Children's Mental Health: An Annotated Bibliography

Current as of June 8, 2006

State of children's mental health and mental health services

Bickman, L. (1999). "Practice Makes Perfect and Other Myths about Mental Health Services." American Psychologist 54(11): 965-78. Examines forces motivating reform in mental health services, suggesting that mental health practitioners and researchers have relied on traditional and apparently unsuccessful methods (with little or no scientific support) to ensure service quality and effectiveness; debunking six myths about mental health services; and suggesting that insufficient communication and collaboration between research and service communities has harmed both communities. (SM)

Burns, B. J., S. D. Phillips, et al. (2004). "Mental Health Need and Access to Mental Health Services by Youths Involved with Child Welfare: A National Survey." Journal of the American Academy of Child and Adolescent Psychiatry 43(8): 960. Objective: This study assessed the relationship between the need for and use of mental health services among a nationally representative sample of children who were investigated by child welfare agencies after reported maltreatment. Method: Data were collected at study entry into the National Survey of Child and Adolescent Well-Being and were weighted to provide population estimates. Results: Nearly half (47.9%) of the youths aged 2 to 14 years (N = 3,803) with completed child welfare investigations had clinically significant emotional or behavioral problems. Youths with mental health need (defined by a clinical range score on the Child Behavior Checklist) were much more likely to receive mental health services than lower scoring youth; still, only one fourth of such youths received any specialty mental health care during the previous 12 months. Clinical need was related to receipt of mental health care across all age groups (odds ratio = 2.7-3.5). In addition, for young children (2-5 years), sexual abuse (versus neglect) increased access to mental health services. For latency-age youths, African-American race and living at home significantly reduced the likelihood of care. Adolescents living at home were also less likely to receive services, whereas having a parent with severe mental illness increased (odds ratio.= 2.4) the likelihood of service use. Conclusions: Routine screening for mental health need and increasing access to mental health professionals for further evaluation and treatment should be a priority for children early in their contact with the child welfare system. J. Am. Acad. Child Adolesc. Psychiatry, 2004; 43(8):960-970. Key Words: mental health services, child welfare, foster care, National Survey of Child and Adolescent Well-Being.

Congress of the U.S. Washington DC. House Select Committee on Children Youth and Families. (1987). Children's Mental Health: Promising Responses to Neglected Problems. Hearing before the Select Committee on Children, Youth, and Families. House of Representatives, One Hundredth Congress, First Session: 242. This document presents witnesses' testimonies and prepared statements from the Congressional hearing called to examine children's mental health issues, including the prevalence of mental illness among children, barriers to effective treatment, and responses that are effective in helping children and families. Witnesses providing testimony include: (1) Glenda Fine, director of the Parents Involved Network Project and mother of an adolescent son with serious emotional problems; (2) Jean Gaunt, foster parent and mother of an adopted son with emotional problems; (3) Leonard Saxe, principal author of the Office of Technology Assessment Report on Children's Mental Health; (4) Jane Knitzer, director of the Division of Research, Development and Policy, Bank Street College of Education; (5) Robert Friedman, director of the Research and Training Center for Improved Services for Seriously Emotionally Disturbed Children at the Florida Mental Health Institute; (6) Stuart McCullough, director of the Contra Costa County Department of Mental Health, California; (7) Marilyn Mennis, Philadelphia Child Guidance Clinic, Pennsylvania; (8) Bertrand L'Homme, executive director of City Lights community-based day treatment program for adolescents, Washington, D.C.; (9) Thomas Davis, Alexandria Mental Health Center, Louisiana; (10) Randall Feltman, Children's Services Demonstration Project, Ventura County Mental Health Services, California and (11) Judith Shanley, assistant commissioner of the Eric County Department of Mental Health, Buffalo, New York. Materials submitted for the record are included. (NB)

Congress of the U.S. Washington DC. Office of Technology Assessment. (1986). Children's Mental Health: Problems and Services. Background Paper: 173. This background paper on children's mental health indicates that less than one-third of the children who have mental health problems receive treatment. Types of mental health problems are discussed, including intellectual, developmental, behavior, emotional, psychophysiological, and adjustment disorders. Enviromental risk factors of poverty and membership in a minority ethnic group, parental psychopathology, maltreatment, teenage parenting, prematurity and low birthweight, parental divorce, and major physical illness are described. Mental health services are discussed in detail, including therapies, treatment settings, treatment in non-mental health settings, prevention, and the integration of mental health and other services. The effectiveness of various therapies and treatment settings is examined. Current federal efforts supporting mental health services are discussed. Three main conclusions are drawn: (1) many children do not receive the full range of necessary and appropriate services to treat their mental health problems effectively; (2) a substantial theoretical and research base suggests that, in general, mental health interventions for children are helpful; and (3) although there seem to be shortages in all forms of children's mental health care, there is a particular shortage of community-based services, case management, and coordination across child services systems. A glossary of terms is included. (ABL)

Craig, R. T. and National Conference of State Legislatures Denver CO. (1988). Mental Health Services for Children and Youth: Strengthening the Promise of the Future. Human Services Series: 14. Many mentally ill children, especially those who are seriously disturbed, are not receiving the mental health care they need. Although the federal government offers financing to the states for child and adolescent mental health programming, the primary responsibility for financing mental health services has been assumed by state governments. At the local level reimbursement systems and the economic climate have served as fiscal disincentives to continued development of community-based programs for this group. The reality of mental health care for children and adolescents has historically been one of disorganization, lack of coordination, and an overemphasis on unnecessarily restrictive treatment programs. Barriers to delivering appropriate services to children include definitional ambiguity; service fragmentation; economic disincentives; crisis orientation; and lack of advocacy. The continuum care mode for children should include the components of prevention, non-residential, and residential services. Although children's mental health services have improved dramatically, these systems continue to have major gaps and barriers. State legislatures and other governmental bodies, foundations and other private sector institutions, and mental health systems are attempting to produce positive changes. Despite this progress, much remains to be done. Policymakers should focus on developing a continuum of care, coordinating and integrating the delivery system, and involving families in the treatment process. (Specific program and legislative responses of the states are described.) (ABL)

Lambert, E. W., A. M. Brannan, et al. (1998). "Common Patterns of Service Use in Children's Mental Health." Evaluation and Program Planning 21(1): 47-57. This study demonstrates the usefulness of cluster analytic patterns of care in a sample of 979 children receiving federal mental health services. Six patterns were identified. These service-utilization clusters provide a useful and easily understood way to summarize children's quantity of use of various mental health services. (SLD)

Louv, R. and Benton Foundation Washington DC. (1999). How Americans Can Help Children with Mental Illness, and Their Families, Help Themselves. Connect for Kids: Guidance for Grown-Ups: 8. This article highlights the untended mental health needs of children across the United States. Citing troubling mental health statistics, the author suggests creating a community culture that does not stigmatize or ignore mental health problems, specifically by making prevention and treatment the rule. One of the potential stumbling blocks identified is that of the health care system itself, which pits a childs physical health against his or her emotional well-being. But around the country mental health advocates and government agencies are attempting to create a safety net for children. The goal: coordinate efforts of schools, justice systems, social services, and health and dental care providers, into a safety net capable of catching children. The article includes a discussion of how programs, communities, and policies can help families help themselves, and how schools can and should become an important part of this network. (GCP)

McElhaney, S. J., et al., et al. (1993). Children's Mental Health and Their Ability To Learn. Occasional Paper #8, Prudential Foundation, Newark, NJ.National Mental Health Association, Alexandria, VA.: 38. This paper examines the current status of U.S. children's mental health and its impact on children's ability to learn. It notes the incidence of mental disorders in children, risk factors predisposing children to mental disorders, and symptoms of children with serious emotional disturbances. It explores the school-based and community-based services available to address children's mental health needs and suggests policy and action steps to improve the provision, availability, and accessibility of these services. The paper describes several models of collaboration among schools, community agencies, professionals, and parents. These models work to both treat and prevent mental health problems. Recommendations are offered in the areas of training, staffing, legislation, advocacy, and coalitions. The paper concludes with an annotated list of four organizational resources. (Contains 12 references.) (JDD)

National Center for Clinical Infant Programs Washington DC. (1986). Infants Can't Wait: The Numbers, Foundation for Child Development, New York, NY.Harris (Louis) and Associates, Inc., New York, NY.: 48. Data in this document provide information about American children from the beginning of their lives until their fourth birthdays. Compiled largely from federal government sources, the statistics document the birth of infants, the circumstances of their families, the risks to life and health they face in the first years of their lives, the family and community environments in which they develop, and the sources of health care available to them. Varying enormously in depth and in detail, the data with few exceptions are no older than 1980. An introductory summary sketches in broad strokes a group portrait of the nation's youngest children. Section I provides birth statistics and indicates characteristics of child-bearing families. Section II, focusing on infants at risk, concerns congenital malformations, low birth weight, adolescent mothers, exposure in utero to stimulants and drugs, failure to thrive, mental health, behavioral or psychosocial disorders, child abuse and neglect, accidents, and mortality. Section III focuses on working parents and child care, poverty, nutrition, environmental poisoning, divorce and custody, and foster care and adoption. The final section, Section IV, concerns prenatal health care and nutrition, acute and preventive health care for infants and toddlers, and mental health services. (RH)

Richmond, J. B. and J. Janis (1980). "A Perspective on Primary Prevention in the Earliest Years." Children Today 9(2): 2-6. This article presents some of the changing views influencing psychologists, physicians, and other persons interested in preventing developmental difficulties and promoting physical and mental health in children. (DB)

Core values, principles and goals

Elias, M. J. and R. P. Weissberg (2000). "Primary Prevention: Educational Approaches To Enhance Social and Emotional Learning." Journal of School Health 70(5): 186-90. Reviews the work of the Collaborative to Advance Social and Emotional Learning, examining its guidelines for promoting mental health in children and youth based on social and emotional learning (SEL) and key principles. Five examples of exemplary approaches to SEL, each representing a different focus, are presented. Issues in real-world implementation in today's schools are discussed. (SM)

Florida State Mental Health Inst. Tampa., Center for the Study of Social Policy Washington DC., et al. (1996). The Case for Kids. Community Strategies for Children and Families: Promoting Positive Outcomes: 33. Why, despite society's common understanding of the problems of children, have individuals failed to act decisively and powerfully to bring them security and hope? This report, which includes articles excerpted and adapted from presentations and discussions at a 1996 symposium, addresses this question. After an introduction by Rosalynn Carter, the first article (Charles Bruner) presents the symposium's vision for children, families, and neighborhoods that requires new forms of family supportive front-line practice; reconstructing public systems to embrace new principles; building social capital through collective action; and creating economic opportunity and hope. The second article (John Gates) suggests that "resiliency"--as a concept and goal--may be the easy-to-understand rubric needed to bring programs for children and families to scale. The third article (Frank Farrow) makes the case for neighborhood networks of family support, based on the premise that conditions will not improve for many families unless they receive the help they need closer to home. The fourth article (Bob

Friedman) notes the need for "leadership teams," people who can transcend an individual vision and work together over the long term to create and sustain meaningful change. The report concludes with a summary of group discussion at the symposium, particularly the need for cultural sensitivity, and of "next steps" in implementing the symposium's vision. Contains a list of symposium participants and sponsors. (EV)

Friedman, R. M. (1986). "Major Issues in Mental Health Services for Children." Administration in Mental Health 14(1): 6-13. Identifies and discusses major issues for enhancing mental health services for children and adolescents, including creating a balance between different types of services, reducing reliance on residential treatment, improving coordination of children's services, creating a public sector-private advocate partnership, establishing community-based systems of service, and strengthening fiscal policies. (Author/ABB)

Public Health Service (DHHS) Rockville MD., Special Education Programs (ED/OSERS) Washington DC., et al. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Proceedings (Washington, D.C., September 18-19, 2000): 54. The burden of suffering experienced by children with mental health needs and their families is causing a health crisis. As demonstrated in this report of the Surgeon General, the highest levels of government have elicited interest in the mental health needs of children. The Surgeon General's Conference on Children's Mental Health and a meeting on psychopharmacology for young children helped establish recommendations for the basis of a national action agenda. The guiding principles are: (1) promoting the recognition of mental health as an essential part of child health; (2) integrating family- and child-centered mental health services into all systems that serve children and families; (3) incorporating perspectives of children, youth, and families in development of mental healthcare planning; and (4) developing a public-private health infrastructure. Action steps are presented to help reach these goals. Conference proceedings are reported from the Surgeon General's Conference for developing a national action agenda. Summary statements are included from the speakers and discussants at the conference. Panel 1 discussed identifying, recognizing, and referring children with mental health needs. Panel 2 reviewed health service disparities. Panel 3 presented state of the evidence on treatments, services, financing, and systems of care. Appended is a "Policy Brief." (JDM)

Rotheram-Borus, M. J. (1997). Mental Health Services for Children and Adolescents: 31. This article reviews the progress made in meeting United States' existing mental health goals for adolescents, and identifies issues that will have to be considered in setting new goals. The article examines the substantial need for child mental health services, particularly among young, socioeconomically disadvantaged youth. The unmet need for services is also described within the framework of children involved in various social service systems. To assist in the delivery of mental health services, a theoretical model guiding emerging policy is described, which addresses access, managed care, sector shifting, ethnic patterns, child and family factors, quality of care, service integration, and outcomes. Finally, recommendations are offered for improving the targeted goals for Healthy People 2010 in the following three areas: (1) improve the transfer of technology for delivering psychotherapeutic interventions in community-based settings; (2) question the current models of delivering psychotherapy by practitioners who are generalists; and (3) examine alternative financing structures for the delivery of care within primary health care, education, and other sectors. Three strategies for setting goals are suggested: (1) set goals for communities rather than at national levels; (2) set up a national surveillance system to monitor implementation on an annual basis; and (3) establish an incentive system. Contains approximately 150 references. (SD)

Stroul, B. A. and R. M. Friedman (1988). "Principles for a System of Care." Children Today 17(4): 11-15. Discusses two core values and 10 principles to be used in development of systems of care for severely emotionally disturbed children and their families. (RJC)

