



Briefing on the Report

***HEALTHY DEVELOPMENT Summit II:
Changing Frames and Expanding Partnerships to
Promote Children's Mental Health and
Social/Emotional Wellbeing***

May 21, 2014

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Introduction and Acknowledgements

Don Wertlieb, Ph.D.

Professor Emeritus, Tufts University

Past-President, American Orthopsychiatric Association



Overview of Summit Origins and Goals

Mary Ann McCabe, Ph.D.

Associate Clinical Professor of Pediatrics,
George Washington University School of Medicine
Affiliate Faculty in Psychology, George Mason University
President-Elect, Society for Child and Family
Policy and Practice



Need for Improved Policies

- Most mental disorders in adults can be traced to an **onset during childhood** (Kessler & Wang, 2008.)
- 20% of children in the US have a mental health problem and only 20% of those children receive mental health services (“**the 20/20 problem**”) (U.S. Public Health Service, 2000.)
 - **Lack of funding and providers**, and **gaps in implementation** of evidence-based practices.



Need for Improved Policies

- Childhood mental disorders account for the **largest category of spending of health dollars for children** (AHRQ, 2009.), with additional costs in special education, child welfare and juvenile justice.
- Public policy response **“turns on” when there are problems.**
- Instead, policies should look upstream toward **mental health promotion and prevention.**
 - Perhaps the greatest opportunity for cost savings can be found in **early childhood**



Obstacles to Progress

- A critical obstacle has been the **absence of a clear and unifying definition**,
 - allowing knowledge to remain in **silos** of developmental science, neuroscience, education, pediatrics, mental health services and interventions
 - Contributing to the **lack of understanding** of the growing body of science.
 - making necessary collaboration difficult



Obstacles to Progress

- Progress requires a **broad definition** of child mental health as being a critical part of healthy development, **incorporating mental, social, emotional, and behavioral health***

**IOM, 2009; Report of the Surgeon General's Conference on Children's Mental Health, 2000.*



Collaboration

The summits were designed to **enhance collaboration**.

- They grew out of **collaboration across psychology** (APA Interdivisional Task Force on Child and Adolescent Mental Health).
- The first summit expanded beyond psychology to **collaboration across scientific disciplines**.
- The second summit expanded beyond scientists to **collaboration across sectors of society** with the opportunity to promote child mental health.

HEALTHY DEVELOPMENT I: A Summit on Children's Mental Health



April 1, 2009
University of Denver

Healthy Development: A Summit on Young Children's Mental Health (2009)

- Convened **diverse scientific disciplines**, including communication scientists
- Intended to generate the **difficult dialog** inherent in diverse perspectives but **necessary for progress**
- Generated points of consensus regarding the most critical research findings for improving **public understanding** of child mental health



***Child mental health should be addressed
where children live, play, work and grow.***

(Report of First Summit, 2009. p.18)



Diverse domains have legitimate claim to both the problems and solutions, and those bridges that can be built are likely to enhance the effectiveness of efforts in the field.

(Report of First Summit, 2009. p.21)

<http://www.apa.org/pi/families/summit-report.pdf>

HEALTHY DEVELOPMENT II: **Changing Frames and Expanding Partnerships to Promote Children's Mental Health and Social/Emotional Wellbeing**



May 6, 2013
Bolger Center for Leadership Development

Healthy Development Summit II: Changing Frames and Expanding Partnerships to Promote Children's Mental Health and Social/Emotional Wellbeing (2013)

- Convened **stakeholders across society** and settings
- Using what we KNOW to inform what we DO
- Shared the definition and **framing** of child mental health
- Generated points of consensus regarding **key opportunities and next steps** for promoting child mental health



Embracing Diverse Perspectives

- Research* has suggested that **groups with diverse membership can generate particularly creative solutions** to problems.
- Diversity of perspectives at the summit was a critical element of our planning and program:
 - ***“What perspective(s) do you bring to the work of the summit?”***

*Swann, W.B., Kwan, V.S.Y., Polzer, J.T. & Milton, L.P. (2003).



