



A Public Health Approach to Children's Mental Health

A Conceptual Framework

EXPANDED EXECUTIVE SUMMARY

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Introduction

...mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children's mental health as it does to their physical well-being. One way to ensure that our health system meets children's mental health needs is to move toward a community health system that balances health promotion, ... prevention, early detection and universal access to care.

—DAVID SATCHER, FORMER SURGEON GENERAL OF THE UNITED STATES¹

In recent years, the call for a new way of addressing children's mental health in the United States has grown stronger. This monograph presents a case for changing the current approach to children's mental health, and specifically, for implementing a public health approach to children's mental health in its stead. The monograph describes the central concepts of a public health approach and how they can be applied to children's mental health. The resulting public health approach to children's mental health is presented in a conceptual framework comprised of four major elements: values, guiding principles, a process rooted in three action steps, and a new model of intervening.

The Intended Audience

This monograph is written for a broad range of leaders who have a role in bringing about change in their systems or organizations in order to influence children's mental health and well-being. These leaders may be in federal, state, tribal, or local roles. They may be program leaders, policy makers, regional capacity builders, community providers, volunteers, consumers, or family members. They may be part of what the Surgeon General has called the “de facto mental health system,” the labyrinth of systems or sectors that impact the well-being of children, including children's mental health care, public health, juvenile justice, education, maternal and child health, medical health care, early care/education, child welfare, housing, transportation, and community development².

Using This Expanded Executive Summary and the Full Monograph

Because the audience for this Expanded Executive Summary (EES) and the full monograph is broadly defined, different users will find the content useful in different ways. Some readers may find that the EES provides all the information they need while others may have questions that are addressed in greater detail in the full monograph. While the full monograph can be used as a whole or in sections, the EES is seen as an overview of the major concepts covered in the monograph and was not intended to be used in sections. For some topics, the EES references where in the monograph further explanation can be found. One likely scenario is that leaders will use the EES to become familiar with the concepts, and then use sections of the full monograph as guides when they begin to implement plans with their constituencies.

The Need for a New Approach to Children’s Mental Health and the Role of the Monograph in This Important Change Effort

A Vision for Children and Communities

When holding a new baby in one’s arms, it is natural to envision a future for that baby. Maybe the hope is that the baby will laugh and play with friends, take on and master new challenges, and do well in school. Maybe the dream is also that the child will eventually grow up to be a healthy and productive member of the community, a loving parent, and family member. While the vision may be particularly clear and passionate if thinking about one’s own child or a specific child in one’s life, most people hold similar hopes for all children. Those hopes are often driven by compassion and a sense of humanity. Yet, there are also pragmatic reasons for those hopes. What is best for an individual child is usually what is best for the overall community; children who have good health and a strong sense of well-being are more likely to become adults who contribute positively to their communities. Thus, communities and nations are strong and vital when they consist of people who have the resources to take care of their own needs and help those around them. In this way, good health is a public good. For a society to be successful and sustainable, therefore, it is best for each baby to grow up to be healthy and capable. However, for this to occur for all children there must be a national vision for children’s mental health and well being.

Children achieve physical well being when, in addition to the loving care and knowledge of family and community members, there are coordinated efforts, clear policies and guidelines for success, clear indicators of health, clearly defined risk factors, widely known actions that address needs, policies that help ensure all children’s needs are met with several checkpoints for assessment, and people identified as those responsible to address problems when they occur. For example, infants born in a hospital are routinely seen by a pediatrician within the first two days of life. The American Academy of Pediatrics then recommends at least six “well baby” visits within the first year of age, and public and private insurance plans typically include those visits as part of basic coverage³. Similarly, there are clear recommendations regarding immunizations and several coordinated efforts across sectors (schools, churches, camps, doctors) to ensure that

children's medical needs are addressed. The country has a clear set of guidelines. There is a shared vision of what a physically healthy child looks, feels and act likes, and there are several checkpoints and nets in place to intervene sooner rather than later if a problem is occurring or if there is concern that a problem could occur. However, there is no similar system in place for envisioning and ensuring that a child's mental health needs and well being are promoted, difficulties prevented, and full potential facilitated. This document envisions such a system.

The Current Approach to Children's Mental Health Care

The current child mental health care system in America evolved out of the early system of orphanages and other institutions that had arisen to care for abandoned and homeless children, many of whom had apparent mental and behavioral problems. In these settings, the goal was simply to “manage” these children. With the advance of psychiatry and psychology in the last century, institutions that were charged with the care of “problem children” became focused on the treatment of mental illness and disorder⁴.

In the latter half of the 20th century, mental health services focused almost entirely on individual treatment for those with identified problems. The positive side of this individual services approach was that vital resources were directed to those in greatest need. The challenge, however, was that often children were not connected with services until their problems were quite severe, so the services they required were more intensive and costly.

Over the past 25 years, children's mental health care has seen significant improvements and been influenced by a number of efforts, most notably, the System of Care movement. Systems of Care is an approach to services for children and youth with serious mental health problems that recognizes the importance of family, school and community, and seeks to promote the full potential of every child by addressing their physical, emotional, intellectual, cultural and social needs. The Systems of Care movement, which focuses on overcoming problems related to fragmentation by providing a coordinated network of community based services and supports, is an important example of applying a public health approach to children's mental health. The success of the System of Care approach to children's mental health has been largely attributed to its commitment to a set of clearly defined values and principles⁵.

Over time, the understanding of what children's mental health is has also shaped the approach to children's mental health care. Today, children's mental health is seen as closely related to achievement of different healthy social and emotional developmental milestones for children of different ages. The Report to the Surgeon General points out the following:

“Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology (Hoagwood et al., 1996).”

Therefore, children's mental health care today often involves helping children reach appropriate milestones. For example, programs that provide care to enhance infant or child mental health typically focus on developing the capacities to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations⁶.

The 2009 Institute of Medicine (IOM) report⁷, as well as the influential book *Neurons to Neighborhoods: The Science of Early Childhood Development*⁸ have also moved children's mental health care forward by emphasizing the link between brain development, early environments, and development of children's mental health. The Zero to Three Organization, reinforced by the implementation of Head Start, Early Head Start, and the Maternal and Child Health Bureau's Early Childhood Comprehensive Systems grants, have demonstrated the importance of a holistic approach, focusing on all factors potentially impinging upon optimal development.

Even with these important advances, there continues to be a gap between what is known about the neurological, experiential, and environmental influences on children's development and mental health and the policies and practices across the child-serving settings that impact children's mental health and well-being.

Children's Mental Health Problems Are Prevalent and Costly to All

In the United States, 10-20 percent of children are estimated to have mental disorders with some level of functional impairment⁹. Despite noble efforts from those in various treatment settings that serve children, the vast majority of those go untreated^{2,10,11}. For those who receive treatment, the reality is that despite ongoing progress in treatment methods, many childhood disorders are persistent and difficult to treat. Further, health disparities or “differences in diseases, conditions, and health outcomes based on race and ethnicity¹²” persist between racial, ethnic and cultural groups¹³.

There is overwhelming evidence that mental health and behavior problems in childhood impair educational and social development, thereby impacting later competence and productivity^{7,14}. Additionally, children's mental health problems can take a significant toll on children's families. Compromising children's mental health creates burdens for those children, their families, and society at large. A recent IOM report estimated that mental, emotional, and behavioral disorders cost the United States over \$247 billion in 2007^{7,15}. Clearly, mental health problems in childhood years, particularly those that are not treated or resolved, can have serious enduring consequences for all of society.

The challenge of addressing children's mental health needs becomes more problematic as the number of children who need services increases and the number of people who provide those services, and contribute economically to support those services, decreases. These shifts place more financial pressure on the systems that provide care and place added demand on systems that struggle to meet current demand. Indeed, mounting news reports give examples of ways

the mental health service system is not able to keep up with the need. Because the current approach to children's mental health is neither comprehensive nor coordinated, families have difficulty accessing care, particularly in rural areas and inner cities.

During a time when there have been dramatic improvements in children's physical health and development¹⁶, it is alarming that recent reports have cited ongoing high levels of child mental health problems, adolescent substance abuse and addiction, juvenile delinquency, and youth disconnection from civic activity^{2,17}. The country's current approach to addressing children's mental health needs is not working. Children's mental health difficulties are prevalent, and numerous children and families are not receiving the services they need. This has profound costs to society, economically and in terms of unrealized human potential.

“Surely the Time Is Right” —The Need for a New Approach to Children's Mental Health and the Development of a Guiding Framework

A number of developments have highlighted the need for a new approach to children's mental health in the United States. Clarity about the need for a new approach is fueled by concern about overburdened health care systems, high costs, and fragmented approaches.

Fragmentation can lead to inadequate support for those who are doing their best to meet children's needs, disruptions in care, duplication of roles, and frustration for those who provide and receive services alike. The Surgeon General's 1999 Report on Mental Health points out that the “fragmented patchwork” of sectors precludes any one system from having primary leadership responsibility for children's mental health care, and makes it difficult to develop a single guiding influence or set of organizing principles around which to coordinate².

At the same time, hope for a new approach is inspired by successful examples of public health efforts in the area of children's physical health, increased recognition of the positive impact of System of Care values, and greater understanding of the ways healthy environments can enhance children's development. Examples from the arenas of physical health and intellectual development illustrate how a population focused approach emphasizing optimal growth and well-being can be successfully integrated into American society.

Furthermore, some current innovations, like nurse visitation programs for first-time mothers or social skills development programs, provide excellent examples of effective public health interventions for children's mental health, even though they may not be labeled as mental health interventions. Nevertheless, the framework for those efforts tends to be, as described in a recent report from the state of Washington, “incomplete and fragmented¹⁸.”

In the last decade, there have been more and more calls to change the country's approach to children's mental health. The Surgeon General's 1999 report, the President's 2003 New Freedom Commission, and numerous World Health Organization documents have called for an increased emphasis on shaping children's environments to promote mental health and prevent mental health problems as a way to expand the current care system. The Center for

Mental Health Services published “The Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders: Surely the Time is Right,” which raised concerns about the continued demand for care, its potential to overburden the system, and the need to attack the problem from the “supply” side¹⁹. As an early step toward a new approach, SAMHSA has also initiated the Strategic Prevention Framework²⁰, described as “reflecting a public health, or community-based, approach to delivering effective prevention²¹.” Other evidence also suggests that the time for change is now:

1. Countries such as Australia, New Zealand, and Canada have begun to implement changes to their approaches to children’s mental health with promising early results^{22,23}. These nations have shown that it is possible to muster the political will and resources to initiate new, comprehensive approaches to children’s mental health, including meaningful commitment to the promotion of positive mental health and prevention of mental health problems.
2. There is an accumulation of scientific evidence regarding which environmental factors are most critical for children’s mental health as well as mounting evidence demonstrating that many of these environmental factors can be changed, that changing them has a beneficial impact on children, and that these efforts are cost-effective.
3. There is evidence demonstrating that childhood is a particularly cost effective time to intervene. Many early childhood programs have demonstrated cost effectiveness when contrasted with intervening in adulthood. Additionally, other early childhood programs that were not found to be cost effective in one arena have shown additional benefits that were not originally considered in those calculations.
4. In 2009, the Institutes of Medicine (IOM) released a report entitled, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*⁷, which updated a landmark 1994 report. The 2009 report elaborates on the role of promotion and prevention and their relationship to each other, highlighting that while the 1994 report concluded the evidence of effectiveness of mental health promotion was sparse, that the committee now views the situation differently. The report states that “mental health promotion should be recognized as an important component of the mental health intervention spectrum” and that “prevention and treatment...with the addition of mental health promotion, offer the most useful framework for the field” as highlighted in the excerpt below.