World Health Organization Geneva (Switzerland). (1977). Child Mental Health and Psychosocial Development. Report of a WHO Expert Committee. Technical Report Series No. 613: 73. This report of a World Health Organization Expert Committee discusses the importance of ensuring healthy psychosocial development and the prevention and treatment of mental health problems in children and stresses the inadequacy of existing services in most countries. The first section reviews the current world

situation in child mental health, emphasizing: (1) population characteristics; (2) epidemiological and developmental features; and (3) patterns of existing services. The second section examines possibilities for action, specifically: principles of intervention; preventive and treatment measures; research implications; service provisions and personnel development; and planning and coordination. The final section offers recommendations to those who formulate national policies, deploy financial resources and personnel, and develop services in the following areas: prevention and treatment of childhood mental disorders and fostering of healthy psychosocial development; development of etiological knowledge; program planning and coordination; training of child mental health personnel. WHO's role in child mental health programs is discussed. (SE)

Costs and benefits of improved care

Bernal, P., D. B. Estroff, et al. (1998). Economic Implications of Undetected Mental Health Issues in the Pediatric Population: 5. This study examined children's health care utilization at six sites within a Northern California health maintenance organization (HMO). Approximately 300 parent-child dyads seeking medical attention at the HMO sites were subjects. Parents completed the Pediatric Symptom Checklist (PSC) and reported the presence of a serious or chronic illness. In addition, psychiatric/medical utilization and costs for the previous year were retrieved from a regional database. According to PSC scores, 13 percent of children were experiencing psychosocial dysfunction and there was a consistent linear relationship between child PSC positive status and health care utilization. Health care utilization was highest for children with psychosocial morbidity (or chronic illness) and higher among younger children, decreasing with age as psychiatric costs progressively increased. Results suggest that the costs of timely and appropriate mental health care for young children may be offset by decreased general health care costs. (DB)

Karoly, L. A., M. R. Kilburn, et al. (2001). Assessing Costs and Benefits of Early Childhood Intervention Programs: Overview and Application to the Starting Early Starting Smart Program [with] Executive Summary, Casey Family Programs, Seattle, WA. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD.: 202. Starting Early Starting Smart (SESS) is a knowledge development initiative designed to: (1) create and test a new model for providing mental health and substance abuse prevention and treatment for young children (birth to 7 years) and their families; and (2) inform practitioners and policymakers of successful interventions and promising practices from a multi-year study. In the third year of the first 5-year phase, 12 culturally diverse grantee organizations provide integrated behavioral health services in community-based early childhood settings where families customarily receive services for children. This report identifies the conceptual and methodological issues associated with the analysis of costs and outcomes of early intervention programs in general and makes recommendations regarding the application of these tools for subsequent demonstration studies of SESS. Chapter 1 discusses the results-based accountability movement in social services and argues that knowledge about the relationship between costs and outcomes is useful for program directors but is also important for developing policy approaches at a more general level. Chapter 2 provides a primer on various types of cost and outcome analysis: cost-benefit, cost-effectiveness, and related methods within the broader decision support framework or policy scorecard analysis. Chapter 3 discusses issues in cost and outcome analysis specific to early childhood intervention programs, focusing on measures for benefits and estimation of costs. Chapter 4 reviews the literature on cost and outcome analysis for early childhood intervention programs and provides illustrations of such analyses from the Perry Preschool Program, the Elmira Prenatal/Early Infancy Project, and the Chicago Child Parent Centers. Chapter 5 applies the concepts to the SESS program, with specific recommendations regarding the evaluation design and implementation of cost and outcome analysis. Chapter 6 summarizes the main findings and presents conclusions. Three appendices include descriptions of the grantees and mission statements of the national collaborators involved in the project. Also appended is the Executive Summary. (Contains 1 figure, 15 tables, and a 77-item bibliography.) (KB)

Models of care

Case management

McManus, M. C. E. and Portland State Univ. OR. Regional Research Inst. for Human Services. (1993). Case Management for Families and Children, National Inst. of Mental Health (DHHS), Rockville, MD. National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.: 21. This theme issue of "Focal Point" offers an overview of a range of children's mental health case management issues. Articles include: "Case Management for Families and Children" (Theresa J. Early); "Expectations of Case Management for Children with Emotional Problems: Parent Perspectives" (Richard Donner and others); "Principles of Training for Child Mental Health Case Management" (Marie Weil and others); "Case Management Research Issues and Directions" (Barbara J. Burns and others); and "Implementing and Monitoring Case Management: A State Agency Perspective" (Lenore B. Behar). The articles discuss functions of case management; principles of development of case management programs; the relationship between case managers and families; the core areas of child mental health case management training, which consists of values, knowledge, and skills; and the role of the states in promulgating philosophy and attitude changes, setting program policies and standards, providing training, ensuring funding, and monitoring and evaluating services. The bulletin concludes with profiles of staff of the Child, Adolescent and Family Branch of the Center for Mental Health Services of the U.S. Substance Abuse and Mental Health Services Administration, and with notes concerning research projects, programs, and conferences. (JDD)

Van Vleet, P., R. Brownbridge, et al. (1969). Investments in Prevention. The Prevention of Learning and Behavior Problems in Young Children. Intervention Report II, Office of Education (DHEW), Washington, DC.: 49. This report provides the content for the development of guidelines for early intervention within a system in order to identify children and families with problem behavior. The Pace social worker and consultants are discussed relative to the Pace I. D. Center's program. The Pace worker, community-based, acting more as a coordinating influence, can move more flexibly in her enabling, facilitating position, as liaison and as agent, and yet maintain an overall prospective regarding the needs of the Pacer (child) involved and of children in general. By having access to those responsible for the child and the opportunity to offer new perspectives, new channels for action, or new resources to counteract the inadequacies, it is hoped that a more profound and permanent change might be effected in the child's life than might have developed through a direct casework relationship. The psychiatric consultants became involved with the Pace project function relative to intra-psychic and interpersonal phenomena. They also function as mental health consultants in relationship to organizational and community problems and collaborate in a variety of organizational and educational ventures. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (KJ)

Community-based

Nelson, J. and Living Stage Theatre Co. Washington DC. (1993). Imagine the Difference: Building Artistic Partnerships To Save Our Children. National Conference (March 1993). Activities and Outcomes, Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Substance Abuse Prevention.: 15. Social service workers and artists from 16 cities attended a conference to share their experiences and hopes for child welfare. The conference opened with a theater performance telling the story of an inner city teenager who dreams of dancing professionally but becomes involved in selling crack; the audience helps to create the story's ending. Participants then worked together to discover bases for unity and to list the philosophical underpinnings of their mutual commitment to child welfare. In this process, participants found that a common language addressing creative work does not exist between social service providers and artists, and the search for clarity was sometimes frustrating. Participants discussed what partnerships between the arts and social services could accomplish with targeted youth including developing in young people the ability to self-evaluate and to express their emotions, helping service providers tap into their own creativity, helping troubled youth perceive their societal importance, sharing resources and training, forming a national network to foster communication among local programs, sponsoring local conferences, and presenting position papers. The

group's consensus was that ways must be found to demonstrate the positive results that creative work can engender, so that partnerships between social service professionals and artists can flourish. (JDD)

Early intervention

Sale, J. S. (1988). Promoting Mental Health: A Parent/Child Care Provider Partnership: 13. This document provides descriptions of simple intervention techniques that day care center staff can use to help working parents and support young children's mental health. Discussion begins with the proposition that when children let adults know through their behavior that they are troubled, the children deserve a joint effort of parents and teachers to help them understand and cope with their actions. Joint effort, however, is not always possible. Parent involvement on every level of child care programming is not easy, neat, or tidy. Working parents may have difficulty in maintaining a balance between work, home, and social life, and being good parents. Parents find help in a center where they are welcome. They also find opportunities for establishing extended family networks. A flexible staff can respect the wishes of the idiosyncratic family while maintaining the values to which the center is committed. Just as parents' values must be respected, so must those of the child care provider. If the values of most parents and staff are incompatible, the situation will work out poorly for everyone involved. Parent-teacher conferences, held at least every 4 months, offer good opportunities to learn what can be done by staff to improve the quality of life for the child in family and center settings. (RH)

Hanson, L. C., D. C. Deere, et al. (2001). Key Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families: The "Starting Early Starting Smart" Experience, Department of Health and Human Services, Washington, DC. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Casey Family Programs, Seattle, WA.: 60. This paper describes the Starting Early Starting Smart (SESS) project, an early intervention program that has been developed in the context of the national, multi-site program and evaluation. The emphasis in SESS is on the integration of behavioral health services into easily accessible, non-threatening settings where caregivers naturally and regularly take their young children. Current SESS sites are based in primary pediatric health care and early childhood educational settings. The major goal of this early intervention service integration approach is to increase access and utilization of needed behavioral health services by families with young children, thereby improving child and family outcomes and resiliency. The focus is on providing and coordinating prevention and early intervention activities for young children as well as their adult caregivers and siblings to strengthen the entire family. Throughout these activities, SESS programs advocate a relationship-oriented approach at all systems levels, including parent-child, family-staff, staff-agency, and agency-agency interactions. The purpose of this paper is to assist policymakers and program administrators in replicating the SESS approach by describing its essential philosophical principles and structural components. In addition to the description of the SESS philosophy, a general overview of the implementation and planning processes is provided. (Contains 132 references and 4 exhibits.) (GCP)

Rickel, A. U. and L. Lampi (1981). "A Two-Year Follow-Up Study of a Preventive Mental Health Program for Preschoolers." Journal of Abnormal Child Psychology 9(4): 455-64. The long-term effects of a preschool intervention program for 21 high-risk experimental children were assessed. The experimental group was superior to that of the placebo control group at follow-up on the criteria measures of behavioral adjustment and achievement. (Author)

Roberts, R. N. and et al. (1996). "Community-Level Service Integration within Home Visiting Programs." Topics in Early Childhood Special Education 16(3): 302-21. A survey was conducted of 193 directors of agencies providing home visits as part of early intervention programs for infants and toddlers with disabilities. Findings indicated limited coordination with hospitals, medical specialists, and mental health services; insufficient compensation for service coordination efforts; and state support to communities that was limited to provision of policy information and regulations. (CR)

Walker, H. M., K. Kavanagh, et al. (1998). "First Step to Success: An Early Intervention Approach for Preventing School Antisocial Behavior." Journal of Emotional and Behavioral Disorders 6(2): 66-80. Reports results of a four-year study involving 46 at-risk kindergartners that was designed to develop

and evaluate a combined home and school intervention approach to preventing school antisocial behavior. Results indicated a measurable intervention effect for participants and persistence of gains into the primary grades. (Author/CR)

Home-based

Leverington, J. J. and M. Bryce (1990). Why Mental Health Centers Should Not Do Home-Based Family Centered Services: 11. Home Based Family Centered (HBFC) services give primary responsibility for evaluation, service planning, and counseling to the direct service in-home family therapist. In the mental health center (MHC), the psychiatrist may see a child once in the office and make a diagnosis and recommendation for the child, and sometimes for the parents. Also in the MHC, the tendency has been to assign an in-home worker to lower socio-economic families, principally for purposes of gaining information and for encouraging the family to bring one of its children to the MHC offices. This reflects an historical preference for serving the individual in the office and the low priority given to serving the poor, hard to reach, hard core, chronic, and unmotivated. Often mental health centers are clinically, administratively, and sometimes geographically divided into child, adolescent, and adult divisions. From a family systems perspective this is not useful. Interactional processes as a part of the treatment program are sacrificed. The psychiatric, medical influence of the mental health center emphasizes pathology or dysfunction. The HBFC therapist is looking for competence and how to elicit and enhance what strengths a parent, child, or family has to solve their own problems. These issues point to a need for HBFC services to continue to serve as separate, distinct, and clearly defined approaches to prevention and remediation in work with families. (LLL)

Integrated services

Abdal-Haqq, I. and ERIC Clearinghouse on Teacher Education Washington DC. (1993). Integrated Services: New Roles for Schools, New Challenges for Teacher Education. ERIC Digest, Office of Educational Research and Improvement (ED), Washington, DC.: 4. Integrated services is a coordinated, holistic approach to addressing children's needs, particularly the needs of at-risk children, in which the school is the hub of a network of service providers and a link between these service providers and children and their families. The focus is on wellness and prevention; the programs provide a comprehensive range of education and human services to help children overcome barriers to academic success. Integrated services programs may be school-based or school-linked. Examples of services may include tutoring and remediation, job counseling, medical services, mental health counseling, drop-out prevention, recreation, and services for homeless youth. The argument for this approach to meeting children's needs rests on six basic premises: that (1) all facets of a child's well-being impact on his or her potential for academic success; (2) an increasing number of American school-age children can be considered at risk for failure; (3) prevention is more cost-effective than correction or remediation; (4) at-risk children, come to school with multiple problems that cut across conventional health, social, and education systems boundaries; (5) current child-delivery services are fragmented and uncoordinated; and (6) because schools have sustained long-term contact with the majority of children, they are the logical gateway for providing multiple services to children. Although various integrated service models exist, successful programs share many of the same characteristics. They are family-focused, prevention-oriented, community-centered, and responsive to local needs; they offer a continuum of services; they avoid duplication and gaps, and they enable personal relationships to exist between families and staff. These programs bring with them various implications for teacher education, for example: teachers need to be trained to identify students who need intervention, to take part in the collaborative process; and to view themselves as part of a team effort to address the academic social, and health development of students. (IAH)

Prevention

Buckner, J. C., et al., et al. (1985). Primary Prevention in Mental Health: An Annotated Bibliography: 441. This document presents an annotated bibliography of 1,008 references on the subject of primary prevention in mental health. The bibliography is divided into 20 sections, each containing cross-references. Section IV focuses on early intervention approaches with children, Primary prevention through parent training is considered in section VI. An author index is included. (NB)

Dumka, L. E. and et al. (1995). "Using Research and Theory to Develop Prevention Programs for High Risk Families." Family Relations 44(1): 78-86. A five-stage model for prevention program development and research among low income, ethnically diverse families is presented and illustrated. The intervention, called the Raising Successful Children Program, was aimed at reducing child mental health problems. Reports identification of mediator variables, pilot tests results, and other findings. (RJM)

Weissberg, R. P., C. B. Kuster, et al. (1997). Introduction and Overview: Prevention Services--From Optimistic Promise to Widespread, Effective Practice: 28. This opening chapter provides an overview of the book, "Healthy Children 2010: Establishing Preventive Services." The article describes the purpose of the work, which is to provide strategies to establish and successfully implement effective prevention services in key socializing settings that powerfully affect the growth and development of children. As a whole, the work emphasizes developmentally and contextually appropriate prevention service delivery models, and identifies state-of-the-art, empirically based strategies to strengthen the environments in which children develop. The article then describes the work's subsequent chapters: chapters 2 to 6 review ways to strengthen the family, child care systems, early childhood education, school-based mental health service delivery and primary prevention approaches, community-based mental health programming, and school-based health services. These chapters point out that programs with strong conceptualization, design, and implementation have potential to enhance children's social, emotional, and physical wellness, thereby reducing the incidence of problems across multiple domains. Chapter 7 focuses on the importance of theory-guided evaluation to clarify the process of program implementation, the extent of program outcomes, and the factors that enhance or diminish program effects. Chapters 8 and 9 emphasize the quality of program implementation as a critical mediator of potential program impact and highlight strategies to disseminate programs broadly while maintaining their efficacy. (SD)

