

CMHS Report to Congress on Child Mental Health Emphasizes a Public Health Approach

A new report to Congress by the Center for Mental Health Services (CMHS) places children's mental health programs squarely in a public health context. The report notes that a public health approach includes traditional areas of medicine—diagnosis and treatment—but also focuses on surveillance, health promotion, prevention, and access to services. Because half of all diagnosable cases of mental illness begin by age 14 and three-fourths by age 24, prevention is key to ensuring that children's mental health problems will be addressed before they can evolve into full-blown disorders. Fundamental to the public health approach is shared responsibility across multiple systems.

The 67-page report, *Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience*, was prepared by CMHS at the request of a Senate subcommittee, which charged the agency with reviewing the effectiveness of programs that use a strengths-based family approach to prevention and mental health promotion among at-risk children. Section 1 of the report, which provides the rationale for a public health approach, summarizes research on risk factors and on protective factors that may lead to a child's resilience. The report notes that resilience is not a static trait and that "individuals do not develop resilience by 'pulling themselves up by the bootstraps' when faced with life's challenges. Resilient adaptation to adversity comes about as a result of characteristics of an individual interacting with resources in the environment, such as caring adults, good schools, safe neighbors, good friends, and other 'protective factors.'"

Section 2 of the report describes 12 programs that have been shown to strengthen families and support child resilience. The brief program descriptions and outcome summaries are drawn from the database of the National Registry of Effective Pro-

grams and Practices, a system developed by the Substance Abuse and Mental Health Services Administration for the scientific evaluation of prevention programs (modelprograms.samhsa.gov). The programs described for infants and young children include the High/Scope Perry Preschool Program, the Incredible Years, and the Nurse-Family Partnership (NFP). Programs for children and early adolescents include Promoting Alternative Thinking Strategies (PATHS), Olweus Bullying Prevention, Family Effectiveness Training (FET), Families and Schools Together (FAST), and Second Step. Programs for adolescents include the Strengthening Families Program for Parents and Caregivers and Youth, Brief Strategic Family Therapy, Parenting Wisely, and Reconnecting Youth.

Section 3 of the report describes some of the challenges of conducting cost-benefit analyses of prevention programs and summarizes the estimated benefits and costs per youth for a sample of prevention interventions. Section 4, "Best Opportunities for Implementing Evidence-Based Practices to Reach Families in Need," emphasizes the importance of recognizing and supporting parents and other caregivers as decision makers at the service level with respect to the care their children receive and at the

system level in policy making and planning, implementing, and evaluating programs and service systems.

The report concludes with eight broad-based recommendations for federal, state, and local collaboration to advance promotion and prevention programs.

- ◆ Communicate the good news of prevention, including the economic and social benefits of investing in prevention.

- ◆ Provide families, other caregivers, community leaders, and local educators with the latest knowledge for strengthening parenting and building child resilience.

- ◆ Build on existing programs to maximize available knowledge and resources.

- ◆ Encourage development of the state and local infrastructure necessary to implement and sustain evidence-based practices.

- ◆ Encourage a coordinated assessment and accountability system for promotion, prevention, and treatment in children's mental health.

- ◆ Examine more systematic strategies to increase and coordinate funding for prevention efforts across federal and state agencies.

- ◆ Build a workforce capable of implementing age- and culturally appropriate evidence-based practices effectively.

- ◆ Include families in a decision-making role from the outset.

The report is available on the CMHS Web site at mentalhealth.samhsa.gov.

Status of California's County Mental Health Programs

In November 2004 California voters passed the Mental Health Services Act (MHSA), which increased funding for the public mental health system by imposing a 1% tax on individual incomes over \$1 million. The legislation's goal is to transform California's system by ensuring that funds are used for new or expanded innovative programs based on the recovery model. Over the past three years, many have expressed concerns about how to determine whether

the new funding would spark the intended transformation because of the lack of baseline measurement in many of the areas expected to change.

A new report released by the Petris Center on Health Care Markets and Consumer Welfare at the University of California, Berkeley, attempts to address these concerns by providing data on the structure, organization, and financing of county mental health departments in the 2004 fiscal year, just

before voters passed MHSA. According to the report, departments spent most of their budgets on outpatient services, with low overhead and low spending on hospitalization.