“...[at this time] the gap is substantial between what is known and what is actually being done. The nation is now well positioned to equip young people with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships that strengthen the social fabric. This can be achieved by refining the science and by developing the infrastructure and large-scale collaborative systems that allow the equitable delivery of population-based preventive approaches.”

A Call to Action

Given the recognized need for a new approach to children's mental health, the National Technical Assistance (TA) Center for Children's Mental Health at Georgetown University's Center for Child and Human Development (GUCCHD) proposed an effort to learn from the experiences of public health in the area of children's physical health and see if the same approach could be applied to children's mental health. The TA Center recognized the strides that have been made in the area of children's physical health using a public health approach, as well as the potential relevance of public health concepts to children's mental health.

The Center for Mental Health Services (CMHS) at the Substance Abuse and Mental Health Services Administration (SAMHSA)²⁴ funded the development of a monograph that would present a conceptual framework to guide a public health approach to children's mental health. The expectation set forth was that the conceptual framework would guide efforts to change the nation's approach to children's mental health from a system focused on treatment of individuals to a system focused on improving the mental health of all children. More specifically, the call to action was that the monograph would advance a public health approach to children's mental health by:

- Identifying the defining features of a public health approach and then determining how these concepts can most appropriately be applied to children's mental health;
- Consolidating values (i.e., ideals that serve as beacons for decisions and action) from existing child-serving systems to serve as the contextual foundation for the public health framework for children's mental health;
- Describing concepts and terms that often vary across child-serving systems and proposing an approach to language and terms that promotes shared understanding;
- Providing examples of interventions and policies that embody a public health approach to children's mental health, demonstrating that a comprehensive and coordinated approach is possible; and
- Suggesting ways leaders in different fields can use the framework in their communities to strengthen the mental health and resilience of all children.

Based on the agreed upon content for the monograph, the desired impacts are that this document will facilitate concrete movement toward (a) a children's mental health care system that better incorporates public health concepts, (b) a public health system that places a greater emphasis on children's mental health, and (c) an increased number of other child-serving systems/sectors that identify themselves as partners in a comprehensive and coordinated children's mental health system. This movement will be facilitated by achieving the following specific desired outcomes:

- Provide guidance to those who can help establish new linkages among environmental supports, services, and interventions across child-serving systems;
- Make it possible for those from various child-serving sectors to have a shared language, thereby facilitating communication among those who otherwise would experience communication barriers;

- Inspire various parties to take action to work toward a new system and approach to children's mental health; and
- Enable groups coming together to gather data to drive decisions about creating or adapting policies and other interventions that support the health of the population, and putting into place efforts that ensure those policies and interventions are effective.

Methods and Sources Consulted to Design the Framework and Monograph

Georgetown's National TA Center for Children's Mental Health, because of its leadership role in addressing the mental health needs of children, youth, and their families at the policy, research, training/consultation, and direct service levels²⁵, approached CMHS about developing a monograph. The monograph would lay out a conceptual framework that could guide the country forward in taking a public health approach to children's mental health. In the fall of 2007, the TA Center and Searchlight Consulting, in partnership with CMHS, began developing the monograph.

In October of 2007, the monograph team convened an expert roundtable* in Rockville, MD in order to: (1) create the foundation of the vision, mission, and goals of the monograph, (2) identify the monograph's target audience and categories of contributing stakeholders, (3) determine strategies for developing the monograph, and (4) identify resources that should be explored as part of monograph development. Over the next six months, the monograph team reviewed national and international documents, conducted a review of literature on the evolution of public health including a thorough examination of multiple public health models, conducted interviews with experts from public health and other related fields, and held a series of small group workshops and large group listening sessions with professionals from public health and other fields that commonly interface with public health entities. This information gathering process was followed by integration of the information gathered and extensive discussion about how to best summarize a public health approach to a non-public health audience, especially as it applies to children's mental health. Drafts of the monograph were reviewed by experts in the fields of academia, public policy, public health, family advocacy, and children's mental health care.

Summary

As the approach to children's mental health continues to evolve, the recent public health successes in the area of children's physical/medical health provide compelling evidence that a public health approach is the next logical step for children's mental health. The next section addresses the question of what constitutes a public health approach.

*A list of participants and their organizations is available at http://gucchdtacenter.georgetown.edu/public_health.html

Essential Features of a Public Health Approach

Over the past century, public health approaches have contributed greatly to the health of our nation. Anti-smoking and designated driver campaigns, mandatory use of car seats, bans on trans fat, fluoride in water, prenatal care, and lead abatement initiatives: these are all public health efforts that have profoundly and positively affected the health of our nation. This EES and the full monograph represent an important commitment and step forward in bringing a public health approach to children’s mental health.

Despite the impact and prevalence of public health approaches, many people do not have a clear understanding of public health, and those whose understanding is clear do not always agree about what public health is. Consequently, this section of the EES provides a foundation for leaders to determine specific steps to alter their and others’ approach to children’s mental health, as well as how to partner with those from public health and other fields. This section of the EES includes: (1) a brief history of public health, (2) a summary of what concepts help define public health and a public health approach, and (3) examples of some public health approach elements being applied to children’s mental health.

History of Public Health

Public health has had a long and distinguished history of improving conditions for health. Particularly during the period following World War II, the field of public health led the way in developing policies and structures that shaped the environment to promote health and combat illness and injury. These improvements, most of which are now taken for granted, include reductions in infant mortality, disease control through immunizations, waste treatment, and food safety²⁶.

Despite these advances, the concept of public health was still not widely known beyond the public health profession until the 1990’s. In 1988, the IOM’s *The Future of Public Health* report, was a call to action for the nation and the public health field²⁷. This report offered a broad definition of public health that is in wide use today, defining public health as “what society does collectively to assure the conditions for people to be healthy.” This emphasis on conditions provided one of the underpinnings for the current understanding of a public health approach.

The 1988 IOM report also led HHS to adopt a vision and mission statement in 1994 called Public Health in America that put forth a vision and mission for public health and described ten essential elements of the process of implementing a public health approach (identified later in this section in Figure 1)²⁸. In a 2002 update of the 1988 report, the IOM suggested that public health is the responsibility of all Americans and is a multi-sector commitment, and this vision continues to shape the work of public health today²⁸.

Defining Public Health and a Public Health Approach

Nevertheless, the public health model put forth in the IOM reports is not the only model in use today. Indeed, finding examples of effective public health interventions is easier than finding consensus on how to define public health and a public health approach. However, before any community or group begins to apply a public health approach to children’s mental health, it is important for that group to have a clear understanding of public health concepts.

This process of gathering information and examining models in preparation for writing this monograph confirmed that there is no single, agreed-upon definition of a public health approach and different people and documents place emphasis on different concepts and processes. However, across the many public health documents, models, and conversations, four core concepts repeatedly emerged. The four concepts common to virtually all views of a public health approach are that it: (1) focuses on populations, (2) emphasizes promotion and prevention, (3) addresses determinants of health, and (4) requires engaging in a process that involves a series of action steps, most commonly referred to as (a) assessment, (b) policy development, and (c) assurance. These four key concepts are defined in Table 1 below and further described later in this section. In addition, there are three other concepts that, while less consistently identified as definitive, repeatedly emerged in discussions about a public health approach and, further, that naturally ensue when the first four concepts are implemented. These additional concepts are: (1) public health often uses intervention to mean broad environmental and policy change, (2) public health uses a multi-system, multi-sector approach, and (3) public health implementation strategies are adapted to fit local needs and strengths. Each of these features is defined in Table 1 below and the four key concepts are described in further detail on the following pages.

Public Health Focuses on Populations

The first central concept of a public health approach is that public health requires a focus on the health of entire populations. Initially, this meant fighting widespread disease and other direct threats to the health of a population (e.g., contaminated drinking water). More recently, it has been broadened to mean trying to change a population’s *behaviors* to combat chronic disease and to address *indirect* threats to health. An example of a behavior change effort would be reducing smoking at the population level, and an example of addressing an indirect threat to health would be changing automobile safety standards to reduce risk of injury. A population focus does not imply a one-size-fits-all approach. Indeed, a population-focused approach incorporates the notion that what is best for individuals within a population is best for the population. In many instances a community-level intervention may involve a program that is offered throughout the community but delivered at the individual level.

Table 1 Defining Concepts of a Public Health Approach	
Public Health Concept	Definition
FOUR DEFINING CONCEPTS OF PUBLIC HEALTH AND A PUBLIC HEALTH APPROACH	
Focuses on Populations	Public health thinks about, intervenes with, and measures the health of the entire population and uses public policy as a central tool for intervention.
Emphasizes Promotion and Prevention	In public health, the focus includes preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal health.
Addresses Determinants of Health	Interventions guided by a public health approach focus on addressing determinants of health. Determinants are malleable factors that are part of the social, economic, physical, or geographical environment, can be influenced by policies and programs, and contribute to the good and poor health of a population.
Engages in a Process Based on Three Action Steps	A public health approach requires implementation of a series of action steps. In the most widely recognized public health model, those action steps are: (1) assessment, (2) policy development, and (3) assurance, although some models place more emphasis on intervention. In this process, data are gathered to drive decisions about creating or adapting policies that support the health of the population, and efforts are made to make sure those policies are effective and enforced.
THREE ADDITIONAL CONCEPTS THAT ARE ALSO CENTRAL TO PUBLIC HEALTH AND A PUBLIC HEALTH APPROACH	
Intervention Often Means Changing Policies and Broad Environmental Factors	Focusing at a population level requires addressing determinants that affect whole populations. Sometimes determinants can be addressed one child at a time through individual- or family-level interventions, but it is often more effective to make changes at broader levels by changing policies at the school, community, state, or national level or by changing environments to which large numbers of children have exposure.
Uses a Multi-System, Multi-Sector Approach	There is no single entity that has sole responsibility for impacting children’s mental health. Since children are constantly impacted by many formal and informal systems and sectors, changing environments in a meaningful way to positively impact children necessitates the involvement of all of those systems and sectors.
Implementation Strategies Are Adapted to Fit Local Needs and Strengths	The three process/action steps support the integration of local needs and strengths. Public health recognizes that population-level change is not achieved by a one-size fits all approach since populations are made up of communities with divergent needs, resources, values, etc. Activities like what to measure and how to intervene are examples for which local adaptation is not only appropriate but fostered.

Two new developments in public health have helped frame a population focus in a broader context. First, public health has seen a recent movement toward incorporating “healthy public policies” into all policy domains. This approach recognizes that even policies without an overt health link have potential impact on the health of the population. Second, in the 1980s the distinct discipline of *population health* began to emerge. Population health differs slightly from public health in that it focuses predominantly on understanding the broadest determinants of health for whole populations and addressing inequities in areas like poverty, education, access to health care, and resource distribution. Population health notes that trying to improve health by intervening with individual or family level variables may be pointless if community-wide variables like inadequate access to health care stand in the way of good health.

Public Health Emphasizes Promotion and Prevention

The concepts of health promotion and prevention are so central to the work of public health that the Public Health in America mission simply reads “Promote Physical and Mental Health and Prevent Disease, Injury, and Disability²⁸.” Prevention in particular has been identified with the public health approach since the latter’s inception.

