

# Advancing a Public Health Approach to Children's Mental Health in Pennsylvania

By Gordon R. Hodas, M.D.

This article considers a public health approach to children's mental health, drawing on the expertise of A. Katherine Power, M.Ed., the current director of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA) in Washington, DC. SAMHSA is the federal agency that establishes federal mental health policy and provides multiple grant opportunities to states. In the May 2009 issue of *Psychiatric Services*, Power offers her agency's perspective on ["A Public Health Model of Mental Health for the 21<sup>st</sup> Century."](#) Several months earlier in March 2009, in a presentation given at the Public Dissemination Event for *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* in Washington, DC, Power offered ["A Vision for a Mentally Healthy America."](#) These two documents offer an illuminating view of public mental health policies, practices, and priorities.

In Pennsylvania, the Children's Committee of the Office of Mental Health and Substance Abuse Services (OMHSAS) Advisory Committee, recently created a Public Health Workgroup to identify how best to address the mental health needs of children and their families. While appreciation of the importance of a public health perspective goes back many decades, states have only recently begun to embrace it. The Institute of Medicine (IOM) in 1988 indicated that a public health approach to health involves "what we, as a society, do collectively to assure the conditions in which people can be healthy." The IOM definition is intentionally broad. It seems to recognize the intimate connection between mind and body and the importance of multiple systems and individuals acting in a consistent, coordinated manner.

Within the broad category of a public health approach, there is need to understand the nature and scope of a public health approach *to children's mental health*. Such understanding can help us develop priorities and strategies to improve the health and well being of children and their families in Pennsylvania. What does, and should, a public health approach to children's mental health entail?

In the *Psychiatric Services* article, Power describes public health as "a population-based approach that supports the development of whole-health, person-centered health care." A public health model of health care also involves "a community approach to preventing and treating illnesses and promoting well-being." Such an approach "addresses treatment for individuals across the lifespan while developing interventions for the entire population." Thus, a public health approach, while population-based, has direct relevance to the care and wellbeing of specific individuals in the community.

In her article, Power systematically describes the type of leadership that SAMHSA has undertaken in support of a public health approach to mental health for Americans of all ages, including children and their families. More important for our purposes, she also identifies the nature and scope of a public mental health approach, leading to the delineation of "a public health model of mental health." The public health approach is seen as offering a vehicle for society to achieve a positive future for health care in general and mental health in particular.

Power envisions a future in health care where "mental health is regarded as essential for overall health" and the focus shifts "from illness to health." In this transformed system, mental health is integrated with

general healthcare, resilience and recovery are ongoing priorities, and society moves closer to the vision of “a life in the community for everyone.”

A public health approach to mental health is needed to achieve the above vision. Power identifies the operational components of a public health approach to mental health. In what follows, we discuss some of Power's core components of a public mental health approach for children and their families.

**1. Public mental health is holistic and person-centered.**

Power states that the tools of public health need to advance “holistic, person-centered health care.” A holistic approach is “grounded in the knowledge that health is a function of the complex interplay between body, mind, spirit, and community.” Person-centered care, in turn, is “respectful and responsive to the needs and values of individuals...” The above statements incorporate the commitment to individualized care and cultural competence for children and families, as embodied in CASSP Principles.

**2. Public mental health involves health promotion and illness prevention.**

Power states, “Promoting mental health and preventing mental illnesses are the essence of a public health approach to health care.” Our focus, therefore, needs to go beyond the treatment of mental illness, as important as this is, to promote resilience and recovery for those with mental illness or at risk of developing it, and support for wellness for everyone. Support for wellness with a commitment to illness prevention encompasses the entire population. For those dealing with psychiatric disorders, the goal is “to lessen their impact and forestall comorbid conditions and long-term disability.” For those at risk of developing psychiatric disorders, the goal is develop “strategies to preclude the onset of mental disorders.” For those doing well, the goal is to maintain wellness. Prevention and the promotion of wellness thus apply to everyone in the community. Comprehensive mental health promotion involves ongoing efforts to strengthen individuals, families, and communities (May 25, 2009 Address).

