FOUNDATIONS

In this chapter, we will:

- Summarize child and adolescent mental health concerns and problems
- Explain five approaches to address the mental health concerns and problems of youth
- Discuss the benefits of the approaches

Scenario

Even the best students get depressed, use drugs, don't come to school, or lose interest in learning. For some children and adolescents, schools are the safest places. No fights, no drugs, no alcohol. Close to the end of my second year of teaching, a favorite student of mine was almost killed in a drive-by shooting at a popular nearby park. All of my students were touched by that event. The climate of the school changed. Teachers like me didn't know what to do to help the students, let alone teach them English. I used to think I could help students myself. I can't; I just don't have the skills. I need the support personnel, I need colleagues in the community, and professionals working in different systems who are connected to organizations bigger than me—people who know how to navigate the systems. The good news is that through this experience, I've found we have a lot of resources and support for children and their families. I realized that it is not all about the school, but effective prevention programs and social–emotional skills can help. Yes, there can be a shooting at the school, but there can also be a shooting at the mall or the movie theatre. Yes, there can be drugs at the school, but

drugs are everywhere. And yes, we can do a lot in the school to help students develop physically and mentally but we cannot think schools can do it all. I know our community will help us through it. Effective prevention of problems and promotion of kids' mental health cannot wait until there is a gunman in a school parking lot. Our schools must not become fortresses. These issues require attention and work at the school and community levels and beyond.

Source: Vince Linger, a third-year teacher in a large urban New York school district

Mental Health Concerns and Problems of Children and Adolescents

Children and adolescents struggle if they are depressed; concerned about a family member or friend; abusing tobacco, alcohol, marijuana, prescription medicines, or other drugs; struggling with the loss of a loved one; victims of abuse and violence and bullying; anxious about their futures; questioning their sexual or gender identity; or trying to address any one of a host of mental health concerns and problems. Conversations with school superintendents, board members, principals, teachers, counselors, psychologists, social workers, and nurses about young people's social and emotional health show how actively these professionals and community members work to help youth confront difficult issues. Equally important, and of great concern, is developing competent young people who are socially and emotionally healthy and can build positive relationships and resolve conflicts peacefully.

The 1999 Surgeon General's Report on Mental Health defined **mental health** as "successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity. Mental illness refers to diagnosable mental disorders that are characterized by alterations in thinking, mood, or behavior (or a combination thereof) associated with distress and/or impaired functioning." A 2004 report by the World Health Organization (WHO) includes a similar distinction between mental health and mental illness. With children, this includes a wide range of mental, emotional, and behavior problems that, in lay terms, may not be considered mental or psychiatric disorders.

Common disorders include mood disorders such as depression; anxiety disorders; behavioral problems such as oppositional defiant disorder and conduct disorder; eating disorders such as anorexia nervosa and bulimia; addictive disorders; and other disorders commonly seen in childhood and adolescence such as autism, learning disorders, and attention-deficit/hyperactivity disorder (AD/HD). Research suggests that co-occurrence of disorders is not uncommon in adolescence. According to the Surgeon General's report (1999), "children with pervasive developmental disorders often suffer from AD/HD. Children with a conduct disorder are often depressed, and the various anxiety disorders may co-occur

with mood disorders. Learning disorders are common in all these conditions, as are alcohol and other substance use disorders."

According to the Surgeon's General's report and WHO, mental health encompasses positive aspects of well-being and healthy functioning as well as negative aspects of mental disorder and dysfunction. Ideally, a comprehensive overview of child and adolescent mental health status would reflect both positive and negative aspects. A comprehensive overview would also recognize that family, community, and social contexts influence mental health status. For example, exposure to violence can have adverse consequences for mental health status.

The National Research Council/Institute of Medicine published a comprehensive review of the state of child and adolescent mental health in the United States in 2009 (O'Connell, Boat, & Warner, 2009). It found that almost one in five young people have one or more mental, emotional, or behavioral (MEB) disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three-fourths by age 24. This provides a window of opportunity to prevent, reduce frequency, and reduce intensity of these issues through earlier intervention (O'Connell, Boat, & Warner, 2009).

Proponents who argue for mental health programs and services in schools and communities focus on the gap between child and adolescent mental health concerns and problems, and children's utilization of these services. Most children with mental health challenges do not get the help they need. The most recent prevalence study, published in 2011 by Merikangas et al., reveals that:

- ❖ One in three adolescents (ages 13 to 18) with mental disorders receives services for their diagnosis.
- ❖ Almost half of adolescents with severely impairing mental disorders never receive treatment.
- ❖ Service rates are highest for adolescents with AD/HD (59.8%) and behavior disorders (45.4%).
- ❖ Fewer than one in five adolescents with anxiety, eating, or substance use disorders receives treatment for those disorders.
- ❖ Hispanic and black adolescents are less likely than their white counterparts to receive services for mood and anxiety disorders.

The National Research Council and Institute of Medicine estimate the total economic costs of mental, emotional, and behavioral disorders among youth in the United States at approximately $247 billion (2009). This study also documents that more than 6 in 10 U.S. youths have been exposed to violence within the past year, including witnessing a violent act, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.

Schools, communities, and families can address this chasm between young people and the mental healthcare system by making connections critical to linking children, adolescents, and families with the resources they need, as well as developing new resources to meet unfilled needs.