Promotion and Prevention

“...mental health promotion can be distinguished from prevention of mental disorders by its focus on healthy outcomes, such as competence and well-being, and many of these outcomes are intrinsically valued in their own right...Indeed, health has been defined not simply as the absence of disease, but in a positive way as ‘a resource for everyday life...a positive concept emphasizing social and personal resources as well as physical capabilities’”

WORLD HEALTH ORGANIZATION, 1986

An important concept embedded within prevention is that of resilience. The International Resilience Project has defined resilience as “a *universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.*”²⁹ Resilience refers to first experiencing adversity and then responding in a way that reflects positive adaptation and positive health. Preventive interventions in public health often adopt this resilience-building strategy by enhancing factors that lead to successful coping while simultaneously reducing the severity and frequency of exposure to adversity.

Originally, “promotion” activities were strategies that promoted health in the interest of preventing health problems and disease. In other words, promotion was seen as a specific subset of preventing that used enhanced good health as its prevention tool, a use of the term promotion that is still found today. Recently, however, a new understanding of promoting has emerged. In its new incarnation, promoting seeks not just to enhance health but to optimize it, and it does so not just to prevent health problems but to enhance overall life quality, as well as social and economic productivity.

Distinction Between Prevention and Promotion. The 1994 IOM report on the prevention of mental disorders acknowledges that it is sometimes difficult to distinguish between prevention and promotion in practice and that working toward one often can result in the other²⁷. This is partially because promotion and prevention cannot be distinguished by the intervention itself. Furthermore, promotion and prevention can both address positive or negative determinants, and can both be directed at at-risk groups or whole populations. In its 2009 update of the 1994 report, the IOM called promotion an “important and largely ignored approach,” and further emphasized the distinction between prevention and promotion. The key distinctions are:

1. Promotion is driven by a focus on the enhancement of health and well-being while prevention operates from an illness model based on reducing problems, disorders, and

risk. Even though the prevention model uses a positive term like protective factors, it does so with a focus on protecting against illness rather than enhancing well-being.

2. The goal of promotion is to optimize health in order to improve quality of life and maximum productivity, while the goal of prevention is to minimize the development of health problems. Given these distinct goals, promotion and prevention approaches usually need to measure different outcomes.
3. Prevention is dependent on the identification of a problem while promotion is not.
4. Because promotion does not require a specific problem be identified, promotion more readily facilitates a whole health approach.

Public Health Addresses Determinants of Health

Central to the concepts of promotion and prevention, and therefore to the public health approach, is the concept of determinants of health. Simply put, determinants are factors that contribute to good or poor health of the population. While some of these factors are intrinsic to the individuals whose health is being considered, many others are part of the social, economic, physical, or geographical environment, and can therefore be influenced by policies and programs. They are often organized from specific to broad in the categories of individual, family, school, peer group, community, and society at large.

The relative importance of determinants is also affected by their malleability. Interventions that seek to promote optimal health and prevent health problems do so by targeting one or more determinants that have first been shown to have a meaningful impact on health, and second have been shown to be susceptible to change. Health outcomes are altered by enhancing determinants that support health and reducing determinants that threaten health. Without an understanding of which factors affect health, interventions that strive to Promote or Prevent have no opportunity to effect change.

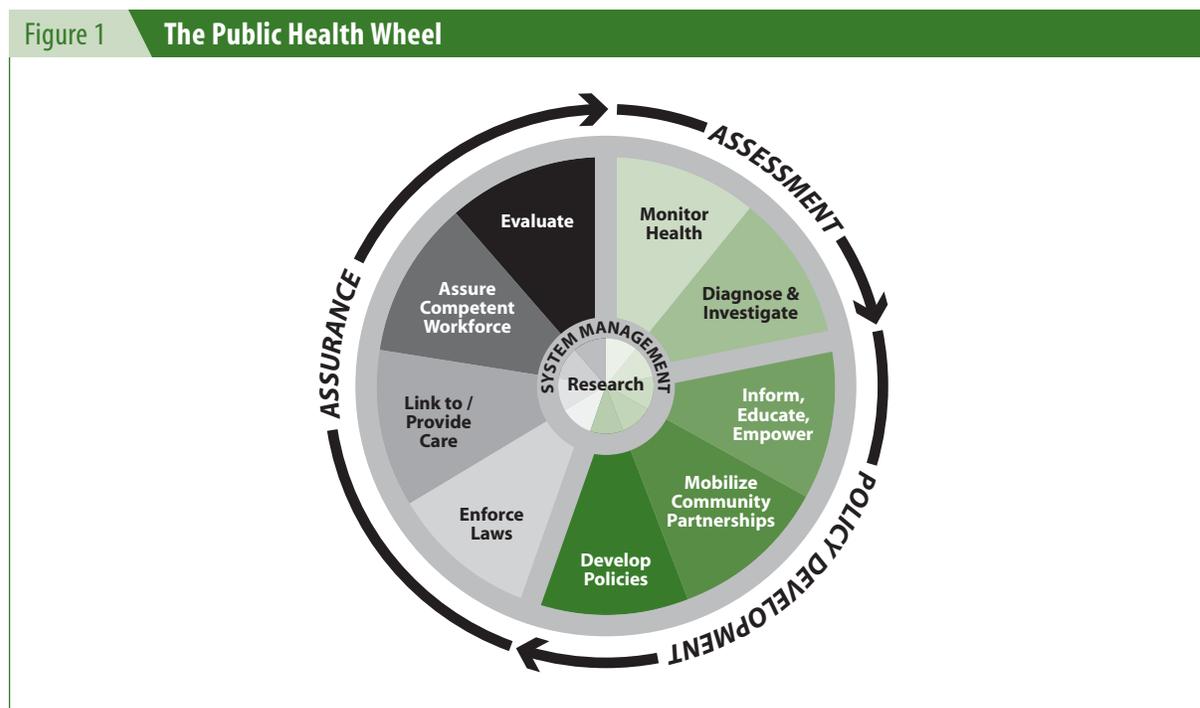
Public Health Engages in a Process Based on Three Action Steps

In addition to the three central concepts presented so far that describe significant characteristics of a public health approach, the approach is also defined by a *process*. In epidemiological and prevention contexts, this process is often described as consisting of four or five steps, beginning with identifying a health problem and malleable determinants of that problem, and culminating in selecting/developing, implementing, and evaluating interventions. In the public health context, the well-known process described in the IOM reports on public health²⁷ and HHS's Public Health in America includes three steps: (1) **assessment** of information on the health of the community, (2) **comprehensive public health policy development**, and (3) **assurance** that public health services are provided to the community.

In the most commonly cited public health model, the three core functions of assessment, policy development and assurance are composed of ten “essential” public health processes, now widely referred to as the Ten Essential Elements/Services. The elements are often presented in an illustrative model known as the Public Health Wheel²⁸ (see Figure 1).

The two Assessment elements include anything from large, formal monitoring processes, to individual, informal monitoring processes with local focus groups. The three Policy Development elements convey a clear message that policy development is largely a process of community engagement. While the term policy development might conjure up images of bureaucrats huddled around a table working in isolation from the community, the public health approach suggests that informing, educating, empowering, mobilizing, and partnering in the community are all critical parts of the process.

The four Assurance elements involve making a commitment and seeing that policy is carried out and carried out well. The tenth essential element, “Research,” is not presented as part of one of the core functions. Instead, it is shown as the center of the wheel, emphasizing the important role scientific knowledge plays in informing every step of the process.



The Core Public Health Concepts in Current Effective Children’s Mental Health Efforts

The elements of a public health approach—population focus, promoting and preventing, determinants, and the processes/action steps of public health—can already be found in children’s mental health contexts in America. For example, the 15+: *Make Time to Listen...Take Time to Talk* campaign aims to reach all American families, while the Nurse Family Partnership program works with first-time expectant mothers, and the New Beginnings program in Arizona works with recently divorced families. Programs like these, particularly those that have been tested and shown to be beneficial, can help parents provide consistent discipline and strengthen relationships with their children, thereby improving their children’s mental health and reducing the number of children who develop problems.

There are also examples of promotion and prevention efforts that reach entire early childhood populations. Some states like Vermont provide a home visit for every child born in the state as a way to help ensure that all children reach their potential, and that issues of concern are identified as early as possible. Eleven states are working with the Center on the Social Emotional Foundations for Early Learning (CSEFEL) to implement an approach that provides services and supports for all children with an emphasis on the development of high quality early childhood environments and supportive relationships for all children and their families.

Positive youth development^{30,31} and many fields that address early childhood, encompassing early care and education, mental health care, primary health care, maternal and child health, and even systems such as substance abuse intervention that impact children by serving parents, already incorporate key elements of a public health approach. Work in this area has been done using a population level approach, focusing on all children and their families, not just those with identified issues.

While the examples above demonstrate that a public health approach can effectively be applied to children’s mental health, the field of children’s mental health care has not yet broadly adopted a public health approach, nor has the field of public health focused much attention on children’s mental health. Furthermore, these examples are exceptions and serve as a contrast to the overall approach which is treatment- and problem-focused. The need for a new conceptual framework arises because there are very few examples that employ all of the central concepts of public health, fewer that do them comprehensively, and fewer still that do them consistently over time.

The task of truly applying a public health approach to children’s mental health requires knitting all of the elements together and implementing them broadly and consistently, with multiple systems or sectors working together in a well-coordinated manner. Effective partnering across sectors requires recognition of important differences in cultures, goals,

values, structure, legal mandates, and change processes in those settings. For example, primary medical care might be concerned about mental health particularly as it impacts a child's physical health, while education might be most concerned with its role in supporting a child's readiness to learn.

Summary

This section is not intended to provide an exhaustive understanding of the many facets of public health. Nevertheless, a basic understanding of the key concepts that are common to most models of a public health approach can go a long way toward helping groups think about implementing such an approach for children's mental health. The next section describes some additional concepts, beyond those that pertain directly to public health, that are important to understand and addresses potential sources of miscommunication and misunderstanding that can occur around those concepts.

Language—Finding Common Ground

Language, including both the choice of words and the meanings attached to them, has a tremendous impact on the ability of a group of people to work together. A public health approach to children’s mental health requires the engagement and collaboration of diverse stakeholders across multiple systems and disciplines, many of which have their own language to describe terms pertaining to outcomes, intervention, and public health.

In the process of developing this monograph, many contributors indicated that one of the biggest challenges to moving forward was that terms like “public health,” “promotion,” “prevention,” “recovery,” “outcome,” and “intervention” all mean different things to different people. Additionally, some disciplines refer to children’s “mental health,” while others doing similar work focus instead on “social-emotional development,” “social-emotional learning,” “wellness,” or “well-being.”

Therefore, an important early step for groups interested in implementing a public health approach is to identify and discuss terms that can serve as potential sources of confusion among the collaborators. Such discussions can enable groups to begin working toward shared terms and commonly understood meanings that can then serve as a platform for communication among the various child-serving sectors. Indeed, the actual process of creating a shared vision and common language can often provide the foundation for future success.

Furthermore, sustaining a public health approach requires effective communication with policy makers and the general public, so it is important that the language used across sectors be consistent and commonly understood. Some terms that are useful within one professional context can be problematic when used in public contexts. The concept of “surveillance,” for example, is critical within public health settings, yet the same term may bring up feelings of mistrust or a sense of threat among the general public, particularly when used in the context of gathering data about children’s mental health.