Summit Participants*

Some of the Organizations

American Academy of Pediatrics

American Association of Pastoral
Counselors

American Psychiatric Nurses
Association

America's Promise Alliance/Ready
Nation

The Carter Center

Council for Exceptional Children

Military Child Education Coalition

National Head Start Association

Parent/Professional Advocacy
League

ZERO to THREE

Some of the Sectors and Settings

Advocates

Community Organizations

(e.g., Communilife, Playworks, YMCA)

Families

Federal agencies

(e.g., CDC, HRSA, NICHD, SAMHSA)

Institute of Medicine

Policy experts (e.g., NGA)

Practitioners

Scholars

*Participants are listed p. 38-41.





Overview of Summit*

This summit was **timed** so as to:

- Build on discussions of **health care reform** surrounding the *Patient Protection and Affordable Care Act (ACA)*
- Build on **growing public concern** about mental health
- Inform **policies in diverse areas**, such as: child care, early education, teacher preparation, child welfare, disasters, health disparities, health care reform, mental health service delivery, school safety, bullying and violence prevention

***Interdisciplinary planning committee** (pediatrics, psychology, psychiatry, social work): Barry Anton, Rick Barth, Barbara Fiese, Penny Knapp, Mary Ann McCabe (chair), Linda Reddy, Michael Roberts, Karen Saywitz, Jean Smith, Patrick Tolan, Don Wertlieb, Martha Zaslow



Overview of Summit

This Summit **focused on early childhood** (birth to 8 years) because it provides the greatest opportunity for:

- promoting children's mental health
- preventing conditions in children at risk
- preventing health disparities
- providing evidence-based early intervention



Science as Framework

This Summit:

- relied on **science** as the arbiter across disciplines and stakeholder perspectives
- sought to make the science of child mental health **important to everyday life**
- promoted both evidence-based practice and practice-based evidence



Summit Goals

Goal 1: Encourage **effective and shared framing about the importance of child mental health for healthy development**

Goal 2: Increase **effective collaboration across sectors of society (65 diverse leaders attended)**

Goal 3: Arrive at **consensus recommendations that will move progress in promoting children's mental health.**



Shared Frames and Key Opportunities

Barry Anton, Ph.D., ABPP

President-Elect, American Psychological Association

Managing Partner, Rainier Behavioral Health

Professor Emeritus, University of Puget Sound



Summit Format

The morning session was devoted to presentations which emphasized **key frames for shared understanding** at the summit.



Changing Frames

Children's Mental Health is a Public Health Issue

Dr. Ileana Arias, Deputy Director of the CDC, opened the summit:

- **Population-based and contextual factors** (e.g., poverty, crowded or inadequate housing) markedly affect children's mental health
- The impact of child mental health disorders for individuals, families and communities makes this a **public health priority**.
- **Public health data can inform the design and allocation of prevention and treatment resources** by increasing understanding of the trajectories of disorders, the populations affected, and modifiable risk and protective factors.

Centers for Disease Control (2013). *Mental Health Surveillance among Children – United States 2005-2011*.
http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w



Changing Frames

Access to Evidence-Based Practice is Important

Dr. Karen Blase, Co-Director, National Implementation Research Network, University of North Carolina, emphasized:

- There is a significant **time-lag** from publication of new knowledge to **using that knowledge** to deliver evidence-based practices.
- Disseminating information, training, passing laws and regulations, providing funding incentives, and re-organization do not bring about the needed change *when used alone*.
- Routine **application of effective implementation components**, or ways to move scientific knowledge to service delivery, and support of **system change agents**, are needed.

Bertram, R., Blase, K., Shern, D., Shea, P., and Fixsen, D. (2011).



