plans made at the Seattle conference, the MCH Program has created a new Web page on the MCH Web site (See URL below). The program also maintains listserves to expedite interactive communication throughout the geographically far-reaching and culturally diverse Network. Rather than call for new services when state budgets are strained, the Network recommends that tried and true public health methods be used in new ways, enabling existing services to promote mental health. A current theme is to support the overall mental health of families as people prepare to re-enter the workforce and revitalize businesses. Methods to prevent mental health problems common to families of the unemployed and in times of threatened domestic security will be highlighted. All aspects of the project are being evaluated to assure they are meeting expectations for effectively supporting the partner Network.

To learn more or communicate with the coordinators, go online to http://depts.washington.edu/mchprog/cmh_home.html.

A grant from the Paul G. Allen Foundation supported the creation of the Network and the colloquium, while meeting planning and implementation services were contributed by the Washington Health Foundation. The MCH Graduate Program is grateful to all participants in this project.

Jane Rees, a coordinator of the Northwest Initiative, is a lecturer in the University of Washington Departments of Health Services (Adjunct) and Pediatrics as well as a Maternal and Child Health faculty member in the School of Public Health and Community Medicine.

Hallmarks of the Northwest Regional Children's Mental Health Colloquium

by Michelle Bell

Four nationally-recognized researchers from the University of Washington were the keynote speakers at the Northwest Regional Children's Mental Health Colloquium. Each of them emphasized critical issues in four developmental periods—infancy, early childhood, school age, and adolescence—that are essential to promoting mental health. The speakers recommended empirically validated strategies.

Infancy: Attachment—the critical factor



Kathryn Barnard, professor of nursing and director of the Center on Infant Mental Health and Development, stressed the importance of attachment between infant and mother in promoting healthy development. Secure children, she noted, have parents who are consistently available and responsive to their needs, and accepting of a range of emotional communication. Infants with such a trusted caregiver are better able to develop their own self-regulatory capacity, including the ability to control negative emotions. Anger, hostility, aggressiveness, and withdrawal are child responses to attachment disruptions or distortions in caregiving. More importantly, caregivers can learn specific skills that, in turn, will help their children develop self-regulatory capability.

Dr. Barnard recommended the following steps to support early parenting and attachment:

- Include preparation for parenting as part of prenatal care.
- Encourage breastfeeding to promote close physical contact between mother and infant and responsiveness of the mother to the infant's needs, as well as the known health benefits of breast milk.
- Provide for monitoring, support, and education of new parents during the child's first year of life.
- Expand health care coverage to support emotional and social development.

Early childhood: Social and emotional competence



Carolyn Webster-Stratton, professor of nursing and director of the Parenting Clinic, discussed the process of developing social and emotional competence in young children, reiterating the importance of the child's capacity for self-regulation and control of aggressive behavior. This capacity is necessary for the child to learn social behaviors that will expedite success in

school and in relationships with peers and adults. She stressed that some aggressive behavior is normal in, say, a 2-year-old, but the child with frequent and intensive aggressive behavior will increase this behavior over time if not offered intervention. Many programs have been empirically validated as effective in interven-

ing with children with aggressive behavior patterns. Among the best programs are those that teach anger management skills for the child, parenting skills for managing aggressive behavior, and teacher skills that promote social and academic competence in the classroom.

Elementary and middle school age: Sources of positive outcomes; risk and protective factors



David Hawkins, professor in the School of Social Work and director of the Social Development Research Group, directed his remarks to examining factors in the community, family, and school that predict positive outcomes. A second area of emphasis was the risk for violence, substance abuse, depression, and other problems in the elementary and middle school age child.

Risk factors in this age group include:

- Extreme economic deprivation.
- Family mobility.
- Family history of problem behavior and family conflict.
- School failure.
- Early and persistent antisocial behavior.
- Friends who engage in antisocial behavior.

Protective factors that moderate or mediate the effects of risk exposure for youth include:

- Higher intelligence, competencies, and skills.
- Tight bonds to family, school, and community.
- Opportunities to engage in pro-social activities.

