Report of

Healthy Development:
A Summit on Young Children’s Mental Health

Partnering with Communication Scientists,
Collaborating across Disciplines and Leveraging Impact
to Promote Children’s Mental Health

Denver, Colorado
April 1, 2009
Report of
Healthy Development:
A Summit on Young Children’s Mental Health

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This report represents discussions among participants in the day long Summit process. It does not represent the views or policies of those organizations that sponsored or sent a representative to the Summit nor does it commit those organizations to any activities described therein.

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This summit is dedicated to the life and work of Jane Knitzer, Ed.D. She was a remarkable scholar; a champion on behalf of vulnerable children, and an advocate for scientifically-based mental health policy. On behalf of the field of children’s mental health, it is with much gratitude that we dedicate the work of the summit, and the progress that follows, to Jane’s lifetime of leadership.
(Note: Within equal levels of sponsorship, organizations are listed in alphabetical order)

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The impact of child mental health on child development and society as a whole is well documented but under recognized. The public has limited awareness of how mental health affects child development and societal wellbeing in general, how important mental health needs can and should be met, and the scientific basis for promoting mental health and preventing and treating disorders. In the last decade, improving public recognition and understanding has been highlighted in several key reviews, including the Surgeon General’s Action Agenda for Children’s Mental Health (U.S. Public Health Service, 2000), the President’s New Freedom Commission on Mental Health’s Achieving the Promise: Transforming Mental Health Care in America (2007), and the agenda of most professional disciplines concerned with children’s mental health. In each case, the essential step in advancing recognition and providing due support for efforts that can improve the state of child mental health in this country is to link sound scientific information with readily comprehensible public “messages.”

The Summit was convened for that purpose. With support from over 20 organizations, 42 individuals representing diverse stakeholders with rich and extensive knowledge about child mental health gathered with communication scientists to review and prioritize available scientific information. The Summit participants shared a common interest in improving public comprehension of the substantial scientific knowledge about children’s mental health, the actions and practices that can reliably promote child mental health, and the critical role that mental health plays in lifelong and overall societal functioning.

Summit participants worked in small groups focused on four major areas of children’s mental health. Within each area participants identified empirically supported findings about children’s mental health and the most critical and useful ideas to improve public understanding.

Critical ideas that were identified by the four groups are:

### The Importance of Mental Health for Normal Child Development

The public needs to know:

- **Providing support** for children’s optimal social and emotional development results in positive outcomes for individuals and society, including healthier behavior, greater school success, improved relationships, and economic savings.
- **Available, responsive, stable caregivers** are critical for children’s optimal mental health, and these relationships influence brain development from birth. These caregivers need to receive support.
- **Families, parents, caregivers, teachers, and others** who care for and work with children need to be better informed about milestones of normal, healthy child development to both reassure caregivers when development proceeds within typical limits and to identify early warning signs that indicate when assistance is necessary.
- **Children and families can be prepared for stress points and transitions.** They can learn the skills to be resilient in periods of stress and challenge, thus protecting and promoting mental health.
- **Skills and competencies that improve developmental outcomes** can be taught to children, parents, and caregivers.
- **Predictable routines at home,** in child care settings, and at school are essential for child mental health.
Executive Summary

- **Outcome disparities based on race/ethnicity**, urban versus rural environments, and socioeconomic status must be addressed. Those most in need or at highest risk are least likely to have access to the highest quality interventions.

**Everyday Challenges for Parents**

The public needs to know:

- **Families can be strengthened** and parents can increase their skills through interventions designed to promote children’s mental health.

- **Decreasing poverty** will increase resources to promote children’s mental health.

- **One-stop facilities** that provide integrated health care and human services enable parents to meet their children’s needs, which include safety, education, health, and happiness.

- **Fragmentation of services** prevents or inhibits parents from meeting their children’s needs. Enriching community- and family-based social supports and reducing social isolation and marginalization enables families, schools, and community agencies to improve child mental health and produce healthy, socialized, and responsible citizens.

- **For families that have children with a diagnosed mental illness**, coordinated systems of care can effectively decrease the severity of children’s mental health symptoms.

- **Positive and effective communication**, active listening, welcoming engagement, and trusting partnerships between families and schools are essential to promote children’s mental health in the community.

**Prevention Opportunities in Child Mental Health**

The public needs to know:

- **Prevention strategies can address multiple risk factors** and have been shown to reduce mental, emotional, and behavioral disorders in childhood and lead to healthy developmental outcomes.

- **Healthy prenatal choices**, e.g., refraining from smoking, alcohol, or drug use, and avoiding unintentional toxic exposure, protect the developing brain and are critical for child mental health.

- **Organized community-wide assessment, planning, and action** using evidence-based approaches can reduce the prevalence of childhood mental, emotional, and behavioral disorders.

- **A consistent prevention message** across diverse settings, e.g. health care, child care, youth-serving organizations, achieves results that are more powerful.

- **Promoting social and emotional learning** in school programs leads to success in school and life and prevents mental health problems.

- **Early physical and emotional abuse is toxic** to children and can be prevented.

- **Child care should be affordable**, of consistently high quality, and valued.
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Effective Treatment for Childhood Mental Health Problems

The public needs to know:

- **Children can and do develop problematic mental conditions**, both chronic and transitory.
- **Both diagnosis and treatment should be developmentally appropriate** and culturally responsive. The field needs, and families deserve, measurable outcomes based on treatment goals collaboratively defined by families and providers.
- **Evidence-based practice exists** for many but not all conditions, and these treatments can help children reach their potential and reduce misery among families. These treatments help children succeed at home and in school, help them stay out of trouble, and also improve relationships that affect the child.
- **Similar to the obstacles they encounter in the health care system**, children and families face many barriers to receiving evidence-based treatments for children’s mental disorders. These barriers include a lack of trained providers, lack of core public financing, limited private insurance coverage, and stigma.
- **More research is needed** to develop effective, developmentally appropriate, and culturally responsive treatments and to bring them from the development stage to actual delivery. Research can guide the tailoring of interventions to the particular needs of children and families.

These key statements will be the basis for communication science studies of the public’s beliefs about child mental health. Then, the vital agenda becomes the assessment of the public’s receptivity of various frames for what the science says. This includes assessing available public support for investing in child mental health. Both the work of the Summit and the resulting priority statements are intended to serve as the basis for effective collaboration and shared communication across diverse groups and messengers in order to develop a message for the public about the importance of child mental health for healthy development. This report provides a summary of that effort.
Despite more than two decades of presidential commissions, Surgeon Generals’ reports, and burgeoning scientific research, the majority of the American public remains unable to define mental health or identify its critical role in the healthy development of children. Public attitudes, including both a lack of public awareness of and insight into the nature of mental health in general and children’s mental health specifically, interfere with prevention, access, care, and the integration of mental health into a national agenda for healthy development.

In order to address these concerns, the Society for Research in Child Development (SRCD) and the American Psychological Association (APA), with the support of more than 20 other organizations, convened Healthy Development: A Summit on Children’s Mental Health at the University of Denver with a small, invited group of diverse stakeholders in child and family mental health. The Summit emphasized collaboration among researchers, mental health experts, family members, policymakers, and other stakeholders with communication scientists to articulate the importance of children’s mental health for optimal development in order to inform public attitudes and public policy. The Summit was intended to stimulate the difficult dialog inherent in diverse perspectives but necessary for progress (see Appendix A for a list of attendees and their biographical information).

Recognizing that a strong and sustained focus on the promotion of social and emotional health among children from birth to 8 years of age and their families offers the most strategic opportunity to address these issues, this Summit focused on early childhood. Although there are several ways to conceive of children’s mental health and agree upon what is “true,” the Summit emphasized science as the most valid and reliable source of knowledge and as the arbiter across disciplines and stakeholder perspectives.

The format of the Summit included presentations designed to catalyze discussion, with the real work of the meeting occurring in four small groups. Drawing upon the schema for a comprehensive approach to children’s mental health outlined by Tolan and Dodge (2005), each of the four groups was assigned one of the following topics: (a) the importance of mental health for normal child development, (b) everyday challenges for parents, (c) prevention opportunities, and (d) effective treatment for childhood mental health problems.

The information from each group was then presented to the entire Summit for further discussion. Summit participants focused on the most important aspects of child mental health promotion, prevention, and intervention, acknowledging differing perspectives and conceptualizing the most promising priorities for reaching the public (see Appendix B for Summit agenda).
Summit Overview

**Why is a Summit Necessary and Why Now?**

Mental, emotional, and behavioral health\(^1\) is not merely the absence of disorders. It is an essential part of healthy development with long-term implications for a child’s and family’s quality of life; supporting young children’s mental health promotes healthy lifelong development. Early prevention of, and intervention for, child mental disorders is also critical for optimal social and emotional development and can result in enhanced work productivity for parents and better educational achievement, improved interpersonal relationships, and healthier behaviors for children and youth. The prosperity of the nation requires that more of its children reach adulthood with better health. There is a wealth of developmental science that can be used to promote healthy child development.

Children can and do develop problematic mental, emotional, and behavioral conditions. According to the Agency for Healthcare Research and Quality (2009), childhood mental disorders account for the largest category of spending of health dollars for children 0-17. Approximately two in ten or 20% of children have a diagnosable mental, emotional, or behavioral disorder (U.S. Public Health Service, 1999). A number of effective, scientifically based interventions exist for the most common child mental disorders and related social and psychological problems, but according to the U.S. Public Health Service (2001), fewer than 20% of children in need receive services. There is a critical need for public health strategies that promote children’s mental health using the best available science.

It is especially timely, and perhaps critical, to bring the issues surrounding child mental health into the American consciousness in 2010. The American public has been exposed to the impact of natural and manmade-disasters on children’s mental health. Policymakers are demonstrating enhanced interest in investing in early childhood development. Indeed, investing early

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\(^{1}\) The term *child mental health* as used in this report includes mental, social, emotional, and behavioral health. It contrasts with the notion of child mental illness in that mental illness denotes a condition or disorder that meets DSM-IV criteria. Usage in this report is consistent with the National Research Council and Institute of Medicine report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (2009) which addresses challenges in terminology and settles on “mental” or MEB as its designation. Usage herein is also consistent with the *Report of the Surgeon General’s Conference on Children’s Mental Health* (2000) which states, “mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as part of healthy child development must therefore be a national priority” (U.S. Public Health Service, 2000).
in young children’s mental health can lead to future savings in special education, juvenile justice, and child welfare, as well as increased work productivity and better physical health. In the imminent transformation of the U.S. health care system, as well as in recently enacted mental health parity in insurance coverage, child mental health will be significantly engaged. It is more important than ever to seize the opportunity for reframing this issue in such a way that it can connect to those issues on the country’s “to do” list.