Mental Health, Also Known as Behavioral Health

The term **behavioral health** is often used in place of saying mental health. In fact, *behavioral health* is used interchangeably with *mental health* because both terms refer to the promotion of practices that deal with the prevention, diagnosis, intervention, and treatment of mental illness. The term *behavioral health* recognizes that mental health now includes addictive disorders (such as substance abuse, addiction and gambling) as well as behaviors related to neurological conditions from AD/HD to autism, fetal alcohol spectrum disorders, and traumatic brain injury. In this text, we will use the term *mental health* to encompass the range of positive aspects of well-being and healthy functioning, the negative aspects of mental disorder and dysfunction, as well as the increasing number of identified neurological conditions. In this text, *behavioral health* and *mental health* are synonymous.

Addressing Mental Health Concerns and Problems of Youth

Five approaches provide the foundation to address mental health concerns and problems of children and adolescents. They help us know what might be available within any particular school, district, and community. Given the changing nature of young people's mental health concerns and problems, all of the approaches are dynamic, fueling how we identify new and recurring needs, and creating, implementing, and evaluating new programs and services. Together the approaches form a social ecological model that spans children and adolescents, families, school and community, health systems, and the larger environment, including local, state, and federal governmental programs, services, and public policy.

Institute of Medicine Intervention Classifications Focused on Preventing Problems

The Institute of Medicine (IOM) classification for mental health promotion and problem prevention interventions helps us think about how to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity. Interventions can occur in schools, homes, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving. The **IOM intervention classification** organizes the necessary action (interventions) into three categories based on the health needs of three different populations of individuals. **Table 1-1** shows the classifications. Universal interventions are for general population groups without reference to those at particular risk. Selective interventions are for individuals who are at greater-than-average risk for mental health problems. Indicated interventions are for individuals who may already display signs of mental health problems.

TABLE 1-1 IOM Mental Health Promotion and Preventive Intervention Classifications

Universal preventive interventions:	Selective preventive interventions:	Indicated preventive interventions:
Focus on the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group. Universal interventions have advantages when their costs per individual are low, the intervention is effective and acceptable to the population, and there is a low risk from the intervention.	Focus on individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder. Selective interventions are most appropriate if their cost is moderate and if the risk of negative effects is minimal or nonexistent.	Focus on high-risk individuals who are identified as having minimal but detectable signs of symptoms foreshadowing a mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time. Indicated interventions might be reasonable even if intervention costs are high and even if the intervention entails some risk.
Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse. Programs offered to all parents of sixth graders to provide them with skills to communicate to their children about resisting substance use. The Olweus Bully Prevention Program is offered to promote a bully-free culture in schools. PATHS, the Positive Alternative Thinking Strategies program, promotes self-control, social competence, and positive peer relations.	***Example:*** Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes. CARE, or Care, Assess, Respond, Empower, exists to help decrease suicidal behaviors, decrease related risk factors, and increase personal and social assets in adolescents.	***Example:*** Interventions for children with early problems of aggression or elevated symptoms of depression or anxiety. Parenting Through Change is a theory-based intervention program that works to promote healthy child adjustment and prevent children's internalizing and externalizing conduct behaviors and problems. Parents are coached in effective parenting techniques such as skill encouragement, limit-setting, problem-solving, positive involvement, and monitoring.

Source: Republished with permission of National Academies Press, from Institute of Medicine. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research.* P.J. Mrazek and R.J. Haggerty (Eds.). Committee on Prevention of Mental Disorders, Division of Biobehavioral Sciences and Mental Disorders, copyright © 1994; permission conveyed through Copyright Clearance Center, Inc.

Coordinated School Health Programs

Schools are a natural setting to address the mental health needs of children and adolescents. Health promotion programs proposed in the 1980s to address many of the health-related problems of children and young people were designed to take advantage of the pivotal position of schools in reaching children and families by combining—in an integrated, systemic manner—health education, health promotion, and disease prevention; access to health-related services at the school site; and advocacy to change local and national policy.

Coordinated school health programs (**Figure 1-1**) include eight components (Centers for Disease Control and Prevention, 2008). These eight components are disciplines and services that most schools would have but that have not necessarily been organized to work together. A school health program coordinating council is formed with members from the school staff, teachers, nurses, guidance counselors, and administration as well as community members to oversee the day-to-day operations of the program. Frequently at the district level there is a staff position (e.g., director, coordinated school health program) with responsibility for the program's operation. The eight components are as follows:

1. *Health education:* Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; promotes knowledge, attitudes, and skills; is tailored to each age or developmental level; and is