When these factors are present, youth are less likely to develop mental health, substance abuse, or violence problems. Dr. Hawkins noted that over 90 preventive intervention strategies have shown positive effects with school age youth. Successful strategies include: parent skill training; family therapy; changes in school classroom organization and management, and curricula that promote social competence; school behavior management strategies; and structured after-school programs.

Adolescence: Vulnerabilities and prevention strategies



Elizabeth McCauley, professor of psychiatry, noted that adolescence is a period of increased vulnerability to mental health problems due to developmental and social changes that occur during this time. Adolescents may experience increased stress, and engage in risk-taking behavior. Adolescents are more vulnerable to major mental health problems, the most

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Bright Futures: A National Effort

by Jean Myers

Bright Futures is a national initiative to promote and improve the health, education, and well-being of all children and their families. In 2002 (with funding from the Health Resources and Services Administration's Maternal and Child Health Bureau and the support of over 50 national organizations), the National Center for Education in Maternal and Child Health at Georgetown University published two important documents. These consisted of the *Bright Futures in Practice Mental Health Practice Guide* (Volume I) and the *Mental Health Tool Kit* (Bright Futures in Practice: Mental Health-Volume II. Tool Kit).

A Developmental Perspective

The *Mental Health Practice Guide* and Tool Kit were developed and reviewed by experts from many disciplines across the country. Bright Futures looks at mental health promotion from a developmental perspective, and emphasizes prevention through early recognition and intervention. To this end the materials seek to provide accessible, updated information for families and providers.

The Guidelines describe typical mental health development in each age range, from birth to 21. For example, issues such as temperament and self-regulation are discussed in the context of infancy, whereas friendships, family problem solving, respect, and responsibility are reviewed in the section on middle childhood. Tips for preventive efforts and for addressing areas of concern are included, as are suggestions for office practice and building partnership with the community. The Guidelines also address the most common mental health problems and mental disorders occurring in childhood and adolescence in a section called "Bridges" in the second half of the Guidelines.

The *Mental Health Tool Kit* is a companion volume of tools to assist health professionals in screening, education, and health care management. The Tool Kit includes handouts ranging from sibling adjustment to recognizing symptoms of depression.

In Washington State, with the support of the Department of Health, Maternal and Child Health and Healthy Child Care, we're putting these excellent resources to work. The mental health materials have been provided to pediatric residents for use in pediatric training. The materials have also begun to be used in some Head Start programs.

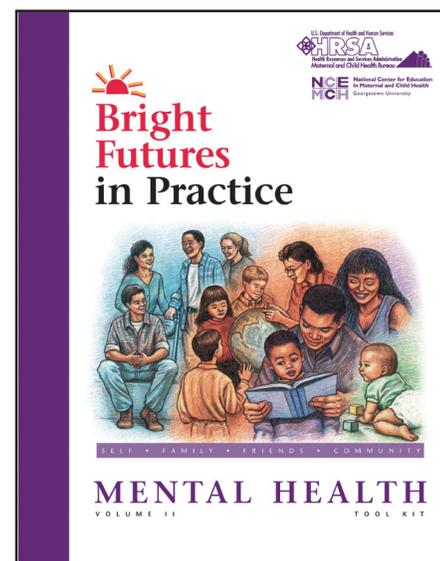
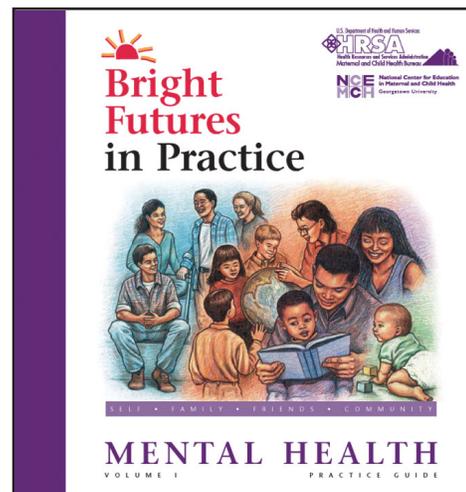
For more information about Bright Futures, see the Bright Futures Web site at www.brightfutures.org. Materials can be ordered there or via the AAP Web site at <http://brightfutures.aap.org>.