The overall purpose of the focus on language and defining terms is twofold. First, by describing key terms, this document (along with the full monograph) provides a starting point for conversations among partners from diverse sectors and systems. Second, the list of terms provides readers

with an understanding of how these terms are used within the EES and the full monograph. In the EES, most terms are defined in a table format (see Table 2), while in the full monograph there is a more complete discussion of each term and the ambiguities regarding usage. However, this section does provide a brief discussion around the terms “positive mental health” and “prevention” because of their particular importance to taking a public health approach to children’s mental health. While there are advantages to groups adopting

Table 2 Key Terms and Phrases	
Term/Phrase as Used in this Monograph	Related Terms or Terms Sometimes Used Instead
OUTCOMES AND INDICATORS LANGUAGE	
Outcome: the result or consequence of an action or intervention.	Indicator, Goal, Objective
Indicator: data collected to quantify and describe an outcome.	Outcome, Benchmark, Correlate
Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity that enables people to lead socially and economically productive lives.	Well-Being, Absence of Disease
Mental health: a state of well-being in which the individual realizes his or her own abilities, can cope with the common stresses of life, can have fulfilling relationships with other people, can work productively and fruitfully, and is able to make a contribution to his or her community. ¹	Social and Emotional Well Being, Social-Emotional Development, Social-Emotional Learning, Positive Mental Health
Positive Mental Health: high levels of 1) life satisfaction and positive affect (emotional well-being) and 2) psychosocial functioning (psychological and social well-being).	Mental Health Problems, Well-being
Mental Health Problems: the spectrum of cognitions, behaviors, or attitudes that interfere with people’s ability to function in relationships and/or professional or academic settings, ranging from serious mental illness to problematic behaviors that indicate later mental disorders.	Mental Illness; Cognitive, Emotional, Mental or Behavioral Disorders; Behavior Problems
Mental health of a community: the collective well-being of a community, as indicated by the aggregated well-being of the members of the community and community characteristics that are indicative of well-being.	Community Mental Health
Community mental health: a system of services provided to those with particular mental health needs that are delivered at the community level. Specifically, it refers to a movement toward decentralized care in the early 1960s in which local care would reduce the needs for institutionalization.	Mental Health of a Community
INTERVENTION LANGUAGE	
Intervention/Intervene/Intervening: any effort that attempts to change a current situation with an individual, group, subpopulation, or population.	Treatment (narrow use of Intervention)
Early Childhood Intervening: intervening with young children to identify developmental delays and provide services that optimize positive mental health and minimize mental health problems.	Early Intervening
Early Intervening: intervening prior to or in the early stages of a mental health problem or other health concern.	Early Childhood Intervening

Table 2 Key Terms and Phrases	
Term/Phrase as Used in this Monograph	Related Terms or Terms Sometimes Used Instead
OTHER PUBLIC HEALTH LANGUAGE	
Population: a unified body of individuals that share a common geographical area, a common social, religious, or cultural background, or a common defining characteristic (interest, aim, occupation, etc.).	Group, Community
Group (for purposes of this monograph/EES): an organization or collective working to implement a public health approach to children's mental health	Partnership, Coalition, Collaborative, Community
Data Gathering: the process of gathering information about: 1) mental health outcomes, both positive mental health and mental health problems, 2) the determinants of mental health, and 3) the use and effectiveness of interventions that impact mental health.	Epidemiology, Surveillance, Monitoring, Assessment
Determinants of Health: factors from biological, physical/geographical, social, and economic realms that positively or negatively influence the health of a population.	Social Determinants of Health
Social Determinants of Health: any factors in the social, economic, and political environment that contribute to or detract from the health of individuals and communities, such as socioeconomic status, transportation, housing, access to services, family environment, peer environment, school environment, and social differences in populations (e.g., class, status, gender, education, income/assets, race/ethnicity, religion, age, residence).	Narrower use omits factors from more immediate environments, such as family, neighborhood, school, housing, etc.
Values: ideals that members of a society regard as desirable and that serve as beacons to implement the approach	Guiding Principles, Beliefs
Principles/Guiding Principles: guidelines for action or conduct	Values, Assumptions, Beliefs

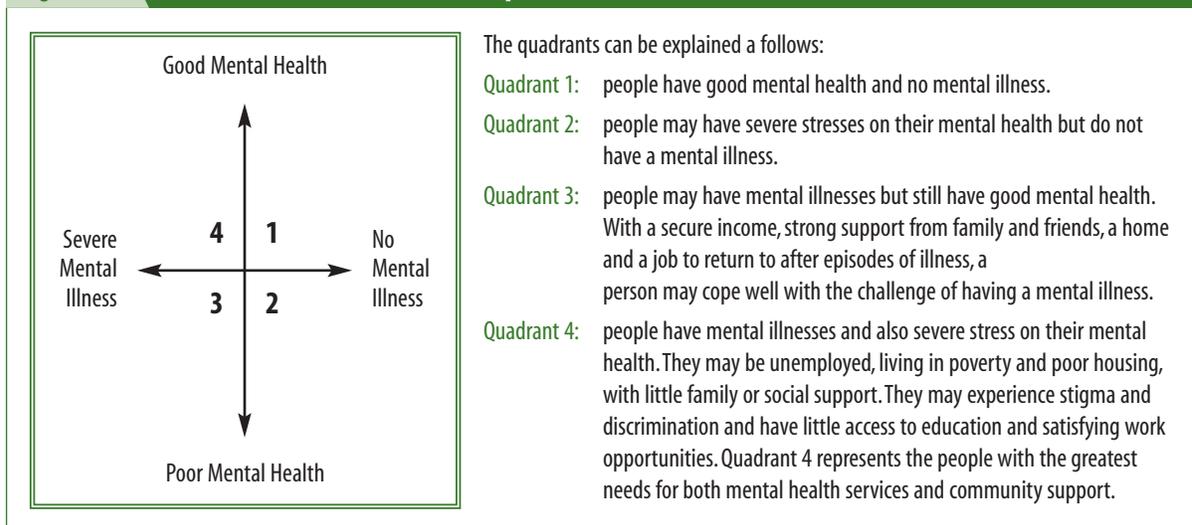
the same terminology and a hope that groups will collaboratively adopt or adapt certain terms, the main goal is to increase awareness of potential points of misunderstanding so that miscommunication is more readily identified and avoided. Please note that this list of key terms is not intended to be exhaustive. Each community, coalition, or partnership may generate additional concepts and terms important to their context and citizens.

Positive Mental Health and its Relationship to Mental Health Problems

Previous perspectives on mental health have suggested that health and health problems are on a single continuum with health at one end and problems/illnesses on the other. In this view, the absence of health problems is synonymous with good health and poor health is not distinct from higher levels of health problems. However, this single continuum model of mental health and mental illness is inconsistent with the WHO definition of health, which states that health is more than the absence of disease.

Alternatively, a dual continuum model in which a *mental health continuum* and a *mental health problem continuum* are viewed as coexisting and independent from each other³³, is consistent with what is often seen in practice—someone with a mental health problem can still have a high level of positive mental health. For example, someone with a diagnosable mental health problem like depression or schizophrenia may still range broadly from high to low levels of emotional, psychological, or social well-being. Conversely, many people who have no serious or diagnosable mental health problems may still lack good mental health. As Weissberg and Greenberg have noted, “Young people who are neither drug abusers, teen parents, in jail, nor dropouts may be considered “problem free” and yet may still lack skills, attitudes, and knowledge to be good family members, productive workers, and contributing members of the community³⁴.” Figure 2 represents a way of thinking about the relationship between mental health problems and positive mental health²³ that is more consistent with a focus on promotion, as well as with the complexity of functioning actually observed in people.

Figure 2 The Dual Continuum Model Represented as Quadrants



While positive mental health is still an evolving concept and has only recently been receiving scientific attention, most recent definitions identify two underlying dimensions. One dimension pertains to “feeling well” and is sometimes referred to as a subjective sense of well-being, pleasure, happiness or emotional satisfaction. The other dimension pertains to “doing well” and can be described as psychosocial functioning, meaningfulness, fulfillment, flourishing, psychological strength, and flow³⁵⁻⁴¹. Keyes provides one of the most comprehensive analyses of positive mental health^{42,43}, reinforcing the idea that positive mental health can be enhanced and optimized regardless of the presence of illness, disorder, problem, or disease. He points out that the absence of mental health problems does not imply the presence of positive mental health, and the absence of positive mental health does not imply the presence of mental health problems⁴⁴. His research has shown that people with a mental illness and moderate or high levels of positive mental health were shown to function no worse than people without mental illness but with low levels of positive mental health⁴⁴.

Prevention

The WHO has defined prevention as focusing on *the cause of disease* or mental disorder. The surgeon general defines preventive interventions as efforts that prevent the initial onset of a mental disorder, emotional/behavioral problem, or a co-morbid disorder. Over the past few decades the mental health care system has increased its focus on prevention; the early childhood community has made prevention a core part of their framework. And yet, there remain discrepancies in how the term is used.

Historically, the public health approach to prevention has been organized into the three categories of *primary* prevention, *secondary* prevention, and *tertiary* prevention. A 1994 IOM report, citing confusion because those categories include activities occurring after the onset of a disorder as prevention, proposed an alternative system with categories of *universal prevention*, *selective prevention*, and *tertiary prevention*^{7,30}. Table 3 below summarizes these important prevention distinctions and terminologies.

Purpose of Intervention	Population of Focus for the Intervention	Traditional Public Health Intervention Categories	IOM Report Intervention Categories
Prevent future cases of a disorder	Whole population	Primary Prevention	Universal Prevention
Prevent future cases of a disorder	Subpopulation with elevated risk		Selective Prevention
Prevent future cases of a disorder	Subpopulation showing some symptoms but not diagnosable disorder		Indicated Prevention
Identify disorder early, reduce symptoms, cure disorder, and/or limit disability	Subpopulation with disorder, but often undetected and with mild manifestations	Secondary Prevention	Treatment
Slow progression of disorder and minimize complications	Population with full-blown disorder	Tertiary Prevention	Treatment

Summary

Identifying potential sources of miscommunication and beginning to build common language helps unite the diverse partners who are needed to make a public health approach work. Once the obvious advantages of a public health approach are evident, there are likely to be people in many settings who would be eager to take a more comprehensive and coordinated approach if they were given a framework to guide their efforts. The next section describes a framework intended to guide implementation of a comprehensive public health approach, particularly as it applies to the range of interventions needed for all children to optimize their mental health.

Conceptual Framework to Guide a Public Health Approach to Children’s Mental Health

The prior EES sections provided the background and knowledge necessary to fully understand the new conceptual framework for applying a public health approach to children’s mental health, which is informed by essential features of a public health approach as well as the Systems of Care movement within children’s mental health. In this section of the EES, the new framework is defined and described. The conceptual framework is comprised of four major elements:

1. Values that provide a foundation for the entire effort,
2. Guiding principles that steer the work,
3. A process that consists of three process/action steps, hereafter referred to as Assessing, Intervening, and Ensuring, and
4. A new model of intervening that provides the range of intervention activities, including promoting positive mental health, preventing mental health problems, treating mental health problems, and reclaiming optimal health while addressing mental health problems.

The new framework provides a comprehensive structure for creating, planning, implementing, evaluating, and sustaining public health activities in children’s mental health. A visual representation of the framework is presented later as Figure 3.

Specific attention has been given to two issues during the development of this framework. First, there has been an emphasis placed on integrating concepts and language from the different systems that impact children’s mental health. Second, there has been a concerted attempt to balance the United States’ public health emphasis on prevention with the emphasis that other countries place on promotion.