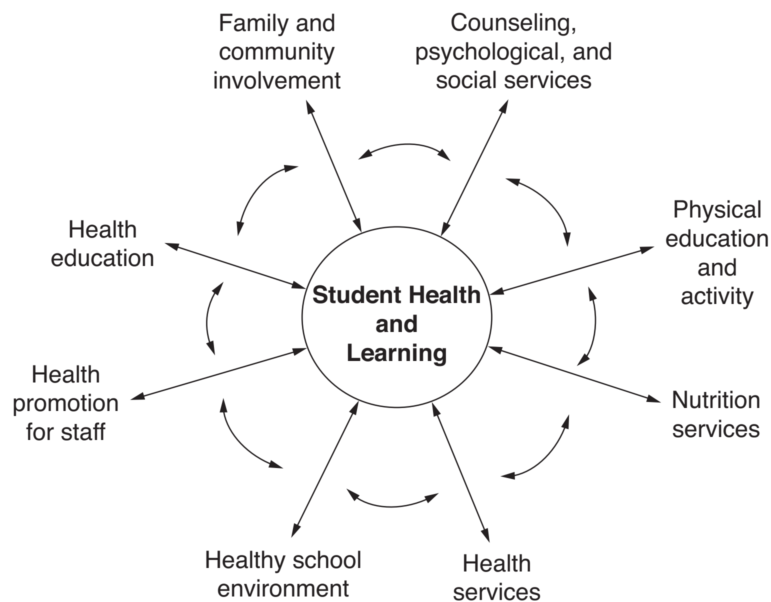

FIGURE 1-1 Coordinated school health components.
Source: Centers for Disease Control and Prevention. (2008). Components of Coordinated School Health. Retrieved from http://www.cdc.gov/healthyyouth/cshp/components.htm

designed to motivate and assist students in maintaining and improving their health and to reduce their risk behaviors.

2. *Physical education and activity:* Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.

3. *Health services:* Designed to promote the health of students, identify and prevent health problems and injuries, and ensure appropriate preventive services, emergency care, referral, or management of acute or chronic health conditions.

4. *Nutrition services:* Integration of nutritious, affordable, ethnically and culturally diverse, and appealing meals and nutrition education in an environment that promotes healthy eating habits for all children. Diet review and counseling for disordered eating and diet-related concerns.

5. *Counseling, psychological, and social services:* Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development by providing services that focus on cognitive, emotional, behavioral, and social needs of students.

6. *Healthy school environment:* Designed to provide both a safe physical plant and a healthy and supportive environment that fosters learning, including the physical, emotional, and social climate of the school.

7. *Health promotion for staff:* Assessment, education, and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff members, who serve as role models for students.

8. *Family and community involvement:* Partnerships among schools, families, community groups, and individuals. Designed to maximize resources and expertise in addressing the healthy development of children, youth, and their family members.

The work of Ramona Valles, who directs her school district's coordinated school health program, illustrates how the approach works to address students' mental health needs and concerns. She has worked with each component to put in place a range of curricula, programs, and services. **Table 1-2** shows Ramona's efforts for each of the components. To be successful, she has had to build her network of contacts across the school and larger community. For example, she works with Latino centers (as well as other culturally relevant centers) that reach out to families to inform and educate them about available mental health services. A range of universal, selective, and indicated preventive programs is offered at the schools. She works with the county law enforcement agency to increase school safety, which has helped decrease violence in school and the community. Teachers have been trained to identify and refer students for whom the teachers have a mental health concern.

TABLE 1-2 Using a Coordinated Approach to Address Mental Health Issues in Schools

HEALTHY ENVIRONMENT		PHYSICAL EDUCATION AND PHYSICAL ACTIVITY		HEALTH EDUCATION
◆ Stigma is addressed and reduced. ◆ School policies address mental health issues. ◆ Students feel supported /respected. ◆ Create a safe and drug-free school building. ◆ Create safe and drug-free school-sponsored activities, sports events, and school buses. ◆ Maintain ongoing school climate assessments.	↔	◆ Offer adaptive physical education. ◆ Emphasize lifelong recreational activities, such as yoga, walking, dancing, swimming, biking, and golf. ◆ Offer health programs for student athletes (e.g., pain management, performance enhancements). ◆ Provide concussion awareness and management.	↔	◆ School curriculum mental and emotional health content area aligned with National Health Education Standards. ◆ Provide mental health promotion service learning activities. ◆ Educate student body on mental health to help increase understanding and decrease stigma. ◆ Provide interventions to reduce bullying.
↕		↕		↕
NUTRITION SERVICES ◆ Provide free breakfast and lunch. ◆ Provide healthy school lunch choices following USDA standards. ◆ Lunchroom and schedule are conducive to relaxed eating. ◆ Limit sugary snacks and drinks. ◆ Offer ethnic and vegetarian/vegan choices. ◆ Provide diet management and screening.	↔	**Promoting Child and Adolescent Mental Health**	↔	**HEALTH SERVICES** ◆ Make referrals for a continuum of care beyond the school. ◆ Offer school-based health clinics that help with STD/HIV, pregnancy, asthma, immunizations, and physical exams. ◆ Provide medication management. ◆ School nurses are engaged in primary prevention programs.
↕		↕		↕
◆ Actively involve families in the coordination of services.		◆ Assess student needs and available mental health programs and services.		◆ Provide smoking cessation programs and support.

YOUTH, PARENT, FAMILY, AND COMMUNITY INVOLVEMENT		SCHOOL COUNSELING, PSYCHOLOGY, AND SOCIAL SERVICES		STAFF HEALTH PROMOTION AND WELLNESS
◆ Recognize families as advocates. ◆ Welcome families in the school. ◆ Schedule meetings at times that are convenient for families. ◆ Offer mental health fairs. ◆ Create a resource center for parents. ◆ Link parents and caregivers for networking and support.	↔	◆ Make referrals for a continuum of care beyond the school. ◆ Offer student support services such as support and development groups for anger management and conflict resolution. ◆ Student support teams operate K–12.	↔	◆ Provide stress management skill workshops. ◆ Provide employee assistance programs (EAPs). ◆ Staff model conflict resolution and mediation skills. ◆ Provide supervisory training. ◆ Include recreational staff activities such as volleyball, basketball, and softball.