For information about Bright Futures activities in Washington State, contact Sue Wendel at 206-685-1348, swendel@u.washington.edu or Jean Myers at 206-685-1354, or jm9@u.washington.edu.

References:

Jellinek M, Patel BP, Froehle MC, eds. *Bright Futures in Practice: Mental Health—Volume I. Practice Guide*. Arlington, VA: National Center for Education in Maternal and Child Health, 2002.

Jean Myers, PT, MPH, works on the Bright Futures project at the Center on Human Development and Disability at the University of Washington.



State Reports

Idaho Report: Integrating mental health prevention, care, and education for all Idaho children, families, and communities

by Ross Edmunds

The Northwest Initiative to Advance the Surgeon General's National Action Agenda for Children's Mental Health was an opportunity for leaders of Idaho's children's mental health system to collaborate in prevention efforts. Idaho's team was brought together by their personal and professional interests in the delivery of quality mental health services to children and their families.

System integration and education

The children's mental health system in Idaho tends to be categorical and services are often disjointed, requiring families to navigate the system independently without a roadmap. Public awareness and education of families were also identified as major barriers to the successful delivery of integrated prevention services. With this in mind, Idaho's team developed a vision statement: "Mental health will be integrated into prevention, care, and education of all children, families, and communities in Idaho."

An important first step identified by the team was the creation of a goal statement to direct the development of a state plan. The initial goal is to "develop public awareness of mental health and mental health resources for all age groups of children." To date, Idaho's team has started to develop a rubric with age increments to identify the developmental risks, assets, and milestones of infants, children, and youth.

Additionally, the team collaborated around the development of a summer workshop at Boise State University called "Infant Mental Health: Train the Trainer." The two-credit workshop (graduate or undergraduate) focused on the development and strengthening of community teams to train others in promoting infant mental health.

Idaho, like many states, is experiencing significant shortfalls in state revenue. However, one major effort in the Department of Health and Welfare is the move towards an integrative model of service delivery called the Any Door Initiative. Idaho's goal is to provide a continuum of health and benefit services as seamlessly as possible by removing the barriers of categorical autonomy.

Lastly, Idaho has received a federal cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). This is a multi-year award to assist in the development of a culturally competent, community-based system of care for

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Montana Report: Promoting the integration of mental health into primary health care and the education of all Montana children

by Jennifer Bosley

Four individuals from Montana attended the December, 2002 Children's Mental Health Colloquium in Seattle. Since then several meetings have been held and we're beginning to form a larger steering committee to help plan a Montana symposium set for November 13-14 in Chico Hot Springs.

The Chico Hot Springs Symposium

The themes of the symposium are "prevention vs. pathology" and a "public health approach to mental health for Montana children and families." Efforts have been made to invite speakers who hopefully will include a motivational speaker from Montana and at least two presenters from the Seattle gathering. Like the Seattle meeting, we want to produce action plans unique to each community. The size of our state lends itself to interactive teleconferencing, either during or after the conference, to disseminate information as widely as possible.

Steering committee members have suggested a variety of plans and activities to support our vision of children's mental health and wellness.

- Use mailings and a Web site to help disseminate information after the symposium for technical assistance and follow-up support. We may develop our own Web page from the Montana Mental Health Association at a reduced cost and include links to other prevention-oriented Web sites. A specific link will be to the Web site of the Prevention Resource Center which lists all prevention activities in Montana by county.
- Take stock of existing resources, including those aimed at prevention, to see how our goals to maximize children's mental health and wellness can be best implemented. The Mental Health Ombudsman for Montana strongly supports taking such an inventory and considering what we can do collectively.
- Investigate whether the Early Childhood Project at Montana State University Department of Health and Human Development might be interested in helping us with the conference logistics. The executive director of the Montana Mental Health Association believes this would be a good partnership.