Values

Values provide an important part of the contextual foundation in which a public health framework for children’s mental health exists, as shown in Figure 3. Values are ideals that members of a society regard as desirable, and that inspire and serve as beacons to implement the approach. Principles, on the other hand, can be seen as guidelines for action or

Text
Box 1

Potential Values for a Public Health Approach to Children's Mental Health

A public health approach to children's mental health should:

1. Be driven by the fundamental value and dignity of every child
2. Be child centered, youth guided, and family driven
3. Be community based and locally adapted
4. Be culturally and linguistically competent
5. Be equitable, providing the resources for health for all children
6. Balance the rights of the individuals with the good of the collective, recognizing that each person's actions affect others
7. Collaborate and develop shared vision and goals to be optimally effective
8. Use scientific knowledge, both quantitative and qualitative, to drive decision making whenever possible
9. Operate with accountability, respect, and integrity.

conduct. Values are the building blocks of principles, and principles link values to the work. Because a public health approach to children mental health engages the mental health care and public health communities, consolidating values from these different sources can offer a good starting point for the new framework. The list below (see Text Box 1) presents an integration of values from the Systems of Care approach⁴⁵, the American Public Health Association⁴⁶, and the Center for Diseases Control and Prevention⁴⁷.

While the core values presented here are considered important for implementing a public health approach in the child mental health context, this list, as noted above, is not fixed or exhaustive. As with the list of terms and definitions in the discussion of language, the values offered here are subject to the unique makeup of the state, tribe, region

and/or community where they will be applied. Therefore, this list of values is presented as a starting point for ongoing dialogue.

Guiding Principles

In the earlier discussion of a public health approach, four defining concepts were identified, along with three additional concepts that are also seen as central to a public health approach. The authors considered these concepts as well as the history, needs, and current context of children's mental health, and identified five guiding principles to inform a public health approach to children's mental health (shown in Figure 3). The remaining concepts that are not presented as part of the guiding principles have been incorporated elsewhere in the framework, either explicitly (e.g., a public health approach requires engaging in a series of processes/action steps) or implicitly (e.g., that a public health approach addresses determinants of health, a concept that is implicit in the inclusion of promotion and prevention in the framework). The guiding principles include:

1. **Focus on populations when it comes to children's mental health in the United States, which requires an emphasis on the mental health of all children.** Data need to be gathered at the population level to drive decisions about interventions and to ensure interventions are implemented and sustained effectively for entire populations.
2. **Place greater emphasis on creating environments that promote and support optimal mental health, and building skills that enhance resilience.** Environments can be social, such as families, schools, communities, and cultures, or physical, such as buildings, playgrounds, lakes, and mountains.

3. **Balance the focus on children’s mental health problems with a focus on children’s “positive” mental health—increasing measurement of positive mental health and striving to optimize positive mental health for every child.** A public health approach values promotion as well as prevention, so the feature that may most distinguish the new approach from the past is a new commitment to helping each child reach his or her optimal level of health, rather than simply reducing symptoms among those who have problems.
4. **Work collaboratively across a broad range of systems and sectors, from the child mental health care system to the public health system to all of the other settings and structures that impact children’s well-being.** An effective approach requires a comprehensive and coordinated effort among all of the systems and sectors that impact children and their environments.
5. **Adapt the implementation to local contexts—taking local needs and strengths into consideration when implementing the framework.** Considering local needs and strengths means that communities or groups implementing the conceptual framework consider local priorities, values, assets, and concerns when making choices about what language/terminology will be used, what values will ground the approach, the desired goals/impacts, what data will be gathered and analyzed, what array of interventions will be implemented to provide a comprehensive range, and what outcomes and determinants will be evaluated. Data that are crucial in one community may be less relevant in another, interventions that are effective in one setting may not be as successful in another, and factors that ensure success for one group may not be as beneficial for another.

Processes/Action Steps

The process/action steps represented by the blue, green, and red circles in the new conceptual framework (Figure 3) are based on the three core functions of the public health wheel described by the Institute of Medicine and presented by the Department of Health and Human Services^{27,28}. While the labels of these action steps have been modified from the labels used in the public health wheel in order to reflect the concepts emphasized in other process models, the steps correspond to the wheel’s core functions and underlying ten elements.

The first action step, **Assessing**, is based on the idea that data are needed to drive decisions about how to strengthen children’s mental health from a population perspective. In particular, data need to be gathered and analyzed about children’s mental health needs and assets and their determinants to generate understanding of how to intervene to address positive aspects of mental health and mental health problems at the population level.

The second action step, **Intervening**, pertains to developing or selecting interventions that support optimal mental health and/or address mental health problems. As outlined by the WHO’s Ottawa Charter⁴⁸, Intervening can involve a wide range of actions, including building healthy public policy and social marketing, creating environmental change, implementing programs, and providing services and education. These activities can take place at an individual, family, group, community, tribal, territory, and state level.

The third action step, **Ensuring**, involves making sure that Intervening is done with a high level of quality and effectiveness and that the people providing interventions are appropriately trained. Ensuring also involves making sure children and families have access to the interventions that would most benefit them, and that the interventions are sustainable. The tasks of Ensuring include providing training for the workforce, building necessary infrastructure, and conducting ongoing evaluation and adaptation to improve quality.

A New Model for Intervening for Children’s Mental Health

The conceptual framework also places a special emphasis on Intervening by building on and expanding prior models of intervening in the area of mental health. As part of the overall conceptual framework, the Intervening Model fits within the larger process of Assessing, Intervening, and Ensuring, and rests upon the values and guiding principles that support it.

The process of intervening in mental health, with children as well as adults, has been represented by a number of different models over the years. The history of this evolution is described in Appendix A of the full monograph. The Intervening Model in the current framework organizes interventions into four categories. Figure 3 illustrates what differentiates the top two categories (Promote and Re/Claim) from the bottom two (Prevent and Treat); the top two focus on optimizing and measuring *positive mental health* while the bottom two focus on reducing and measuring *mental health problems*. Similarly, what differentiates the two categories on the right (Re/Claim and Treat) from the two on the left (Promote and Prevent) is that those on the right take identified mental health problems into consideration while those on the left occur without consideration for an existing problem.

Table 4 below outlines the distinctions for the four intervention categories based on the action, timing of the intervention, and the ultimate goal of the intervention for the population of focus.

As earlier reports have pointed out, it is often impossible, and rarely useful, to try to determine the type of intervention by looking at the activities of the intervention itself. In fact, many interventions are likely to reflect some combination of Preventing and Promoting, and most skilled therapists constantly interweave Treating and Re/Claiming⁴⁹ as they work to address both the immediate problem the client is facing and the potential of that client to function to the best of his or her ability in the future.

The value of the Intervention model, therefore, is not that it labels intervention based on their activities; instead, its value is twofold. First, the model provides an overview of the range of mental health interventions that communities can incorporate in a comprehensive public health approach. This is especially important if the community (like most) has traditionally focused more on treatment than on promotion and prevention. Second, the intervention model provides guidance about the goals of interventions and the outcomes to measure in order to evaluate the need for and the effectiveness of those interventions. The new model points out that while it is appropriate and necessary to gather data about mental health

Figure 3 A Conceptual Framework for a Public Health Approach to Children's Mental Health

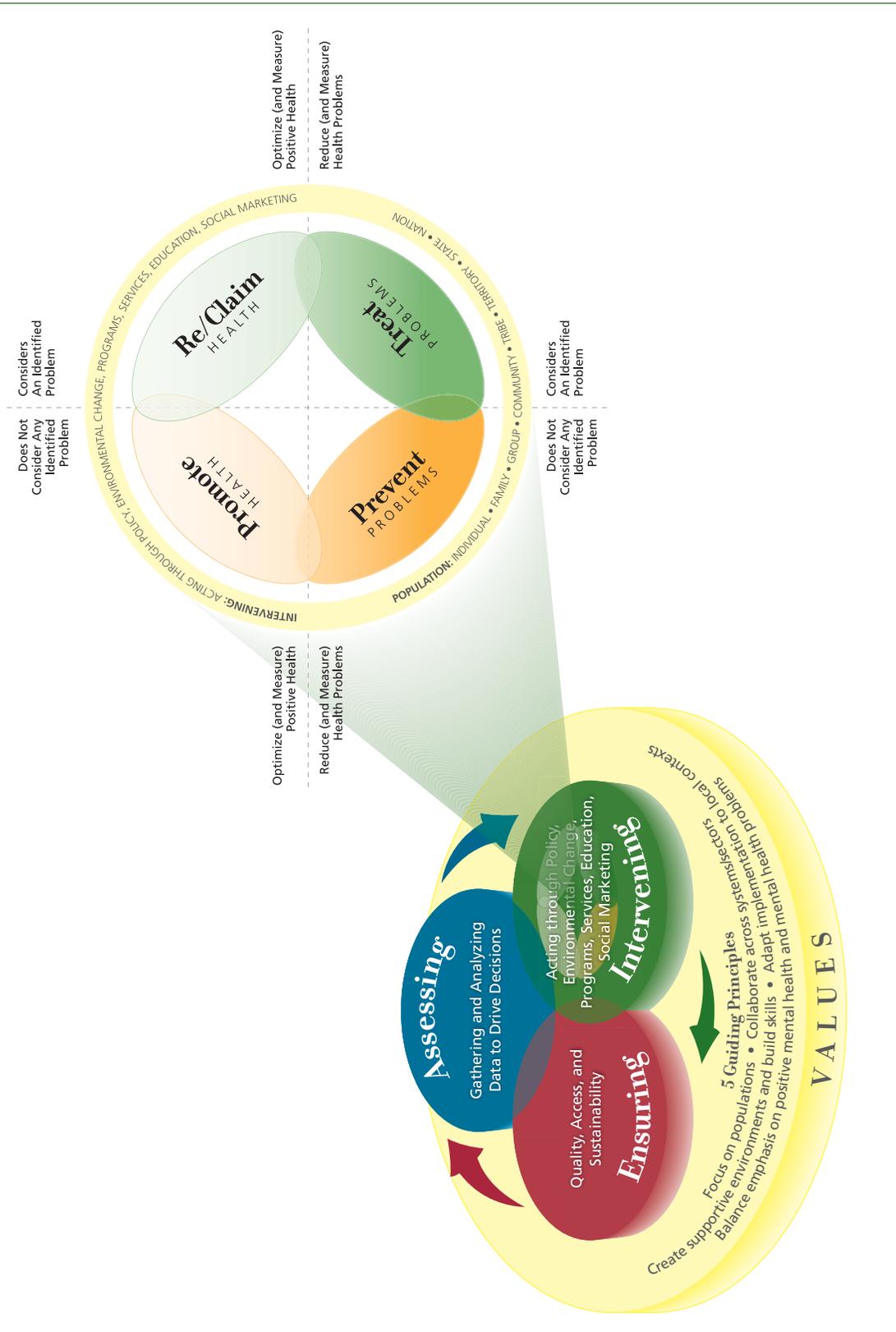


Table 4 Four Intervention Categories and Distinctions Based on Action, Timing and Goal

	Action	Timing	Population Goal
Promote ... is to intervene ...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health by addressing determinants* of positive mental health 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population
Prevent ... is to intervene ...	<ul style="list-style-type: none"> to <i>reduce</i> mental health problems by addressing determinants of mental health problems 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of reducing the number of future mental health problems in the population
Treat ... is to intervene ...	<ul style="list-style-type: none"> to <i>diminish</i> or end the effects of an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus
Re/Claim ... is to intervene ...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health while taking into consideration an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population of focus

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

problems in order to inform interventions that Treat and Prevent, it is also essential to gather data on positive mental health. The latter is necessary for assessing the health of a community, for identifying the need for interventions that Promote and Re/Claim positive health, and for evaluating the effectiveness of those interventions.