USDA = U.S. Department of Agriculture; STD/HIV = sexually transmitted disease/human immunodeficiency virus

Source: Adapted from the Maine Coordinated School Health Program Departments of Education and Health and Human Services.

System of Care

A **system of care** is an adaptive network and interfacing of different systems, organizations, and groups that provides children and youth with serious emotional disturbance and their families with access to services and supports (Hodges, Ferreira, Israel, & Mazza, 2006). The system of care is an important approach to address the mental health needs of children and adolescents. It moves beyond the school to the community. Schools are one part of a system of care, but it is much broader and larger than any one system or organization.

The system of care values and principles initially articulated by Stroul and Friedman (1986) for the federal Child and Adolescent Service System Program (CASSP) were developed with the population of children with serious disorders in mind. The core values of the system of care philosophy specify that services should be community-based, child-centered and family-focused, and culturally and linguistically competent. Services need to be comprehensive, individualized, provided in the most appropriate setting, coordinated at the system and service delivery level, include family and youth as partners, and emphasize early intervention. **Box 1-1** illustrates a case example for a system of care for a 13-year-old child.

Box 1-1
Illustration of a System of Care Approach

Monte is a 13-year-old boy in the child welfare system. His mother has a history of substance abuse and child neglect. Due to a shoplifting charge, Monte has recently become involved with the juvenile justice system as well.

Thanks to the system of care approach in his community, local agencies and organizations partnered with the family in a coordinated way to keep Monte in his home and help his family access services that address their strengths and needs:

- By arranging to meet Monte and his mother in their home at a time that does not conflict with the family's schedule, agency representatives are able to work in partnership with the family to ensure the goals of their individualized service plan can be met.
- By working with the school system, the care coordinator is able to arrange alternative busing for Monte during a recent stay with family members while his mother participated in a residential treatment program, allowing him to continue at his current school. He was matched with a school mentor for school service learning projects occurring in the community.
- By working as a liaison with the juvenile justice and dependency court judges, a family advocate ensures Monte's family is able to adhere to multiple agency requirements and expectations. He participated in an anger management program at school, thereby avoiding having to travel to the agency.
- With the support of flexible funding, Monte is able to attend music lessons, which he identified as an interest, while his mother participates in weekly mandatory substance abuse counseling, reducing the need for child care.

The system of care concept holds that *all* life domains and needs need to be considered rather than addressing mental health treatment needs in isolation; therefore, systems of care are organized around nine overlapping dimensions:

1. Operational services
2. Mental health services
3. Social services
4. Recreational services
5. Child and family services

6. Educational services
7. Vocational services
8. Substance abuse services
9. Health services

The system of care requires communication and coordination among and across organizations and systems. The systems differ in what they offer and how they operate.

Public Health Approach

The **public health approach** to addressing the mental health concerns and problems of youth is organized into the three categories of **primary prevention**, **secondary prevention**, and **tertiary prevention** (**Table 1-3**). It is a proactive approach that covers all youth. The public health focus on population encourages us to think big. When we are implementing primary, secondary, and tertiary prevention interventions (Table 1-3), the public health approach works across systems to forge connections that promote child and adolescent mental health in varied types of sites (e.g., schools, communities, workplaces, and hospitals). Recognized in the approach is the diversity of program sites, real world challenges, how different professions understand the underlying determinants of mental health problems and concerns, and the larger understanding of how demographics and social transitions affect mental health and disease.

Four public health approach key concepts are defined in **Table 1-4**. Three process concepts, although less consistently identified as definitive, repeatedly emerge in discussions about a public health approach and naturally ensue when the first four concepts are implemented.

TABLE 1-3 Public Health Approach: Key Concepts

Intervention category, population, and purpose		
Category	**Priority Population**	**Purpose**
Primary prevention	Whole population	Prevent new and future incidents of concerns and problems
Secondary prevention	Subpopulation with elevated risk and/or with concern and problem, but often undetected and with mild manifestations	Identify concerns and problems early, reduce symptoms, treat problem, and/or limit negative consequences; reduce frequency
Tertiary prevention	Subpopulation with concern and problem, experiencing severe negative consequences; diagnosable mental illness	Address, treat, and resolve concern and problem; slow progression of negative consequences, minimize complications, and reduce intensity

The public health conceptual framework places a special emphasis on intervening by building on and expanding prior models of intervening in the area of mental health. By incorporating the public health concepts of a population-level focus and a balanced emphasis on optimizing mental health and addressing mental