The Summit emphasized collaboration across stakeholders. It was intended to generate the difficult dialog inherent in diverse perspectives but necessary for progress.

The idea of the Summit grew out of the work of the American Psychological Association’s (APA) Task Force on Psychology’s Agenda for Child and Adolescent Mental Health. This group was established to develop and implement a plan for the recommendations made by the APA Task Force on Children’s Mental Health. A Summit was originally proposed in 2006 within the APA Interdivisional Task Force on Child and Adolescent Mental Health (IDTF). Members of the early planning group included representatives from the Society for Research in Child Development (SRCD) and the American Orthopsychiatric Association (AOA). The planning group focused on interdisciplinary collaboration, communication science (strategic framing in particular), and knowledge transfer, and its mission included expanding representation of stakeholders and disciplines. The result was Healthy Children: A Summit on Children’s Mental Health held at the University of Denver in tandem with the interdisciplinary meeting of SRCD in April, 2009 (see Appendix C for the full history of the Summit). Summit planners deliberately focused on early childhood for several reasons:

1. The science about early childhood development is ready, including support for the importance of child mental health for healthy development;
2. There have been important success stories in getting out the message that early child development is critical;
3. Early intervention may be the best opportunity to prevent mental health problems and disparities; and
4. Economic science shows clear benefits to investing in early childhood.
Karen Beye, Executive Director of the Colorado Department of Human Services, opened the Summit and joined the participants in recognizing the important goal of advancing young children’s mental health. She provided a brief summary of current efforts to address child mental health in Colorado, an innovative state that prioritizes initiatives for enhancing early childhood development. Ms. Beye then introduced Ms. Jeannie Ritter, First Lady of Colorado, who welcomed the participants. Ms. Ritter described the importance of children’s mental health in her background as a special education teacher, her public roles, and as a parent. After this welcome, Ms. Ritter participated in the Summit, contributing her considerable knowledge of the challenges of advancing child mental health to help inform public policy.

There is a critical need for public health strategies that promote children’s mental health using the best available science.

In her welcome and introduction to the Summit, Mary Ann McCabe, Director of the Office of Policy and Communications of the Society for Research in Child Development, provided an overview of the purpose and goals of the Summit and set forth the charge for Summit participants. The Summit, bringing together experts in the field and in communication science, aimed to enhance the public’s comprehension of child development and mental health, focusing on two main questions:

1. What does the science say about young children’s mental health? What promotes it and what derails it?

2. What science constitutes useful information for communication science to improve public understanding?

To catalyze the breakout groups’ discussions and set the stage for the large Summit discussions, experts presented information from two perspectives: mental health (and developmental) science and communication science. Mental health science experts focused on what the public needs to know so that it grasps the importance of children’s mental health for healthy development. Communication science experts articulated their role and the process of disseminating information to promote the public’s understanding of the importance of child mental health.

Communication Science
The transformation of public attitudes regarding child mental health requires addressing the disconnect between what science suggests and what the public believes about child mental health. To influence what the public believes, communication scientists determine what people need to know and how to communicate that information effectively. Using communication science, developmental and mental health science can more accurately inform the public and policymakers about children’s mental health, help build effective coalitions, and convey more meaningful and higher-impact messages.

The transformation of public attitudes regarding child and family mental health requires addressing the disconnect between what science suggests and what the public believes.
Strategic Framing

FrameWorks Institute developed one approach to communication science, Strategic Frame Analysis™. Strategic framing is an empirically driven communication process that makes scientific research understandable, interesting, and usable. By developing science-based “core stories,” communication scientists accelerate the public’s understanding of social issues, influence its conception of public policy, and assist the public in realizing the implications of that policy. FrameWorks Institute staff members were invited to participate in the Summit because of their experience in framing messages about early child development; they will continue their work on children’s mental health beyond this interdisciplinary Summit.

Development of a Core Story

Susan Bales, President and founder of FrameWorks Institute, introduced the concept of strategic framing and provided an overview of how messages or core stories are developed using scientific research as their foundation. Through collaboration, communication researchers and mental health experts can produce a consistent, evidence-based message about child mental health easily understood by the public. Mental health experts must first identify the core principles and findings of science that are absolutely fundamental to the public’s understanding of children’s mental health. Then, communication scientists will work to translate these principles and findings so that the public and policymakers fully comprehend the issues.

Nat Kendall-Taylor, Senior Researcher at FrameWorks Institute, discussed the process of “mapping” or identifying the gaps between the public’s knowledge and what science knows about an issue. Communication scientists use topical research data to fill the identified gaps, determine the level of prominence for story elements, and clarify the message for the public. They move the public away from an incomplete or incorrect conception of an issue to a more complete understanding based on science. For example, preliminary research has identified a number of issues to be considered in the story of child mental health, including:

1. Shifting the public’s current focus on mental illness to a focus on mental health;
2. Substantiating mental health as a necessary part of healthy development;
3. Emphasizing the importance of the family and wider environmental contexts;
4. Connecting the antecedents of mental health to outcomes;
5. Positioning child mental health in relation to current beliefs about adult mental health;
6. Clarifying ideas about intervention and long-term effects of early intervention; and
7. Establishing a clear message about the effectiveness of treatment.

Tiffany Manuel, Research Director for FrameWorks Institute, concluded the strategic framing discussion by focusing on the process of framing a message and testing its effectiveness in randomized controlled trials with the public. On a public policy level, communication scientists investigate the extent to which they can raise public support for policies around an issue and advance the public’s appreciation of the science surrounding that issue, i.e., whether they can advance relevant policy-related outcomes, whether they can influence the extent to which the public thinks an issue is important, and the extent to which the public attributes responsibility for the issue to the government.

FrameWorks researchers have found that at the most basic levels, presenting the message that child mental health is important for the nation’s prosperity raised people’s support for child mental health whereas talking about child mental health in terms of vulnerable children
did not. Their preliminary work has suggested other potentially effective frames for talking about child mental health, which will undergo more rigorous empirical testing. Communication scientists also test the effectiveness of experts and advocates in discussing issues with the public.

**The Value of Strategic Framing**

In his Summit presentation, Gregory Duncan, Professor of education at University of California, Irvine and SRCD President-elect, focused on the value of strategic framing in policy development. As a member of the National Scientific Council on the Developing Child, he described the council’s work regarding what the science says about early childhood development, popular misconceptions about the science surrounding the issue, and the disconnect or gap between science and policy.

A solid, science-based message about children’s mental health requires the appropriate audience, presenters, and message. For example, a policy message should be delivered to an audience of key policymakers or their staff by experts relevant to the audience. Academic researchers typically think the public is swayed when presented with the scientific facts surrounding an issue. As communication scientists have shown, however, there is a need to lead with values to communicate a message effectively. For example, a message about achievement and behavior directed at policymakers and the business community must focus on costs and benefits.

**Basics of Early Childhood Mental Health**

In his introduction, Donald Wertlieb, Professor at the Eliot-Pearson Department of Child Development at Tufts University, presented general challenges for the field of child mental health and the overarching goals of the Summit. In light of the 20/20 problem—the fact that 20% of U.S. children are in need of mental health services and only 20% of those children receive services (U.S. Public Health Service, 1999, 2001) (and this is to say nothing of the quality of those services)—there are several issues to address, namely awareness, access, resources, stigma, and evidence. In addition, there are major challenges involved in the integration of theory, research, policy, and practice. Those in the field—whether practitioners conveying a diagnosis or providing an approach to therapy, teachers disseminating knowledge, researchers presenting findings, or advocates informing policymakers—must communicate about child mental health on a daily basis. Developing their message by partnering with communication scientists allows them to “speak in one voice” about the evidence base to promote child mental health and the prevention and treatment of child mental health problems.

Healthcare providers in the field are recognizing the critical role that child mental health plays in child physical health, yet remain unsure about how to address it.

In her Summit presentation, Deborah Perry, a researcher and Project Director at the Georgetown University Center for Child and Human Development, provided an overview of the key elements of early childhood mental health. The field has lacked a unified definition of “early childhood mental health” and has a history of focusing on mental illness rather than mental health.

The most important aspects of the core story for early child mental health are attachment, behavior, and competencies. Healthy attachment allows infants and later, toddlers, preschoolers and children, to become happy,
productive, and prosperous citizens. Healthy attachment provides the secure base that allows babies and young children to explore and learn cause and effect within their environments and to develop cognitive and social skills. Contributing to an infant’s sense of safety and security are caregivers having a warm, affectionate tone, providing consistent daily routines, smiling and talking with a baby, being able to read a baby’s cues and identify a mood state, and responding promptly and appropriately. As infants’ competency increases, they are able to take a different role in these interactions, thus making the way that these interactions occur over time serve as the key to healthy early childhood development. Quality interactions between caregivers and infants are frequent, regular, predictable, and occur within the context of a warm, supportive relationship. As a child grows, labeling and differentiating emotions, as well as tolerating negative emotions, are key to mental health.

To understand early child mental health, the public needs to grasp the negative ramifications of harsh and inconsistent parenting without feeling like parents, particularly mothers, are being blamed for children’s problematic behavior. This is also an issue with postpartum depression, a pernicious risk factor due to its potential as a major disruption to healthy parenting behaviors. In addition, the concept of temperament must be imparted. Children’s mental health can be enhanced when parents recognize the importance of fitting parenting with a child’s temperament, which may not be a fixed condition.

**Early Childhood Mental Health Policy**

In her Summit presentation, Larke Huang, Senior Advisor on Children for the Substance Abuse and Mental Health Service Administration (SAMHSA), U.S. Department of Health and Human Services, focused on the challenges inherent in drawing attention and funding to early childhood mental health. In the past few decades, child mental health has not received the level of attention or funding from federal legislators as other health movements. In order to garner attention for child mental health, the following questions must be addressed:

1. How can experts in the field best emphasize that mental health is a critical part of early childhood development?
2. How can experts in the field get the core story of child mental health to be heard by policymakers and funders?
3. Who needs to be involved in carrying the message?