Weissberg, R. P. E., T. P. E. Gullotta, et al. (1997). Establishing Preventive Services. Healthy Children 2010. Issues in Children's and Families' Lives, Vol. 9. The John & Kelly Hartman Series: 314. Young people are facing greater risks to their current and future health and social development, as shown by involvement of younger and younger children in risk-taking behaviors. This volume emphasizes developmentally and contextually appropriate prevention service delivery models and identifies state-of-the-art, empirically based strategies to strengthen the environments in which children develop. The nine chapters review ways to strengthen the family, child-care systems, early childhood education, school-based health and mental health services, and community-based mental health programming. The importance of theory-guided evaluation to clarify the process of program implementation is explored, and strategies are highlighted for disseminating programs effectively. The chapters are: (1) "Introduction and Overview: Prevention Services--From Optimistic Promise to Widespread, Effective Practice" (Weissberg, Kuster, and Gullotta); (2) "Policy Efforts To Enhance Child and Family Life: Goals for 2010" (Zigler and Finn-Stevenson); (3) "Defining and Implementing School Readiness: Challenges for Families, Early Care and Education, and Schools" (Kagan and Neuman); (4) "Schools and the Enhancement of Children's Wellness: Some Opportunities and Some Limiting Factors" (Cowen); (5) "Mental Health Services for Children and Adolescents" (Rotheram-Borus); (6) "Improving Access to Health Care: School-Based Health Centers" (Dowden, and others); (7) "Evaluation of Prevention Programs for Children" (Valente and Dodge); (8) "Making Prevention Work" (Gottfredson, and others); and (9) "Reinterpreting Dissemination of Prevention Programs as Widespread Implementation with Effectiveness and Fidelity" (Elias). (SD)

Weissbourd, R. (1992). "Making the System Work for Poor Children." Equity and Choice 8(2): 5-15. Analyzes why the current complex of social institutions and systems does not effectively serve poor children, highlighting the lack of early or preventative help for families and inappropriate organizational

structure. Offers a series of five principles for a new foundation based on prevention, comprehensiveness, continuity, and accountability. (JB)

Resiliency

Oddone, A. (2002). "Promoting Resilience in an "At Risk" World." Childhood Education 78(5): 274-77. Recognizing categorical models that reflect an "at risk" approach to serving children, this article advocates an expanded focus on the protective factors and assets that contribute to healthy development via the capacity for resilience. Addresses: (1) a systemic approach to enhancing resilience; (2) resiliency in concert with accountability; (3) effects of school violence; (4) mental health practices when prevention fails; and (5) uncovering how resiliency works. (SD)

School-based

California Univ. Los Angeles. Center for Mental Health in Schools. (2000). Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together. A Center Brief, Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.: 23. This paper explores why integrated efforts to include mental health in schools are important and what is involved in such an effort. In order to deal with the full continuum of school mental health concerns, a comprehensive, integrated approach is required.. To be comprehensive, the mental health focus of school based centers must be multifaceted and offer: direct services and instruction; coordination, development, and leadership related to programs, services, resources, and systems; and enhanced connections with community resources. The paper focuses on three issues: (1) integrating mental health activity to maximize resource use and effectiveness (within the school-based health center, with school programs and personnel, and with the community); (2) developing mechanisms to promote integration and address challenges (management of care, management of resources, and multischool integration); and (3) creating an integrated continuum (systems of prevention, systems of early intervention, and systems of care). A survey for analyzing system status is included. (Contains 33 references.) (SM)

Cowen, E. L. (1997). Schools and the Enhancement of Children's Wellness: Some Opportunities and Some Limiting Factors: 29. This article offers the opinion that school mental health services should be built around the question: "What useful roles can schools play as part of a concerted social effort targeted to the enhancement of children's wellness?" The article suggests that there are many important roles: practical, repair-oriented roles, and new roles including engineering health-proofing school and class environments, building proactive health-facilitating curricula, and developing fluid systems of outreach to families and community settings in the service of enhancing children's early wellness. The chapter then describes the Primary Mental Health Project (PMHP), a program for early detection and prevention of children's school adjustment problems, including its accomplishments and limitations. Four prevention focal points of the program are noted: (1) focus on primary graders before problems take root and fan out; (2) systematic use of screening and early detection procedures; (3) use of carefully selected child associates as the program's prime, direct help-agents; and (4) modification of professional roles to feature systematic early screening to identify children at risk. The chapter makes two recommendations for the future: (1) greater proportions of the total school mental health effort must be invested in proactive activities; and (2) modifications must be made in the preparation and training of school and other mental health professionals. Contains over 80 references. (SD)

Greenspan, R. and et al. (1994). "Principals Speak: The Need for Mental Health and Social Services." Equity and Choice 10(3): 19-27. A major finding from interviews with 25 New York City (New York) poverty-area urban elementary school principals is that they cannot adequately educate children without services to deal with the emotional distress experienced by many students. Teachers need the help and support of trained professionals. (SLD)

Holtzman, W. H. E. and Texas Univ. Austin. Hogg Foundation for Mental Health. (1993). Shared Opportunities for Schools and Communities. Robert Lee Sutherland Seminar (8th, Austin, TX, September 25-26, 1992): 56. The purpose of the conference reported in this document was to share recent information about the nature and effectiveness of school-linked services; policy options for implementing neighborhood projects involving elementary and middle schools and their surrounding communities in Dallas, Houston, Austin and San Antonio; and future prospects for parent-teacher participation in education reform. Attention was focused on how traditional education could be integrated with a wide array of health and human services, both treatment and prevention, for which the school can serve as the locus of delivery. Addresses included: "A Fresh Look at Restructuring Schools," by Lionel R. Meno, the Texas Commissioner of Education; "Partnerships for Participation and Progress," by Wilhelmina Delco of the Texas House of Representatives, and closing comments by Dr. Cora Marrett, professor of Sociology and African-American studies at the University of Wisconsin-Madison. The discussions from four workshops representing a given period of life and schooling--prenatal/preschool, elementary, middle, and high school--in which each workshop identified needs and made recommendations for service delivery, are summarized. Major themes addressed in the workshops included parent involvement and education, coordination of and collaboration among services school-based services, public awareness, and cultural sensitivity. A list of workshop participants is included. (LMI)

Paavola, J. C., et al., et al. (1995). Health Services in the Schools: Building Interdisciplinary Partnerships. Digest, Office of Educational Research and Improvement (ED), Washington, DC.: 6. There are two essential social systems with which virtually all children and families have routine, significant contact: school and health care settings. Schools are being asked to address the needs of children and youth at a time when fundamental transformations of schooling structures and outcome expectations are also being demanded. To address the developmental needs of children and families in a comprehensive and preventive manner, schools and communities must coordinate services. Therefore, a service integration perspective that recognizes the central role schools play in the lives of children should guide efforts to establish an empowering, healthy climate for children and their families. Key sources of difficulty in the current service delivery system are the lack of clarity, coordination, and comprehensiveness, resulting in inflexible patterns of funding, training, and service provision. Since the cognitive, social, emotional, educational, and physical needs of children are complex, an integrated services model provides for a more coherent, needs-based response to these complex problems. Health care in schools through service integration, features of an integrated service system, and the relevance to psychology are discussed. In both primary health care and school settings, psychology can play an integral role in prevention, assessment, treatment, consultation, and advocacy for children and families. Contains 16 references. (JBJ)

Paternite, C. E. and T. C. Johnston (2005). "Rationale and Strategies for Central Involvement of Educators in Effective School-Based Mental Health Programs." Journal of Youth and Adolescence 34(1): 41. Unfortunately, for many mental health professionals classroom teachers and other educators are, at best, viewed primarily or solely as useful sources of information about a child, and their broader, invaluable roles as members of the "mental health team" are diminished or dismissed. This article examines the conceptual rationale and empirical support for central involvement of educators (especially classroom teachers) in effective mental health services, and in effective expanded school-based mental health programs. The importance of partnerships with educators for school-wide mental health promotion efforts, as well as for the success of primary and secondary prevention initiatives, are highlighted. Effective strategies and recommendations for enhancement of educator-mental health professional collaboration are included.

Taylor, L. and H. S. Adelman (2000). "Toward Ending the Marginalization of Mental Health in Schools." Journal of School Health 70(5): 210-15. To successfully address mental health and psychosocial concerns in schools, practices must not be marginalized and must be implemented cohesively. Mechanisms and processes are needed to minimize marginalized and fragmented practice, link school and community resources, and develop comprehensive, multifaceted approaches. These include a school-based, resource-oriented team and a collaborative council for coordinating school and community resources. (SM)

Taylor, L. and H. S. Adelman (2002). "Lessons Learned from Working with a District's Mental Health Unit." Childhood Education 78(5): 295-300. This article shares a personal perspective on school mental health through a discussion of the ways that schools currently address mental health, an example of advancing such work through a school district mental health unit, and reflection on some important lessons learned. The article's appendix lists five sample delivery mechanisms and formats. (SD)

Vernberg, E. M., A. K. Jacobs, et al. (2004). "Innovative Treatment for Children With Serious Emotional Disturbance: Preliminary Outcomes for a School-Based Intensive Mental Health Program." Journal of Clinical Child and Adolescent Psychology 33(2): 359-365. This article describes the development, implementation, and preliminary evaluation of a school-based Intensive Mental Health Program (IMHP) for 50 children (42 boys, 8 girls) with severe, early-onset, serious emotional disturbances (SED). Eighty-four percent of the children showed clinically significant improvement in overall functioning as measured by the Child and Adolescent Functional Assessment Scale (CAFAS). Child functioning at home and school, behavior toward others, regulation of moods and emotions, self-harm, and problems in thinking improved significantly. Results provide initial support for the IMHP as a promising approach to serving the needs of children with SED.

Weissberg, R. P., T. P. Shriver, et al. (1996). School-Based Prevention Programs: A Comprehensive Strategy. Spotlight on Student Success. No. 113, Office of Educational Research and Improvement (ED), Washington, DC.: 4. Schools should build comprehensive programs that help children develop socially and emotionally. As a result, students will become competent in ways that can help them learn better and avoid problem behaviors. Comprehensive social and emotional development programs are based on the understanding that many different kinds of behaviors are caused by the same risk factors. Prevention programs are most effective when multiyear integrated efforts incorporate parent and community involvement. An ambitious prevention program has been in development for 6 years in New Haven (Connecticut). The program is for all students in kindergarten through grade 12, and it aims to promote social and emotional development. A curriculum was developed to provide classroom instruction targeting social development. School and community activities were then created to promote opportunities outside the classroom, and each school's mental health team worked to ensure the planning and implementation of programs. The project has reported reductions in problem behaviors and has been well received by students, teachers, and parents. The New Haven experience illustrates the importance of developmentally appropriate, integrated programs that address many aspects of student development. Student engagement and multilevel instruction are essential to an approach that supports full growth and development. (SLD)

System of care

Burns, B. J. (2001). "Commentary on the Special Issue on the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program." Journal of Emotional and Behavioral Disorders 9(1): 71-76. This commentary summarizes findings from previous articles on system-of-care mental health programs for children and adolescents with emotional and behavioral disorders. It addresses characteristics of participating children and families, system measurement system development, costs and sustainability, and family participation in program evaluation. Future directions for program evaluation are discussed. (Contains references.) (CR)

Dosser, D. A. J. E., D. E. Handron, et al. (2001). Child Mental Health: Exploring Systems of Care in the New Millennium: 115. Over the past decade, the care of children with serious emotional challenges has evolved toward a system of care encompassing a coordinated spectrum of services and supports responsive to child and family needs. This book is a collection of papers based on work at East Carolina University that examines elements of the system of care in relation to the training needs of practitioners to prepare them to work effectively within a collaborative and interdisciplinary system. The chapters are: (1) "Promoting Family Empowerment through Multiple Roles" (Susan L. McCammon, Sandra A. Spencer, and Barbara J. Friesen); (2) "In Quest of an Interdisciplinary Helping Process Framework for Collaborative Practice in Systems of Care" (John Y. Powell, Ashton Privette, Scott D. Miller, and James K. Whittaker); (3) "Words Can Be Powerful: Changing the Words of Helping To Enhance Systems of

Care" (Lessie L. Bass, David A. Dosser, Jr., and John Y. Powell); (4) "Challenges of Providing Interdisciplinary Mental Health Education" (Dorothea Handron, John Diamond, and Joan Levy Zlotnik); (5) "Including Families' Spiritual Beliefs and Their Faith Communities in Systems of Care" (David A. Dosser, Jr., Angela L. Smith, Edward W. Markowski, and Harry I. Cain); (6) "Service Learning and Systems of Care: Teaching Students To Learn from Clients" (John H. Pierpont, Richard Pozzuto, and John Y. Powell); and (7) "The Complexities of Implementing a Wraparound Approach to Service Provision: A View from the Field" (Kaye McGinty, Susan L. McCammon, and Valerie Poindexter Koeppen). (Each chapter contains references.) (KB)

Heflinger, C. A. and P. R. Dokecki (1985). The Use of Mental Health Standards in Child and Adolescent Programs: What Factors Influence Policy Development and Implementation?: 31. Mental health services are often unavailable, inaccessible, or inappropriate for the children and families who need them. In order to implement a more effective system of mental health services to children and adolescents, an adequate system of care must be defined and described, and a policy mandate to implement such a system must be developed. As part of a continuing program of research on mental health policy for children and adolescents, a study in one state was conducted which involved: (1) a survey of all community mental health centers; (2) a compilation of data from the state's management information system; and (3) in-depth interviews with stakeholders in the mental health system. Key figures (N=49) in the development of the state's mental health system over the last 30 years and 18 additional current stakeholders in the state's mental health system were interviewed within a qualitative research framework. The interview data showed that the major factors influencing policy development and implementation were economic and political, not scientific and professional as traditional viewpoints might suggest. These results support the view that the traditional treatment-oriented and positivist-empiricist approach is inadequate for studying, understanding, or influencing mental health policy. Needed is a focus on the economics and politics of the policy implementation process, including value considerations (in addition to traditional study of the treatment process) and the use of qualitative methods to complement the positivist-empiricist approaches most widely used in policy analysis and progam evaluation. (A six-page bibliography and two data tables are included.) (Author/NRB)