The new category of Re/Claiming (Reclaiming or Claiming, the latter of which refers to a case such as a young child with fetal alcohol syndrome who may not yet have experienced a more optimal level of functioning) refers to intervention activities undertaken by people who have experience with or specialized understanding of mental health problems, and who can therefore appropriately adapt health-optimizing activities if the particular mental health problem necessitates it. Some public health advocates have pointed out that generating enthusiasm for promotive intervention in the mental health care community is difficult because of the assumption that optimizing positive mental health only applies to people without mental health problems. The inclusion of the new category in the model has been

met with enthusiasm by families of children with mental health problems because it makes explicit the notion that optimizing mental health applies equally for children with mental health problems and gives a name to interventions that do so.

The distinctions between interventions should not be confused with distinctions between people. In fact, it is quite possible for children to benefit from all four types of interventions at any given point in their development to address various aspects of their lives. For example, a 12-year-old with an attention problem might see a specialist who focuses on Treating the attention problem while Re/Claiming optimal mental health by focusing on other competencies. Simultaneously, this child could also be participating in a school program that Promotes positive mental health through good decision making and another school program that Prevents depression by reducing bullying in the school.

When considering the distinctions and overlap between intervention categories, it is also useful to keep in mind that Promoting and Preventing can both address *positive* and *negative* determinants⁵⁰, and they can both be directed at at-risk groups⁵¹ or whole populations.

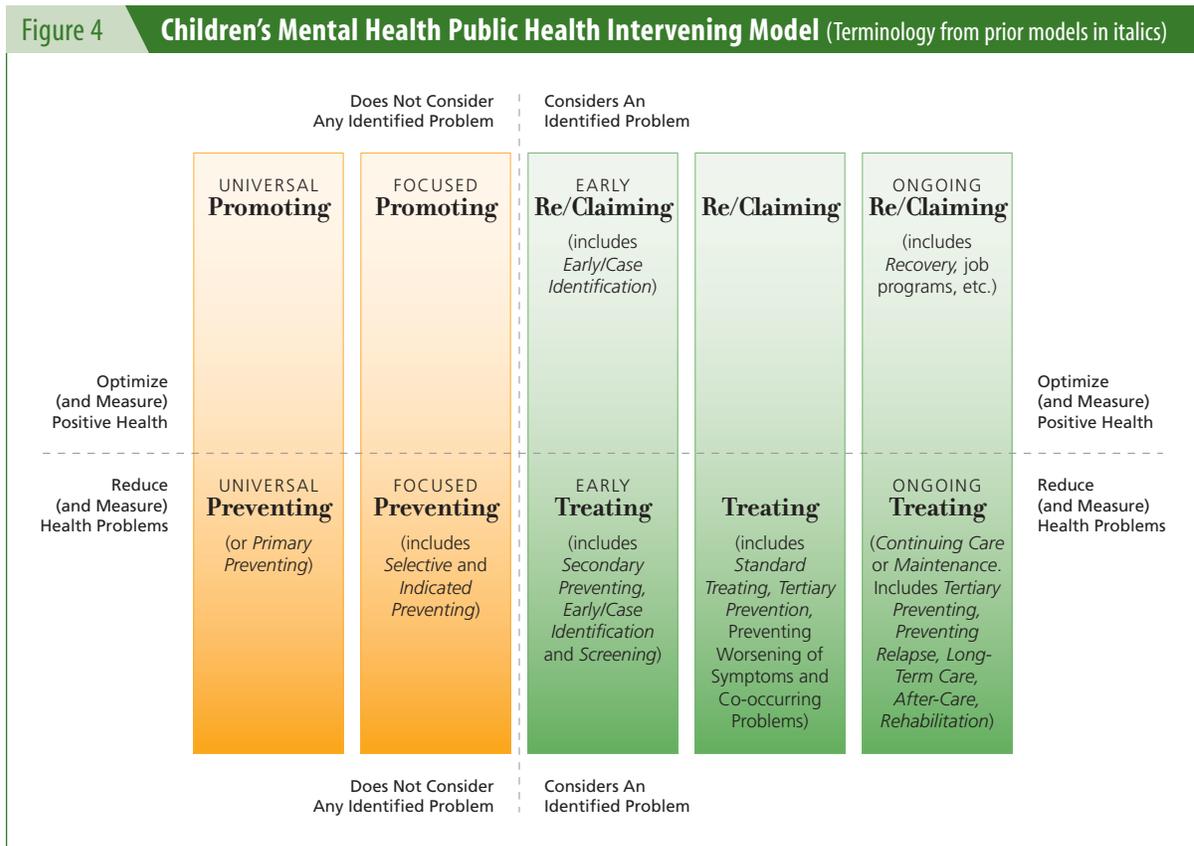
Linking the New Model to Other Terms. By dividing the four main intervention categories into further subcategories, terminology from other fields and prior models can be incorporated into the model (see Chapter 5 and Appendix A in the full monograph for further discussion of most of these terms). As Figure 4 shows, Promoting and Preventing both consist of two subcategories, and Treating and Re/Claiming both have three subcategories. These subcategories have evolved from earlier models and are described below.

Text
Box 2

An Example to Distinguish Between Interventions that Promote and Re/Claim

Ridgemont Middle School decides to offer a youth basketball program to promote health (physical and mental) among its students. The school hires a coach/coordinator who will coach the children in the program and will support continued healthy development through encouragement of positive behaviors (following directions, good sportsmanship, ability to work well with peers) and positive feelings (perceived efficacy, sense of belonging). In the Intervening Model, this is an example of Promoting.

Meanwhile, the Rydell School, a special education program that primarily serves youth with attention deficit and hyperactivity problems, also decides to offer a youth basketball program to support healthy development through encouragement of positive behaviors and positive feelings. Rydell hires a coach/coordinator who will do all the same things as the coach at Ridgemont, except the coach at Rydell will have specialized training and will consider the particular mental health problems of the students when deciding how to approach specific activities in the program. For example, the coach might allow the students more leeway or offer more structure in order to encourage development of the desired skills. In the Intervening Model, this is an example of Re/Claiming.



Attending to Developmental Issues

While the new model of Intervening, and indeed the entire framework was developed for children, it may also have applicability across the lifespan. Nevertheless, there are certain considerations that merit attention when thinking about mental health and public health specifically for children. In many ways, children can be thought of as a cultural group defined by age, so addressing their needs requires the same consideration of cultural factors and the need for local adaptation as when working with different ethnic groups or people from different geographical areas. In the case in which children constitute the cultural group, the dominant consideration for all stages of the process of addressing mental health should be children’s developmental evolution and the developmental appropriateness of each action.

The data gathering steps of the *Assessing* process involve choosing developmentally appropriate measures. For example, many self-administered questionnaires cannot be validly used to gather data from children below certain ages. When age appropriate behavior is being assessed, there may be special adjustments to be made about what is age appropriate with certain populations. When using teacher reports of child behavior, for example, it is important to note whether the teacher is with the child all day long, as is often the case in lower grades, or only for a single class period, as is often the case for higher grades.

Developmentally appropriate *Intervening* means selecting interventions that are ideally suited for the age and developmental level of the population of focus. For example, a social marketing campaign directed at young children may want to use parental authority figures as persuasive tools, whereas a campaign directed at teenagers may want to play on adolescent rebellion against parental authority as a motivator. Further, there are a number of developmental transitions that are embedded in childhood that need to be considered. For example, the transition from middle school to high school is associated with certain risks that may encourage or discourage intervention.

The *Ensuring* process also requires attention to developmental issues. For example, ensuring access for children means taking into account caregivers as gatekeepers and primary shapers of children's environments. Ensuring sustainability means making sure there is a workforce with training that is well suited for the children in the population of focus, and requires understanding child-serving systems enough to know what factors support ongoing change for children in those systems.

The lists of developmental considerations in the paragraphs above are not meant to be exhaustive. They are intended as illustrative examples of how comprehensively the concept of developmental appropriateness must be considered in order to effectively implement a public health approach to children's mental health.

Summary

The new conceptual framework presented here, and the model of *Intervening* contained within it, represent an exciting next step in the evolution of children's mental health. The framework builds upon expertise and recent advances from public health, children's mental health care, psychology, prevention science, and health policy within the U.S, and incorporates innovations in theory and policy from around the world, particularly in the area of health promotion. The framework offers a potential blueprint for producing a healthier generation of American children than any generation before it. The next section transitions from conceptual to functional, and offers practical, applicable steps for implementing the new framework.

Guidance on How to Put the New Public Health Approach to Children’s Mental Health Into Action

This section provides leaders with concrete strategies to begin putting the proposed public health approach to children’s mental health into action. This section of the EES has two parts. The first part offers strategies, resources, and tools for implementing each of the three process/action steps in the context of children’s mental health—Assessing, Intervening and Ensuring. Although the steps are presented in a linear fashion, the three functions are intended to serve as a continuous feedback loop. The second part of this section provides guidance for leaders who are beginning the process of engaging partners and developing a sustainable plan for implementing a public health approach to children’s mental health. This part offers tools and templates to create a vision and a strategic plan for moving forward. While the two parts of this section have been separated for purposes of clarity, in practice both are needed simultaneously.

Before offering specific strategies, resources, and tools for implementing each of the three process/action steps, it is important to be mindful that:

1. The guiding principles stressed throughout this document should provide the broad context for the implementation process.
2. True transformation to a public health approach to children’s mental health requires continuous and complex societal change that can occur through small steps (adding positive health measures to data gathering efforts), a series of jumps (strategically adding promotion efforts into existing paradigms), and big leaps (legislating a new policy/rule that leverages a public health approach to mental health). Each strategy moves closer to a new way of thinking and doing.

Implementing the Public Health Process/Action Steps

Data Gathering: Gaining Understanding of the Current Situation

Groups use data to help set priorities, inform plans, make decisions about interventions, advocate for community change, and sustain interventions. The data gathering process can be divided into four parts: (1) determining what to assess, (2) identifying data sources and data collection strategies, (3) collecting the data, and (4) analyzing and interpreting the data to inform decisions about interventions.

Determining What to Assess. Groups should gather information that helps them understand (a) the needs of the population of focus, (b) the current condition of the mental health of children, (c) the context within which an intervention is or will be offered, and (d) the infrastructure that exists to support the pursuit of children’s optimal mental health. Also, collecting demographic information on families’ socio-economic group, race and ethnic identification, age, and geographic location will allow the data to be disaggregated. This is critical to understanding nuances both between and within populations of focus, helping to identify what adaptations may be necessary.

While many communities and states collect population level data on mental health problems/disorders, the new Intervening Model includes a focus on positive mental health outcomes. Incorporating positive mental health outcomes and determinants may require a shift in methods and tools used by agencies.