This is a critical time for child mental health policy. Federal programs are contributing to the knowledge base and agencies are striving to streamline funding by coordinating grant programs. Key partnerships are also forming, building on current interests in Congress and the Administration, including investments in early childhood. Agencies are becoming aware that a lack of attention to mental health may keep them from realizing their objectives. At the same time, health care providers are recognizing the critical role that child mental health plays in child physical health, yet remain unsure about how to address it. On a federal level, as a new health care delivery system unfolds, the structures and processes addressing child mental health must be articulated.
Cultivating Core Story Elements

After the presentations, Summit participants were organized into four breakout groups that met twice. Each group was charged with answering, “Among those findings that are empirically supported, what are the most critical and useful ideas to improve public understanding of child mental health?” Barry Anton, Karen Saywitz, Stephen Shirk, and Patrick Tolan, members of the planning committee, facilitated the discussions. The four groups reported back to the large group the points that they deemed most critical. Although not all statements endorsed by the four groups apply to all families, they do apply to most families or subgroups. Following are the most critical points offered by the four groups after their discussions.

The Importance of Mental Health for Normal Child Development

The public needs to know:

- Providing support for children’s optimal social and emotional development results in positive outcomes for individuals and society, including healthier behavior, greater school success, improved relationships, and economic savings.
- Available, responsive, stable caregivers are critical for children’s optimal mental health, and these relationships influence brain development from birth. These caregivers need to receive support.
- Families, parents, caregivers, teachers, and others who care for and work with children need to be better informed about milestones of normal, healthy child development to both reassure caregivers when development proceeds within typical limits and to identify early warning signs that indicate when assistance is necessary.
- Children and families can be prepared for stress points and transitions. They can learn the skills to be resilient in periods of stress and challenge, thus protecting and promoting mental health.
- Skills and competencies that improve developmental outcomes can be taught to children, parents, and caregivers.
- Predictable routines at home, in childcare settings, and at school are essential for child mental health.
- Outcome disparities based on race/ethnicity, urban versus rural environments, and socioeconomic status must be addressed. Those most in need or at highest risk are least likely to have access to the highest quality interventions.
Everyday Challenges for Parents

The public needs to know:

- Families can be strengthened and parents can increase their skills through interventions designed to promote children’s mental health.
- Decreasing poverty will increase resources to promote children’s mental health.
- One-stop facilities that provide integrated health care and human services enable parents to meet their children’s needs, which include safety, education, health, and happiness.
- Fragmentation of services prevents or inhibits parents from meeting their children’s needs. Enriching community- and family-based social supports and reducing social isolation and marginalization enables families, schools, and community agencies to improve child mental health and produce healthy, socialized, and responsible citizens.
- For families that have children with a diagnosed mental illness, coordinated systems of care can effectively decrease the severity of children’s mental health symptoms.
- Positive and effective communication, active listening, welcoming engagement, and trusting partnerships between families and schools are essential to promote children’s mental health in the community.

Prevention Opportunities in Child Mental Health

The public needs to know:

- Prevention strategies can address multiple risk factors and have been shown to reduce mental, emotional, and behavioral disorders in childhood and lead to healthy developmental outcomes.
- Healthy prenatal choices, e.g., refraining from smoking, alcohol, or drug use, and avoiding unintentional toxic exposure, protect the developing brain and are critical for child mental health.
- Organized community-wide assessment, planning, and action using evidence-based approaches can reduce the prevalence of childhood mental, emotional, and behavioral disorders.
- A consistent prevention message across diverse settings, e.g., health care, child care, youth-serving organizations, achieves more powerful results.
- Promoting social and emotional learning in school programs leads to success in school and life and prevents mental problems.
- Early physical and emotional abuse is toxic to children and can be prevented.
- Child care should be affordable, of consistently high quality, and valued.
Effective Treatment for Childhood Mental Health Problems

The public needs to know:

- Children can and do develop problematic mental conditions, both chronic and transitory.
- Both diagnosis and treatment should be developmentally appropriate and culturally responsive. The field needs, and families deserve, measurable outcomes based on treatment goals collaboratively defined by families and providers.
- Evidence-based practice\(^2\) exists for many but not all conditions, and these treatments can help children reach their potential and reduce misery among families. These treatments help children succeed at home and in school, help them stay out of trouble, and also improve relationships that affect the child.
- Similar to the obstacles they encounter in the health care system, children and families face many barriers to receiving evidence-based treatments for children’s mental disorders. These barriers include a lack of trained providers, lack of core public financing, limited private insurance coverage, and stigma.
- More research is needed to develop effective, developmentally appropriate, and culturally responsive treatments and to bring them from the development stage to actual delivery. Research can guide the tailoring of interventions to the particular needs of children and families.

\(^2\) The term evidence-based practice is used here as it was defined by the National Research Council and Institute of Medicine (2001) as “the integration of best research evidence with clinical expertise and patient values.” (p. 147)
A number of important overarching themes and issues arose during the small and large group discussion sessions at the Summit that would improve public understanding about young children’s mental health and related public policy. They included:

**Definition of Mental Health**

- Mental health is not simply the absence of a disease or a mental health diagnosis.
- Mental health includes emotional, social, and behavioral health, as well as school issues child welfare issues, and juvenile justice problems.
- Resilience and recovery in the face of downturns or trauma are important features of child mental health.
- Mental health is inextricably linked to physical health and healthy development, as well as to education and safety.
- Children’s mental health is not just about children themselves, but also their siblings, parents, child care environments, schools, communities, physical environments, and so on.

**Families, Parents, and Caregivers**

- Parents want to be effective, and effective parenting can mitigate the impact of some mental health conditions.
- There are evidence-based strategies for parents and other caregivers that contribute to healthy development and reduce risk for mental disorders.
- Promotion of child mental health and prevention and treatment of child mental problems should be family friendly. The way families are treated is too often part of the problem and can be part of the solution.
- Parents’ and caregivers’ knowledge of child development and caregiving skills must be enhanced without causing them to feel blamed.
- The “goodness of fit” between child temperament and caregiver is important to child mental health.
- Supporting caregivers to be responsive and sensitive to young children improves children’s relationships, reduces their risk for mental health problems, and enhances their success in school.
- Parents often seek parenting advice in the context of primary health care encounters.
- Integrated care or a primary “medical home” would allow families and caregivers access to services for themselves and their children in an efficient and comprehensive way that enhances mental health. This is particularly important when a child is at risk for or has a diagnosed mental illness.

**Promotion of Social and Emotional Development**

- Children’s mental health can be supported by attending to their relationships and the environments in which they live (e.g., families, communities, schools, health care environments). Community involvement enhances child social and emotional outcomes.
- Promoting optimal social and emotional development leads to better school achievement, less need for special education services, better physical health (in childhood and adulthood), and fewer children in the juvenile justice system. In short, children are “at home, in school, and out of trouble.”
- Social and emotional development can be promoted by intervening in relationships, built
environments, health care environments, and schools. Community involvement enhances children’s social and emotional outcomes.

- Helping children recognize and regulate their emotions improves later learning. Social and emotional competence leads to success in school.
- Teaching social and emotional skills to children, and teaching parenting skills to parents, decreases the risk of problem behaviors and increases chances for success and achievement. Communities can provide and support this learning.
- Teacher certification programs should include training in social and emotional learning, allowing teachers to be more effective and thereby increasing the likelihood that schools will have better educational outcomes.

Resilience and Stress

- During difficult times, including difficult economic times, positive mental health can be an important asset.
- Resilience is important as a relational process, not just as an individual trait; resilience is not just something a child or parent has or lacks.

Investing early in young children’s mental health can lead to savings downstream in areas such as special education, child welfare, juvenile justice, work productivity, and physical health.

- Stress and transition points provide windows of opportunity to promote children’s and families’ mental health.

Risk Factors and Barriers to Care

- Similar to the obstacles they encounter in the health care system, families face many barriers to mental health care. From a public health perspective, promising treatments could have a very broad impact if families can gain access to them.
- Poverty creates heightened risk for mental problems and limits access to necessary resources. Children who grow up in poverty and in unhealthy neighborhoods are at higher risk and will need more services delivered to them.
- Mental health disorders result from the interaction of biological, environmental, and social risk factors. Many children show early symptoms of these disorders prior to diagnosis and these symptoms and disorders are amenable to early identification and intervention.
- Protective factors such as sensitive caregivers, supportive relationships, effective schools, safe neighborhoods, and access to health care promote mental health and life success.
Child Mental Health Problems

- Children’s mental health problems can lead them to avoid or miss age-appropriate experiences and cause them suffering. They are also a concern for parents, teachers, and peers.
- Children’s mental health problems are not necessarily discrete; there are often multiple or simultaneous problems. Some are chronic, some are episodic, and some are temporary reactions to life changes.
- Extant diagnostic schemes continue to be ill-suited to the developmental needs of children.

Prevention

- Population-wide prevention strategies will reduce the incidence of disorders and thereby decrease the burden on multiple institutions, including schools, jobs, labor markets, neighborhoods, and prisons. This reflects a much needed public health approach to children’s mental health.
- There are effective preventive interventions for populations, such as reducing the effects of poverty, improving the built environment (e.g., using soft turf to reduce head injuries, facilitating physical activity), and improving housing.
- There are preventive interventions to improve brain health, beginning with educating parents about healthy pregnancies, improving birth weight, and preventing injuries.
- Effective preventive interventions should be understood in a developmental framework. There is a good evidence base for many strategies tailored to various developmental phases (see Figure 1, right).
- Whereas treatment is focused on specific disorders, prevention can take a more comprehensive approach, building resources and assets within individuals, within families, within neighborhoods, and within communities, and addressing a wide range of problems.
- Mental health is everyone’s business. Communities, families, and schools that work together support healthy develop-

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Overarching Themes

Healthy Development: Mental health should be addressed where children live, play, work, and grow.

- Some preventive interventions are universal (e.g., Good Behavior Game for classroom management) and some target selective populations which have elevated risk (e.g., Nurse Home-Visiting Program for young mothers). Research must further investigate which is superior, as well as the ideal timing and dosing for effectiveness.
- Prevention science must find ways to apply successful small-scale interventions on a larger scale. This requires political will and resources.
- Prevention of children's mental, emotional, and behavioral health problems is ideal but is not always possible. In those circumstances, the availability of effective treatment becomes the goal.