Stroul, B. A. and Georgetown Univ. Child Development Center Washington DC. CASSP Technical Assistance Center. (1993). Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What Are the Results?, Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.: 42. This monograph explains the community-based systems of care approach to providing services for children and youth with emotional disorders and reviews data from 30 communities suggesting that children served in systems of care are less likely to receive services in restrictive environments or to be placed out of their homes, counties, and states. Preliminary information reviews the development of the systems of care approach, which emphasizes comprehensive and individualized services provided within the least restrictive environment with full participation of families and coordination among agencies and programs. Next, major goals of system development across various communities are identified and information on target population criteria and priorities is provided, noting that the largest percentage of children served at most sites is in the disruptive disorders category. A section on the array of services provided notes the expansion of "intermediate" services and use of case management approaches. Specific outcome indicators used in the review of the 30 community programs are then reported, including: out-of-home and community placements, utilization of restrictive service options, functional improvements, educational status, law enforcement status, family involvement, satisfaction with services, access to services, and cost comparisons. An appendix provides specific outcome data by community. (Contains 43 references.) (DB)

Wraparound

Burns, B. J. , Goldman, S. K. et al. (1999). Promising Practices in Wraparound for Children with Serious Emotional Disturbance and Their Families. Systems of Care: Promising Practices in Children's Mental Health 1998 Series. Volume IV, Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services. Special Education Programs (ED/OSERS), Washington, DC.: 141. This is the fourth volume in a series of monographs from the Comprehensive Community Mental Health Service for Children and Their Families Program,

which currently supports 41 comprehensive system of care sites to meet the needs of children with serious emotional disturbances (SED). This volume identifies the essential elements of wraparound services, provides a meta-analysis of the research previously done on the topic, and examines how three sites are turning wraparound into promising practices in their system of care. Chapters address: (1) the history of the wraparound process, including significant legal cases, programmatic roots of the wraparound process, community involvement concepts, and the rapid growth of wraparound; (2) the conceptual framework for wraparound, including the 10 essential elements and 10 requirements for implementation of wraparound at the practice level (requirements for a referral mechanism, resource coordinators, formation of the child and family teams, and an interactive team process and formation of partnerships to develop individualized plans); (3) 3 wraparound model sites; (4) the findings of the state/territory wraparound survey (n=55) that indicate 88 percent are providing wraparound services; (5) training and quality monitoring; and (6) case studies of wraparound services. Appendices include values and principles for the system of care, wraparound survey of state child mental health directors, and potential elements essential to the wraparound process. (Contains approximately 50 references.) (CR)

Examples of children's mental health service systems/programs

Armstrong, K., M. Boroughs, et al. (2002). Symposium--The Safe Schools/Healthy Students Initiative: Methodologies and Results in Program-Based Evaluation, National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.: 13. This report highlights three of the programs funded through the Safe Schools/Healthy Students Initiative in Pinellas County, Florida. These programs are: (1) Think First, an anger management program for high school students; (2) Families and Schools Together (FAST), a parenting program for parents of at-risk elementary students; and (3) On-Campus Intervention Program (OCIP), an alternative to out of school suspension for high school students. Each of these programs targets students who are at risk for school failure, and provides support and skills training to help them become more successful learners. The On-Campus Intervention Program is described first and outcomes include reductions in school suspensions where the program is fully implemented, high levels of satisfaction among principals and assistant principals, generally favorable responses from teachers, and anecdotal responses from families indicating favorable results. The program Think First is then described. Preliminary results indicate positive findings, with students (n=159) learning skills that will enable them to more successfully deal with conflict through means other than fighting. Evaluation results from the FAST program indicate the program contributes to the development of favorable improvements in families and children and that parents (n=77) were very pleased with the program. (CR)

Costello, E. J., A. Angold, et al. (1998). Improving Mental Health Services for Children in North Carolina: Agenda for Action: 21. Five out of every 100 children develop serious emotional disturbances. Another 20 to 25 out of every 100 develop less severe emotional problems that can be resolved with proper care. It is this group for whom appropriate intervention can make a difference. This booklet describes the Great Smoky Mountains Study, a longitudinal, population-based community survey of children and adolescents in North Carolina. It summarizes the first component to yield findings, and provides information about rates of emotional and behavioral disorders and use of mental health services. It also provides policy-relevant information in the areas of the need for mental health services, risks for emotional and behavioral disorders, outcomes of serious emotional disorders, use of mental health services across sectors, and effectiveness of mental health care. It considers the impact of insurance on the availability and delivery of services. A summary of the recommendations for action include: (1) increase professional mental health resources in schools; (2) adopt standardized assessment methods and instruments for early detection; (3) take steps to enhance interagency relationships; and (4) incorporate need for services into policy as the criterion for use. (JDM)

Hamner, K. M., E. W. Lambert, et al. (1996). Children's Mental Health in a Continuum of Care: Clinical Outcomes at 18 Months for the Fort Bragg Demonstration, Army Health Services Command, Fort Sam Houston, TX. North Carolina State Dept. of Human Resources, Raleigh. Div. of Mental Health, Developmental Disabilities, and Substance Abuse Services. National Inst. of Mental Health (DHHS), Rockville, MD.: 7. This study investigated the findings of a previous study on

the effectiveness of the Fort Bragg Child and Adolescent Mental Health Demonstration Project, a program that provided a comprehensive approach to the delivery of mental health and substance abuse services to a population of military-related children residing within the Fort Bragg catchment area. The previous study found no differences after 1 year in clinical outcomes between children treated in the continuum of mental health services of the Fort Bragg Child and Adolescent Mental Health Demonstration Project and children who received traditional services at two comparison sites, although clients improved at both sites. This present study uses data on 984 children (ages 5-17) collected by the Fort Bragg Evaluation Project (FBEP) at 18 months. Twelve key outcome variables were analyzed using a random regression or a hierarchical linear model. Results found that the earlier conclusions from FBEP are supported by the 18-month findings. Children at both sites improved equally, and the idea that a continuum of care yields better mental health outcomes remains unsupported. (Contains 15 references.) (CR)

Koroloff, N. and Portland State Univ. OR. Regional Research Inst. for Human Services. (1992). Starting Right--Part II: Early Identification Demonstration Projects, January 1991 to July 1991. Final Report, Oregon State Dept. of Human Services, Salem. Mental Health & Developmental Disabilities Services Div.: 32. This final report describes the outcomes of four demonstration projects, funded in 1990 in Oregon, on early identification and prevention of mental and emotional disorders in children. The intention of the projects was to find ways to identify children who are at risk of suffering emotional disorders and intervene early enough to prevent these disorders. The first program described, the Interpersonal Cognitive Problem Solving Project, trained 1,400 children in social problem solving skills. In the second program, the Temperament Project, 188 parents received temperament services. The third project, the Jackson County Early Intervention Mental Health Project, provided special friends for 370 children who were at-risk. In the last project, the Family Service Project, close to 350 families were provided with parent education and support groups with concurrent and follow-up home visits. The report provides a description of each project, discusses progress since the interim report, evidence of the project's impact, and future plans. Results from the projects indicate positive changes in social behavior and child rearing practices. (CR)

Munoz, M. A. (2002). School-Based Prevention for At-Risk Children: The Impact of the Primary Mental Health Project in Elementary Schools and Students: 32. In schools, the learning and optimal development of children with adaptive or behavioral problems may be seriously affected. In many schools, such problems are so prevalent that demand time and energy of the educators may dilute the educational experience of all children. This study examines the impact of the Primary Mental Health Project-- a research-based, selective program. This early detection and prevention program for preschool and primary grades was implemented by the Jefferson County Public Schools. The Teacher-Child Rating Scale was used as a pre- and posttest measure for the participating students in the treatment schools. This study indicated that the school district participants had statistically significant positive scores in four critical domains: task orientation; behavior control; assertiveness; and peer sociability. Implications for policy and future research are discussed. Appendixes include rating scales and data. (Contains 19 references and 7 tables.) (GCP)

Nahemow, I. and G. Mann (1982). "Primary Prevention Interventions with Families that have Young Children: Theory and Practice." Journal of Children in Contemporary Society 14(2-3): 13-19. Describes five programs designed to reduce or prevent mental illness by providing support, skills training, and anticipatory guidance to parents of children up to five years of age. (Author/MJL)

Nimmo, M. L. and Action Alliance for Virginia's Children and Youth Richmond. (2000). Issues in Children's Mental Health. Special Report: 25. This Kids Count report examines issues related to children's mental health in Virginia. The report discusses the effects of children's mental illness, presents risk and protective factors, and describes the incidence of children's mental health problems. Information specific to Virginia is presented, including the prevalence of youth suicide, mental illness in incarcerated youth, and risks among children witnessing violence. The report also describes Virginia's service delivery system, details the system of care framework for mental health services, and describes the requirements of the Comprehensive Services Act of 1992. Issues affecting the availability and accessibility of services are examined, including lack of insurance parity, complexity and limits of Medicaid regulations, lack of

public funding for services, and the stigma of mental illness. The consequences of stigma and scarce resources for children's mental health services are identified as designation of funds for specific limited populations, the lack of a continuum of services, forcing parents to relinquish custody of their children in order to access treatment, children committed to the Department of Juvenile Justice to access treatment, and the lack of prevention and early intervention efforts. The report concludes with the following recommendations for mental health services: (1) increase public awareness and knowledge of children's mental health issues; (2) increase the effectiveness of advocacy for children's mental health services; (3) increase the focus on prevention and early intervention services; and (4) establish community-level and state-level commitments to the system of care model. (Contains 106 endnotes.) (KB)

Pires, S. A., L. Behar, et al. (1996). Lessons Learned from the Fort Bragg Demonstration: 11. This paper discusses the results of a study that investigated the effectiveness of the Fort Bragg demonstration project, a program which provided a comprehensive approach to the delivery of mental health and substance abuse services to a population of approximately 48,000 military-related children residing within the Fort Bragg catchment area. Over a 6-month period, more than 200 individuals were interviewed, including administrators, clinicians, families, policymakers, and other stakeholders. Through the study, there emerged greater clarity as to what the Fort Bragg demonstration project was and was not. Fort Bragg was not managed care; it sought specifically to increase access and utilization without particular regard to cost. The demonstration also was not a system of care or a continuum for high end users. It was a demonstration of a community-based continuum of mental health and substance abuse services with a single point of access. It expanded the array of services, eliminated co-pays and deductibles, reduced use of inpatient and residential treatment, increased access and utilization, and was held in generally high regard by families and the larger community. Critical lessons learned are also discussed. (CR)

Stroul, B. A., et al., et al. (1992). Profiles of Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances, National Inst. of Mental Health (DHHS), Rockville, MD.: 363. The case studies contained in this document were developed as part of a national project to identify communities that have made substantial progress toward developing comprehensive, coordinated, community-based systems of care for children and adolescents with serious emotional disturbances and their families. After initial identification, communities were further selected for site visits based on such criteria as providing a range of services, having interagency coordinating mechanisms in place, utilizing a child-centered and family-centered approach, and incorporating a community-based system of care. The service delivery systems described in this document are located in four communities: Northumberland County, Pennsylvania; Richland County, Ohio; Stark County, Ohio; and Ventura County, California. Each case study includes an introduction to the project as a whole and a profile of the service delivery system, including the community context, the background and history of the system of care development, philosophy and goals, target population, system organization, system care components, system-level coordination mechanisms, client-level coordination mechanisms, system of care activities, system financing, evaluation, major strengths and challenges, and technical assistance resources. Following the case studies, a paper by Judith W. Katz-Leavy and others, titled "Individualized Services in a System of Care," reviews philosophy, process, operationalization, and evaluation of individualized services and includes implementation examples. The final section of the document provides brief summary profiles of 11 additional community care systems. (DB)

Walker, H. M., A. Golly, et al. (2005). "The Oregon First Step to Success Replication Initiative: Statewide Results of an Evaluation of the Program's Impact." Journal of Emotional & Behavioral Disorders 13(3): 163-172. First Step to Success is a collaborative home and school early intervention program designed to address secondary prevention goals and outcomes for behaviorally at-risk children in the K-2 age-grade range (see Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1998; Walker, Stiller, Golly, Kavanagh, Severson, & Feil, 1997). In 1999 the Oregon state legislature provided approximately

Walker, H. M., B. Stiller, et al. (1998). "First Step to Success: Intervening at the Point of School Entry to Prevent Antisocial Behavior Patterns." Psychology in the Schools 35(3): 259-69. Describes the First Step to Success early prevention program for preventing development of antisocial behavior patterns among young, at-risk children. The program's three modular components are coordinated and delivered by

a school psychologist who serves as a consultant to teachers and parents. Reviews the risk factors and family conditions associated with antisocial behavior patterns. (Author/MKA)

Best practices

Ascher, C., ERIC Clearinghouse on Urban Education New York NY., et al. (1990). Linking Schools with Human Service Agencies. ERIC/CUE Digest No. 62, Office of Educational Research and Improvement (ED), Washington, DC.: 4. A number of factors put pressure on schools to work more closely with health, social service, and other youth-serving institutions but poor communications, program redundancies, fear for job security, and concerns about parent and community support for controversial services inhibit close collaboration. Recent successful collaborative school, health, and social service programs at the federal and local level have renewed interest in school-human services linkages. Schools are the natural focus for combined services because every child must attend school, but school organization proves problematic for service professionals. Most efforts at improving collaboration have focused on improving bureaucratic cooperation. The following characteristics are associated with successful locally developed programs. They: (1) offer a wide array of direct services or serve as entry to those comprehensive services; (2) move beyond crisis management and early intervention and focus on prevention and development; (3) cross professional and bureaucratic boundaries; (4) provide staff time, training, and skills needed to build relationships of trust and respect; (5) hire a staff member from the local community to serve as a facilitator; (6) involve both parents and teachers in communications; (7) deal with the child as part of a family, and the family as part of the community; and (8) provide accountability, with creative and meaningful measures. Because collaborations still focus on bureaucracies, integrated youth policies must be developed that focus on the individual needs of the student. (FMW)