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Washington Report: Actions to integrate services and raise public awareness, and coalition building

by Nancy Reid

During the last day of the Northwest Regional Children's Mental Health Colloquium, December 8–10, 2002, participants worked with others from their state to develop "next steps" for each state team. Members of the planning group from Washington State included representatives from the University of Washington pediatric medicine; tribal health; suicide prevention; federal, state and local public health agencies; and the Washington Health Foundation.

The Washington planning group identified a broad array of priority issues and needs for discussion which fell into both systems and program categories.

- Raise the importance of prevention and increasing public awareness.
- Educate parents, students, and teachers about mental health issues.
- Integrate the promotion of children's mental health and well being into childcare, schools, and other programs and systems.
- Create an integrated system for mental health, from prevention through treatment.

Early on in the planning discussion, the Washington group realized that the then assembled group could not responsibly develop a mental health action plan without adequate representation from other significant partners such as mental health, juvenile justice, education, children's services administration and others. (Some of these groups, including mental health professionals, participated in the colloquium from states other than Washington). Consequently the Washington planning group identified several steps to assemble a more representative group of partners to develop a statewide children's mental health action plan. These proposed next steps included:

- Identify the partners that need to be involved in drafting an action plan.
- Build a coalition.
- Inventory current programs, resources, and services in Washington.
- Convene a statewide symposium or other forum to identify problems, solutions, and outcomes toward a statewide children's mental health action plan.

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Wyoming Report

by Lisa Brockman

Prevention Activities

The Wyoming Mental Health Division is involved in a PRISM grant that addresses prevention and early intervention issues. The division is also partnering with the Wyoming Federation of Families for Children's Mental Health—UPLIFT on a special initiative called the "Wyoming Early Start Program." This program promotes mental health and prevention of emotional disorders, substance abuse, anti-social behavior, and school failure. A key element of the program is the early screening of at-risk children between the ages of 4 and 6.

Child and Adolescent Service System Program

Our Mental Health Division has received a federal grant to develop stakeholder consensus to plan and build a Child and Adolescent Service System Program (CASSP) statewide system of care for children and adolescents with serious emotional disturbance (SED). A major activity related to the consensus-building process for building the system will be training of the stakeholder group on system of care development and systems change issues.

Forming a consensus group

The primary focus of the consensus group will be children and adolescents with SED and their families. Key members of this target group will represent:

- Child-serving agencies in Wyoming state government including the Departments of Health, Family Services, and Education.
- The legislative branch of state government.
- Local and regional child-serving providers.
- Child and family advocates.

This team will develop a plan to adopt and implement an exemplary model of a CASSP system of care for children and adolescents with SED. Vital stakeholders will be identified, as will important issues upon which agreement is needed before proceeding with planning and implementation.

Training and consultation

We plan to convene the stakeholders and offer consultation, education, encouragement, training, and technical assistance to promote understanding of how a child and adolescent system of care would improve service outcomes for Wyoming children and adolescents. The training consultation—including an adaptation of the Core Competency Training offered by the

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Legislative Impacts on Healthy Mothers Healthy Babies Programs: Report from the HMHB Coalition of Washington

During this time of declining state revenues, HMHB keenly observed activities and decision making during the state legislative session and special session. Here are some key outcomes.

Children in families with incomes up to 250% FPL will continue to be eligible for health care coverage by Medicaid, but the addition of premiums will likely reduce the number of eligible children. Our information and referral specialists will be able to refer these families to appropriate health care resources around the state.

Coverage for prenatal care for immigrant women, documented or undocumented, will continue. Therefore, we will continue to refer these women to health care resources. And their babies—who will be U.S. citizens—will have a better chance to be born healthy.

The Prevention Bill designed to stress the evaluation of prevention programs did not survive, but DSHS has been directed to develop criteria for funding state-operated or contracted prevention and early intervention services by March 2004.