TABLE 1-4 Concepts of a Public Health Approach

Concept	Definition
	Four Defining Concepts
Focuses on populations	Public health thinks about, intervenes with, and measures the health of the entire population and uses public policy as a central tool for intervention.
Emphasizes promotion and prevention	In public health, the focus includes preventing problems before they occur by addressing the sources of those problems, as well as identifying and promoting conditions that support optimal health.
Addresses determinants of health	Interventions guided by a public health approach focus on addressing determinants of health. Determinants are malleable factors that are part of the social, economic, physical, or geographical environment; can be influenced by policies and programs; and contribute to the good and poor health of a population.
Engages in a process based on three action steps	A public health approach requires implementation of a series of action steps. In the most widely recognized public health model, those action steps are assessment, policy development, and assurance, although some models place more emphasis on intervention. In this process, data are gathered to drive decisions about creating or adapting policies that support the health of the population, and efforts are made to make sure those policies are effective and enforced.
	Three Process Concepts
Intervention often means changing policies and broad environmental factors	Focusing at a population level requires addressing determinants that affect whole populations. Sometimes determinants can be addressed one child at a time through individual- or family-level interventions, but it is often more effective to make changes at broader levels by changing policies at the school, community, state, or national level, or by changing environments to which large numbers of children have exposure.
Uses a multi-system, multi-sector approach	There is no single entity that has sole responsibility for impacting children's mental health. Children are constantly impacted by many formal and informal systems and sectors, so changing environments in a meaningful way to positively impact children necessitates the involvement of all of those systems and sectors.

Implementation strategies are adapted to fit local needs and strengths	The three process/action steps support the integration of local needs and strengths. Public health recognizes that population-level change is not achieved by a one-size-fits-all approach because populations are made up of communities with divergent needs, resources, values, and the like. Activities like what to measure and how to intervene are examples for which local adaptation is not only appropriate, but fostered.

Source: Adapted from Miles, J., Espiritu, R.C., Horen, N., Sebian, J., & Waetzig, E. (2010). *A Public Health Approach to Children's Mental Health: A Conceptual Framework: Expanded Executive Summary.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

health problems, an intervening model emerges that organizes interventions into four categories. Two of the categories, promoting and re/claiming, optimize and measure *positive mental health*; two others, preventing and treating, reduce and measure *mental health problems*. **Table 1-5** shows the distinctions for the four intervention categories based on the action, timing of the intervention, and ultimate goal of the intervention for the population of focus. The intervening model also reflects the cyclical nature of the process. The first three categories reflect primary, secondary, and tertiary prevention. The fourth category (re/claiming) can be thought of as a mix of primary and tertiary prevention focused on positive mental health (primary prevention), while taking into consideration an identified mental health problem (tertiary prevention). It also reflects a recent blending and collaboration among education, health, and medical professions to promote and improve people's quality of life (Fertman, Allensworth, & Auld, 2010).

The public health approach recognizes that addressing the mental health needs and concerns of children is a process. At times it is full of struggles, frustration, conflicts, competing interests, and often no clear solutions. The process is dynamic, occurring over time (a number of years). It does not happen all at once and will not proceed smoothly. At the same time, it provides a framework and direction for how best to address the mental health concerns and problems of youth. An example of how the approach provides such a framework is illustrated by a recent communication from Dr. Marc Norman, superintendent of a south Florida school district. Writing to the school staff as well as the many staff members within agencies, programs, and services working with the school district, he summarized five keys of the public health approach to addressing the district students' mental health concerns and problems. He wrote:

- ❖ Taking a population focus requires us to emphasize the mental health of *all* children. Data needs to be gathered at population levels to drive decisions about interventions and to ensure the interventions are implemented and sustained effectively for entire populations.
- ❖ We want to create environments that promote and support optimal mental health and on developing skills that enhance resilience.

TABLE 1-5 Public Health Approach Intervention Model

	Action	Timing	Population Goal
Promote . . . is to intervene . . .	To *optimize* positive mental health by addressing determinants* of positive mental health	*Before* a specific mental health problem has been identified in the individual, group, or population of focus	With the ultimate goal of improving the positive mental health of the population
Prevent . . . is to intervene . . .	To *reduce* mental health problems by addressing determinants of mental health problems	*Before* a specific mental health problem has been identified in the individual, group, or population of focus	With the ultimate goal of reducing the number of future mental health problems in the population
Treat . . . is to intervene . . .	To *diminish* or end the effects of an identified mental health problem	*After* a specific mental health problem has been identified in the individual, group, or population of focus	With the ultimate goal of approaching as close to a problem-free state as possible in the population of focus
Re/Claim . . . is to intervene . . .	To *optimize* positive mental health while taking into consideration an identified mental health problem	*After* a specific mental health problem has been identified in the individual, group, or population of focus	With the ultimate goal of improving the positive mental health of the population of focus

*Determinants of health are factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.

Source: Adapted from Miles, J., Espiritu, R.C., Horen, N., Sebian, J., & Waetzig, E. (2010). *A Public Health Approach to Children's Mental Health: A Conceptual Framework: Expanded Executive Summary.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

❖ We want to balance our focus on children's mental health problems with a focus on children's "positive" mental health—increasing our measurement of positive mental health and striving to optimize positive mental health for every child.

❖ We need to work collaboratively across a broad range of systems and sectors, from the child mental health care system to the public health system to all the other settings and structures that impact children's well-being.

❖ We want to think big and look across the county, state, and nation at programs and services while adapting our implementation to our local district and community—taking local needs and strengths into consideration as we implement our programs and services.