**3. Public mental health involves a workforce that collaborates with children and their families.**

Power envisions a future in which “service recipients direct their own care,” and identifies the need for practitioners with the capacity for “engaging with consumers and family members.” Such individuals also need to provide leadership so that others in mental health can likewise engage effectively. Collaboration by professionals with parents and youth is a core element of the children's service system, as reflected in CASSP Principles and in the federal formulation of “family-driven, youth-guided care.”

**4. Public mental health involves education of individuals and the community.**

Power indicates that “informing, educating, and empowering people are...essential public health services.” Knowledge promotes empowerment and also represents a practical way to promote collaboration in health care. When individuals understand the goal of an intervention and can weigh its benefits and risks, they can make real choices and more effectively partner with health care professionals. In addition, information about wellness activities can increase one's motivation to begin and persist in such activities.

**5. Public mental health involves attention to more than just individuals, and in particular includes the community.**

According to Power, “the spirit of public health...considers both the health of individuals and the health of the community.” This is necessary, since “the broad determinants of health” extend beyond only the individual and include “social, economic, and environmental factors.” In particular, health is influenced by “access to housing, health care, employment, and social support.” Further, “Without access to housing, health care, employment, and social support, individuals are excluded from all that it means to be healthy in today’s society.”

**6. Public health interventions address the broad determinants of mental health and wellbeing, not just mental health concerns in isolation.**

Mental health cannot be effectively promoted without addressing relevant societal factors – “the broad determinants of health” – that ultimately affect the individual. A public health approach to mental health therefore needs to address issues of “poverty, widespread unemployment, inequitable distribution of health care resources, and the discrimination, fear, and bias that keep people with mental health problems at the margin of society.” Relevant areas for intervention in turn include “health care, housing, transportation, employment, education, social services, services for veterans, criminal and juvenile justice, and child welfare.”

**7. Public mental health involves the use of evidence-based services, with attention to outcomes and performance improvement.**

There is room for both evidence-based practices and practice-based evidence, the latter when formal research is limited. Evidence based practices, with an accompanying focus on outcomes, are important for both treatment programs and prevention programs. Power advocates for “a performance management culture that uses data to make financing and programmatic decisions.”

**8. Public mental health involves leadership at various policy levels, to implement policies, programs, and financing that promote and sustain the above practices.**

At the state level, there is need for policies that support public mental health priorities and practices. The shift needs to be away from a primary focus on illness to one that embraces “the development of social and emotional competence as a public health issue and a matter of public policy” (May 25, 2009 Address). This in turn entails “mental health promotion and mental health prevention (as) the centerpiece of health reform efforts” (May 25, 2009 Address).

These, then, are the parameters of a public health approach to children’s mental health, as formulated by Powers and embraced by CMHS. With a public mental health agenda so broadly defined, what might be some guidelines for the Children’s Advisory Committee’s Public Health Workgroup? I suggest the following as starting points:

- (1) Our efforts need to be specific and practical. We cannot allow the enormity of the challenge to overwhelm us.
- (2) We need to work with others, since the Mental Health system cannot do it alone. Relevant “others” include representatives of other child-serving systems, families and youth, counties,

managed care, universities, communities, community leaders and businesses, particularly with regard to prevention.

- (3) Whenever possible, our efforts should impact multiple systems, not just Mental Health, and the community at large.
- (4) We need to promote wellness. Wellness approaches alleviate symptoms of illness and also promote prevention, and so are relevant to everyone in the community, whether or not they are involved with the mental health system.
- (5) Individual and community education are key. We cannot strive to achieve positive outcomes unless we know they exist and that there are ways to get there.

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#### **References:**

Power, K (2009). A public health model of mental health for the 21st century. *Psychiatric Services* (60)5, 580-584.

Power, K. (2009). A vision for a mentally healthy America. Washington, DC: Public Dissemination Event for *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*.