Treatment

- Many parents are desperately seeking effective mental health treatment for their children with mental health problems.
- There is a growing science base for mental health treatment. The most promising systematically evaluated treatments teach skills to children or parents, change behaviors, and improve relationships.
- It is critical to incorporate caregivers and family relationships in treatments with young children. Approaches should be developmentally appropriate, culturally responsive, and family focused.
- An ideal way to improve knowledge about interventions is through partnerships among researchers, communities, and families.
- The scientific evidence regarding treatment is complex when considering child mental disorders as a whole. Evidence-based treatments are often specific to particular disorders, while prevention may have broader impacts and implications.
- It is helpful to look across treatments to discover which elements consistently prove effective. These common elements, or “effectiveness factors,” are very useful for the public and policymakers in determining policy directions.
- A gap remains between efficacy trials (what works in a research setting) and effectiveness trials (what works in communities).
- Mental health treatment for chronic conditions is aimed at helping children and families manage the condition to maximize development and improve functioning. Intervention in early childhood is critical to mitigate the short- and long-term impact of mental health conditions, including changes in brain architecture. Treatment can sometimes prevent a condition from getting worse and/or a related problem from developing.
- There are significant workforce challenges in terms of appropriate training and maintenance of reasonable workloads to ensure the delivery of effective mental health services for children and families.
- The mental health treatment enterprise needs to be interdisciplinary in order to fully understand and address complex issues.

**Policy**

- Policies are needed that promote interdisciplinary training and collaboration (e.g., integrated health care, developmental consultation in schools, training in appropriate use of medication). Policies need to ensure reimbursement for this collaboration.

- Mental health policy needs to be integrated with the rest of health policy, sharing the common goal of the delivery of evidence-based practice across a range of health care settings.

- Service evaluation is critical. Funding should be increased to translate what works under what conditions in various communities and to train providers to implement those services.

- Research should investigate treatment effectiveness in communities, effectiveness factors across treatments, the translation and implementation of evidence-based or promising treatments to new settings, and the efficacy of new treatments.
A
n important discussion among the full group of Summit participants focused on perspectives that were not adequately represented at the Summit but that are necessary in the discussion about children’s mental health. Partnering and bringing together different sources of knowledge and expertise, with the goal of promoting child mental health and addressing mental health problems, is key to influencing change in the public’s knowledge of and attitude toward child mental health and a key step in changing health policy. In addition to child mental health researchers and providers, important partners to enact change in child mental health policy are human service providers, the business community, and federal, state, and local governments. For example, Summit discussion identified the following as important partners going forward:

- Child and family advocates and representatives from additional family organizations that represent parents, grandparents, and caregivers;
- Social science researchers outside the field of child mental health who could provide another objective perspective (e.g., labor economists, social historians);
- Advocates for racial, ethnic, cultural, and language minority populations;
- Community members or organizations that interact with children and families (e.g., school personnel, health care providers, educators, faith-based leaders);
- Other professionals concerned with the impact of child development on society (e.g., business leaders and the media);
- Payers including insurers, employee benefit directors, and Medicaid directors;
- Members of the law enforcement and judicial systems and related groups (e.g., Fight Crime, Invest in Kids); and
- Policymakers who address the social, environmental, and economic determinants of health (e.g., housing, poverty).
The field of children’s mental health has greatly advanced in the past 25 years, although there remains a lack of public understanding about the role of child mental health in healthy child development. The Summit brought into full relief a rugged terrain of challenges, tensions, and opportunities that shape the way forward. To address central issues in promoting the healthy development of the nation’s children, the public, parents, families, caregivers, and teachers need more information about child mental health and its role in healthy child development. When provided with a snapshot of social, emotional, developmental, and behavioral milestones, they will be more inclined to recognize early warning signs of problems and disorders in children’s mental health.

While mental health scientists have documented the complex interplay among genetics, biology, temperament, and environment, these conclusions have yet to reach parents, teachers, and caregivers in practical ways. In addition, parents, teachers, and caregivers need to know that children can and do develop mental health problems and that effective treatments exist for many of these problems.

The public needs to know that early investment in children’s mental health can result in both proximal and distal savings for individual families and for society. Investing in child mental health can generate better health and academic achievement in the short-run, with implications for better functioning and productivity later in life. Savings may be realized in many areas, including parents’ work productivity, special education costs, out-of-home placements, legal and welfare systems, and general health.

Children’s mental health must be included in discussions of health policy and health care reform. The National Research Council and Institute of Medicine (2009) estimates the annual cost of mental disorders in young people to be $247 billion. Although analyses of the benefit-cost ratio for the prevention of these disorders and the promotion of mental health have been limited, there is evidence that the benefits of some specific interventions significantly outweigh the costs. Additional benefit-cost analyses must be developed to support funding for the promotion of mental health and the prevention of mental health problems in children.

Some of these goals can be met as experts in the field continue to collaborate with communication scientists, a conviction reinforced by the experiences of Summit participants (see Appendix D for a summary of feedback from Summit participants). Continuation of processes initiated at the Summit, identification of elements of the core story of child mental health, and appreciation of systematic evidence-based analyses as a basis for refining and telling the story hold great promise for educating and enlightening the public. Communication scientists will continue their investigations, and mental health scientists will participate in those efforts as well as explore diverse approaches to improving collaboration, communication, and knowledge transfer.

In reaching these conclusions and setting these objectives, Summit participants uncovered a series of significant challenges and healthy tensions which they will strive to address as they move forward. Progress in fostering children’s mental health may even be benchmarked along some of these dimensions.

The diverse field of stakeholders in children’s mental health has not, and may never, agree on all issues. Indeed, the Summit was designed to encourage difficult dialog among diverse perspectives. There are many “silos” holding important information, but too often they also block efficient and effective integration and application of that knowledge. Even within the mental health sciences, territories, disciplines, or specialties are separated in problematic ways. 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.

Within the field, positions vary on definitions of knowledge and readiness. Does the field know enough to say anything definitive, or does the field know enough to proceed yet need to know more? Must the field wait for some “perfect” or “complete” knowledge or proceed with the “best available” knowledge? Powerful concepts such as “systems of care” or “medical home” need orchestrated support from both evidence-based practice and practice-based evidence in child mental health. Does diversity or consensus most impel innovation? Even in the generation of the definition of “child mental health,” Summit participants acknowledge an unresolved tension.

While significant awareness and progress have marked the inclusion of families in the work and debates, sensitivity to targeting support or intervention without implying causality or blame is a challenge. Clearly, families should be viewed as partners with “experts,” and the scope of partnerships needs broadening and deepening.

As always, scarce resources and funding complicate collaboration. How does the field balance the need for research with that for programs and services? Promotion, prevention, and treatment priorities confound the experts and compete for attention. Traditional economics may not drive decision making in these areas.

Some, though certainly not all, of these tensions and challenges can be addressed in the context of deepened collaboration, which Summit participants enthusiastically endorsed. As experts in the field cultivate and test messages and core stories, they will grapple with decisions about the best messengers for influencing, even transforming, public attitudes and political will. How can the field best support and enable those champions? How will the field broaden, strengthen, and nurture the liaisons and collaborations across diverse stakeholders, all so deeply committed to the shared goal of better mental health for the nation’s children?

Summit participants welcomed these challenges, acknowledged these tensions, and considered that science may be an arbiter across silos, disciplines, or domains. Now is the time to move the field forward and address the public’s need for better understanding of the role of mental health in healthy child development and in society’s prosperity.


Appendix A: Biosketches of Participants

Thomas Anders, MD, is Distinguished Professor of Psychiatry and Behavioral Sciences (Emeritus) at the UC Davis M.I.N.D. Institute and the immediate Past President of the American Academy of Child and Adolescent Psychiatry (AACAP). He is a graduate of Stanford University School of Medicine (1960). He was appointed Director of the Division of Child and Adolescent Psychiatry at SUNY/Buffalo in 1972 and then headed Divisions of Child and Adolescent Psychiatry at Stanford University (1974-1984) and Brown University (1985-1992). He joined the faculty of UC Davis as Chair, Department of Psychiatry (1992-1998) and then was appointed Executive Associate Dean of the School of Medicine (1998-2002). He retired from the University of California in 2005 but continues an active program of sleep research at the UC Davis M.I.N.D. Institute. Dr. Anders has clinical and research interests in the areas of maturation of infant sleep-wake states and pediatric sleep disorders. He is currently studying sleep-wake patterns and sleep disorders in children with autism.

Barry Anton, PhD, ABPP, is Distinguished Professor Emeritus at the University of Puget Sound. He is also Managing Partner of Rainier Behavioral Health, a large, multi-disciplinary mental health clinic in Tacoma, Washington. A member of the APA Board of Directors, Dr. Anton is the recipient of several prestigious awards from the American Psychological Association, including the Karl F. Heiser Award for Advocacy. His research interests include children’s mental health public policy. His latest book, Introduction to Clinical Psychology, with Janet Matthews, was published by Oxford University Press in 2008.

Susan Nall Bales, MA, is President and founder of the nonprofit FrameWorks Institute (www.frameworksinstitute.org) and a Visiting Scientist in the Department of Society, Human Development, and Health at the Harvard School of Public Health. She has lectured at Pitzer College and served as a visiting scholar at Brandeis University’s Heller Graduate School for Social Policy and Management. She is a contributing member of the National Scientific Council at Harvard University’s Center on the Developing Child. Ms. Bales served as director of strategic communications and children’s issues at the Benton Foundation where she founded www.connectforkids.org, an award-winning Web gateway. She served as Vice-president for Public Affairs at the National Association of Children’s Hospitals, where she created “Who’s for Kids and Who’s Just Kidding?”, a national advocacy campaign. For eight years, she served as President of Public Affairs Research & Communications, where she designed and managed communications campaigns nationwide. A graduate of UCLA, she received her MA degree from Middlebury College.

Richard P. Barth, MSW, PhD, is Dean, School of Social Work, University of Maryland. He previously served as a chaired professor at UC Berkeley and UNC and he authored or co-authored 12 books and more than 200 articles and chapters. His research areas include child abuse prevention, home visiting, services and outcomes of foster care and kinship foster care, adoption, children’s mental health, school social work, substance abuse, cost analysis, residential education, evidence-based parent training, and intensive in-home services as an alternative to out of home care. He recently identified the high levels of mental health problems among children in child welfare services (CWS) and the significant proportion—especially in nonurban areas—who enter CWS principally because of child mental health problems. He currently serves as Co-Investigator of the Atlantic Coast Child Welfare Implementation Center, which provides technical assistance on implementation of best practices.