HMHB is part of a coalition to develop a nutrition bill in schools to introduce next session. This effort works in tandem with other projects we are involved in to reduce overweight and obesity.

Thanks to the advocacy efforts of HMHB board members and many others, the children's agenda in the budget fared better than expected.



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a new issue becomes available.**

Next issue: Nutrition and Obesity Prevention

Resources for Promoting Children's Mental Health and Well-being

Bright Futures Books. Bright Futures is a national health promotion initiative to promote and improve the health and well being of infants, children, and adolescents. Their newest two-part publication specifically addresses the mental health of children. Most of the document (a practice guide and tool kit) is available online at www.brightfutures.org. Print versions may be ordered online.

Jellinek M, Patel BP, Froehle MC, eds. *Bright Futures in Practice: Mental Health—Volume I. Practice Guide*. Arlington, VA: National Center for Education in Maternal and Child Health, 2002.

The President's New Freedom Commission on Mental Health, Major Federal Programs Supporting and Financing Mental Health Care. January 2003.

www.mentalhealthcommission.gov/reports/reports.htm

This downloadable report, one of several on this Web site, describes the functions and activities of the many agencies involved in mental health for both children and adults.

Research Material Index on the Prevention of Problems and Promotion of Children's Mental Wellbeing. A

comprehensive index on children's mental health consisting of journal articles and documents published by governmental agencies and private organizations. Available online in multiple formats at http://depts.washington.edu/mchprog/cmh_resources.html

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Chapter 3 of this report addresses children. The full report, including the Executive Summary, is available online at www.surgeongeneral.gov/library/mentalhealth/home.html

U.S. Public Health Service. *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000. Available online at www.surgeongeneral.gov/topics/cmh/



Events

September 11–15, 2003, Beginning and Intermediate Spanish Language and Culture for Clinicians

Register for this popular 4 ½ day training at Central Washington University in Ellensburg, taught by Joanna Ríos, Ph.D. Up to 45 continuing medical and dental education credits have been offered at past trainings. www.nwrpca.org/conferencesTrainings/conferenceDetail.php?ID=294

October 16, 2003, Children's Public Policy Conference

Yakima Convention Center. Organized by the Children's Alliance and Children's Hospital and Regional Medical Center. An all-day event designed for health care professionals, advocates, social services providers, policymakers, volunteers, and others interested in the health and wellbeing of Washington's children.

This conference will incorporate the annual Washington Children's Health Policy Conference of previous years. Sponsorship options available. For more information contact Jon Gould at 206-324-0340, ext. 19 and jon@childrensalliance.org, or Kathie Kohorn at 206-987-5379 and kathie.kohorn@seattlechildrens.org. More information is also on line at www.childrensalliance.org

October 18–22, 2003, Fall Primary Care Conference

The NWRPCA/CHAMPS Conference will be held in Portland, Ore. Over 400 participants from community, migrant and homeless health centers in Region X: Alaska, Idaho, Oregon, Washington and Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming are expected. www.nwrpca.org/conferencesTrainings/fallConference.php

October 22–24, 2003, Idaho Conference on Health Care.

Idaho State University. Pocatello. Contact Shirley McElprang at the ISU Office of Continuing Education at 208-282-3155 or check online at www.isu.edu/chp/hlthconf/2003/

November 3–4, 2003, Oregon Public Health Association Conference.

Portland, Ore. www.oregonpublichealth.org/

November 15–19, 2003, American Public Health Association

131st Annual Meeting & Exposition. San Francisco. www.apha.org/meetings/

December 1–4, 2003, Alaska Public Health Association

Alaska Health Summit. Anchorage. www.alaskapublichealth.org/healthsummit.htm

December 11, 2003, Washington Health Legislative Conference

Entering its 18th year, this conference is attended by more than 600 decision makers and stakeholders in the health system of Washington. Seattle Airport Hilton and Conference Center, 8:00 a.m. to 4:00 p.m. Sponsorship opportunities available. For more information, go online to www.hpap.washington.edu/

May 2004, Healthy Mothers Healthy Babies Coalition of Washington

Annual Forum featuring a nationally recognized speaker as well as presentation of individual and organizational awards. Details and specific date to be announced.