Casey Family Programs Seattle WA., Substance Abuse and Mental Health Services Administration (DHHS/PHS) Rockville MD., et al. (2001). The Starting Early Starting Smart Story: 70. Starting Early Starting Smart (SESS) is an early childhood public/private initiative designed to identify new, empirical knowledge about the effectiveness of integrating substance abuse prevention, addictions treatment, and mental health services with primary health care and childcare service settings (e.g., Head Start, day care, preschool) to reach very young children (ages 0-7) and their families at risk for or experiencing substance abuse and/or mental illness. Knowledge from these projects is designed not only to establish best practices but also to inform future policy decisions about such integrated approaches to prevention. This publication documents some of the most promising practices and early lessons learned in SESS programs. Contains two appendixes detailing mission statements of the SESS national collaborators and SESS grant sites. (GCP)

Greenberg, M. T., C. Domitrovich, et al. (2000). Effectiveness of Prevention Programs for Mental Disorders in School-Age Children, National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.: 9. A study reviewed outcomes of 34 prevention programs for children (ages 5-18) that produce improvements in specific psychological symptoms or in factors directly associated with increased risk for child mental disorders. The following conclusions can be made regarding validated programs: (1) short-term preventive interventions produce time-limited benefits, at best, with at-risk groups whereas multi-year programs are more likely to foster enduring benefits; (2) preventive interventions may effectively operate throughout childhood when developmentally appropriate risk and protective factors are targeted; (3) preventive interventions are best directed at at-risk and protective factors rather than at categorical problem behaviors; (4) interventions should be aimed at multiple domains, changing institutions and environments as well as individuals; (5) prevention programs that focus independently on the child are not as effective as those that simultaneously educate the child and instill positive changes across both the school and home environments; (6) there is no single program component that can prevent multiple high-risk behaviors, a package of coordinated, collaborative strategies and programs is required; and (7) in order to link to other community care systems and create sustainability for prevention, programs will need to be integrated with systems of treatment. (Contains 10 references.) (CR)

Koren, P. E., R. I. Paulson, et al. (1997). "Service Coordination in Children's Mental Health: An Empirical Study from the Caregiver's Perspective." Journal of Emotional and Behavioral Disorders 5(3): 162-72. Service coordination from the perspective of 226 caregivers whose children have serious emotional disabilities was examined. Although complexity of services was not related to service coordination, severity of the children's problems was inversely related and family participation was positively related to service coordination. Service coordination predicted satisfaction with services. (Author/CR)

Krishnakumar, A. and M. M. Black (1998). "Children in Low-Income, Urban Settings: Interventions To Promote Mental Health and Well-Being." American Psychologist 53(6): 635-46. Examines the influences of urbanization on the mental health and well-being of children in low-income settings. Summarizes and analyzes some current urban prevention projects. Proposes 11 interventions based on individual, family, and community strengths to promote the mental health and well-being of urban children. Contains over 100 references. (MMU)

Meyers, J., M. Kaufman, et al. (1999). Promising Practices: Training Strategies for Serving Children with Serious Emotional Disturbance and Their Families in a System of Care. Systems of Care: Promising Practices in Children's Mental Health 1998 Series. Volume V, Special Education Programs (ED/OSERS), Washington, DC. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.: 118. This is the fifth volume in a series of monographs from the Comprehensive Community Mental Health Service for Children and Their Families Program, which currently supports 41 comprehensive system of care sites to meet the needs of children with serious emotional disturbances (SED). This volume examines theories of adult learning, core values, and four key areas (cultural competence, family-professional relationships, systems thinking, and interprofessional education and training), and looks at promising practices that are combining these concepts into a successful sustainable training program. Individual chapters address: (1) changes in treatment and service systems that challenge traditional training approaches; (2) the essential elements and core competencies of practice in a system of care, including cross-cutting competencies; (3) processes and practices for effective preservice and inservice training; (4) North Carolina's Pitt-Edgecombe-Nash Public-Academic-Liaison (PEN-PAL) project that represents a comprehensive approach to training; (5) promising approaches to training in Santa Barbara (California), Vermont, Hawaii, and Houston (Texas); and (6) characteristics of traditional, modified, integrated, and unified partnerships between state agencies, institutions of higher learning, and families and communities. Appendices include lists of training competencies from different systems of care. (Contains 65 references.) (CR)

Implementation issues and recommendations

DePanfilis, D., M. K. Salus, et al. (1992). A Coordinated Response to Child Abuse and Neglect: A Basic Manual. [Revised and Expanded.] The User Manual Series, National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, DC.: 66. This manual provides the foundation for a series of manuals on child abuse and neglect, and addresses community prevention, identification, and treatment efforts. It is intended to be used by all professionals involved in child protection: child protective services, law enforcement, education, mental health, legal services, health care, and early childhood professionals. The manual provides an overview of the philosophical tenets on which child protection is based; defines child abuse and neglect in legal and operational terms; provides an overview of the nature, extent, causes, and effects of child maltreatment; describes the Federal, State, and local responsibilities in child protection; describes the importance of and strategies for enhancing community collaboration and coordination; provides an overview of the child protection system; and examines the roles of the court, community agencies, and professionals in the prevention, identification, and treatment of child abuse and neglect. The manual concludes with a glossary, 70 reference notes, a bibliography of approximately 60 items, and a list of 24 organizations. (JDD)

Friedman, R. M. (2003). "A Conceptual Framework for Developing and Implementing Effective Policy in Children's Mental Health." Journal of Emotional and Behavioral Disorders 11(1): 11-18. This

article presents a framework to be used in studying public policy in children's mental health. It focuses the stages of policy development and implementation, the relationships among different governmental levels, the relationships among different service sectors, and variables affecting the likelihood a policy will achieve its intended effect. (Contains references.) (Author/CR)

Hansen, K. A., J. S. Martner, et al. (1990). Mental Health in Head Start: A Wellness Approach, Health Resources and Services Administration (DHHS/PHS), Rockville, MD. Office for Maternal and Child Health Services. Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.: 180. Designed to help Head Start mental health coordinators incorporate mental health into all aspects of the program, this manual describes planning strategies, suggests activities, includes samples of forms successfully used by other programs, and lists resources. Part I discusses the meaning of mental health and shows the relationship between a holistic mental health approach and the Head Start model. Three levels of intervention (prevention, identification and referral, and treatment) are described and discussed in relation to the mental health of program staff and administrators, parents, and children. Part II focuses on the roles and responsibilities of the mental health coordinator and professional. This section considers the professional competencies and personal characteristics needed by mental health professionals; describes several possible staffing models; and offers information on the various mental health problems Head Start staff may encounter. Part III presents a process for developing a mental health plan that includes five steps: (1) establish a philosophy; (2) gather information; (3) develop the plan, including goals, performance standards, activities, timelines, and documentation procedures; (4) implement the plan; and (5) evaluate the plan. Each part of the text concludes with sample forms, instructions for activities, guidelines, and information sheets. Appendixes contain Head Start Mental Health Program and other relevant performance standards; a 102-item bibliography; and a list of useful journals and organizations. (AC)

Stroul, B. A. and R. M. Friedman (1988). "Putting Principles into Practice." Children Today 17(4): 15-17. Discusses the framework and service components of seven major community services which make up a model system of care for severely emotionally disturbed children and their families. (RJC)

Stroul, B. A., R. M. Friedman, et al. (1986). A System of Care for Severely Emotionally Disturbed Children & Youth, Health Resources and Services Administration (DHHS/PHS), Rockville, MD. Office for Maternal and Child Health Services. National Inst. of Handicapped Research (ED), Washington, DC.: 184. This monograph explores the development of comprehensive systems of care for severely emotionally disturbed children and adolescents. It is intended as a technical assistance tool for states and communities interested in improving services and as a review of the state of the art for developing systems of care. A generic model of a system of care is presented, along with principles for service delivery and alternative system management approaches. The components of the system of care include mental health services, social services, educational services, health services, vocational services, recreational services, and operational services. Management of the system of care involves consideration of state-community relationships, alternative models for system management, and the role of case management and case review committees. Assessment of the characteristics of an effective system is also featured, and worksheets to assess the status of the system of care are provided. References accompany each chapter. (JDD)

Substance Abuse and Mental Health Services Administration (DHHS/PHS) Rockville MD. Center for Mental Health Services. (1998). Systems of Care. Factsheet: 9. This fact sheet explains the concept of "systems of care" in meeting the mental health needs of children and adolescents with behavioral, emotional, or mental health problems. Community-based systems of care provide a coordinated range of mental health and related services and supports. Teams representing public and private organizations work together to plan and implement a tailored set of services for each individual child's physical, emotional, social, educational, and family needs. Services represented may include mental health, health, education, child welfare, juvenile justice, vocational counseling, recreation, substance abuse, etc. In addition, "cultural competence" is a goal in systems of care. Culturally competent caregivers are aware of the effect of their own culture on their relationships with consumers and know about and respect cultural and ethnic differences. The paper stresses the role of the case manager in coordinating the system of care. Evidence is cited that effective systems of care reduce residential treatment placements, improve

children's behavior and emotional well-being, improve school performance, and reduce law violations. (DB)

Worthington, J. E., M. Hernandez, et al. (2001). Learning from Families: Identifying Service Strategies for Success. Systems of Care: Promising Practices in Children's Mental Health, 2001 Series, National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services. Special Education Programs (ED/OSERS), Washington, DC.: 96. This document is part of a series designed to provide guidance for communities and caregivers interested in building exemplary systems of care for children with serious emotional disturbances. The monographs show that the Comprehensive Community Mental Health Services for Children and Their Families Program has evaluated and developed promising practices and directly improves the health and lives of children and families throughout the country. This volume examines the success stories of 34 families with children who suffer from emotional and behavioral disorders. In the grant communities studied, "success" seemed to occur when the following elements were present: (1) families were fully engaged in services; (2) providers listened to families' priorities and addressed the highest priorities first; (3) services addressed the needs of the entire family; (4) services were designed on the basis of the families' identified strengths and needs; (5) services promoted and strengthened the connection between family and community; (6) providers were persistent in meeting families' needs and were fully accessible; (6) services were flexible and provided nontraditional supports; and (7) services provided opportunities for family empowerment. Appendices discuss the benefits of parent involvement in the study. (Contains 38 references.) (CR)

Liberton, C. E., K. E. Kutash, et al. (1995). A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (8th, Tampa, Florida, March 6-8, 1995), National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.: 462. This document presents the proceedings of the 8th Annual (1995) Children's Mental Health Conference. Eleven main sections focus on the following topics: (1) evaluation efforts within states and systems of care; (2) financing strategies of systems of care; (3) family participation; (4) school-based services; (5) the child welfare system; (6) the juvenile justice system; (7) case management services; (8) models to improve service delivery; (9) early intervention approaches; (10) research methodology and information systems; and (11) utilization research. Also included are two lectures in the Gwen R. Iding Brogden Distinguished Lecture Series: "New Approaches to Evaluating Systems" (Heather B. Weiss) and "Outcome Accountability and System Reform: What Should They Mean in Policy and Practice?" (Charles Bruner). (DB)

Outcome/Effectiveness Evaluation

Bickman, L. (2002). "Evaluation of the Ft. Bragg and Stark County Systems of Care for Children and Adolescents." American Journal of Evaluation 23(1): 67-68. Describes evaluations of two programs, one designed to improve mental health outcomes for children and adolescents referred for mental health treatment, and the other designed to provide comprehensive mental health services to children and adolescents. In both studies, the effects of systems of care are primarily limited to system level outcomes, but do not appear to affect individual outcomes such as functioning and symptomatology. (SLD)

Bickman, L. E. and D. J. E. Rog (1992). "Evaluating Mental Health Services for Children." New Directions for Program Evaluation(54): 1-105. Seven articles focus on child and adolescent mental health services, highlighting major evaluation issues, considering the contribution of evaluation to improvement of these services, and describing efforts to overcome distinctive problems in these areas. Policymakers and providers of services are optimistic about the use of evaluation of program effectiveness. (SLD)

Christner, A. M. E. and Manisses Communications Group Inc. Providence RI. (1998). Measuring Outcomes in Children's Services: 250. Outcomes evaluation can provide program managers and clinical directors in child welfare, juvenile justice, child mental health, and child protective services the necessary tools for program quality assurance and accountability. This guide describes the outcomes evaluation

process and provides a summary of articles and reports detailing current findings and tools used in outcomes evaluation. Following the initial chapter on planning an outcomes system and the importance of cultural competence for designing evaluations, the guide is organized according to disorders or problem classification: (1) anxiety disorders; (2) attention-deficit hyperactivity disorder, including behavioral interventions and pharmacotherapy; (3) autism; (4) depression and suicide, focusing on preventing depression, treatment strategies, and suicide prevention; (5) eating disorders; (6) conduct disorders; (7) miscellaneous disorders, including severe emotional disturbance; (8) risky behaviors, including running away, truancy, and risky sexual behavior; (9) substance abuse; (10) juvenile delinquency; and (11) child abuse and neglect. Two types of articles are included: digests of journal articles, and field reports from programs and consultants working on outcomes evaluation. Each article contains the full citation and editor's notes pointing out strengths and weaknesses of the approaches used in the outcomes evaluation studies. (KB)

Clark, A. and M. J. Friedman (1983). "Nine Standardized Scales for Evaluating Treatment Outcome in a Mental Health Clinic." Journal of Clinical Psychology 39(6): 939-50. Analyzed psychometrics of a package of standardized scales used to assess mental health treatment outcomes in a VA cost-effectiveness study (N=451). Derived the following scales: family involvement, involvement with friends, labor market participation, symptomatology, substance abuse, client satisfaction, and client goal attainment. (LLL)

Garry, E. M. and Department of Justice Washington DC. Office of Juvenile Justice and Delinquency Prevention. (1997). Performance Measures: What Works? OJJDP Fact Sheet: 4. Much of the tradition of performance measurement comes from the industrial part of the private sector, where work measurement looks at how to improve production. This approach does not translate well for entities that provide service. For them, a better approach is the change-agent model, which recognizes that the agency or program provides services (inputs) that act on the environment to produce demonstrable changes in the well-being of clients, families, or communities (outputs). An approach to performance measurement based on the change-agent model is set forth in "A Guide to Developing and Using Performance Measures in Results-Based Budgeting," a working paper of The Finance Project. The paper was developed to assist in achieving and measuring outcomes for children, families, and communities. As such, it is of interest to juvenile justice agencies and youth-serving organizations, whether they provide educational or social services. The "Guide" considers performance and results, and offers a four-quadrant approach that sorts performance measures to answer questions about services into blocks for quantity and quality, input and output, and that ask: (1) how much service was delivered; (2) how well was it delivered; (3) how much was produced; and (4) how good were the products. Examples of quadrants are given in the "Guide" for education, health, child welfare, welfare reform, mental health, juvenile justice, and child care licensing. These areas have many implications for the study of programs affecting urban youth. (Contains one figure.) (SLD)