At this time, the science of measuring positive mental health and its determinants lags behind the measurement of mental health problems, but groups can use the best knowledge available to identify outcomes and determinants that will inform an understanding of the population of interest and the social and physical environmental factors shaping children’s mental health. A group should consider the variety of data it can gather, focusing on positive mental health, mental health problems and/or determinants. Examples within each category are listed in Text Box 3 below:

In addition to understanding the mental health status of the population and the determinants that impact it, an assessment of the current resources, including community assets, and issues of concern within various child-serving systems and sectors is important for establishing the need for intervention efforts. Examples of important questions to assess the current situation include:

- What is the context/current situation? What is going on?
- What are the community assets?
- What are the diversity issues within the community and the service and support systems that most impact the mental health of children?
- Who are the partners? Who needs to be engaged? What are the existing links?
- What are the current funding opportunities and challenges?

Text
Box 3**Examples of Outcomes and Determinants to Measure****Positive Mental Health**

- Social skills
- Attachment to parents
- Ability to form positive, warm relationships with peers and family
- Sense of self-esteem, autonomy, self-acceptance, social connectedness, and purpose
- Involvement in the community (youth)
- Ability to focus on/complete tasks

Mental Health Problem/Illness Outcomes

- Problem behaviors such as classroom disruption, inattention, fighting, etc.
- Socio-emotional difficulty affecting family or school functioning
- Diagnosed mental disorder/illness

Determinants*Social, Family and Community Networks*

- School climate
- Consistency of parental discipline
- Exposure to family conflict/violence
- Quality of relationships with peers, parents, and other adults in the community
- Community safety and connectedness
- Family routines/rituals and media use

Living and Working Conditions

- Employment status (parent and/or youth)
- Socioeconomic status
- Available green space, social and health services, public transportation systems
- Quality of health care services

Broad Social/Environmental Conditions/Policies

- Poverty rates, crime rates
- Healthy public policy
- Immigration attitudes, language policies

Identifying Data Sources and Data Collection Strategies. The second part of data gathering involves identifying data sources and deciding on the strategies to collect the data. In addition to data traditionally collected by institutions and systems, nontraditional sources (e.g., asset mapping, focus groups, and affinity groups) can be a rich source of information. Some data may also exist as part of existing data collection efforts within child-serving sectors like education and health and human services. Table 5 provides examples of several national efforts that provide resources and places to start. Text Box 4 provides information on measurement and trends related to children’s well-being.

Collecting the Data. Collaborations with public agencies and community-based organizations can often lead to access to information from existing data sets. Some communities and states already share public agency data through interagency management information systems (MIS). There are many benefits to sharing this data and making data accessible to other child-serving agencies, however challenges can sometimes exist in accessing and collecting this information. This is an important decision to make, and the full monograph provides more information to help guide this decision, depending on the context and needs.

Sometimes new data must be also collected, and the process of data collection and organization can be monumental tasks. Once again, developing collaborations can be helpful. Collaborations with researchers can add expertise and enable the workload to be distributed over a larger group. Collaborations with people who are part of the population of focus,

Community-based participatory research (CBPR), can help encourage buy-in and investment in the Assessing process, help lead to culturally competent assessment practices⁵², and use the knowledge of the community to understand health problems and strengths⁵³.

Text
Box 4**Resources for Measuring and Monitoring Children’s Well Being**

The **Multi-National Project for Monitoring and Measuring Children’s Well-Being** is an ongoing, multi-phase effort to measure and monitor the status of children around the globe. <http://multinational-indicators.chapinhall.org/domainlist.lasso>

The **Federal Interagency Forum on Child and Family Statistics** publishes a bi-annual report on the well-being of children and families, *America’s Children: Key National Indicators of Well-Being*, and publishes summary versions that highlights selected indicators. <http://www.childstats.gov/americaschildren/index.asp>

The **Child and Youth Well-Being Index (CWI)** is an evidence-based measure of trends over time in the quality of life or well-being of America’s children and young people. <http://www.soc.duke.edu/~cwi/sectionc.htm>

The **International Society for Child Indicators (ISCI)** brings together experts worldwide to share knowledge and experience and enhance dissemination of information on the status of children. <http://www.childindicators.org>

Child Trends provides information national trends and research on over 100 key indicators of child and youth well-being, with new indicators added each month. <http://www.childtrendsdatabank.org>

Analyzing and Interpreting the Data to Inform Decisions. Once organized and presented in a clear, thorough, and thoughtful way, data help identify key mental health strengths and problems, the determinants of those strengths and problems, and strengths and gaps in the existing intervention picture. With this knowledge, groups can begin to develop locally-relevant interventions that address specific determinants to improve outcomes. By examining data over time for trends in mental health status (positive and negative), leaders can also begin to refine what they believe to be critical intervention strategies⁵⁵.

Once the determinants have been identified, further data analysis can examine existing efforts in the field that may already be addressing some of those determinant factors (e.g., public education campaigns, culturally-based health outreach providers, called *promotoras* within Latino populations). Identifying such existing efforts and analyzing the ways they are and are not effective is critical to understanding the gaps that need to be addressed in the next step.

Intervening—Deciding What to Do and Doing It

Similar to Data Gathering, Intervening involves several steps: 1) conducting a comprehensive scan of interventions, 2) analyzing the information to inform direction, 3) researching effective interventions across the spectrum of the four intervention categories in the model (Promote, Prevent, Treat, Re/Claim), and 4) implementing the interventions to fill in the gaps.

Table 5 Examples and Sources of Existing Data⁸⁹

Data Domains: What Data Do You Want?	Data Sources: Who Collects This Data?	Data Access Points: Where Can You Find This Data?
Demographic data, such as age, gender, school/level, race/ethnicity, etc.	U.S. Census Substance Abuse and Mental Health Services Administration's Prevention Platform Local program data Local survey data	www.census.gov http://prevention.samhsa.gov/about/spf.aspx GIS Mapping Tools
Socioeconomic data, such as income, employment, housing, etc.	U.S. Census U.S. Department of Labor U.S. Housing & Urban Development Annie E Casey Kids Count	www.census.gov/acs Public records Prevention Platform GIS Mapping Tools www.kidscount.org/datacenter
Crime and delinquency data, such as arrests, reported crimes, violence and substance-related offenses, etc.	Local law enforcement agencies U.S. Department of Justice Bureau of Justice Statistics Office of Juvenile Justice Delinquency Prevention (OJJDP)	Sourcebook of Criminal Justice Statistics Uniform Crime Reports Drug Abuse Warning Network Drug Use Forecasting System OJJDP Statistical Briefing Book
Public health data, such as mortality/morbidity, teen pregnancy, immunizations, illnesses, etc.	Department of Public Health Centers for Disease Control	Vital health statistics Hospital records Coroner's office Hospital emergency rooms' discharge data sets
Education data, such as academic achievement, graduation/completion, attendance/enrollment, dropout, suspensions and expulsions	U.S. Department of Education State Departments of Education Local School Districts	Education public records, reports, and data
Traffic/transportation data, such as car crashes, licenses, etc.	U.S. Department of Transportation State Department of Motor Vehicles National Highway Traffic Safety Administration	Traffic and transportation public records, reports, and data
Other public data sources, especially systematically collected survey data	National surveys, such as the Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance System, Monitoring the Future, National Survey on Drug Use and Health, National Survey of Children's Health, National Survey of Children with Special Health Care Needs, Communities That Care, Assets Survey, Annie E Casey Kids Count	http://apps.nccd.cdc.gov/yrbss www.childhealthdata.org www.kidscount.org/datacenter State surveys Local community surveys School surveys
Program/grant funding data, such as Block Grant and Discretionary Grant Information Systems, etc.	National Funds Data Systems (e.g., BGAS) State and community management information systems	Federal, State, and community agencies
Workforce data	National and state professional associations State professional licensing boards	American Academy of Child and Adolescent Psychiatrists American Psychological Association National Association of Social Workers

Conducting a Comprehensive Scan of Interventions. Obtaining a detailed picture of the interventions already in place can help avoid duplication and pinpoint needs, and conducting a scan of other interventions that have already been developed for use elsewhere can provide options for addressing those needs. It is particularly useful to identify those interventions that have been evaluated and shown to be effective. The full monograph provides more details about steps that can be taken.

To support the comprehensive scanning effort, communities and states may consider storing intervention information in a format that allows easy maintenance, updates, and accessibility by interested parties. One way to organize potential interventions is to sort them into the four categories of Promoting, Preventing, Treating and Re/Claiming. Doing so will allow leaders to assess the breadth of coverage the interventions provide. One factor that can be helpful for distinguishing between interventions is the type of outcome measured, since outcome data can provide information about the intent and scope of the intervention. Interventions may be further sorted by whether they involve policy change, environmental change, implementing programs or services, educating, engaging in social marketing, or some combination of these.

Analyzing the Information to Inform Direction and Focus. Based on what is found in the scan, criteria can be developed to enable comparison of interventions and guide decisions about what actions to take. Figure 5 below organizes interventions into the four broad intervention categories of Promoting health, Preventing problems, Treating problems, and Re/Claiming health. The goal of organizing them in this way is to ensure that all four activities are well represented in the jurisdiction. The figure shows that meeting this goal can be helped by the fact that interventions often span more than one category.

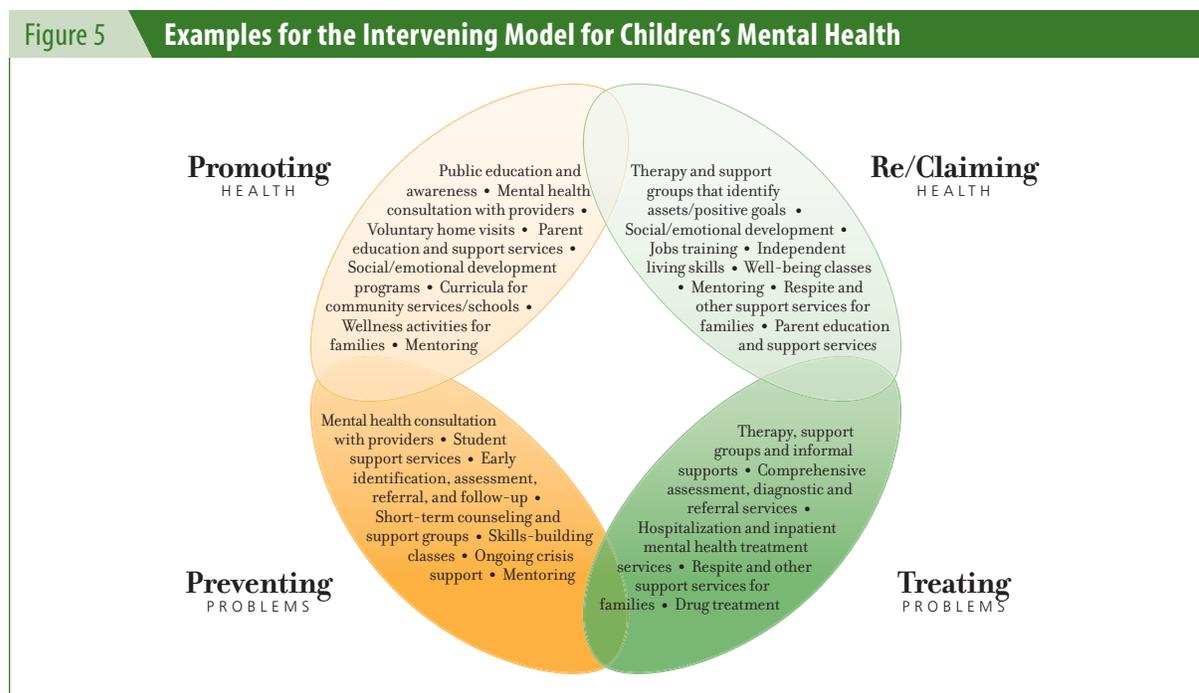


Figure 5 highlights that, while many interventions are typically provided as part of the mental health care system, an equal number have their roots in other systems and sectors, such as education, the labor market, and media outlets. Similarly, many interventions may be implemented by sectors in collaboration with the mental health care system or collaborations between other systems or sectors, such as juvenile justice, education, and child welfare. Identifying these collaborations can help leaders begin to link various resources and opportunities, including many that may have not been previously identified as children’s mental health interventions.