Changing Frames

*Strategic Framing™ is Available to Improve
Public Understanding and Evidence-based Policy*

Dr. Nat Kendall-Taylor, Director of Research, FrameWorks Institute shared relevant work in **communication science** (funded by the Center on the Developing Child at Harvard University):

- **Explanatory metaphors** have been developed *that capture the science* regarding children's mental health ("**levelness/as in a table**," capturing gene-environment interactions) and resilience ("**balance/as in a fulcrum**," capturing the outcome of positive and negative influences at any given time).
- Related metaphors have been developed regarding executive functions ("**air traffic control**"), early brain development ("**brain architecture**," "**toxic stress**") and infant-caregiver interaction ("**serve-and-return**").

<http://www.frameworksinstitute.org/238.html>



Changing Frames

We Need to Collaborate across Sectors

Dr. Joan Lombardi, Senior Advisor, Buffett Early Childhood Fund reminded us that:

- Parents and caregivers for young children are increasingly stressed but not readily supported.
- The early childhood policy agenda needs to include social/emotional development and mental health.
- Education and health policy need to be coordinated for young children.



Summit Format

Afternoon working groups focused on “**expanding partnerships**”

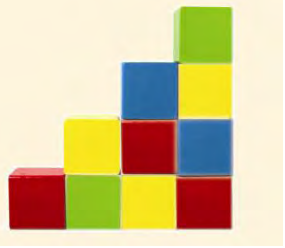
- designed to foster innovative thinking and collaboration for solutions
- tasked with generating key recommendations



Expanding Partnerships

Working Group Session #1: Representing **four domains of child mental health** (Tolan and Dodge, 2005)

- promoting healthy development
- everyday challenges for parents
- prevention opportunities
- evidence-based treatments for disorders



Importance Of Mental Health For Normal Child Development

Key Opportunities:

- Identify and leverage over time the **opportunities** to promote children's social/emotional wellbeing provided by overlapping policies and priorities **in domains such as health care, education, and economics** (i.e., ACA, *President's Early Learning* initiatives, Smart Start legislation).
- Leverage **social media and other technologies**.
 - Review children's and parents' media diets and technology use with the goal of creating and disseminating positive and supportive messages.



Importance Of Mental Health For Normal Child Development (Cont'd)

Key Opportunities:

- **Improve existing, and establish new, relationships and coalitions** among those who come into contact with children where they live, play, work and grow (e.g., early childhood settings, after-school programs, health care, faith-based and community-based settings) to create a healthy overall environment for children.
- **Educate those who work with young children and families in various settings** (i.e., education, medical and mental health care, clergy) about the importance of early childhood mental health for healthy development and social/emotional wellbeing.



Everyday challenges for parents

Key Opportunities:

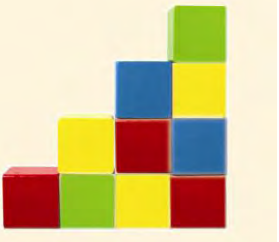
- **Develop positive messages for diverse parents** about the importance of day-to-day relationships and parenting, early child development, child mental health and social/emotional development that will give them a sense of hopefulness and improve child outcomes.
- **Identify and utilize existing community platforms and networks** to disseminate effective, supportive, and positive messages that promote children's mental health and are appropriate for that community's population.



Everyday challenges for parents (cont'd)

Key Opportunities:

- Engage **community opinion leaders** in developing and delivering culturally and locally relevant messages, including both cultural and organizational leaders and parents with different needs, such as those facing poverty or whose children have disabilities.
- Convey to those who work with families the **importance of supporting parents and caregivers**, particularly those facing more parenting challenges, to ensure healthy developmental outcomes.



Prevention opportunities in child mental health

Key Opportunities:

- **Develop a science-based operational definition of prevention** that
 - enhances communication between providers and parents,
 - promotes positive early childhood mental health outcomes and social/emotional development, and
 - aims to reduce or eliminate mental health disorders.
- **Identify existing and establish new broad-based community networks** to determine what prevention and health promotion programs exist and, if necessary, how to modify them to obtain the best outcomes for children.