Forty-four counties representing 98% of California's population responded to the Petris Center survey. In 2004 counties spent an average of \$5,011 per client per year on services, and services represented an average of 90 percent of budgets. An average of 2% of budgets was spent on state hospital beds, and 4% on institution for mental disease (IMD) beds. One-third of the budgets was spent on child and family services. Nearly 40% of mental health department employees were bilingual. Most counties had experience with at least one program to provide innovative models of care.

The survey also looked at the amount of consumer involvement in county mental health departments before passage of MHSA. Sixteen percent of counties included a consumer as part of the management team, and one-third had a program for hiring consumers as county employees. The average spending on peer and family services was \$34 per client for adults and \$54 per client for children and families.

The survey is part of a three-year study by the Petris Center, funded by the California HealthCare Foundation, to evaluate MHSA's impact. The 79-page report, *California on the Eve of Mental Health Reform*, is available on the Petris Center Web site at www.petris.org.

NEWS BRIEFS

New APA practice guideline on dementia treatment: The American Psychiatric Association has released its *Practice Guideline for the Treatment of Patients With Alzheimer's Disease and Other Dementias*. Part A of the guideline, "Treatment Recommendations," is being published as a supplement to the December issue of the *American Journal of Psychiatry* (AJP). The 59-page Part A, which includes 389 reference citations, addresses for-

mulation and implementation of a stage-specific treatment plan, including diagnostic evaluation and referral, assessment and monitoring, enhancement of the safety of the patient and others, education and support for patients and families, and psychosocial and pharmacological treatments. It discusses specific issues that influence the plan, including demographic and social factors, co-occurring conditions, and features of the treatment site, such as the patient's home or a long-term facility. Part B, "Background Information and Review of Available Evidence," and Part C, "Future Research Directions," are not included in the AJP supplement but are provided with Part A in the complete guideline, which is available online through the American Psychiatric Association (www.psych.org) and in print format in compendiums of APA practice guidelines published by American Psychiatric Publishing, Inc. (www.appi.org).

AMA honors Paul Appelbaum: Paul S. Appelbaum, M.D., has received the American Medical Association (AMA) 2007 Isaac Hays, M.D., and John Bell, M.D., Award for Leadership in Medical Ethics and Professionalism. The award, which was presented at the interim meeting of the AMA House of Delegates in Honolulu, recognizes Dr. Appelbaum's many contributions to psychiatry, in particular to medical ethics. Among his accomplishments as a leader in ethics in psychiatry are creation of a mechanism for peer review of psychiatric expert testimony, development of ethical standards for psychiatric involvement in death penalty proceedings, and leadership in the formulation of the American Psychiatric Association's position on psychiatric participation in interrogations (an approach subsequently adopted by AMA). His work in forensic psychiatry concerns the practical application of medical ethics within the framework of the justice system. Dr. Appelbaum is Dollard Professor and director of the Division of Psychiatry, Law and Ethics for the Department of Psychiatry, Columbia University College of Physicians and Surgeons; he is also a faculty associate at the Columbia University

Center for Bioethics. He was previously A. F. Zeleznik Distinguished Professor and chairman of the Department of Psychiatry and director of the Law and Psychiatry Program at the University of Massachusetts Medical School.

New award named for Wayne Fenton: In September 2006 Wayne Fenton, M.D., associate director of the National Institute of Mental Health and a member of the *Psychiatric Services* editorial board, was killed by a severely mentally ill patient whom he was treating in his private office. *Schizophrenia Bulletin* has established the Wayne Fenton Award for Exceptional Clinical Care. The annual award will honor an individual who embodies Dr. Fenton's devotion to patient care and to innovative approaches and his exceptional effort. The September 2007 issue of *Schizophrenia Bulletin* includes commentaries by several of Dr. Fenton's colleagues that describe the impact of his work in many spheres, including public health, industry, academic neuroscience, and recovery from mental illness. An anonymous first-person account by one of his patients conveys the depth of understanding and warmth that Dr. Fenton brought to the treatment relationship. The September issue also announces the first winner of the Fenton Award—the late Gerard Hogarty, M.S.W., a pioneer in psychosocial treatments for schizophrenia, who also died in 2006—and includes an article describing Mr. Hogarty's contributions and the evolution of his work. The September issue and information about applying for the Fenton Award are available on the *Schizophrenia Bulletin* Web site at schizophreniabulletin.oxfordjournals.org.

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