UW MCH Programs Ready for Fall 2004 Applications

The University of Washington's Leadership Education in Maternal and Child Public Health program is currently gearing up for the 2004 application season. This in-residence program leads to a Master in Public Health degree through either the Department of Epidemiology or the Department of Health Services. The application deadline is January 1, 2004.

The program's core and affiliate faculty is drawn from diverse fields: obstetrics, pediatrics, social work, nutrition, child development, and nursing. Faculty research interests cover a wide range of health policy and epidemiological issues, including perinatal epidemiology; child and adolescent health; Medicaid; nutritional risk; behavioral, organizational, and social influences on health care utilization; health status and quality of life measurement; and women's health.

Strong links have also been built between the MCH program and many public and private health organizations in the Northwest. Practicum placements and thesis research can involve working with local and state health departments, area hospitals, private and community health centers, and other regional programs.

An Extended Degree MPH pathway in MCH is also available, for those working in the field who cannot attend school full time. The EDP program priority application deadline is December 1, 2003.

Application forms and informational material are available on the MCH program website at <http://depts.washington.edu/mchprog/admissions.html>. Those who have difficulty with web access or downloading forms can obtain information by emailing mchprogr@u.washington.edu and requesting printed information by mail or by calling 206-543-8819. For the EDP program, visit <http://depts.washington.edu/hsedp>, email uwedp@u.washington.edu, or call 206-685-7580.

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As described by guest editor Jane Rees, this initiative seeks to incorporate new data and methods into the work of public, private, and volunteer groups in Alaska, Idaho, Montana, Oregon, Washington, and Wyoming, and to form new, long-lasting agency and community partnerships. Colloquium attendees from several states report on prevention activities in children's mental health that were inspired, in part, from their participation in the University of Washington gathering.

Michelle Bell summarizes the key issues and strategies described by prominent researchers during four key developmental periods for children. In an editorial, community psychiatrist Charles Huffine shares his thoughts on the crosscutting arenas in which clinicians can integrate prevention into their practices.

We hope this issue will stimulate continued creativity in developing programs and in collaborating with new partners to develop methods of preserving and promoting the mental health of children, youth and families, starting, as pointed out by Dr. Kathryn Barnard, in the prenatal period.

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underutilization of existing services due to parental reluctance to approach medical professionals.

Costs of Delayed Intervention: David Offord, MD, of McMaster University noted the incredible societal and human costs of our failure to identify emotional and behavioral problems early on, stating that 74% of 21-year-olds with mental disorders had prior problems.

Primary Care: Kelly Kelleher, MD, of the University of Pittsburgh described a dichotomy in the primary care system. Primary care clinicians have the greatest opportunity to see preschool children and often counsel parents about behavior and emotional problems and disorders, but there is some evidence that the families don't perceive this type of counseling as mental health services, even though the physicians do. In addition, the delivery of mental health care is hampered since systems pressures have reduced the amount of time spent with each patient.

Identification of Mental Health Needs in Schools: Steve Forness, Ed.D at UCLA pointed out that a key barrier to early identification of mental health needs in children is the inadequate definition of "emotional disorders" used within schools. This sometimes leads to an inappropriate diversion of young children to programs focused on primary learning or language disorders.

He emphasized that the criteria for child psychiatric disorders should consider functional impairment, along with emotional or behavioral abnormalities.

See **Resources**, page 9, for links to the Surgeon General's 1999 report and 2000 conference report

References

U.S. Department of Health and Human Services, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. 2000.

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. 1999

Editorial, continued from page 3

things in ways that are different from the officials. Each young person I work with is a potential intervention specialist in the troubles of another youth, or in a community of youth. As the young people I work with grow and make changes, they take what they learn in my office and "practice" in the community; they are identified as a fount of information and source of support for peers. Youth who have had problems are the best possible change agents for vulnerable peers and siblings. Community organizing in support of primary prevention can happen in the wake of a community oriented clinical approach—if we only have the concept as we do our work.