Holden, E. W., R. M. Friedman, et al. (2001). "Overview of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program." Journal of Emotional and Behavioral Disorders 9(1): 4-12. This introductory article provides an overview of the national evaluation conducted within the original 22 grantee communities funded from 1993 to 1999. The history and underlying foundations of the evaluation are presented. Specific evaluation questions and components are outlined, and issues that evolved out of the evaluation process are discussed. (Contains references.) (Author/CR)

Noser, K. and L. Bickman (2000). "Quality Indicators of Children's Mental Health Services: Do They Predict Improved Client Outcomes?" Journal of Emotional and Behavioral Disorders 8(1): 9-18,26. Three customary performance guidelines (therapeutic relationship, satisfaction, and parent involvement) believed to be indicators of quality care were tested for their ability to account for improved mental health outcomes among 240 adolescent clients. Results showed statistically significant relationships between these commonly accepted measures of quality and client outcomes. (Contains extensive references.) (Author/CR)

Screening for mental health issues

Points of entry

California Univ. Los Angeles. Center for Mental Health in Schools. (2003). Transitions: Turning Risks into Opportunities for Student Support. An Introductory Packet, Bureau of Community Health Services (DHHS/HSA), Washington, DC. Office for Maternal and Child Health. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.: 103. This Introductory Packet provides readings and related activities on support for transitions to address barriers to student learning covering both research and best practices. It explores why transitions are dangerous opportunities that can disrupt or promote development. Key transitions and related intervention strategies are presented for starting school; daily transitions including before and after school as well as recess and lunch; year transitions such as beginning a new school year; moving to a new school/new country; transitions for special needs students; and transitions from high school. Planning and implementing programs that support transitions for students, family, and staff provide an opportunity for school support staff to take a leadership role. This encompasses program development and raising awareness about the benefits of coordinating programs for prevention and interventions designed to address transition problems. The importance of support staff, families and students planning for transitions is accompanied by suggestions and models. Resources include references, organizations, websites, and Center materials related to transitions. (Contains 14 references.) (GCP)

Farmer, E. M. Z., B. J. Burns, et al. (2003). "Pathways into and through Mental Health Services for Children and Adolescents." Psychiatric Services 54(1): 60-66. Examined points of entry into mental health service system for children and adolescents and patterns of movement through five service sectors (specialty mental health services, education, general medicine, juvenile justice, child welfare). Education sector plays central role as point of entry. Interagency collaboration among education, specialty mental health services, and general medicine is critical to ensuring youths receive appropriate services. (Contains 24 references and 3 tables.) (Author)

Feil, E. G. and et al. (1996). Proactive Screening for Young Children with Behavioral Problems: The Early Screening Project (ESP): 7. This paper describes the Early Screening Project (ESP), a system to identify behavior problems among preschool children ages 3 to 5. The ESP is a three-stage, multiple-gating set of procedures which assesses both the frequency and intensity of adjustment problems. In Stage 1, teachers rank students on externalizing and internalizing behavior dimensions, focusing on the five children in their classroom who best exemplify either externalizing or internalizing behaviors. In Stage 2, teachers complete a behavior checklist evaluating critical events, aggressive behavior, social interaction, adaptive behavior, and maladaptive behavior. During Stage 3, the child's social behavior is observed in the classroom and on the playground. A parent questionnaire provides additional input on the child's ability to play with other children, get along with caregivers, play with materials, and care for self. Psychometric studies have supported the technical adequacy (reliability and validity) of the ESP. The ESP is believed to minimize the time and cost requirements of preschool assessments while increasing accuracy over other screening instruments. (Contains 10 references.) (DB)

Kramer, F. D. and Welfare Information Network Washington DC. (2001). Screening and Assessment for Physical and Mental Health Issues That Impact TANF Recipients' Ability To Work, Annie E. Casey Foundation, Baltimore, MD. Mott (C.S.) Foundation, Flint, MI. David and Lucile Packard Foundation, Los Altos, CA. Edna McConnell Clark Foundation, New York, NY. Ford Foundation, New York, NY. Administration for Children and Families (DHHS), Washington, DC. Department of Labor, Washington, DC.: 14. This document examines screening and assessment for physical and mental health conditions that impact Temporary Assistance for Needy Families (TANF) recipients' ability to work. The document begins by defining screening and assessment and discussing their relevance for agencies serving TANF recipients. The next section answers policy questions pertaining to the following assessment-related issues: (1) objectives of screening and assessing for disabilities; (2) the best uses of exemptions or deferments; (3) TANF agencies' responsibilities to screen for disabilities; (4) kinds of disabilities that should be considered in screening and assessment; (5) appropriate times for screening; (6)

appropriate screening tools for TANF settings and for use by frontline TANF staff; (7) ways TANF agencies can use outside experts to screen/assess TANF clients; (8) systematic administrative processes that can support individual screening techniques; (9) work assignments and workplace accommodations that can be considered for TANF recipients with physical or mental health issues; and (10) considerations in sharing information with employers. Pertinent research findings are presented along with profiles of innovative programs in Maine, Vermont, Maryland, Florida, Missouri, Oregon, and Tennessee. Concluding the document are the addresses (including World Wide Web sites, when available) of 9 resource contacts and sources for 24 publications. (MN)

Newcomb, P. and D. Cousert (1996). System of Care for Youth with Severe Emotional or Behavioral Disorders: A Developmental Model: 7. This paper introduces a framework for conceptualizing a system of care for children and youth with severe emotional or behavioral disorders built on a child development perspective. The approach focuses on developmental transitions which all children and youth experience. Such transitions include entry into school, negotiating the challenges associated with the teen years in modern society, and emancipation from home. The first tier of the model includes a continuum of services that focuses on service and policies which promote the health development of children and youth while attempting to prevent serious mental health problems before they arise. Early identification and appropriate referral become crucial tasks. The second tier of this model includes the continuum of services for those children who have received clinical diagnosis. This continuum would include such programs or systems as the Early Prevention Screening and Diagnostic Treatment Program, special education classes, a range of mental health programs, and programs for specific sub-populations, such as adolescents with chemical dependency and eating disorders. The services that should be offered at each transition stage are described. (Contains 11 references.) (CR)

Screening tools

Feil, E. G. and et al. (1995). "The Early Screening Project for Young Children with Behavior Problems." Journal of Emotional and Behavioral Disorders 3(4): 194-202,213. A functional screening and identification system for behavior problems among preschool children, ages 3 through 5, was assessed with 2,853 children from regular and special education preschool and kindergarten classrooms in 8 states. The Early Screening Project procedure was found to provide reliable, accurate, and cost-effective screening. (SW)

Hodges, K., J. Landsverk, et al. (1996). Utilization of the Child and Adolescent Functional Assessment Scale (CAFAS) for Assessing Program and Clinical Outcomes. Symposium: 12. The Child and Adolescent Functional Assessment Scale (CAFAS) provides information on psychological impairment, including a score for the child's overall functioning as well as scale scores for eight psychosocial areas: school, work, home, community relationships, moods, self-harmful behavior, substance use, and abnormal thinking. This symposium presents two papers which describe uses of the CAFAS in Tennessee and Missouri. The first paper is: "CAFAS: Evaluating Statewide Service" (Craig Anne Heflinger and Celeste G. Simpkins), which summarizes findings of 1994 and 1995 data collection efforts using CAFAS for 846 children and youth in Tennessee state custody. It found the CAFAS provided a cost-effective mechanism for evaluating children's needs and appeared to be valid. The second paper is: "The Utilization of the Child and Adolescent Functional Assessment Scale for Assessing Program and Clinical Outcomes, Mental Health Policy, and Child Outcomes in Missouri" (La Vonne Daniels and Lisa Clements). This paper summarizes findings of a Missouri statewide study assessing outcomes for 458 children and families receiving either residential or outpatient/day treatment. Using CAFAS, differences were found between the two groups on age, services received, diagnosis, severity of impairment, and substance use. (Contains 10 references.) (DB)

Le Prohn, N. S. E., K. M. E. Wetherbee, et al. (2002). Assessing Youth Behavior Using the Child Behavior Checklist in Family and Children's Services. Proceedings from the Child Behavior Checklist Roundtable (Seattle, Washington, 1997), Casey Family Programs, Seattle, WA.: 205. A key tool that is available to child welfare agencies is the Child Behavior Checklist (CBCL), which has been used for several years in mental health settings. This book provides many examples of how the CBCL may be used in practice and research, including chapters that highlight different statistical

techniques for analyzing data and presenting results. The various chapters discuss the implications of using the CBCL for practice, policy, and administration of child welfare programs. Chapters include: (1) Introduction (N. S. Le Prohn, E. R. Lamont, P. J. Pecora, and K. M. Wetherbee); (2) Using the Child Behavior Checklist 4-18, Teacher's Report Form, Youth Self-Report, and Related Measures in Child and Family Services (T. M. Achenbach, P. J. Pecora, and G. Armsden); (3) The Clinical Status of Children in State Custody (C. A. Heflinger and C. G. Simpkins); (4) Demographic Differences in Children's Residential Treatment Progress (W. A. Shennum, D. C. Moreno, and J. C. Caywood); (5) Use of the Achenbach Child Behavior Checklist in a Longitudinal Study of Treatment Foster Care Outcomes (M. E. Courtney and A. Zinn); (6) Follow-Up of Youth Returned to Home after Treatment in Residential Care (D. B. Hickel); (7) Children Born to Drug-Using Mothers: A Longitudinal Perspective on Maternal Care and Child Adjustment (S. Hans, V. Bernstein, and L. Henson); (8) Professor Achenbach Meets Mick Jagger: Using the Child Behavior Checklist in Foster Care (R. D. Phillips); (9) A Profile of Youth Placed with Casey Family Programs Using the Child Behavior Checklist/4-18 and the Teacher's Report Form (G. Armsden, P. J. Pecora, V. Payne, and C. Joyce); (10) Using the Child Behavior Checklist in Child Welfare Practice: Lessons Learned from One Agency's Experience (K. Lenerz); (11) Research with the CBCL: Methodological and Statistical Issues (K. M. Wetherbee and T. M. Achenbach); and (12) Conclusions and Recommendations for Future Research (P. J. Pecora, G. Armsden, N. S. Le Prohn, and T. M. Achenbach). (Each chapter contains references and tables.) (GCP)

Roberts, W. B., Jr. (1993). "Creating a Mental Health Profile of Your School." School Counselor 41(2): 134-36. Describes the construction of a mental health profile of the student body through confidential end-of-the-year case history reviews as one method of evaluating student mental health needs. Explains how to construct such a profile and how counselors can use the information contained in the profile to more accurately assess the depth of student needs. (NB)

Feil, E. G., H. Walker, et al. (2000). "Proactive Screening for Emotional/Behavioral Concerns in Head Start Preschools: Promising Practices and Challenges in Applied Research." Behavioral Disorders 26(1): 13-25. A study assessed the cross-cultural psychometric characteristics and validity of a multiple-gating screening procedure used by the Early Screening Project (ESP) to screen and identify 126 children at risk for behavioral problems in Head Start centers. Results indicate that the ESP was effective in identifying children exhibiting serious behavioral problems. (Contains references.) (CR)

Berger, S. and E. Perlman (1973). A Model for Prevention: A Kindergarten Screening Program: 4. A program based on the use of the Kindergarten Questionnaire (K-Q) is described, with emphasis on the questionnaire's potential as an assessment tool for prevention of learning and emotional problems. The goals of the questionnaire program are (1) to assess readiness in children, (2) to provide more complete information to teachers, (3) to inform the family of available services in a non-threatening way, (4) to help the system with its service to the child, and (5) to provide mental health service to the community, using the school as a vehicle. Procedures that have been used to implement the use of K-Q in early childhood education programs are described. Also included is data that has been collected concerning predictive validity of the instrument, based on a sample of 493 children. (DP)

Financing children's mental health services

Medrich, E. A., V. Rubin, et al. (1983). Services to Children and the Urban Fiscal Crisis: A Comparison of Experiences Among States and Localities. A Report to the U.S. National Institute of Education, National Inst. of Education (ED), Washington, DC.: 304. This collection of seven reports explores the changes in children's services that have been brought about by efforts to limit local spending and taxation, and by unfavorable economic changes. The four states chosen for analysis--California, Massachusetts, Michigan, and New Jersey--represent contrasting economic circumstances and several different versions of the tax limitation movement. Each report, presented as a chapter in the collection, examines changes in tax burdens and expenditure levels, changes in the decision-making process concerning children's services, and the direct and indirect outcomes of budget reductions on families and children. Chapter 1, "Children's Services in an Era of Uncertainty" (Elliott A. Medrich and Victor Rubin) outlines the

development of children's services in the United States, discusses the effects of recent demographic and economic changes, and reviews the other reports. Chapter 2, "The Tax Limitation Movement of the 1970's: A National Perspective" (C. S. Benson and P. Weinstock), provides an empirical overview of tax limitation efforts and their actual effect on revenues and expenditures for all states. Chapter 3, "Keeping Up With California: The Impact of Massachusetts' Proposition 2-1/2 on Local Children's Services" (K. E. Kim), documents, through case studies, the diversity of responses to revenue loss among the state's towns and cities. Chapter 4, "Responses to Local Fiscal Stress: Privatization and Coproduction of Children's Services in California" (V. Rubin), analyzes the changing relationships between governmental and non-governmental services in Oakland (California) against the background of similar changes across the state. Chapter 5, "Children's Programs in an Era of Scarce Resources" (C. E. Van Horn, S. Fuhrman, and S. Massart), and Chapter 6, "Children in a Fiscally Distressed Environment: The Case of Michigan" (J. Boulet), combine local case studies with an exploration of the changing relationships between state and local budget-making in New Jersey and Michigan, respectively. Chapter 7, "Fiscal Containment and the Expendable Curriculum" (J. S. Catterall), focuses on how a set of programs in the eight largest school districts in California have been affected by budget constraints. Each report includes extensive statistical data and a list of references. (Author/FMW)