Researching Effective Interventions across the Spectrum of the Four Intervention Areas. The public health approach emphasizes using data to drive decisions, which means that particular value is assigned to clinical and program interventions that have data supporting their effectiveness. Around the nation, there are many examples of effective evidence-based interventions and evidence-based practice⁵⁶ currently being implemented in multiple locations.

Effective interventions may already exist within the setting or for the population, or they may be identified through a national or state registry of effective practices (see Text Box 5 for resources). In some cases, there may not be sufficient data to conclusively support even well-regarded interventions, particularly when focusing on new areas of intervention. Judgments will need to be made about appropriate levels of evidence of effectiveness.

When making decisions about implementing interventions, it is critical to directly link the interventions chosen to desired outcomes. At times, decisions may be made to implement certain interventions due to political or public pressure, the popularity of the intervention, or funding issues. By asking, “How will this intervention lead to our desired outcomes?” communities will better maintain focus and ensure accountability.

Text
Box 5

Website Resources for Effective Interventions

Social Programs that Work summarizes the findings from well-designed randomized controlled trials that have particularly important policy implications—because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect. <http://www.evidencebasedprograms.org/>

Promising Practices Network features descriptions of evaluated programs that improve outcomes for children. http://www.promisingpractices.net/programs_outcome.asp

Community Preventive Services contains The Community Guide’s systematic reviews of the effectiveness of selected population-based interventions designed to reduce or prevent violence by and against children and adolescents. <http://www.thecommunityguide.org/violence/default.htm>

National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA) is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. <http://www.nrepp.samhsa.gov/>

Hawai’i State Department of Health Child and Adolescent State Mental Health Division developed a “Blue Menu” tool to guide teams in developing appropriate plans using psychosocial interventions. <http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>

Ensuring—Being Effective and Accountable

Leaders must ensure that the interventions reach their intended audiences, that the interventions are implemented effectively by a highly competent workforce, and that the interventions are sustainable. In other words, leaders must ensure access, quality, and sustainability.

Access. Barriers to equal access and affordability of mental health care may be influenced by personal, financial, and structural factors. Individual factors may include gender, race/ethnicity, language, sexual orientation, cultural differences, or lack of knowledge about when or how to seek care. Financial barriers may consist of insurance status or prohibitive cost of services. There may also be structural barriers such as a lack of professional providers to meet special needs, limited geographic location of services, lack of coordination between child-serving agencies, or confusing intake processes. It is necessary to overcome these barriers so that all children can move toward optimal mental health and at-risk populations and children with mental health problems or illness can receive the interventions they need.

In order to overcome the barriers described above, communities should ensure that the array of interventions includes:

- A wide range of services/supports to meet the population’s diverse mental health needs.
- An organized and coordinated point of entry to care⁵⁷ that may be through one entrance point in a community or through multiple entryways.
- Services and supports located where children and families are (e.g., natural settings such as schools, primary care, parks, malls, etc.) and made available when children and families need them (e.g., after hours, weekends).
- Availability, participation, and training of bilingual and/or bicultural workforce representative of the communities served when appropriate.
- Family-driven and youth-guided choice of professionals, interventions, and settings.
- Consumer choice of forms of payment for mental health services.
- Developmental appropriateness—taking into account the age and developmental capabilities of children.

Quality. Ensuring quality involves delivering interventions for the population of focus in an effective way. The delivery of effective interventions requires a competent workforce, with competence referring to both formal and informal qualifications. It also requires the use of evidenced-based programs and practices to the degree possible and as defined by the community. Effective intervening also requires culturally and linguistically competent practices and policies, family-driven and youth-guided practices and policies. Finally, it requires ongoing assessment of the impacts on outcomes for children and their families, as well as the community as a whole.

Continuous quality improvement (CQI)⁵⁸ structures specify the measurement of quality and provide feedback loops that guide mid-course corrections to improve systems. A CQI approach recognizes that families and youth provide a picture of how the system is operating, whether or not services and supports are being delivered in culturally competent, family-friendly ways, and how children are behaving, functioning and feeling. Families and youth can also report whether front line providers appear competent, adequately trained, and sufficiently supervised to provide effective behavioral health services.

Sustainability. Addressing and planning for sustainability at the very beginning is important and involves refining broad elements (e.g., vision and outcomes) as well as the more concrete elements (e.g., services and programs). A well-planned and implemented evaluation process offers the opportunity to document the value and impact of the change efforts, and can guide policy at the governance level. Sustaining a multi-sector effort requires a particular commitment to an on-going process of planning, implementation, and evaluation. In most settings, sustaining a transformative effort as comprehensive as a public health approach to children’s mental health will require a dedicated infrastructure with the authority to commit resources, advocate for policy changes, and implement programs.

Initiating the Process: How to Get the Work Started

The conceptual framework for the public health approach to children’s mental health represents a continuous cycle of work. Each component of the process—Assessing, Intervening, and Ensuring—requires that all parts of the process be undertaken in a complete and comprehensive manner for optimal effectiveness. Such effort requires leadership that provides an overarching vision, opportunities for ongoing local application, as well as an infrastructure to support sustained effort in order to truly implement a public health approach to children’s mental health.

The table below (Table 6) provides information on creating an infrastructure and moving it forward to guide the implementation and ongoing efforts. The section is broken down into three parts: convening the people who will make the effort happen, creating the guiding vision and shared goals, and gathering resources needed to support the work. The EES and full monograph provide an overview of these organizational components but there are numerous other resources available as well.

Summary

The move toward a public health approach to children’s mental health is particularly complex because change must occur in multiple places and at multiple levels in a coordinated and comprehensive manner in order to help children in a variety of environments. This section has provided an overview of how to begin thinking, planning and building an infrastructure so that the transformative work can be done.

Table 6 Essential Components of Effective Change	
CONVENING FOR CHANGE	
A. Leadership	<ul style="list-style-type: none"> • Leaders often have a big-picture perspective on what should be different and who are critical players to making change occur. • Potential leaders can be state children’s mental health directors, public health professionals, physical health care providers, or leaders from other child-serving systems. • It is ideal to have someone with authority within the mental health care system as part of the leadership team. • Leadership can be shared, but clearly defined roles can be crucial for success. The leaders are responsible for gathering people and resources for designing and implementing a plan, protecting other voices in the process, guarding the vision of the group, and ensuring that every person at the table feels heard and valued.
B. Building a Coalition	<ul style="list-style-type: none"> • Public health describes a professional <i>field</i> but it also describes a multi-sectored approach. • Public health approaches are integrated within biology, medicine, nursing, maternal child health, emergency and disaster preparedness, infection control, genetics, violence prevention, environmental sciences, epidemiology, and more. • Leaders already on board need to identify, invite, and engage other critical participants to shape, promote, and implement the framework. • Coalition members should represent systems and sectors that impact children’s mental health, such as parks and recreation, education, faith-based groups, ethnic-based organizations, and the physical health care system.
GUIDING THE WORK—CREATING A PLAN	
A. Developing a Shared Vision	<ul style="list-style-type: none"> • A vision is an important first step, and adapting it is an on-going process. • A vision is a guide that 1) commits people to the work, 2) connects them to the group, and 3) impacts conversations they have about the work. • Some benefits of a vision are that it supports persistence, encourages risk taking, maintains focus on ultimate goals, and identifies long-term gain⁵⁹.
B. Developing and Evaluating a Logic Model/Plan	<ul style="list-style-type: none"> • A logic model is a graphic representation of the key elements of a change effort that includes 1) where the group is starting (current situation), 2) ways to get from where it is to where it wants to be (action items or activities), and 3) where it wants to end up (the desired outcome) and milestones along the way (short term outcomes). • Groups can develop logic models through a locally driven process that gathers input on the current situation, ideas for interventions, and community-defined outcomes. • Logic models provide templates for decision-making, ensure that activities are linked to outcomes, and help groups convey their change plans⁶⁰.
SUSTAINING THE WORK—ASSEMBLING RESOURCES	
A. Infrastructure	<ul style="list-style-type: none"> • One of the biggest challenges to success is establishing the infrastructure necessary to sustain efforts. • Organizing the work, ensuring the proper workforce, evaluating the results, and adapting require substantial commitment of time, money, and energy. • Groups think about how the planning and work will be done over the long term from the very beginning are more likely to succeed.
B. Facilitation	<ul style="list-style-type: none"> • Change requires process and process requires meetings. Successful meetings require organization, direction and facilitation. • Outside facilitation can allow all members of the coalition to act as equal participants in dialogue, help ensure that all viewpoints are given attention without regard to internal group politics, and focus full attention on facilitation responsibilities⁶¹.

Conclusion

All children have the potential to thrive. Whether or not they thrive, however, depends on a complex set of factors existing at the individual, family, community, and societal levels. Based on an accumulation of research findings, there is a solid understanding of the characteristics of prenatal care, early childhood experiences, and educational, family and community environments that make it more or less likely that children will have positive physical and mental health and reach their full potential. Furthermore, with a growing evidence base regarding risk and resiliency, we are equipped to know when and how to: prevent mental health problems, intervene if early signs of a difficulty exist, and/or promote well being for all children. Based on this knowledge, it is the society's responsibility, and to the society's great benefit, to ensure that its policies and systems help optimize the well being of all children.

Based on public health's contribution to children's physical well being, there is good reason to believe that bringing a public health approach to children's mental health will facilitate similar strides in the area of mental health. This document presents the need for a new approach, a thorough review of what is meant by a public health approach and what its advantages are, and a framework to guide a public health approach to children's mental health. This framework focuses on a comprehensive and coordinated approach to engage multiple partners in helping shape children's environments and develop their individual resources to give them the best chance at success.

The vision for the overall effort, of which this monograph is but a part, states that when a public health approach is applied to children's mental health, communities as well as society at large will:

- Work to positively shape and strengthen children's physical, social, cultural, political, and economic environments in ways that promote optimal well-being and help prevent mental health problems.
- Provide a full continuum of services and supports, from promoting health and preventing problems to treating problems and reclaiming health that help all children manage environmental, social, and emotional challenges, thrive, and be contributing members of society.

CONCLUSION

The conceptual framework includes five principles intended to guide efforts to achieve this vision. The guiding principles include:

- Taking a population focus.
- Balancing a focus on children’s mental health problems with a focus on optimizing children’s positive mental health.
- Working collaboratively across a broad range of formal and informal systems and sectors that impact children’s mental health.
- Placing greater emphasis on creating environments that promote and support optimal mental health and skills that enhance resilience.
- Adapting the implementation to local contexts and settings.

In addition to the five principles, a set of values and a process of Assessing, Intervening, and Ensuring constitute the conceptual framework. This document and the related monograph also define a new Intervening Model for children’s mental health, which includes the actions of Promoting, Preventing, Treating, and Re/Claiming. While examples of individual components of the conceptual framework are evident throughout various parts of the country, taken as a whole and implemented broadly, the framework represents a major transformation for children’s mental health that can lead to a healthier population and stronger communities.

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