Charles Huffine, MD is the Assistant Medical Director for Child and Adolescent Programs for King County Mental Health, Chemical Abuse and Dependency Services.

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prevalent of which is depression, with a risk of 15 to 20% by age 18, and a twofold increased risk for females. During depressive episodes school and social functioning tend to decline whereas substance abuse or suicidal behavior increases. Dr. McCauley stressed the importance of prevention, since depressive episodes may last 7 to 9 months, with a 70% recurrence rate within 5 years. Fewer than 20% of those who need treatment receive it; treatment, when available, has limited efficacy, particularly if other conditions such as family depression exist in the adolescent's environment.

Universal strategies for prevention of mental health problems include public education, and screening of youth to detect those at risk. Targeted interventions for youth at elevated or high risk of suicide and depression emphasize training of adults and youth to recognize signs and symptoms of illness and to initiate preventive steps, provision of crisis services and hotlines, and peer support. Strategies that focus on the youth themselves include life skills training (self-esteem building, decision making, social problem solving); personal control (stress and anger management); academic and social competence; and involvement in activities such as athletics or art. Parents are taught skills to support healthy development in adolescents.

Panel Discussion

Following the presentations, the speakers participated in an engaging panel discussion which emphasized universal strategies

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that could promote mental health among children and youth. First among these strategies is ensuring that children's environments—families, schools, and communities—are as healthy as possible. This strategy would include educating parents on normal child development, so they know what to expect at each developmental stage, and can detect differences between normal and problematic behavior at each stage.

"The work of mental health promotion is not mental health treatment. It's dealing with people's functioning, helping them develop competence and joy."

Dr. Kathryn Barnard

Another strategy is partnering with schools to promote opportunities for development of social and academic competence among children and youth. This would include helping students develop skills in emotional regulation, managing feelings, and problem-solving, as well as academic skills. Universal screening of youth could help identify those who might be having difficulties so that appropriate early interventions could be provided to overcome problems while they are still manageable. The panelists noted a general fear among the public that screening will "open the flood gates" and the resources will be inadequate to address the problems identified. However, Dr. McCauley noted, "We need to step back from the notion that if we ask kids about mental health issues we have to provide six years of intensive psychotherapy." In a recent survey of sixth graders, the things they needed help with could be easily responded to—homework, acne, grade placement, transition to middle school—before they became huge problems. Panelists agreed that we have the knowledge to promote mental health among children, but not the social and political will to support prevention programs. Professionals have not done the job of educating the public, state and local policy-makers, and the media that prevention is cost-beneficial.

Preventive Intervention Strategies for Mental Disorders

The Institute of Medicine* adopted a classification scheme for preventive mental health interventions that occur before the initial onset of a disorder. In this scheme:

Universal interventions are targeted to the general public or a whole population, such as all parents or all children of a certain age.

Selective interventions are targeted to individuals or a sub-group of the population with elevated risk factors that are known to be associated with onset of a mental disorder.

Indicated interventions are targeted to individuals at high risk who exhibit precursors or symptoms of a mental disorder.

Each strategy has implications for cost, risk, and benefit that must be taken into account as states or local entities consider options for preventive interventions. For example, educating parents about

normal child development could benefit everyone without incurring excessive cost or risk. Or, identifying adolescents with behaviors known to precede suicide and offering intensive therapy could prevent a suicide.

*Institute of Medicine. *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Washington, D.C.: National Academy Press, 1994, 19–25.

Michelle Bell, Ph.D. is Associate Professor in the MCH program at the University of Washington School of Public Health and Community Medicine. She can be reached at 206-543-0316 or mbell@u.washington.edu.

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children's mental health, of which prevention and early identification are vital components.

Find more information on Idaho's Children's Mental Health system at www.idahochild.org.