Gary M. Blau, PhD, is a Clinical Psychologist and Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). In this role, he provides national leadership for children’s mental health and for creating “systems of care” across the country. Prior to this, Dr. Blau was the Bureau Chief of Quality Management and Director of Mental Health at the Connecticut Department of Children and Families (DCF), and the Director of Clinical Services at the Child and Family Agency of Southeastern, Connecticut. Dr. Blau was a member of the National Association of State Mental Health Program Director’s Division of Children, Youth and Families. He has received several awards, most recently the recipient of the 2009 HHS Secretary’s...
Award for Meritorious Service for his national leadership in children’s mental health. Dr. Blau has numerous journal publications and has been the editor of several books, including the recently published *Handbook of Childhood Behavioral Issues: Evidence-based Approaches to Prevention and Treatment* and *The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families*. He received his PhD from Auburn University, and currently holds a clinical faculty appointment at the Yale Child Study Center.

Nicole Bobo, RN, MSN, is the Nursing Education Director for the National Association of School Nurses (NASN). Working for the NASN since 2000, her program areas include diabetes, immunizations and adolescent mental health/suicide prevention. Her administrative activities include current project manager of a five year CDC-NDEP cooperative agreement (Managing and Preventing Diabetes and Weight Gain) and past project manager of a three year CDC-NIP cooperative agreement; oversight for immunization programming (e.g., continuing nursing education, media outreach, online toolkits); liaison to various national collaborative meetings (topics range from diabetes to mental health); coordination of various NASN Board projects; and participation in grant writing and association publications. Nicole co-authored three journal articles since 2002 on the topics of type 2 diabetes in youth, emergency medical equipment for schools and school nurse competencies. National presentation topics focus on school nursing practice: diabetes management, nursing delegation, disaster preparedness, immunizations, and competencies.

James Bray, PhD, is Director, Family Counseling Clinic and Associate Professor, Family and Community Medicine, Baylor College of Medicine, Houston, Texas. He teaches psychology students, resident physicians and medical students and directs the faculty development program. He conducts research on divorce, remarriage, adolescent substance use, applied methodology and collaboration between physicians and psychologists. Dr. Bray maintains an active clinical practice specializing in children and families, behavioral medicine, and child custody issues, and has consulted to state and federal policy initiatives. He has authored more than 110 publications, and received numerous grants and awards. He was previously on the faculty at Texas Woman's University, Houston Center, and received his PhD in clinical psychology from the University of Houston. Dr. Bray is the current President of the American Psychological Association.

Mary Campbell, MS, is the Director of the American Psychological Association’s (APA) Children, Youth, and Families Office (CYFO). She leads the CYFO team in efforts to ensure that children, youth and families receive the APA’s full attention. They develop and disseminate educative materials concerning the psychological status of children, youth, and families for psychologists, other professionals, policy makers, and the public. These efforts contribute to the formulation and support of initiatives and programs that facilitate the optimal development of children, youth, and their families. Mary leads the Association’s efforts in the area of children’s mental health having worked with several APA task forces on this topic. Mary holds a Master of Science Degree in Counseling Psychology. She has devoted her career to working on child, youth, and family related issues. Prior to joining the APA, Mary worked for a Member of Congress as a legislative assistant and as the Congressman’s liaison between constituents and federal agencies.

Ralph Eugene (Gene) Cash, PhD, is a Florida licensed psychologist and a Nationally Certified School Psychologist (NCSP). He earned both his master’s degree and PhD in school psychology from NYU. Gene worked for the Broward County, Florida Public Schools as a school psychologist and an administrator for four years. He was in private practice full-time for 22 years and now handles the administration of that practice. Currently he is an associate professor of psychology at the Nova Southeastern University (NSU) Center for Psychological Studies and director of the NSU School Psychology Assessment and Consultation Center (SPACC). He is a past president of the Florida Association of School Psychologists (FASP); co-founder and past president of the FASP Children’s Services Fund, Inc., FASP’s charity arm; a member of the Florida Suicide Prevention Coordinating Council; and was recently honored by FASP with their rarely bestowed Willard Nelson Lifetime Award.
Achievement Award. Gene is the current President of the National Association of School Psychologists (NASP).

Rosemary Chalk, BA, is the Director of the Board on Children, Youth, and Families (BCYF) at the National Academies. She is a policy analyst who has served as a study director with The National Academies since 1987. In 2003, she assumed the position of director of the Board on Children, Youth, and Families. Recent studies include a focus on parental depression, adolescent health care, the assessment of developmental outcomes of young children, and the prevention of mental health disorders and substance abuse among young people. Prior to her position as BCYF director, Ms. Chalk directed over a dozen studies within the Institute of Medicine and the National Research Council, including studies on family violence, child abuse and neglect, and research ethics. Her prior positions include the program head of the Committee on Scientific Freedom and Responsibility of the American Association for the Advancement of Science. Ms. Chalk has a BA in foreign affairs from the University of Cincinnati and served as an Exxon Research Fellow in the MIT Program on Science, Technology, and Society.

Carol Brunson Day, PhD, is the Chief Executive Officer of the National Black Child Development Institute, whose mission is to improve and advance the quality of life for Black children and families through advocacy and education. She sits on numerous national boards including Zero to Three Editorial Board, National Center for Professional Development and Inclusion National Advisory Panel, and T.E.A.C.H. Technical Assistance Center National Advisory Panel. Dr. Day has authored publications on subjects such as professional development, diversity and multicultural education, and cultural influences on development, and has a long history of interest and expertise on African-American culture and heritage. Dr. Day has spoken at conferences and programs across the United States and internationally and is widely recognized as a leader in the field of early childhood education. Dr. Day received a BA in Psychology from the University of Wisconsin-Madison, a MEd from the Erikson Institute in Chicago and a PhD in Education from Claremont University, California.

Greg Duncan, PhD, is Professor of Education at the University of California, Irvine. An economist, he was previously at Northwestern University where he was Professor in the School of Education and Social Policy and Faculty Affiliate in the Institute for Policy Research. He has published extensively on issues of income distribution, child poverty and welfare dependence. He is co-author of Higher Ground: New Hope for the Working Poor and Their Children (2007) and co-editor of For Better and For Worse: Welfare Reform and the Well-Being of Children and Families (2001), Consequences of Growing up Poor (Russell Sage, 1997) and the two-volume Neighborhood Poverty (Russell Sage, 1997). He continues to study neighborhood effects on the development of children and other issues involving welfare reform, income distribution, and its consequences for children and adults. He was principal investigator of the Panel Study of Income Dynamics project for many years, and Professor of Economics and Distinguished Research Scientist at Michigan’s Survey Research Center. Dr. Duncan is a member of the interdisciplinary MacArthur Network on the Family and the Economy. He was elected to the American Academy of Arts and Sciences in 2001, President of the Population Association of America for 2007-08, and is the President-Elect of the Society for Research in Child Development (2009-2011).

Mary E. Evans, RN, PhD, FAAN, is Associate Dean for Research and Doctoral Study at the College of Nursing, University of South Florida. Prior to assuming this position, she was Director of the Bureau of Evaluation Research at the New York State Office of Mental Health. During 2008-2009 Dr. Evans is on leave from USF, with an appointment as Senior Nurse Scholar in Residence at the Institute of Medicine. She is a Sociologist and child mental health services researcher. She has been the principal investigator on several federally funded research studies concerned with the outcomes of innovative children’s services. Her research interests include intensive case management, crisis services for children with emotional and behavioral problems and community-based mental health services. Her current research focuses on transition age youth, collaboration and conflict in systems of care, and the role of family organizations in systems of care.
Rhea K. Farberman, APR, is the Executive Director for Public and Member Communications at the American Psychological Association. In her position she directs the Association's public affairs and media relations programs, serves as the Association’s national spokesperson, runs its in-house publications and membership marketing departments and is the Executive Editor of The Monitor on Psychology, APA’s monthly newsmagazine. In 2001, Farberman directed the launch of APA’s national violence prevention campaign including public service ads built around the tag—What a Child Learns About Violence A Child Learns For Life. In 1997, Farberman and APA won a PRSA Silver Anvil award for “Talk to Someone Who Can Help”, a public education campaign designed to increase the public’s awareness of the value of psychological services. Prior to joining APA, Farberman was a self-employed consultant working primarily on federal public information and education projects including the 1990 Census, U.S. Department of Health and Human Services health education and prevention programs, and White House Conferences and Councils. Farberman has served on the Board of Directors of the Public Relations Society of America’s health care academy. She is an honors graduate of American University’s School of Communications and completed graduate studies in public relations and publications management at George Washington University.

E. Michael Foster, PhD, is a health economist and Professor in the Departments of Maternal and Child Health and of Health Policy and Administration, Gillings School of Global Public Health, University of North Carolina, Chapel Hill. He is the author of numerous publications, including papers concerning economic analyses of behavioral interventions and mental health services for children and youth. Dr. Foster is currently an Associate Editor for Developmental Psychology. He received his BA in economics at the College of William and Mary, and his PhD at the University of North Carolina, Chapel Hill.

Walter S. Gilliam, PhD, is the Director of The Edward Zigler Center in Child Development and Social Policy and Assistant Professor of Child Psychiatry and Psychology at the Child Study Center, Yale School of Medicine. He is a Senior Advisor to the National Association for the Education of Young Children (NAEYC) and a fellow at the National Center for Infants, Toddlers and Families (Zero to Three) and the National Institute for Early Education Research. His research involves early childhood education and intervention policy analysis, ways to improve the quality of prekindergarten and child care services, and the impact of early childhood education programs on children’s school readiness. He has conducted randomized trials of statewide early childhood mental health consultation systems infused into child care programs. He is co-recipient of the 2008 Grawemeyer Award in Education for the coauthored book A Vision for Universal Preschool Education.

Mark Greenberg, PhD, holds The Bennett Endowed Chair in Prevention Research in Penn State’s College of Health and Human Development. He is the Director of the Prevention Research Center for the Promotion of Human Development. Since 1981, Dr. Greenberg has been examining the effectiveness of school and family-based curricula to improve the social, emotional, and cognitive competence of elementary-aged children. He is the author of more than 200 journal articles and book chapters on developmental psychopathology, well-being, and the effects of prevention efforts on children and families. He consults with government agencies and foundations at the local, state, federal, and international level on topics related to child development and mental health promotion. In 2002, he was awarded the Distinguished Research Scientist Award of the Society for Prevention Research. Dr. Greenberg recently served as a member of the National Advisory Council on Drug Abuse.