Solloway, M. R. E., P. P. E. Budetti, et al. (1995). Child Health Supervision: Analytical Studies in the Financing, Delivery, and Cost-Effectiveness of Preventive and Health Promotion Services for Infants, Children, and Adolescents, Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau. Health Care Financing Administration (DHHS), Washington, DC. Medicaid Bureau.: 420. This report presents findings of a George Washington University Center for Health Policy Research (CHPR) multi-year project to conduct analytical studies on the financing, delivery, and cost effectiveness of child health supervision services. Against a backdrop of decline in private sector coverage for children, a growing number of children living in poverty, and major health care reform efforts, the goal of the CHPR project was to identify and examine health systems problems in three major areas: access and financing, organization and delivery, and cost and effectiveness. The resulting studies are presented as follows: (1) "An Overview of Health Insurance Coverage and Access to Child Health Supervision Services" (Michele R. Solloway); (2) "Private Health Insurance Coverage of Preventive Benefits for Children" (Margaret A. McManus and Karen Hertz); (3) "A 20-Year Retrospective of Child Health Supervision" (Jerome A. Paulson and Michelle R. Solloway); (4) "Ensuring Adequate Health Care Benefits for Children and Adolescents" (Peter P. Budetti and Claire Feinson); (5) "Informing State Medicaid Providers about EPSDT [Early and Periodic Screening, Diagnostic and Treatment Program] (Michele R. Solloway and Others); (6) "Barriers to Full Participation in EPSDT and Possible Strategies for the Maternal and Child Health Bureau" (Michele R. Solloway); (7) "Medical Managed Care: A Briefing Book on Issues for Children and Adolescents) Harriette B. Fox and Margaret A. McManus); (8) "State Implementation of OBRA '89 EPSDT Amendments within Medicaid Managed Care Arrangements" (Hariette B. Fox and Lori Wicks); (9) "Population and Selective (High Risk) Approaches to Prevention in Well-Child Care" (Barbara Starfield and Patrick Vivier); (10) "Estimating Costs and Savings from Preventive Child Health Proposals" (Donald N. Muse); (11) "The Role of Outcomes, Effectiveness, and Cost-Effectiveness Research in Child Health Supervision" (Peter P. Budetti and others); (12) "Cross-National Comparisons of Well-Child Supervision" (Barbara Starfield and Jennifer Harlow); (13) "Environmental Health and Child Health Supervision: A Case Study of Childhood Lead Poisoning" (Bradley R. Pine and others); (14) "Pediatric Oral Health" (Arthur Nowak and others); (15) "Adolescent Preventive Mental Health Services" (Anne L. Ducey and Michelle R. Solloway); and (16) "Health Supervision and School Health Services for Children" (Michelle R. Solloway and others). Many of the studies include tables and appendices. (HTH)

Stangl, D. K., D. L. Tweed, et al. (1996). Public-Sector Managed Care for Children's Mental Health Services: Stakeholders' Perspectives. Symposium, National Institutes of Health (DHHS), Bethesda, MD.: 16. This paper presents contributions at a symposium about Carolina Alternatives (CA), a North Carolina program that blends capitated financing with public sector managed care for mental health and substance abuse services for children and youth eligible for Medicaid. The symposium focused on stakeholders' perspectives and on expenditure patterns of inpatient and outpatient services. First, Dan Tweed presented "Stakeholders' Perspectives: Overview of Carolina Alternatives." Next, Dalene Stangl presented "Stakeholders' Perspectives: Area Programs, Hospitals, and Departments of Social Services."

The perspectives of three groups (the 10 area programs responsible for care management, the hospitals that provide mental health and substance abuse services, and the county directors of departments of social services) regarding how CA restructured service delivery, implemented care management, and redefined interagency relations are defined. Elizabeth Farmer and Julia Gagliardi presented "Stakeholder's Perspectives: Client Satisfaction and Outcomes." Preliminary results indicated overall client satisfaction and acceptability of the outcome measures to clients and staff. The final contribution, by David Langmeyer, "Stakeholders' Perspectives: Preliminary Cost Findings," compared service costs between area programs that participated in CA and those that did not. It found CA was successful in reducing costs associated with inpatient services but this decrease was offset by a dramatic increase in non-inpatient services for participating area programs. (DB)

Stimac, D. J., C. Davis, et al. (1999). Filling in the Gaps: Funding Services To Support Youth and Young Adults as They Transition into Adulthood, Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services. National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.: 3. This study investigated the various funding sources used by programs which serve and support youth and young adults with emotional and/or behavioral disabilities (EBD) as they transition into adulthood. Initial data from a survey of 18 program sites in Florida that are serving this target population resulted in the identification of more than 40 discrete funding sources, including: (1) five federal programs which may each have several components under which funding might be obtained; (2) six state categorical systems that directly or indirectly support services for portions of this population; and (3) dozens of local sources which can be organized into almost a dozen types of fund sources. No more than 6 of the 18 surveyed agencies make use of any one of the named fund sources, with most fund sources used by only two or three agencies. This distribution amplifies the point that every agency and community utilizes different resources to meet the needs of the young people in this transition-aged population. The most commonly employed source is private funds, such as those obtained through charitable giving or from private businesses that choose to support efforts on behalf of this population. (CR)

Information systems for children's mental health

Hodges, S. and M. Hernandez (1996). Building Outcome Accountability in Children's Mental Health: Interviews with Center for Mental Health Services Grantees: 7. This paper summarizes results of telephone interviews with key personnel at 19 (out of 22) agencies receiving grants under the Center for Mental Health Services program, one part of a 5-year evaluation study examining the impact that utilizing measurable outcomes has on service systems. This component focused on the conceptualization and implementation of outcome-based information systems and involved interviews with sites which had and had not established an outcome information system. Results are reported across three domains: stakeholder involvement, impact on service planning and delivery, and likelihood of continuing outcome monitoring after completion of the national evaluation. Results suggest that for outcomes to have a maximum positive impact on service planning and delivery, there needs to be a high degree of overlap between the service system and the information system. (DB)

Manderscheid, R. W. E., M. J. E. Henderson, et al. (2001). Mental Health, United States, 2000: 359. In recent years, the mental health community has made great strides in understanding more about the delivery of mental health services, improving efficiency and quality in services, and also about how to build strengths and resilience in the face of life's stresses. This volume adds to the knowledge base so that the important task of system change and expansion of service availability can proceed. Through a knowledge exchange process, this volume seeks to highlight the challenges in the field of mental health and respond with useful information. Chapters include: (1) Where is Mental Health Likely to Be a Century Hence? (Ronald W. Manderscheid, Marilyn J. Henderson); (2) Mental Health Policy in 20th-Century America (Gerald N. Grob); (3) Decision Support 2000+: A New Information System for Mental Health (Marilyn J. Henderson, Sarah L. Minden; Ronald W. Manderscheid); (4) Information Needs: A Consumer and Family Perspective (Laura Van Tosh); (5) Psychiatric Epidemiology: Recent Advances and Future Directions (Ronald C. Kessler, Elizabeth J. Costello, Kathleen Ries Merikangas, T. Bedirhan Ustun); (6) Status of National Accountability Efforts at the Millennium (Ronald W. Manderscheid,

Marilyn J. Henderson, David Y. Brown); (7) Mental Health Policy at the Millennium: Challenges and Opportunities (David Mechanic); (8) The Mental Health Economy and Mental Health Economics (Richard G. Frank, Thomas McGuire); (9) The Promise and Reality of Managed Behavioral Care (E. Clarke Ross); (10) Co-occurring Addictive and Mental Disorders (Fred C. Osher); (11) Adult Mental Health Services in the 21st Century (Mark S. Salzer, Michael Blank, Aileen Rothbard, Trevor Hadley); (12) Pharmacoepidemiology of Methylphenidate and Other Medications for the Treatment of ADHD (Julie Magno Zito); (13) Refugee Mental Health: Issues for the New Millenium (James Jaranson, Susan Forbes Martin, Solvig Ekblad); (14) Highlights of Organized mental Health Services in 1998 and Major National and State Trends (Ronald W. Manderscheid, And Others); (15) Persons Treated in Specialty Mental Health Care Programs, United States, 1997 (Laura J. Milazzo-Sayre, And Others); (16) State Mental Health Agency Controlled Expenditures and Revenues for Mental Health Services, FY 1981 to FY 1997 (Ted Lutterman, Michael Hogan); (17) The 16-State Indicator Pilot Grant Project: Selected Performance Indicators and Implications for Policy- and Decisionmaking (Olinda Gonzalez, And Others); (18) The Availability of Mental Health Services to Young People in Juvenile Justice Facilities: A National Survey (Ingrid Goldstrom, Fan Jaiquan, Marilyn Henderson, Alisa Male, Ronald W. Manderscheid); (19) Estimates of Mental and Emotional Problems, Functional Impairments, and Associated Disability Outsomes for the U.S. Child Population in Households (Lisa J. Colpe); and (20) Mental Health Practitioners and Trainees (Joyce West, And Others). (Contains over 500 references, 64 tables, and 4 appendixes.) (GCP)

Mental health and juvenile justice/delinquency

Coalition for Juvenile Justice Washington DC. (2000). Handle with Care: Serving the Mental Health Needs of Young Offenders. Enclosed: Coalition for Juvenile Justice 2000 Annual Report. The Sixteenth Annual Report to the President, the Congress, and the Administrator of the Office of Juvenile Justice and Delinquency Prevention, Department of Justice, Washington, DC. Office of Juvenile Justice and Delinquency Prevention.: 117. At some point, one out of every five children will need help containing and managing strong emotions or severe stress. Problems multiply when these youth break the law. Too often children with mental health problems are locked away instead of receiving appropriate treatment. An estimated 50-75% of youth in detention facilities suffer from mental health problems and without treatment, they are likely to become more vulnerable, more volatile, and more dangerous to themselves and others. This annual report of the Coalition of Juvenile Justice illustrates findings from a year-long investigation into the scope of mental health concerns and services in the juvenile justice system. It explains systematic shortcomings and a lack of effective, integrated mental health assessment and treatment services. The report explains why parents may be forced to surrender their children to the juvenile courts because they cannot receive assistance. It reveals how poverty, race, gender, and sexual orientation may block young offenders from accessing services. Treatment methods that focus on rebuilding a child's family structure along with providing the child with intensive therapy have reduced recidivism by as much as 80%. Several recommendations are provided for leaders and administrators on ways to empower families, while at the same time providing wide access to high quality mental health assessment and treatment services. (Contains 95 references.) (JDM)

Loeber, R., D. P. Farrington, et al. (2003). Child Delinquency: Early Intervention and Prevention. Child Delinquency Bulletin Series: 21. Sparked by high-profile cases involving children who commit violent crimes, public concerns regarding child delinquents have escalated. Compared with juveniles who first become involved in delinquency in their teens, child delinquents (offenders younger than age 13) face a much greater risk of becoming serious, violent, and chronic juvenile offenders. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) formed the Study Group on Very Young Offenders to explore what is known about the prevalence and frequency of very young offending, investigate how very young offenders are handled by various systems (e.g., juvenile justice, mental health, and social services), and determine effective methods for preventing very young offending. The Study Group identified particular risk and protective factors that are crucial to developing early intervention and protection programs for very young offenders. This Bulletin, the first in OJJDP's Child Delinquency Series, offers valuable information on the nature of child delinquency and describes early intervention and prevention programs that effectively reduce delinquent behavior. (Contains 94 references.) (Author)

McManus, M. C. E. and Portland State Univ. OR. Regional Research Inst. for Human Services. (1997). Families, Juvenile Justice and Children's Mental Health, National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC. Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.: 42. The theme issue of this bulletin is a discussion of youth with emotional disturbances who are in the juvenile justice system and how to meet their needs. Articles include: (1) "Responding to the Mental Health Needs of Youth in the Juvenile Justice System" (Susan Rotenberg); (2) "Prevalence of Mental Disorders among Youth in the Juvenile Justice System" (John F. Edens and Randy K. Otto); (3) "The Trouble with Delinquent Girls" (Joanne Belknap and Kristi Holsinger), which discusses how juvenile justice service providers and parents treat girls inequitably and why girls become law-breakers; (4) "Overrepresentation of Youth of Color in the Juvenile Justice System: Culturally Competent Service System Strategies" (Marva P. Benjamin); (5) "Parents at the Front Door in Family Court and Child Welfare: Developing Parent Supports in the Juvenile Justice System" (Carol Lichtenwalter and others); (6) "The Office of Juvenile Justice and Delinquency Prevention: A Federal Partner in Meeting the Mental Health Needs of Juvenile Offenders" (Shay Bilchik); (7) "Youth with Disabilities in the Justice System: Integrating Disability Specific Approaches" (Lili Garfinkel), which addresses the impact that certain disabilities have on criminal behavior and the need to consider these influences in making adjudication and placement decisions; (8) "Multisystemic Therapy: An Effective Community-Based Alternative to Incarceration" (Scott W. Henggeler); (9) "'Intensive Aftercare' in Juvenile Corrections--The Colorado Experience" (David B. Bennett); "Bethesda Family Services Foundation 'Committed To Healing America's Families'" (Dominic Herbst); and (10) "The Virginia Intensive Parole Program" (Valerie Boykin). The Social Security Administration's new rules for the children's Supplemental Security Income program are also discussed. (CR)

Issues and promise surrounding family involvement

Adelman, S., et al., et al. (1992). Collaboration between Professionals and Families of Children with Serious Emotional Disorders: Annotated Bibliography: 93. This annotated bibliography lists 136 entries, divided among 9 chapters, on the collaboration between professionals and families of children with emotional disorders. Entries are listed alphabetically by author within each chapter and date from 1974 through 1993. The first chapter, "Need for Collaboration," briefly surveys the literature regarding families' experiences in working with professionals and establishes the need for a different kind of family-professional relationship. The next three chapters ("Persons with Severe and Persistent Mental Illness," "Children with Serious Emotional Disorders," and "Children with Other Disabilities") review the family-professional collaboration literature as it applies to three specific populations. Chapters 6 and 7 consider the literature on early intervention and general educational settings for children with emotional disorders. Available literature on how families and professionals can collaborate as advocates for children with mental disorders is reviewed in Chapter 8. A final chapter on empowerment lists materials stressing the principle of participant ownership of the processes of advocacy, intervention, and rehabilitation. (PB)

Combrinck-Graham, L. E. (1995). Children in Families at Risk. Maintaining the Connections: 441. This volume describes actual programs that are based on the idea that family connections are substantial resources for healing and recovery even when the family is a very troubled one. With a focus on severely damaged families, these programs attempt to keep children connected with their own families even when circumstances prevent their living together. Chapters include: (1) "Working with Inner-City Tribes: Collaborating with the Enemy or Finding Opportunities for Building Community?" (James Nelson); (2) "Families in Their Own Evaluations" (Steven W. Rathbun, Daniel R. Lord, Faye A. Koop, and Vickie Burgess McArthur); (3) "Psychiatric Emergencies and Family Preservation: Partnerships in an Array of Community-Based Services" (Stephen Christian-Michaels); (4) "Eastfield Ming Quong: Multiple-Impact In-Home Treatment Model" (Laura H. Fraser); (5) "Family-Based Mental Health Services" (Cynthia Archacki-Stone); (6) "Helping Families Become Places of Healing: Systemic Treatment of Intrafamilial Sexual Abuse" (Raymond X. De Maio); (7) "Children and Adolescents in Psychiatric Hospitals" (John Sargent); (8) "Organizing the Hierarchy around Children in Placement" (Michael R. Fox); (9) "The Role of a Home-Based Mentor Program in the Psychiatric Continuum of Care for Children and Adolescents"