Ross Edmunds is a children's mental health program specialist for the Idaho Department of Health and Welfare. He can be reached at 208-334-5726 or edmundsr@idhw.state.id.us

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At the conclusion of the meeting, several participants agreed to work together to share the outcomes of the colloquium with the appropriate state bureaucrats and to develop a small leadership group to advance the development of a statewide children's mental health action plan for Washington State.

For further information on Washington State activities contact Sallie Neillie, Director, Health Access with the Washington Health Foundation at 206-216-2555 or SallieN@whf.org.

Nancy Reid is Manager of the Child and Adolescent Health Section with the Washington State Department of Health, Maternal and Child Health.

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- Review and make available the 61-page research material index, “Prevention of Problems and Promotion of Children’s Mental Wellbeing,” prepared by Josephine Saltmarsh, Project Assistant from Maternal and Child Health at the University of Washington. The booklet outlines current programs and resources available in children’s mental health.

Building Resources and Possible Symposium Outcomes

At their invitation we made a presentation to the Public Health Nurses Association annual meeting in Missoula in early May. We feel that they are a crucial link, especially for children 0 to 8 years old. The association offered valuable input to our steering committee and expressed interest in helping with our efforts.

Our representative from Head Start has noted that teachers request classroom management training more often than anything else, and that all the money is “tied up” with literacy at this time. The Head Start/State Collaboration Office has applied and received some grant monies to help with the symposium. The Health Resources and Services Administration (HRSA) will be contacted for additional support. The Montana Mental Health Association’s Children’s Committee has also applied for funding through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) that addresses the issue of increasing public health’s role in children’s mental health.

The Office of Public Instruction’s representative indicates that the need for classroom management is as great for general education teachers as for those in special education, and may parallel the Montana Behavioral Initiative which aims to create positive school climates, respect for teachers, kids, etc. Our mental health symposium, therefore, could also serve as a springboard for efforts to improve the quality of school environments.

He added that resources with the tobacco initiative could be redirected and used for quality mental health, good self-concepts, and increased social skills.

The Montana Kids’ Network has expressed an interest in these activities and the steering committee has discussed the possibility of involving the churches, Communities that Care, and Healthy Community groups. Leaders and policy makers in these domains are presently being contacted about serving on the steering committee or helping to plan the symposium.

We continue to visit the Web site for the University of Washington Maternal and Child Health Program to stay current with ongoing work in the Northwest.

Jennifer Bosley is the Co-Chair of The Montana Mental Health Association’s Children’s Committee and a member of the Montana Mental Health Association Board. She can be reached at jenniferlbosley@yahoo.com.

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PA CASSP Training and Technical Assistance Institute—will help stakeholders to:

- More fully appreciate the model.
- Discern and address the pros and cons of implementing such a system of care.
- Identify and address barriers.
- Develop a plan for how we might apply these principles toward achieving Wyoming’s goals of improved services for our children and adolescents with SED.

We are also securing technical assistance and consultation from the Western Interstate Commission for Higher Education (WICHE) Mental Health Program. This group will help us address how to positively use the dynamics of organizational change. They will also provide support for our efforts to design implementation strategies and, ultimately, local and state agreements for the adoption and maintenance of a CASSP exemplary practice model, including the development of a plan for the implementation of a system of care.

A future goal is to use this process to lay the groundwork for submitting an application for a children’s grant from the Center for Mental Health Services (CMHS) to support the statewide system development and implementation process.

First steps – A planning conference

One of our first efforts in this process began last April 7th and 8th with a planning conference, *The Future of Wyoming’s Children*. We reached out to over fifty key stakeholders and managed the gathering with a variation of the “Search Conference” format. The invitation included a brief description of the Search conference process (a participative method that enables large groups to collectively create future plans that they themselves will implement) as well as an overview of the key values and core components of the systems of care for children.

The systems of care documents can be found online at <http://mentalhealth.state.wy.us/initiatives/cassp.pdf>.

Lisa Brockman is a Medicaid Program Specialist and Child/Adolescent Liaison with the Wyoming Department of Health, Mental Health Division. She can be reached at 307-777-7326 or LBROCK@state.wy.us.