Prevention Opportunities In Child Mental Health (Cont'd)

Key Opportunities:

- **Engage stakeholders from multiple disciplines and systems** to enhance linkages and to maximize the use of existing information, opportunities, and resources that optimize child health and mental health outcomes.
- Restructure the fee-for-service system to **compensate providers for time spent with children and families in prevention and promotion efforts** and **time in collaboration** or collateral contacts across multiple networks.
- Use a **variety of social media technologies** as essential elements for successful and appropriate prevention and promotion messages tailored to specific community audiences.

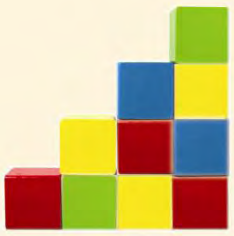


Effective Treatment for Childhood Mental Health Problems

Key Opportunities:

- **Develop new, or redesign the existing, child mental health service delivery infrastructure** so that it is dominated by **evidence-based practices** that are provided by a workforce with the training to provide culturally, linguistically, and ethnically appropriate services to diverse children and families.
- **Advocate for** new, or enhance existing, **funding for training** to encourage people to advance their education as mental health service providers and to train community members to serve and support families (e.g., health coaches).
- **Reduce or eliminate barriers to data collection, monitoring and sharing** across providers and infrastructures*

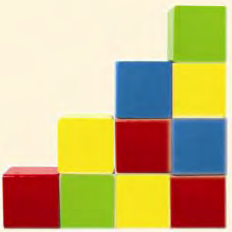
* *Health Insurance Portability and Accountability Act (1996); Family Education and Rights Privacy Act (1974).*



Effective Treatment for Childhood Mental Health Problems (cont'd)

Key Opportunities:

- **Gather and analyze** a broad range of **functional** (i.e., school success, clinical outcomes), **process** (i.e., provider availability, wait times), **and program outcome data**.
 - Utilize these data in determining whether or not a program should be recommended for new or continuing implementation.
- **Utilize a multi-dimensional service model** that includes family members, peers, and professionals from multiple child-serving agencies to collaborate in fully addressing the often complex family and child mental health needs.



Priority Outcomes and Next Steps

Richard P. Barth, MSW, Ph.D.

Dean, University of Maryland School of Social Work

President, American Academy of Social Work and Social
Welfare



Expanding Partnerships

*Then, the working groups moved to **how to carry the message and action steps forward.***

Focus on **opportunity structures, or sectors of society with the opportunity to promote child mental health**

- Practitioners and Scholars
- The Public
- Organizations And Agencies
- Policymakers

(Note many points of overlap in recommendations.)



Practitioners and Scholars

Priority Outcomes and Next Steps:

- Capitalize on existing energy at the local level to build new, or strengthen existing, **contacts and collaborations across systems** where children and families access services (i.e., mental health, primary care, early childhood education, child care, home visiting programs).
- Develop and implement advocacy strategies by identifying personal contacts or points of influence at the community, state, and federal levels and in the business community to advocate for **early childhood programs that incorporate social/emotional development** and mental health supports.



Practitioners and Scholars (cont'd)

Priority Outcomes and Next Steps:

- Identify and advocate for opportunities and convergence within Surgeon General Satcher's action agenda, the ACA, other **federal initiatives and electronic health records implementation** to address child and family mental health needs and improve mental health outcomes.
- Develop a **training strategy that includes traditional and non-traditional providers** (i.e., business leaders, early childhood educators, child care providers, community care providers) who interact with children and families and can disseminate science-based messages about the importance of children's mental health for positive developmental outcomes.



The Public and Families

Priority Outcomes and Next Steps:

- Develop strategies that prioritize and **provide appropriate programs and services to those most in need** in the community.
- Disseminate **science-based, culturally, ethnically and linguistically relevant information** about normal child development, social/emotional development, and ways to support children's mental health to broad audiences (i.e., parents/families, child care providers, and educators) **using existing community platforms and multiple delivery systems** (i.e., social media, families, and grass roots venues).