Larke Nahme Huang, PhD, a licensed clinical-community psychologist, is the Senior Advisor on Children to the Administrator of the Substance Abuse and Mental Health Services Administration. She provides leadership on national policy for mental health and substance use services for children, adolescents and families. She is the agency lead on cultural competence and eliminating disparities. She is currently on a six-month leadership exchange at the Centers for Disease Control and Prevention where she is the Senior Advisor on Mental Health. Huang has worked at the interface of practice, research and policy and in leadership roles dedicated to improving the lives of children, families and communities.
She was a community mental health practitioner, faculty at UC, Berkeley, Georgetown University, and the American Institutes for Research, has worked with states/communities to build systems of care for children, developed and evaluated programs for underserved youth, and authored books/articles. Huang served as a Commissioner on the President’s New Freedom Commission on Mental Health and is a member of the Carter Center Mental Health Task Force. She received her doctorate from Yale University.

**Nat Kendall-Taylor, PhD**, is a medical and psychological anthropologist and Senior Researcher at FrameWorks Institute. Nat’s interests lie in child and family health, well-being, and in understanding the social and cultural factors that create health disparities. Nat earned his BA from Emory University and his Master’s and Doctoral degrees from the University of California, Los Angeles. He has conducted extensive fieldwork on the coast of Kenya studying the treatment of pediatric epilepsy, the uses of traditional medicine, and the impacts of chronic child illness on family well-being. He has worked as a member of a team of international scientists to design a structural and communication based intervention to improve the well-being of families of children with epilepsy in Kenya and other sites throughout Sub-Saharan Africa. He has also applied social science methods in health research in Azerbaijan and recently served as a consultant at the Kazakhstan Institute of Management, Economics, and Strategic Research in Almaty. He has also conducted ethnographic research on cultural and psychological theories of motivation in extreme sports athletes.

**Penny Knapp, MD**, is Professor Emeritus of Psychiatry and Pediatrics at UC Davis, and continues to teach and to carry out clinical services research for children in public mental health settings. Since 1998 she has served as Medical Director, State of California Department of Mental Health. Her current interests are in prevention and early intervention for children under the age of five and their families, and integration of mental health services into primary care. She has been project director for the Infant Preschool Family Mental Health Initiative, funded to California DMH by First 5: California Children and Families Commission, and co P-I of the California ABCD–II project, funded by NASHP. She is currently Co-chair of the California Mental Health Care Management Program (CalMEND), a joint DMH and DHCS quality improvement project. She serves on the American Academy of Pediatrics (AAP) Mental Health Task Force.

**Ronald W. Manderscheid, PhD**, has served as the Director of Mental Health and Substance Use Programs at the Global Health Sector of SRA International since 2006. In this capacity, he is developing new demonstration and research projects around mental health and substance use services, programs, and systems, using a public health framework. He is also Adjunct Professor at the Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, and a Member of the Secretary of Health and Human Services Advisory Committee on Healthy People 2020. Previously, Dr. Manderscheid served as Branch Chief, Survey and Analysis Branch, Center for Mental Health Services, SAMHSA and in a variety of positions with the National Institute of Mental Health. He is currently on the Governing Council of the American Public Health Association (APHA), and past Chair of the APHA Mental Health Section. He has served as the Chairperson of the Sociological Practice Section of the American Sociological Association. He served as principal editor for eight editions of *Mental Health, United States* and has authored numerous scientific and professional publications. He is the recipient of numerous federal and professional awards. Dr. Manderscheid received a BA degree in Sociology from Loras College; a MA degree in Sociology-Anthropology from Marquette University; and a PhD in Sociology from the University of Maryland.

**Tammy Mann, PhD**, is currently Deputy Executive Director at ZERO TO THREE. In this capacity, she is responsible for directing the organization’s programmatic work, which targets professionals, policymakers and parents. She is the former Director of the Early Head Start National Resource Center at ZERO TO THREE—a national center responsible for providing training and technical assistance to over 700 Early Head Start programs across the country. For nearly 20 years, Dr. Mann’s professional activities have involved working in applied settings that address the needs of very young children. Her interests
cut across the following content areas: social and emotional development of young children; mental health interventions for young children; culture and its impact on child development; comprehensive interventions for young children birth to five; and poverty and its impact on child development. She has published a variety of papers and book chapters and has served on numerous panels and national advisory committees on issues related to young children. She has been an adjunct faculty member at Howard University in the Department of Human Development and Psychoeducational Studies and a Public Policy Fellow at the American Psychological Association.

Tiffany Manuel, PhD, serves as the Research Director with the FrameWorks Institute. Dr. Manuel is an expert in policy analysis and brings substantial expertise in managing policy related research projects of varying scope and methodological complexity. Prior to joining FrameWorks, Dr. Manuel served as a senior policy analyst at the U.S. Department of Health and Human Services where she was responsible for conducting and directing public policy research. She has served as a senior researcher at Harvard University’s Radcliffe Institute for Advanced Study and has also served as an Assistant Professor of Political Science and Public Policy at the University of North Carolina at Charlotte. She has worked as an economic development consultant in the areas of program evaluation, comparative regional economic analysis, cost-benefit analysis, and social welfare and labor policy analysis. She is the author of several articles, book chapters and reports on these topics. She holds a BA in Political Science from the University of Chicago, a master’s degree in Political Science from Purdue University as well as doctorate and master’s degrees in public policy from the University of Massachusetts, Boston.

Mary Ann McCabe, PhD, is Associate Clinical Professor of Pediatrics, George Washington University School of Medicine and Affiliate Faculty in Applied Developmental Psychology at George Mason University. At the time of the Summit, she was Director of the Office for Policy and Communications, Society for Research in Child Development (SRCD). In her role with SRCD, she oversaw activities in science policy, social policy, and knowledge transfer for practice and policy, and directed the SRCD Congressional and Executive Branch fellowship programs. Prior to assuming this position, Dr. McCabe was the Director of Health Psychology and Director of Training in Psychology at Children’s National Medical Center. She has specialized in various aspects of the development and mental health of chronically ill children, and has taught these topics to various health care disciplines, including nursing, pediatrics, psychology, psychiatry and social work. She has published numerous journal articles and book chapters, and serves on a variety of boards and committees. A licensed clinical psychologist, Dr. McCabe continues research collaboration, teaching, consulting, and clinical practice. She received her BA in psychology from Clark University and her doctorate at the Catholic University of America, and then completed her clinical internship and an advanced fellowship through Harvard Medical School.

Gabriele McCormick, MA, is a freelance writer based in the Washington, D.C. area. Her work has appeared in numerous magazines, newspapers, and professional journals. A former staff member of the American Psychological Association, she has expertise writing about women’s issues, particularly depression and women’s health, and issues affecting children, youth, and families. She is coauthor of the book Childhood Mental Health Disorders published in 2008. Ms. McCormick holds a master’s degree in writing and holds an adjunct faculty position at Frederick Community College in Frederick, Maryland. She served as the science writer for the report of the Summit.

Jacquelyn McCroskey, DSW, is the John Milner Professor of Child Welfare at the University of Southern California School of Social Work. She provides policy and research leadership in Los Angeles County on a broad range of child and family well-being issues. She has ongoing relationships with key officials dedicated to improving Los Angeles’ early care and education, child welfare, and juvenile justice systems. Through her work with county, city and school district policy makers in Los Angeles, she has investigated inter-agency collaboration, public-private relationships, network development and the geography of service delivery in many service areas, settings and organizational contexts. She has used data
and scholarship to inform policy and guide improvements to government systems including development of the Los Angeles’ County Children’s ScoreCard and the Children’s Budget. She is currently co-chairing (with Dr. Peter Pecora) a large evaluation group assessing the Department of Children and Family Services’ Title IV-E Waiver and its 2008-09 Prevention Initiative. In 2003, she was named California’s Social Worker of the Year by NASW.

Bernadette Mazurek Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP, is currently Dean and Distinguished Foundation Professor in Nursing at Arizona State University College of Nursing. Prior to her appointment at ASU, she was the Associate Dean for Research and Director of the Center for Research and Evidence-Based Practice at the University of Rochester School of Nursing. In addition, she served as Director of the nation’s first Dual Pediatric Nurse Practitioner/Psychiatric Nurse Practitioner Programs. Dr. Melnyk has actively practiced for over 20 years as a pediatric nurse practitioner/psychiatric nurse practitioner in primary care as well as in-patient psychiatric and school-based day treatment programs. Her program of research is in preventive interventions for children, teens, and parents. Dr. Melnyk is founder and chair of a national mental health promotion campaign for children and teens called KySS (Keep your children/yourself Safe and Secure) that is sponsored by the National Association of Pediatric Nurse Practitioners. In addition, she is currently a member of the United States Preventive Services Task Force. Dr. Melnyk is the recipient of numerous awards from professional organizations in nursing and has authored over 110 publications. Dr. Melnyk earned her BS from West Virginia University, MSN from the University of Pittsburgh, and PhD in clinical research from the University of Rochester.

Christine Nelson, BA, is currently a Program Manager with the National Conference of State Legislatures in Denver, Colorado, where she advises legislators from across the country on public policy issues that affect children and families. Her most recent work is focused on helping states reconfigure their welfare programs to meet federal requirements, newly formed state legislative commissions working to reduce poverty and state

strategies to increase family economic success. She also serves as NCSL’s resident expert on marriage and family law issues, particularly same-sex marriage. She is NCSL’s liaison to the Minnesota legislature. Prior to joining NCSL, Nelson was a senior advisor to Minnesota Governor Jesse Ventura, where she was responsible for constituent affairs, judicial appointments and appointments to statewide boards and commissions. Nelson co-founded a charter school in St. Paul, Minnesota in 2005. She has a Bachelor’s degree in Political Science from the University of Minnesota.

Trina W. Osher, MA, is President of Huff Osher Consulting, Inc. She speaks with a family voice working to build collaborative alliances between families, policy makers, and providers in the mental health, education, child welfare, and juvenile justice communities. She also collaborates with researchers in studies that result in information that can improve the quality of life for children, youth, and families. Ms. Osher has served as a consultant to a number of government agencies, family-run organizations, and policy organizations. For example, she worked in close collaboration with the Child, Adolescent and Family Branch of the Center for Mental Health Services to develop the definition of family-driven care and the Ambassador’s Guide for its dissemination and implementation. She also served as a family member on the Maryland state advisory council. Ms. Osher spent 12 years with the Federation of Families for Children’s Mental Health and prior to that worked as a special educator for 30 years. Her writing has been published by many technical assistance centers, professional associations, advocacy organizations, and in scholarly journals. She was educated at Pratt Institute, Columbia Teachers College, and Harvard Graduate School of Education.