(Julie McKenzie, Edwin J. Mikkelsen, Wayne Stelk, Gerald Bereika, and Donald Monack); (10) "Substance-Abusing Mothers and Their Children: Treatment for the Family" (Francine Feinberg); (11) "Foster and Natural Families: Forming a Cooperative Network" (Patricia Minuchin); (12) "Foster Family Clusters: Continuum Advocate Home Network" (Marcia A. Eckstein); (13) "Sibling Therapy: One Step in Breaking the Cycle of Recidivism in Foster Care" (Karen Gail Lewis); (14) "The Stages of the Reunification Process and the Tasks of the Therapist" (Lindsay Bicknell-Hentges); (15) "Preparing Child Welfare Agencies for Family Preservation and Reunification Programs" (Rocco A. Cimmarusti); (16) "Project Exodus: The Corrections Connection" (Judith A. Falk); and (17) "Working with Families in the Schools" (Barbara King, Lora Randolph, William A. McKay, and Markus Bartell). References follow each chapter. (SLD)

DeRosis, H. A. (1970). "Parent Group Discussions: A Preventive Mental Health Technique." Fam Coord 19(4): 329-34. The professional community has the responsibility to explore effective, economic methods for enhancing the parent's understanding and skills in helping his child to grow with as few as possible disturbances of interrelatedness. This paper describes a procedure which has had some effectiveness in parent group discussions in a public school setting. (Author)

Farmer, E. M. Z., B. J. Burns, et al. (1997). "Impact of Children's Mental Health Problems on Families: Relationships with Service Use." Journal of Emotional and Behavioral Disorders 5(4): 230-38. A study of 1,015 children with behavior problems investigated the impact of a child's emotional and behavioral problems on the family. Families of youth who first used mental health services when they were ages 10-15 showed significantly higher rates and levels of family impact than families of youth who did not enter services. (Author/CR)

Hendrick, V., K. Daly, et al. (2000). Parental Mental Illness. Building Community Systems for Young Children, David and Lucile Packard Foundation, Los Altos, CA.: 31. Families are the principal influence on development in the first years of life, so the mental health of parents is an issue that affects every child in California. The most common mental health concerns facing parents involve stress and anxiety. These needs can be addressed through public health messages that de-stigmatize mental illness and through the availability of private and publicly subsidized counseling and social work services. Further along the cost and service intensity spectrum are parents who suffer from depression or panic disorder. While the number of parents with major mental illnesses is small, their service needs are substantial. In the discussion that follows, it is suggested that a balance of population-oriented prevention and support services, together with more intensive and coordinated services for higher levels of need, represents the most efficient way to meet the needs of parents with mental illness, and the children who depend upon them. Because the authors' orientation is toward Proposition 10 funding for infancy and early childhood, the ways in which infants and young children can benefit from the supported involvement of their parents is emphasized. Addressing the mental health needs of parents increases the likelihood that all children in California will experience positive, nurturing, and enriching interactions with their parents. (Contains 66 references.) (GCP)

Adolescent-specific information

Allensworth, D. D. and B. Bradley (1996). "Guidelines for Adolescent Preventive Services: A Role for the School Nurse." Journal of School Health 66(8): 281-85. Investigates the use of school nurses to deliver the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS) in collaboration with school and community professionals. Examines GAPS' components and related critical issues (identifying students for screening, screening students, triage, interdisciplinary and interagency collaboration, confidentiality, barriers, and time constraints). (Author/SM)

Congress of the U.S. Washington DC. Office of Technology Assessment. (1991). Adolescent Health. Volume II: Background and the Effectiveness of Selected Prevention and Treatment Services [and] Indexes to Volumes I, II, and III: 836. This document, the second of three volumes in the U.S. Congress Office of Technology Assessment's "Adolescent Health" series, provides background information on aspects of adolescents' lives and examines the effectiveness of prevention and treatment interventions.

Chapter 1, an introduction to this two-part document, provides a summary of the contents of this volume as well as an outline of the series as a whole. Part 1 focuses on the background of adolescent health and provides a framework for viewing the lives and social environments of adolescents. The three individual chapters in this part examine respectively: adolescent development that may affect health, the delivery of health services, and public policy with respect to adolescents; the families of adolescents and models of parent-adolescent interaction; and school environments and discretionary time. Each of the 10 chapters in part 2 examines a specific health problem: accidental injuries; chronic physical illnesses; nutrition and fitness problems; dental and oral health problems; Acquired Immune Deficiency Syndrome and other sexually transmitted diseases; pregnancy and parenting; mental health problems; alcohol, tobacco, and drug abuse; delinquency; and homelessness. For each chapter, sections are included on: (1) limitations of existing sources of data on the health problem, the prevalence of the problem among adolescents, and differences in prevalence by selected sociodemographic and nondemographic characteristics; (2) information on the prevention and treatment of the problem; (3) relevant federal policies and programs; and (4) conclusions and policy implications. A separate index is included for Volumes I, II, and III of this "Adolescent Health" series. (NB)

Ooms, T., L. Herendeen, et al. (1990). Integrated Approaches to Youths' Health Problems: Federal, State and Community Roles. Meeting Highlights and Background Briefing Report. Report of a Family Impact Seminar (Washington, D.C., July 7, 1989), Health Resources and Services Administration (DHHS/PHS), Rockville, MD. Bureau of Maternal and Child Health and Resources Development. Consortium of Family Organizations.: 33. This report contains highlights from a seminar on integrated approaches to youths' health problems. Comments by these panelists are summarized: Renee Jenkins, Director of Adolescent Medicine, Howard University Hospital, and President of the Society for Adolescent Medicine; Vivian L. Smith, Deputy Director, Office for Substance Abuse Prevention (OSAP); Judith Katz-Leavy, Assistant Chief, Child and Family Support Branch of the National Institute of Mental Health; and Marilyn Lanphier, Director, Adolescent Section, of the Oklahoma State Maternal and Child Health (MCH) Service. These topics, discussed at the seminar, are summarized: (1) reasons why integrated approaches to adolescent health problems are gaining more support; (2) the assumptions that underlie OSAP's at-risk youth demonstration programs; (3) characteristics of a good comprehensive substance abuse intervention program; (4) reasons why the Child and Adolescent Service System Program, which focuses on helping states coordinate and strengthen services for severely emotionally disturbed adolescents, is needed; and (5) the integrated adolescent services provided by Oklahoma and Colorado. A background briefing report is also included which contains information about integration of services for youth, programs promoting integrated services for adolescents, state maternal and child health adolescent activities, and parents as resources. (28 references) (LLL)

Zaff, J. F., J. Calkins, et al. (2002). Promoting Positive Mental and Emotional Health in Teens: Some Lessons from Research. American Teens. Child Trends Research Brief, Knight Foundation, Inc., Akron, OH.: 10. A significant minority of teens and preteens suffer from anxiety disorders, depression and other mood disorders, behavior problems, and drug and alcohol addiction. Others have low self-esteem, difficulty coping, and feelings of insecurity. Given the harmful consequences of such disorders, policymakers and practitioners should be alert to teens mental and emotional health so that they can develop sound prevention and intervention strategies to address these challenges. In an effort to determine the best ways to prevent or address these problems, Child Trends conducted a review of nearly 300 research studies on teens mental health and emotional well-being. This review suggests that mental health programs that use comprehensive, integrated approaches appear to be most effective in preventing such problems as conduct disorder, attention deficit hyperactivity disorder (ADHD), and alcohol and drug abuse. This brief is divided into two parts. The first addresses mental health in adolescence and the second covers emotional well-being. The What Works tables detail some of the programs and approaches that are most likely to succeed in these areas. Only experimentally evaluated programs are included in the review of what works. Also included in the table are some best bets, promising practices drawing on both experimental and quasi-experimental evaluations, other research, and wisdom from practitioners. (Contains 81 references.) (GCP)

Zaff, J. F., J. Calkins, et al. (2001). Background for Community-Level Work on Mental Health and Externalizing Disorders in Adolescence: Reviewing the Literature on Contributing Factors, John S. and James L. Knight Foundation, Miami, FL.: 70. There is an extensive body of research on the factors that predict mental health and illness, focusing on factors within the adolescent as well as within the various components of the adolescent's environment. This paper presents a selective review of the research pertaining to each layer of the adolescent's internal and external world. Throughout this paper, the aim is to go beyond the broad identification of which factors appear to be linked to mental health and illness, to the identification of specific strategies that have been attempted and evaluated, and/or for which there is evidence that initiating programs with these activities has the potential to contribute to improved mental health. These studies reveal that individual, family, peer, neighborhood, and media level variables have been found to predict both internalizing and externalizing problems. With this in mind, programs should be aware of the following: multi-component interventions appear to be the most effective for preventing and intervening in externalizing disorders; psychotherapy, pharmacotherapy and community-level strategies appear to be effective in reducing internalizing disorders; starting prevention programs as early as possible is an important approach to preventing mental disorders and externalizing problems in adolescence; research into positive mental health is particularly sparse for adolescents; more experimental evaluations of treatments and preventions are needed. (Contains 178 references and 2 tables.) (GCP)

Infant-specific information

Fenichel, E. E. and Zero to Three/National Center for Clinical Infant Programs Arlington VA. (1993). Parents, Mental Illness, and the Primary Health Care of Infants and Young Children: 41. This bulletin issue contains five papers on the theme of adults with mental illness who are parents of very young children. "Parents, Mental Illness, and the Primary Health Care of Infants and Young Children" (John N. Constantino) offers the experience of a trainee in a combined residency in pediatrics and psychiatry, focusing on identification, risk assessment, and initial management of infants of mentally ill parents. "Maternal Depression as a Context for Child Rearing" (Sherryl H. Goodman and others) examines characteristics of maternal depression, the potential parenting impairments brought about by depression, characteristics of infants and young children of depressed mothers, and interventions. "Treating the Relationships Affected by Postpartum Depression: A Group Therapy Model" (Roseanne Clark and others) describes a therapeutic approach to addressing the needs of the mother with postpartum depression as well as her infant, their relationship, and the family. "Previewing: An Intervention Strategy for Psychiatrically Ill Parents of Infants and Toddlers" (Paul V. Trad) discusses an intervention protocol which helps parents to make predictions about their child's future and about changes in the parent-infant relationship that will occur when new skills are mastered. "Providing Integrated Treatment for Parent/Infant Dyads at Risk because of Parental Emotional and Mental Illness" (Barbara D. Munk) describes a comprehensive, community-based model for parents with mental illness, called the Parent/Infant Therapeutic Program. (JDD)

Greenspan, S. I. E., et al., et al. (1987). Infants in Multirisk Families. Case Studies in Preventive Intervention. Clinical Infants Reports Series: 614. Work conducted by the Clinical Infant Development Program (CIDP) of the National Institute of Mental Health, involving 47 multirisk families and their infants over a period of several years, is described. Part I contains four detailed case studies by Delise Williams, Euthymia Hibbs, Serena Wieder and others, providing data for comprehensive clinical preventive approaches for infants and their families. Several analytic chapters are also included: "Staffing, Process, and Structure of the Clinical Infant Development Program" (Serena Wieder and Stanley Greenspan); "The Infant Center: A Developmentally Based Environment to Support Difficult Lives" (Serena Wieder and Patricia Findikoglu); and "Reaching the Unreachable: Measuring Change in Relation to Intervention" (Serena Wieder). Part II, titled "Models for Clinical Programs," includes: "Antecedent Psychosocial Factors in Mothers in Multirisk Families: Life Histories of the 47 Participants in the Clinical Infant Development Program" (Serena Wieder et al.); "A Model for Comprehensive Preventive Intervention Services for Infants, Young Children, and Their Families" (Stanley Greenspan); "Dimensions and Levels of the Therapeutic Process" (Stanley Greenspan and Serena Wieder); "A Developmental Diagnostic Approach for Infants, Young Children and Their Families" (Stanley Greenspan, et al.); and "Conclusions: Theoretical Perspectives on Research Regarding Psychopathology and Preventive

Intervention in Infancy" (Stanley Greenspan). Appendices focus on a model of cost-effectiveness analysis of services, and the clinical entry ratings used by the CIDP. (JDD)

Kowalenko, N., B. Barnett, et al. (2000). The Perinatal Period: Early Intervention for Mental Health. Clinical Approaches to Early Intervention in Child and Adolescent Mental Health, Volume 4: 60. The perinatal period offers a unique opportunity for enhancing the mental health of women and their families. Women come into frequent contact with health professionals during this time and the enhancement of their emotional well being can promote their own, their infant's, and their partner's health. The aim of this book is to assist health practitioners to identify, assess, manage, and prevent mental health problems. These good practice guidelines address a range of conditions including perinatal depression and anxiety disorder, pre-existing mental health problems in mothers, and infants at risk for mental health problems. A multidisciplinary team of professionals along with consumers all had input into this publication. Chapter 1 discusses the guidelines for the development process. Chapter 2 reviews screening and assessment of depression, anxiety, and psychoses during the perinatal period. Chapter 3 presents ideas for prevention and intervention with parents. Chapter 4 reviews clinical management. Chapter 5 looks at the effects of parental mental disorders on infants. Chapter 6 summaries findings and suggestions from previous chapters. (Contains 126 references.) (JDM)

Nover, R. A. and et al. (1981). "Preventive Intervention with Infants in Multi-Risk-Factor Families." Children Today 10(4): 27-31. Discusses a model for clinical preventive intervention with multi-risk-factor families and their infants, with emphasis on the developmental risks involved for both. Emphasis is placed on the context of the total intervention effort, namely, on intervention with the infant, parents, and support system. (Author/DB)

Pawl, J. H. (1984). "Strategies of Intervention." Child Abuse and Neglect: The International Journal 8(2): 261-70. The paper discusses the optimal conditions for the provision of infant mental health services. The pediatric setting is emphasized as the natural locus for the integration of such preventive services and as the first and often sole contact of parents and infants with professionals. (Author/DB)