The Public and Families (cont'd)

Priority Outcomes and Next Steps:

- Define, or redefine, families to **reflect communities' diverse cultural values and beliefs**, and recognize their power to communicate effectively within and across communities.
- **Provide educators and child care workers with information** about healthy social/emotional development and behavior that will give them the necessary tools to determine if a child's behavior is appropriate at a given age and to manage classrooms and child care centers.



Organizations and Agencies

Priority Outcomes and Next Steps:

- Engage a broad range of service providers and consumers to **develop navigation systems**, staffed by those who are knowledgeable about services and programs, to assure coordinated access to resources in one location for mental health care consumers.
- Work in collaboration with consumers, providers, and communities to **promote provider and system transparency** (e.g., which services and programs are provided) **and accountability** (e.g., outcomes of services and programs) in order to enhance both service delivery and child mental health outcomes.



Organizations and Agencies (cont'd)

Priority Outcomes and Next Steps:

- **Educate consumers** about available programs, services, and expected outcomes and help them develop the necessary advocacy skills to access appropriate services.
- Continue **integration of mental health care providers as equal partners in health care systems**, emphasizing their credibility and their unique perspectives, skills, service delivery models and data.



Policymakers

Priority Outcomes and Next Steps:

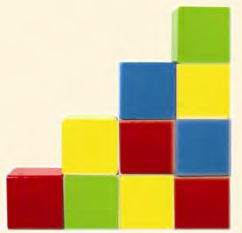
- **Seize opportunities in the ACA** to promote children's mental health and social and emotional development by integrating behavioral health into health care, expanding Medicaid coverage, expanding home visiting programs and addressing workforce training issues.
- **Make healthy child development a national priority** by using and building upon currently available resources (e.g., *President's Early Learning Initiative*, Smart Start)
 - Develop and disseminate well-framed messages about the importance of healthy development for the success of business and society as well as the wellbeing of the child, family and community.



Policymakers (cont'd)

Priority Outcomes and Next Steps:

- **Advocate for early childhood programs that are sustainable** over time and that move seamlessly to school age programs, thereby continuing to improve child mental health outcomes throughout the developmental sequence.



Opportunities To Promote Children's Mental Health In The *Affordable Care Act (ACA)*

- Develop a **clear understanding of what the ACA means for the child mental health** field and for children and families who could benefit from mental health services.
- Establish strong professional, provider, community, and family advocacy coalitions with the goal of **advancing opportunities to promote child mental health** through the ACA.
- Encourage a stronger focus on children's mental health and social/emotional development, and **education about child development**, in the implementation of the ACA.



Opportunities To Promote Children's Mental Health In The *Affordable Care Act (ACA) (cont'd)*

- Include **mental/behavioral health “check-ups”** with children during their routine annual visits in primary care
 - allowing identification of early warning signs, prevention, and early intervention.
- Identify and leverage ACA funding mechanisms to meet the urgent financing needs in the children's mental health service arena, including **workforce capacity and cultural competence.**



Opportunities To Promote Children's Mental Health In The *Affordable Care Act (ACA)* (cont'd)

- Identify sustainable funding sources to **assure long-term implementation of child mental health programs** and services in the *ACA*.
- Identify and leverage policies and **initiatives regarding young children in other areas** that overlap with the *ACA* to maximize positive outcomes in children's mental health.
- Develop **uniform data collection** (e.g., electronic health record) and data dissemination linkages to give providers and communities tools to enable full implementation of opportunities in the *ACA*.



The Way Forward

Child mental health should be addressed where children live, play, work, and grow.

- Summit recommendations highlight the **opportunities** to promote child mental health and social/emotional wellbeing that can be found **in existing programs, structures, communities, and policy initiatives**
 - but only **IF** all stakeholders share a broad definition and recognize their vital roles in this aspect of children's healthy development.



Conclusion

Public policies can ensure:

- the **promotion** of children's mental health and healthy development across settings,
- the **prevention** of mental health problems with promising interventions, and
- widespread **access to effective treatment** of mental health problems

Advancing young children's mental health is an investment in our society's future health and prosperity.

Discussion