Bruce F. Pennington, PhD, is Professor of Psychology and Director of the Developmental Psychology Lab at the University of Denver. A developmental neuropsychologist, he has been doing research on the genetics and neuropsychology of developmental disabilities for over 30 years. These disabilities include dyslexia, ADHD, autism, and various genetic syndromes that affect cognitive development (i.e. sex chromosome anomalies, Down syndrome, Fragile X syndrome, and Williams
syndrome). He has published extensively on these topics and was selected to appear on ISIHighlyCited.com because of his exceptional citation count in the field of Psychology/Psychiatry. Currently, he uses genetic and neuropsychological methods to understand co-morbidity among disorders, such as that between dyslexia and ADHD. He has also been the primary research mentor for 38 doctoral and postdoctoral students, many of whom are now pursuing their own research on developmental disabilities.

Deborah Perry, PhD, rejoined the faculty at the Georgetown University Center for Child and Human Development in January, 2009. She currently serves as the Project Director for a newly funded Head Start Center for Effective Mental Health Consultation and the co-principal investigator on a statewide evaluation of mental health consultation to child care in Maryland. Dr. Perry’s research focuses on community-based participatory approaches to designing and testing preventive interventions for young children and their caregivers. In partnership with a colleague at George Washington University, Dr. Perry was awarded a 4-year research grant to test the effectiveness of a preventive intervention for post-partum depression in high-risk Latina women. Dr. Perry, Roxane Kaufmann and Jane Knitzer edited, Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems (2007). Dr. Perry has a PhD in maternal and child health and a master’s degree in psychology.

Linda Reddy, PhD, is an Associate Professor of Psychology at Rutgers University, where she serves as Director of the Child ADHD and ADHD-Related Disorders Clinic. Dr. Reddy received her PhD in School Psychology and MA in Statistics/Measurement from The University of Arizona and BA in Psychology from Boston University. She has published over 40 manuscripts and co-edited/authored 5 books in the areas of child mental health and behavior disorders, parent and teacher training, and school-based interventions. She is the recipient of the 2003 Emerging Researcher’s Award from the New Jersey Psychological Association, 2004 Distinguished Faculty Research Award from Fairleigh Dickinson University, and 2006 Outstanding Service Award from APA Division 16. In 2008, she received a 1.4 million grant from the U.S. Department of Education focused on developing and validating teacher progress monitoring scales for elementary school teachers that assess positive instructional and classroom behavior management strategies. Dr. Reddy is a licensed psychologist who has extensive clinical experience working with schools and children with mental health and learning difficulties.

Jeannie Lewis Ritter, BA, is the First Lady of Colorado. The daughter of a U.S. Navy Captain, Jeannie Lewis Ritter lived in Texas, Georgia, California, Washington, Rhode Island, and North Carolina, before settling in Colorado in 1972. After graduating from the University of Northern Colorado with a degree in Special Education, she volunteered with the Peace Corps in Tunisia. Jeannie and Bill Ritter married in 1983, and spent three years in Zambia as lay missionaries, running food distribution and health education centers. Jeannie taught in Denver Public Schools for ten years, specializing in classes for emotionally disturbed children. As First Lady of Colorado, she has made mental health issues her focus, hoping to bring much needed attention to this often-ignored issue.

Karen J. Saywitz, PhD, is a developmental and clinical psychologist on the faculty of the Center for Healthier Children, Families and Communities at the UCLA School of Medicine. For 20 years, she has directed programs providing mental health services to children and families in the public sector and trained students in medicine, psychology, social work, nursing, and law to do the same. Dr. Saywitz is an international expert on children in the legal system. Her research has been cited by the US Supreme Court and numerous U.S. appellate courts. Studies focus on forensic interviewing, court preparation, and mental health services for child victim-witnesses and children adopted from foster care. Dr. Saywitz has won national awards for her pioneering research, outstanding teaching, and distinguished clinical service, including the Nicholas Hobbs Award for Child Advocacy from the American Psychological Association’s (APA) Society for Child and Family Policy and Practice and the Research Career Achievement Award from the American Professional Society on the Abuse of Children. She founded and chaired the APA Interdivisional Task Force on Child Mental
Health and currently chairs a Centers for Disease Control working group to identify public health strategies for child maltreatment prevention in primary care settings through the promotion of evidence-based positive parenting programs and behavioral integration in community health centers.

**David Shern, PhD**, has more than 30 years of distinguished service in mental health services research and system reform. In 2006 he was named President and CEO of Mental Health America (formerly the National Mental Health Association), the country’s oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. Prior to joining MHA, Dr. Shern served as dean of the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida, one of the largest research and training institutes in behavioral health services in the United States. In 2000, Florida Governor Jeb Bush appointed Dr. Shern to the Florida Commission on Mental Health and Substance Abuse. He also founded and directed the National Center for the Study of Issues in Public Mental Health—an NIMH-funded services research center—located in the New York State Office of Mental Health. His work has spanned a variety of mental health services research topics, and he has authored more than 100 publications. Recently, Dr. Shern received the 2008 Luminary Award from the National Alliance for Research on Schizophrenia and Depression for his outstanding contribution in research for the treatment of mental illness and brain disorders. In addition, he received the 2006 Carl Taube award from the American Public Health Association in recognition of his career contributions to mental health services research. Dr. Shern received his BS, MS and PhD in Psychology from the University of Colorado, Boulder.

**Stephen R. Shirk, PhD**, is Professor of Psychology and Director of the Clinic for Child and Family Psychology at the University of Denver. Dr. Shirk received his PhD in clinical psychology from the New School for Social Research and completed a post-doctoral fellowship in clinical research at Harvard Medical School. Dr. Shirk is a past-president of the Society of Clinical Child and Adolescent Psychology, (Division 53, American Psychological Association [APA]). He serves as a consulting editor for a number of journals including the Journal of Consulting and Clinical Psychology. Dr. Shirk is currently a member of the APA Committee on Children, Youth, and Families. Since 2000, Dr. Shirk has received NIMH funding for his research on the development and treatment of adolescent depression. Dr. Shirk’s primary research focus is on the implementation of evidence-based treatments for children and adolescents in clinical service settings. A major thrust of his recent work has been on strategies that promote treatment engagement and adherence.

**Jean C. Smith, MD, FAAP**, is a fellowship trained developmental and behavioral pediatrician with Wake County Human Services in Raleigh, North Carolina, and Clinical Associate Professor of Pediatrics in the Department of Pediatrics at the University of North Carolina, Chapel Hill. Dr. Smith provides clinical services for children and adolescents in the Wake County Public Health Center and is the lead pediatrician for Wake County’s foster care program that provides comprehensive and coordinated medical, developmental, and behavioral assessment for children entering foster care. Because Wake County Human Services is an integrated agency that includes Social Services, Public Health, and Mental Health, she serves as a liaison and consultant to child welfare, school-based mental health, child health, Latino mental health, community physicians, and parent groups in Wake County. Dr. Smith also serves as the chair of the Advocacy Committee for the Society for Developmental & Behavioral Pediatrics.

**Patrick H. Tolan, PhD**, is the Director of the Center for Positive Youth Development at the University of Virginia. Prior to that appointment he was Director of the Institute for Juvenile Research at the University of Illinois in Chicago, where he was also Professor of Psychiatry and Public Health, for 10 years. He conducts programmatic research on child mental health issues, particularly related to prevention. He is a frequent contributor to the scientific literature and leader in advancing children’s mental health and translating scientific understanding for application and policy, with over 120 published articles and chapters and 5 volumes on research and practices related to children’s mental health. These include “Children’s mental

W. Douglas Tynan, PhD, ABPP, is the Chief Health Psychologist at Nemours Health & Prevention Services (NHPS) for an initiative to promote social, emotional and physical health for children in primary care, child care and school settings. Prior to that, he served on the staff at A.I. duPont Hospital for Children, where he developed a federally funded program that trains both pediatric and psychology residents in the assessment and intervention of behavior problems in children in primary care settings, and coordinated a clinical intervention program for children with disruptive behavior and their parents. He is also involved at Nemours in the development of the use of Electronic Medical Record (EMR) systems to improve care by implementing standardized developmental and behavioral screenings in primary care, and use of the EMR to provide information and community links to parents. He is the current President of the American Academy of Clinical Health Psychology.

Donald Wertlieb, PhD, is Professor and former Chair of the Eliot-Pearson Department of Child Development at Tufts University. He is an applied developmental scientist with a background in clinical-developmental and pediatric psychology. His research interests are understanding the complex processes by which children and families cope with adversity (e.g., marital disruption, chronic illness) and applying these understandings to program development in community settings locally, nationally, and internationally. He served on the National Academies of Science Steering Group of the National Forum on the Future of Children, and was President of the Society of Pediatric Psychology (Division 54, American Psychological Association [APA]). He is President-elect of the American Orthopsychiatric Association. In 2007, he received the Career Contribution Award for outstanding contributions to pediatric psychology. He is the 2009 recipient of the APA Nicholas Hobbs Award for Child Advocacy.

Larry Wissow, MD, MPH, is a Professor in the Department of Health, Behavior, and Societies at the Johns Hopkins School of Public Health. He is board certified in pediatrics, adult, and child/adolescent psychiatry; he spends about 25% of his time as a clinician working as a co-located psychiatrist in a medical clinic for children/adolescents with HIV and at a community outreach clinic for Latino immigrants. His main area of research involves the application of patient-doctor communication studies (and their parallel with psychotherapy process) to the provision of mental health services in pediatric primary care.