Individual Mental Health Concerns and Problems Intervention Process Approach

The **individual mental health concerns and problems intervention process approach** is concerned with addressing the mental health and problems of individual children and adolescents, one at a time, within the larger population of youth at a site (e.g., school, community program, camp). By definition, it is intense and time consuming to focus on attending to a single child or adolescent and his or her family and caregivers. It is a process with standard operating procedures, forms, and assigned staff members who are responsible for working with staff, community members, families, and students that identify and link children and adolescents to mental health programs and services. It represents a continuum of activities to link students to necessary programs and services. The Center for Mental Health in Schools at UCLA (n.d.) includes initial problem identification, clarifying need, consultation with child and family, management of care, and ongoing monitoring as key elements of the activity continuum. Student assistance programs (Fertman, 2004; Fertman et al., 2001) modeled after workplace employee assistance programs use four phases of activity to link students and their families to the behavioral healthcare system in the school and community—referral, planning and recommendations, intervention and implementation, and follow-up and support. **Figure 1-2** illustrates the continuum of activities with accompanying actions. The activities across the continuum may overlap, build on each other, and at times require stepping back to a previous action to gather additional information, ask a question, or address a new concern or problem.

First is an initial school-based mental health system connection with the child. Anyone (e.g., teacher, parent, administrator, bus driver, student) who identifies that a child or adolescent may be suffering with a mental health concern and problem can use an easily accessible form (everyone is informed regarding the availability of forms, where to turn them in, and what will happen after they do so) that is routed to a designated school employee to initiate the process. The form also serves as a reminder to staff to implement an immediate crisis response if the child or adolescent is believed to be in active crisis (e.g., suicidal, intoxicated). Initial information can be collected, and parent and caregiver contact is made both to get consent and to engage the parent and caregiver in the process.

Second is planning and recommendations, which include additional information collection; clarification of needs; consultation with youth, family, and caregivers; goal setting; and plan development, including recommendations. A mental health screening may be one of the options exercised during this step as a means to gather more information. As part of the screening, the information can be used to trigger immediate action (e.g., substance abuse evaluation) hospitalization or feedback to the family to use to formulate the goals and plan.

Third is the plan implementation and interventions. Implementation of the plan and interventions are difficult and not without challenges and struggles. It may not be a linear process, but rather nonlinear with twists and turns and at times unclear and unpredictable outcomes. It is best viewed from two points of view: staff, and child and family. The staff point of view is broad, with knowledge and

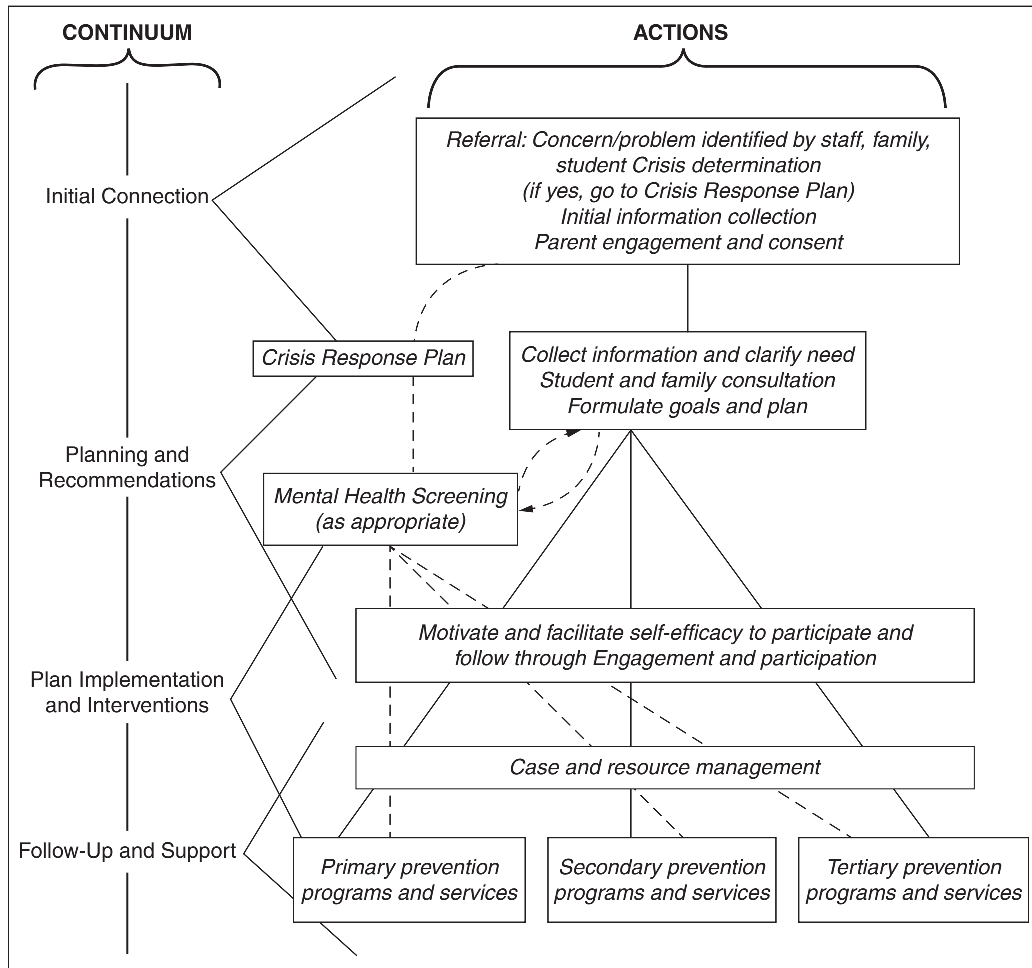

FIGURE 1-2 Individual mental health concerns and problems intervention process approach continuum and accompanying actions.
Source: Adapted from Center for Mental Health in Schools at UCLA. (n.d.). *Guidebook: Common Psychosocial Problems of School-Aged Youth: Developmental Variations, Problems, Disorders, and Perspectives for Prevention and Treatment*. UCLA Department of Psychology School Mental Health Project. Retrieved from http://www.smhp.psych.ucla.edu