Claudia Zundel, MSW, is currently the manager of Early Childhood Mental Health Programs for the Divisions of Behavioral Health and Child Care at the Colorado Department of Human Services. She was the Principal Investigator for Project Bloom (2002-2008), a federally funded system of care grant targeted to young children with mental health issues. She has also been involved in developing mental health consultation models for the state and serves as a member of the Lt. Governor’s Early Childhood Councils Advisory team, an early childhood systems building effort, the Interagency Coordinating Council (Part C) and ABCD (Assuring Better Child Health and Development) State Team. Claudia developed and oversees a network of early childhood specialists placed at each one of Colorado’s publicly funded mental health centers. She has written on early childhood systems of care and spoken at numerous state and national conferences. She is frequently consulted for financing issues as she has researched a number of federal and state funding streams that are now searchable through a database. She has over 20 years experience in the human service field.
Appendix B: Summit Agenda

6:00pm, 3/31  Reception, Director’s Row J, street level of the Plaza Building, Sheraton Denver, 1150 Court Place, Denver

7:20am, 4/1  Meet in Sheraton hotel lobby, Tower Building, for transportation to Summit (Bus will leave at 7:30am from corner of Court Place and 16th Street.)

8:00-8:30  Breakfast
School of Hotel, Restaurant, and Tourism Management, U. of Denver
2044 East Evans Ave, Denver

8:30-8:55  Welcome
Commissioner of DHHS, First Lady of Colorado

9:00-10:00  Introduction to Summit (moderated by Mary Ann McCabe)
• Introduction to participant group and definition of our task
• What is a core story and why do we need one? (Susan Bales)
• The science and policy of children’s mental health (Deborah Perry and Larke Huang)

How does healthy mental health happen? What promotes it? What derails it? What systems impact children’s mental health? (e.g., the beginning “elements” of a core story)

10:00-10:15  Participants’ Interaction with panel

10:15-10:30  Break

10:30-11:00  Toward a Working Draft of a Core Story of Children’s Mental Health (moderated by Don Wertlieb with Nat Kendall-Taylor and Tiffany Manuel)
• The early child development core story
• Elements that are being learned through strategic frame analysis™ about young children’s mental health (e.g., from policymakers)

11:00-12:00  Break Out Group Sessions (Facilitator, recorder and reporter present*)
Participants are assigned to one of four groups:

Group 1: Importance of mental health for normal child development (facilitated by Karen Saywitz) Held in Classroom 231

Group 2: Everyday challenges for parents and child mental health (facilitated by Barry Anton) Held in Room 211

Group 3: Prevention opportunities in child mental health (facilitated by Patrick Tolan) Held in Board Room

Group 4: Child mental illness: treatment works (facilitated by Stephen Shirk) Held in Room 226
**Questions for discussion**
- What do we know?
- What are the key issues?
- What is the core science about these issues?

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*Recorders convene at lunch and compile notes.

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| 12:00-1:00 | **Lunch**  
Example of the National Scientific Council for the Developing Child  
*(Greg Duncan)* **  |
| 1:00-1:30 | **Reports from break out groups to the large group**                                     |
| 1:30-3:00 | **Break Out Group Sessions** *(groups # 1,2,3 and 4)  
*Recorder and reporter present***      |
|           | Continuing questions for discussion  
- What are key, central, consistent empirically supported statements? **  |

**Recorders convene at lunch and compile notes.

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| 3:15-4:15 | **Reports from break out groups to large group**  
Large group discussion *(moderated by Don Wertlieb with Susan Bales)*  
  Develop shared understanding, identify areas of agreement and disagreement across groups |
| 4:15-5:00 | **Organizing the Field to Launch Communication Strategies regarding the Importance of Mental Health for Healthy Development** *(moderated by Mary Ann McCabe)*  
- Who wasn’t here?  
- What groups can take on what activities?  
- What will they need to get on message?  
- How can we get the field prepared to work together and to use the communications research effectively? |
| 5:00     | **Adjournment**                                                                         |
| 5:00-6:00 | **Reception**                                                                           |
| 6:05pm   | **Transportation back to Sheraton Denver**                                              |

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The incidence of untreated child and adolescent mental health problems constitutes a public health crisis for the nation. Mental health problems in children and adolescents can lead to negative and at times tragic consequences, including failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems, and suicide. The human and financial costs of mental health problems in children are both broad and deep; they affect children, adolescents, and their families, as well as schools, communities, employers, and the nation as a whole. In order to address these issues, the American Psychological Association (APA) Board of Directors established the cross-directorate Working Group on Children’s Mental Health in October 2000. This group began the work that, through the iterations described below, resulted in Healthy Development: A Summit on Children’s Mental Health convened on April 1, 2009. The following is a brief history of activities that led to the Summit.

**September 2000**


**October 2000**

In response to this call, the APA Board of Directors established the cross-directorate Working Group on Children’s Mental Health (WGCMH). The WGCMH produced Developing Psychology’s National Agenda for Children’s Mental Health: APA’s Response to the Surgeon General’s Action Agenda for Children’s Mental Health (2001). The report identified five central strategies from the SGAA to guide APA in developing and implementing activities that would promote and further the eight goals as stated in the SGAA.

In 2003, the APA Council of Representatives adopted the APA Resolution on Child and Adolescent Mental Health that originated in the work of the APA WGCMH.

**February 2003**

With the activities identified by the WGCMH in mind, the APA Board of Directors established the Task Force on Psychology’s Agenda for Child and Adolescent Mental Health (TFPACAMH). The TFPACAMH produced the Report of the Task Force on Psychology’s Agenda for Child and Adolescent Mental Health (2004) that included implementation plans for activities that would organize and focus APA’s resources to further policies, research, training, and practices called for in the SGAA. The TFPACAMH realized that due to constraints of time and resources, it could not implement all activities articulated in the 2001 report.

In order to ensure that additional priorities and opportunities for action were realized, the TFPACAMH included the chair of the APA Interdivisional Task Force on Children’s Mental Health (IDTF) in its later meetings, conference calls, and activities. The TFPACAMH report became the work plan for the Interdivisional...
Task Force on Child and Adolescent Mental Health. At that time, the IDTF included a steering committee with members Barry Anton, PhD, chair; Nadine Kaslow, PhD, Division 12; William Pelham, PhD, Division 53; Laura Nabors, PhD, Division 54; Cindy Carlson, PhD, Division 43; Karen Saywitz, PhD, Division 37; Patrick Tolan, PhD, Division 27; Kathy Katz, PhD, Division 7; and Linda Reddy, PhD, Division 16. The APA Interdivisional Task Force on Children’s Mental Health Members included Anne Culp, PhD; Dennis Drotar, PhD; Carol Falender, PhD; Gail Goodman, PhD; Marsali Hansen, PhD; Mary Haskett, PhD; Jeffrey Haugaard, PhD; Margie Heldring, PhD; Kay Hodges, PhD; Wayne Holden, PhD; Larke Huang, PhD; Randy Kamphaus, PhD; Linda Knauss, PhD; Erika Van Buren, PhD; Mary Ann McCabe, PhD; Bonnie Anastasia, PhD; Mitchell Pristine, PhD; Michael Roberts, PhD; Stephen Shirk, PhD; Patrick Tolan, PhD; Doug Tynan, PhD; Donald Wertlieb, PhD; Donna Resin Waters, PhD; Diane Willis, PhD. APA Divisions 38, 40, 22 and 33 were also invited to join. APA staff supporting the task force included Efua Andoh, Tammy Barnes, Mary Campbell, Daniel Dawes, Keyona King-Tsikata, Ron Palomares, Karen Studwell, and Annie Toro.

February 2006

The APA Board of Directors allocated contingency funds to support a planning group meeting to develop a conference application for a national Summit on the mental health of children and families for submission to the Johnson Foundation Wingspread Conference Center. The application was not accepted as the topic did not address a Wingspread Conference priority area.

Some members of the APA planning group continued as an informal partnership to pursue program development and secure funding for a Summit. The planning group focused on early childhood mental health and its importance for healthy development and partnered with the Society for Research in Child Development (SRCD). The planning group also collaborated with experts in communication science (strategic framing) and knowledge transfer in developing the Summit programming. Planning committee members raised funds to support the Summit.

April 1, 2009

Healthy Development: A Summit on Children’s Mental Health was convened at the University of Denver in Denver, Colorado.

APA Interdivisional Task Force on Children’s Mental Health Member Divisions (as of 2009):

Division 7, Developmental Psychology
Division 12, Society of Clinical Psychology
Division 16, School Psychology
Division 22, Rehabilitation
Division 27, Society for Community Research and Action: Division of Community Psychology
Division 33, Intellectual and Developmental Disabilities
Division 37, Society for Child and Family Policy and Practice
Division 37, Section 1 Section on Child Maltreatment
Division 38, Health Psychology
Division 39, Psychoanalysis
Division 40, Clinical Neuropsychology
Division 41, American Psychology – Law Society
Division 43, Society for Family Psychology
Division 53, Society of Clinical Child and Adolescent Psychology
Division 54, Society of Pediatric Psychology
Appendix C: History of Summit

References


Appendix D: Feedback from Summit Participants

Evaluation Summary

Summit participants were asked to complete a 15-question evaluation form following the Summit. Participants agreed that the Summit was an important step in achieving the cross-discipline dialogue necessary to begin developing a core message about the critical role of mental health in healthy child development. The majority of participants believed that the Summit facilitated discussion of differing viewpoints from a diverse community of professionals with a commitment to children’s mental health and that it was an important step in the multidisciplinary collaboration with communication scientists. Most participants felt it likely the Summit would influence their future work in teaching, research, advocacy, and communication.

In response to open-ended questions, participants identified opportunities and challenges in carrying the work forward. Participants suggested that to develop a unified science-based framework for child mental health policy, experts will need to (a) further synthesize information into discrete core messages with accompanying talking points or white papers; (b) develop funding and leadership across guilds; (c) form coalitions of advocates with a unified framework to leverage impact; (d) piggy-back on the nation’s ongoing agenda; (e) promote greater dialogue with consumer families; (f) identify appropriate audiences, champions, and messengers; and (g) use a multiregular approach to multiple levels of messaging. Major barriers were seen as: (a) a lack of resources during a time of economic downturn, (b) stigma, (c) differing priorities across disciplines, (d) competing messages to the public, (e) lack of a consensus on some core issues, and (f) differing standards for sufficiency of scientific evidence.

Participants recommended that the objectives and central themes of the Summit be carried forward to a wider group of stakeholders to cultivate leadership, raise funds, and build coalitions. They recommended that these coalitions include: federal, state, and local legislators; professional organizations; leaders in relevant domains of business; associations representing families; nonprofit organizations; celebrities; and federal, state, and local systems in child welfare, health care, education, law enforcement, and justice.

1 Evaluation forms were completed by approximately 50% of participants.