information on the range and diversity of available services and programs as well as the established procedures to participate. Staff members facilitate the engagement of the student and family in the process and continue to motivate them to follow through on recommended services. The child and family point of view focuses on the engagement and participation of the child or adolescent critical to achieve the agreed-upon goals. Frequently, the child and family point of view of the programs and services is narrow and concerned only with those aspects relevant to their particular situation.

Fourth is follow-up and support. The focus of this stage is case and resource management, the systematic procedure of continual feedback and monitoring of participation in planned activities and progress toward stated goals. Case management is how to attend to the children, adolescents, and their families who are participating in secondary and tertiary prevention programs. It lets them know, as individuals, they are important and deserve attention as they address their concerns and problems. Resource management is about looking at the system, identifying the gaps and places where the process breaks down, and fixing it. Resource management is about making sure that the system wraps around the child and family and meets their needs instead of requiring them to fit into an existing box. It is also about identifying new needs and providers and avoiding duplication of services by different entities.

The individual mental health concerns and problems intervention process approach reflects the reality that the mental health concerns and problems facing many students and their families are too numerous and too large for them to successfully confront and ameliorate without support. In addition, navigating the behavioral healthcare system, with its fragmentation, diverse funding streams, and eligibility requirements, adds layers of complexity that are often a barrier in themselves. Hoagwood (2004) describes the approach as a 180-degree turn from clinic- and office-based practices toward high quality, consumer-driven, empirically based services in the practical setting (i.e., school) in which the service is ultimately to be delivered.

Benefits of the Various Approaches

Although many programs and services fit in more than one of the approaches, overall, the approaches provide guidance about the full array of mental health interventions that are needed to serve all children and adolescents. They can serve as an organizational tool to help you develop a comprehensive, coordinated approach to addressing children and adolescents' mental health.

The approaches derived from behavioral and social science, education, and public health help teachers, counselors, principals, nurses, agency staff, program directors, and parents to address young people's mental health concerns and problems in several ways. First, the approaches help in developing program objectives. For example, schools use the IOM classifications to decide on the population of children and adolescents they want to serve. Community mental health agencies and government programs (e.g., child welfare, health, mental health, drug and alcohol) using the public health matrix of promote, prevent, treat, and re/claim can do likewise to decide on the population of children and adolescents to serve. This information is then used to determine the objectives for the mental health programs and services that will be planned, implemented, and evaluated.

Second, the approaches help to identify the specific programs and services to use to address the mental health concerns and problems. For example, using a system of care approach, the juvenile justice system, child welfare programs, community recreation, and afterschool services might be utilized with a population of youth who have previous and current legal system involvement. Third,

TABLE 1-6 Benefits of Approaches to Address Children and Adolescents' Mental Health Concerns and Problems
1. Help to discern program outcomes
2. Specify programs and services for addressing concerns and problems
3. Identify the timing for interventions
4. Help in choosing the right mix of strategies
5. Enhance communication between professionals
6. Promote critical thinking and creative problem solving
7. Improve replication of programs
8. Improve program efficiency and effectiveness

the approaches help to decide the timing of the intervention. For example, interventions that prevent use of tobacco should be implemented at the upper elementary level (grades 4 and 5) because that is when the behavior is beginning. Fourth, the approaches help in choosing the right mix of strategies and methods. In the previous tobacco example, community recreation and afterschool programs provide the young people with additional support in their communities and within their families while augmenting school-based interventions.

Fifth, the approaches aid communication between professionals. The approaches provide frameworks that remain constant with each new initiative, so we can talk with colleagues and peers who are using the approaches with different groups of children and adolescents to compare and contrast implementation and outcomes. Sixth, using the approaches encourages us to think critically about the real world challenges that we face. Conflict and struggles are expected. The approaches help us to be creative in how we solve problems and face challenges.

Seventh, the use of approaches helps in replication of the programs because the same frameworks can be used from one intervention and population to another. Finally, approaches help in designing programs that are more effective (have greater impact) and more efficient (take less time). These benefits are summarized in **Table 1-6**.

Summary

Mental health concerns and problems among children and adolescents encompass a range of positive aspects of well-being and healthy functioning, negative aspects of mental disorder and dysfunction, and an increasing number of identified neurological conditions. The term *behavioral health* is often used in place of *mental health*. In fact, *behavioral health* is used interchangeably with *mental health* because both terms refer to the promotion of practices that deal with the

prevention, diagnosis, intervention, and treatment for mental illness and the promotion of emotional well-being.

Five approaches provide the foundation to address mental health concerns and problems of children and adolescents. They help us know what might be available within any particular school, district, and community. Together the approaches form a social ecological model that spans children and adolescents, families, school and community, health systems, and the larger environment including local, state, and federal governmental programs, services, and public policy. The approaches are the Institute of Medicine intervention classifications focused on preventing problems, coordinated school health programs, the system of care, the public health approach, and the individual mental health concerns and problems intervention process approach. Although many programs and services fit in more than one of the approaches, overall, the approaches provide guidance about the full array of mental health interventions that are needed to serve all children and adolescents.

For Practice and Discussion

1. The five approaches discussed in this chapter help us to address the mental health concerns and needs of young people. In your own words, explain how the five approaches fit together. How do they complement each other? Are there places where they potentially conflict with and contradict each other?
2. Working in a small group, identify and reflect on primary, secondary, and tertiary mental health prevention programs that operated in your local school community as you progressed from elementary to high school. Share your experiences and reflections on participating or watching your friends participate in the programs.
3. In order for children and adolescents to receive adequate mental health care, 10 considerations need to be addressed. In your local school community programs and services, which of the considerations are most in need of attention?
   a. *Availability:* Are the programs and service available and at a time when needed? For example, do services exist after 6 p.m. for families in crisis? Do program hours coincide with parents' work hours, making it difficult to schedule appointments for fear of work reprisals?
   b. *Accessibility:* Are transportation services available? For example, would it be difficult for a single parent with four children to make three bus transfers to get one child to a counseling session?
   c. *Affordability:* Are programs and services available, and can a family with few financial resources afford them?
   d. *Appropriateness:* Are services available for all grade levels (K–12)?
   e. *Adaptability:* Can parents of a child receiving services also receive counseling at the agency, or must they go to a different agency?

f. *Acceptability:* Are services offered in a language preferred by the family?

g. *Awareness:* Are families, school staff, and community members aware that needed services exist in the community?

h. *Attitudes:* How do programs and services validate the importance of a child's home-based traditional beliefs and norms?

i. *Approachability:* Do young people and families feel welcomed at agencies? Do providers and receptionists greet children and teenagers in the manner in which they prefer? This includes greeting them with their preferred names.

j. *Additional services:* Are child- and adult-care services available if a parent must bring children or an aging parent to the appointment with them?

4. The individual mental health concerns and problems intervention process approach is different from the other four approaches in that it is concerned with addressing the mental health and problems of individual children and adolescents, one at a time, within the larger population of youth at a site (e.g., school community program, camp). By definition, it is intense and time consuming to focus on attending to a single child or adolescent and his or her family and caregivers. Compare and contrast how working with children and adolescents one on one is the same as and different from working with children and adolescents in small groups and classroom settings.

Key Terms

Behavioral health 4
Coordinated school health 6
Indicated preventive interventions 5
Individual mental health concerns and problems intervention process approach 15
Institute of Medicine (IOM) intervention classifications 4
Mental health 2
Primary prevention 5
Public health approach 11
Secondary prevention 5
Selective preventive interventions 5
System of care 9
Tertiary prevention 5
Universal preventive intervention 5

References

Center for Mental Health in Schools at UCLA. (n.d.). Guidebook: Common psychosocial problems of school-aged youth: Developmental variations, problems, disorders, and perspectives for prevention and treatment. UCLA Department of Psychology School Mental Health Project. Retrieved from http://www.smhp.psych.ucla.edu

Centers for Disease Control and Prevention. (2008). Components of coordinated school health. Retrieved from http://www.cdc.gov/healthyyouth/cshp/components.htm

Fertman, C. (2004). Student assistance program practitioners talk about how to link students to behavioral health care. *Report on Emotional and Behavioral Disorders in Youth*, 4(4): 87–92.

Fertman, C., Allensworth, D., & Auld, E. (2010). What are health promotion programs? In C. Fertman & D. Allensworth (Eds.), *Health Promotion Programs: From Theory to Practice* (pp. 3–28). San Francisco, CA: Jossey-Bass.

Fertman, C., Fichter, C., Schlesinger, J., Tarasevich, S., Wald, H., & Zhang, X. (2001). Evaluating the effectiveness of student assistance programs in Pennsylvania. *Journal of Drug Education*, 31(4): 353–366.

Hoagwood, K. (2004). Evidence-based practice in child and adolescent mental health: Its meaning, application, and limitations. *Report on Emotional and Behavioral Disorders in Youth*, 4(1): 7–8, 24–26.

Hodges, S., Ferreira, K., Israel, N., & Mazza, J. (2006). *Strategies of System of Care Implementation: Making Change in Complex Systems: A Framework for Analysis of Case Studies of System Implementation: Holistic Approaches to Studying Community Based Systems of Care* (Research and Training Center Study 2). Tampa, FL: University of South Florida, Louis de la Part Florida Mental Health Institute, Department of Child and Family Studies.

Merikangas, K.R., He, J.P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., . . . Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey—Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(1), 917–925.

Miles, J., Espiritu, R.C., Horen, N., Sebian, J., & Waetzig, E. (2010). *A Public Health Approach to Children's Mental Health: A Conceptual Framework: Expanded Executive Summary*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

Stroul, B., & Friedman, R. (1986). *A System of Care for Children and Youth with Severe Emotional Disturbances* (rev. ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

U.S. Surgeon General. (1999). *Mental Health: A Report of the Surgeon General*. Retrieved from http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec8.html

World Health Organization. (2004). *Prevention of Mental Disorders: Effective Interventions and Policy Options. Summary Report*. Retrieved from http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf