

## Children's Mental Health: A Discussion and Elaboration on Knitzer and Cooper's Article

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### Introduction

Jane Knitzer has been an incredibly important and influential leader in the children's mental health field for many years, and her recent article on challenges for children's mental health, co-authored by Janice Cooper and published in *Health Affairs* (Iglehart, 2006), merits special attention both for what it says and for the issues it raises. This special issue of *Data Trends* is therefore a combination of a summary of the Knitzer and Cooper article, a commentary on it, and an enhanced discussion of some key issues raised in this article.

Knitzer and Cooper (2006) begin by reviewing the current status of children's mental health, with a particular focus, early in the article, on systems of care. They begin by indicating that systems of care, as they were proposed in the 1980s, "were seen as a major vehicle to integrate fragmented services and to pool disparate funding streams" (p. 670). Although this is true, it needs to be pointed out that by itself this is an incomplete picture of systems of care.

Perhaps the greatest contribution of systems of care may be the development of a set of values and principles to serve as a foundation for systems and services, with a strong emphasis on individualized and family-driven care, designed to meet the needs of children and their families rather than to meet the convenience of funders, systems, and providers, their strong focus on the need for culturally competent and family-driven systems and services, and for a balance between the focus on deficits and a focus on strengths. These are all dramatic shifts from the status of the field in the early 1980s. This is not to diminish the fact that implementation of effective systems of care has been and continues to be a challenge, and that there is a continuous need to determine how to do this difficult work better (Power & Friedman, 2004; Friedman 2002). It is intended, however, to emphasize that although system and service integration is an important component of systems of care, there are other important components as well.

### Outcomes

Knitzer and Cooper go on to review briefly some of the findings from the national evaluation of the Comprehensive Community Mental Health Services for Children and Families Program of the Center for Mental Health Services. They appropriately identify that there have been some successes and that significant implementation challenges remain. There is a concern, however, that they misinterpret the implications of the results of a study by Stephens, Holden, and Hernandez (2004). In this study, a positive relationship was found between adherence to system of care values and principles at the practice level, and positive outcomes for children and families. This is consistent with the recent findings by Kendall and Kessler (2002) from a site in North Carolina, and supports the theory of systems of care that this type of practice is related to positive outcomes. It is the case, however, that Stephens and colleagues found no differences between system of care sites and comparison sites in overall outcomes for the sample in this study. This is also consistent with system of care theory—if, as was the case, there was fairly widespread adherence to system of care values and principles in the comparison sites, there would be no reason to expect differences in child and family outcomes.

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The review of the status of children's mental health by Knitzer and Cooper, and overall progress in the field, is inhibited by the absence of good national data on systems, services, and outcomes for children with mental health challenges and their families. There is a great need for better data to help inform continuous quality improvement and policy development activities (Bruns, Rast, Walker, Bosworth & Peterson, in press). Nonetheless, it is disappointing that in summarizing the data on outcomes, Knitzer and Cooper offer only one paragraph which, except for one sentence on children in the child welfare system, is totally restricted to information on children with educational outcomes. Although there is no existing national data base, there is certainly encouraging data not only from the system of care grant program but also from state-wide efforts in places like Hawaii (Daleiden, Chorpita, Donkervoet, Arensdorf & Brogan, 2006), and Michigan (Hodges, Wotring, & Penell, 2006), and data from communities such as Milwaukee, Central Nebraska, and Indianapolis (Anderson, Kooreman, Mohr, Wright & Russell, 2002; Center for Mental Health Services, 2004; Kamradt, Gilbertson, & Lynn, 2005; Rotto & McKelvey, 2002).

### Future Challenges at the Practice Level

After summarizing the current status of the field, Knitzer and Cooper offer five challenges for the future. These challenges are to:

1. Expand evidence-based practices;
2. Address prevention and early intervention;
3. Embed family perspectives into infrastructure;
4. Strengthen accountability mechanisms;
5. Align fiscal practices with best treatment practices.

The first challenge, to expand evidence-based practices, is an important one. It would certainly be a major advance for the field if there existed a wide array of evidence-based practices, particularly for children with serious mental health challenges and their families, and if these practices were routinely available for families to choose. However, as Knitzer and Cooper point out, "there is still much to be learned about existing evidence-based practices, including their effectiveness among youth who are nonwhite; who are from rural, frontier, or poor communities; or who have been diagnosed with multiple mental disorders or with comorbid substance abuse" (p. 672). Similarly, in a review on evidence-based prevention and treatment, Weisz, Sandler, Durlak, and Anton (2005), indicate that while there has been much progress made there are also important gaps in the evidence base. These include limited information about effective interventions for comorbid and co-occurring conditions, an inadequate understanding of the role of race, ethnicity, and culture, and a relative absence of effectiveness research under real world conditions rather than efficacy research under more controlled conditions.

Similarly, the Institute of Medicine, in its recent report on mental health and substance abuse, indicates that not only are there gaps in knowledge of efficacious therapies, but that "there has been more research on the *efficacy* of specific treatments than on the *effectiveness* of these treatments when delivered in usual settings of care; in the presence of comorbid conditions, social stressors and varying degrees of social support; and when administered by service providers without specialized education in their use" (Institute of Medicine, 2005, p. 143). In an article by members of the Subcommittee on Children and Families of the President's New Freedom Commission on Mental Health (Huang, Stroul, Friedman, Mrazek, Friesen, et al., 2005), it is recommended that in addition to promoting high fidelity implementation of those practices that have been carefully studied and shown to be effective, it is also essential to promote innovative efforts to develop new interventions and to identify promising

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practices that are emerging in communities around the country for careful study, particularly given the absence of evidence-based programs for those populations that are the most challenging for our mental health systems.

Huang et al. (2005) also recommend, consistent with the President's New Freedom Commission on Mental Health (2003), that "each child with a serious emotional disorder has an individualized, single plan of care that addresses the child and the family's needs across life domains and incorporates services and support from all needed agencies and systems" (p. 621). Again consistent with the President's New Freedom Commission, Huang et al. (2005) emphasize that the family should have a key role in the development, implementation, and monitoring of this plan.

It is noteworthy in this regard, that despite the widespread adoption of individualized care, often under the label of "wraparound," there is no mention of it in the Knitzer and Cooper article (nor for that matter in the article by Weisz et al. (2005)). This is an important omission that is consistent with a tendency in the children's mental health field to fail to integrate systems of care, individualized care, and more traditional evidence-based practices (Friedman & Drews, 2005). It is particularly significant since just a few months ago, in the Katie A. class action lawsuit in California, it was concluded that the only approaches that have been demonstrated to be effective with children in foster care who have emotional and behavioral challenges is wraparound and therapeutic foster care (Katie A. et al. v Diana Bonta et al., 2006). Similarly, in another significant class action lawsuit on the other coast, in early 2006 in Massachusetts in the Rosie D. decree it was ruled that many children covered by Medicaid were being denied access to effective home and community-based services that they can and should be provided with under Medicaid, and that have the potential to reduce their need for restrictive residential placements, and improve their functioning (Rosie D. et al. v Mitt Romney et al., 2006).

In a recent review of the literature, Farmer, Dorsey, and Mustillo (2004), after reviewing randomized clinical trials, quasi-experimental studies, and studies using pre-post designs, conclude that, "Results from this set of studies have shown mostly positive effects of wraparound. Results from the most scientifically rigorous studies (randomized trials and quasi-experimental designs) have shown improvements, relative to the comparison group, in living environment, permanency, and level of restrictiveness, school attendance and adjustment, behavioral adjustment, family functioning, and delinquency" (p. 868). The only study that Farmer, Dorsey, and Mustillo (2004) highlight as not showing positive gains is a study by Bickman, Smith, Lambert and Andrade (2003) of a multi-site Department of Defense demonstration project, but it is very questionable whether this was really a study of high-fidelity wraparound. In fact Bickman and his co-authors themselves point out that, "we did not determine whether services were delivered in a culturally-competent manner, that the plan was team-driven, that agencies had an unconditional commitment to serve the children, or that families were full and active partners" (p. 153).

In addition, since the publication of the review by Farmer, Dorsey, and Mustillo (2004), a study in Nevada compared 33 children with serious emotional disturbances who were in the child welfare system and received services through a wraparound process with 32 matched children who received traditional services (Peterson, Rast & Bruns, 2006). Careful attention was paid to the training and ongoing coaching of the wraparound facilitators and data were collected on the fidelity of the intervention to the wraparound model. Data on such varied measures as use of residential placement, scores on the CAFAS, and improvements in school performance were all in favor of the group that received the wraparound intervention.

Clearly there is a need for a continual emphasis on strengthening the capacity of the children's mental health field to offer effective interventions for all children with mental health challenges and particularly those with the

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most serious challenges. However, the challenge is to determine how to best integrate family-driven and value-based systems of care, individualized care, and more traditional evidence-based programs within a data-based culture rather than to exclude any part of this combination (Friedman & Drews, 2004).

It should also be noted that Hawaii has been identified as a leading state in children's mental health, and deservedly so because of the findings from the data that they have collected. While Hawaii has done pioneering work on evidence-based practices (Chorpita & Taylor, 2001), they have done pioneering work in other areas as well, and have developed an approach that builds on system of care values and principles, emphasizes family choice and individualized treatment plans developed through a treatment team process, performance measurement and continuous quality improvement, strong family participation, and cultural competence (Daleiden et al., 2006; Donkervoet, Daleiden & Bowman, 2005). By their own report, it would appear to be the integration of each of these factors, rather than the reliance on any single factor, that has contributed to their success (Daleiden et al., 2006; Donkervoet et al., 2005).

### **Other Challenges**

The remaining challenges for the children's mental health field offered by Knitzer and Cooper merit strong support. The first of these challenges is the need to better address prevention and early intervention. It can be argued that no matter how much progress is made in serving children with serious mental health challenges and their families, unless progress is made in reducing the incidence of mental health disorders through prevention of problems and promotion of health and well-being, the long-term picture will be bleak. This is likely to be the case not only for mental health challenges but for related problems in many other spheres of functioning as well. Kendall and Kessler (2002) point out, for example, that child and adolescent mental disorders "are much more powerful predictors of a wide array of later adverse outcomes than virtually any other potential target" (p. 1304). Further, the findings from the replication of the National Comorbidity Study, a national study on prevalence and age of onset of DSM-IV disorders in adults, shows that onset for disorders of adulthood is typically in childhood or adolescence (Kessler, Berglund, Demler, Jin, Merikangas, et al., 2005). The authors of this very important study of adult disorders end up concluding that, "Given the enormous personal and societal burdens of mental disorders, these observations should lead us to direct a greater part of our thinking about public health interventions to the child and adolescent years" (p. 601).

Knitzer and Cooper also advocate for embedding family perspectives into infrastructure, a recommendation that is highly consistent with the conclusions of the President's New Freedom Commission on Mental Health (2003). This group indicates that one of the main principles for transforming the mental health service delivery system is that services and treatments must be consumer and family-centered, and offer meaningful choices not only about services but also about providers. The emphasis on family choice and on creating a more equal balance of power and partnership between families and professionals, although it still has a long way to go, is being seen increasingly across the country, and is one of the most important and exciting developments in the field.

The remaining two challenges offered by Knitzer and Cooper are to strengthen accountability mechanisms and to better align fiscal and treatment practices. These are both well-taken. The discussion on accountability mechanisms by Knitzer and Cooper focuses much-needed attention on information technology. It is also important to emphasize the need to create data-based cultures that engage in continuous efforts at quality improvement. As the new field of complexity theory would emphasize, the development of effective systems and organizations calls for the development of iterative processes in which progress is constantly being reviewed, and need for and opportunities for innovation are regularly considered (Agar, 2004; Plsek, 2001). The establishment of

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data-based cultures and cultures that promote a continual progression toward higher and higher levels of performance is critical.

Also, Knitzer and Cooper emphasize that “current fiscal practices severely hamper programmatic efforts to move systems forward” (p. 675). A national survey of different stakeholders involved in the federal system of care grant program similarly emphasize the importance of making changes in existing fiscal policy if gains from the grant program are to be sustained over time (Transformation Work Group, 2005) and a recent monograph offers a framework for analyzing fiscal policy in children’s mental health (Armstrong et al., 2006).

Knitzer and Cooper conclude by pointing out that “this is an important time for children’s mental health care” (p. 676). Their contribution to identifying challenges for the future in this important article is very much appreciated, and they have in fact identified key areas in need of attention. It is important, however, that such efforts continue to build on the values and principles of systems of care, and the recent progress in individualized care and wraparound. At the same time, however, it must be recognized that there is much room for improvement in implementing effective data-based and value-based systems that offer individualized, family-driven, culturally competent, and effective care, in developing as well as implementing effective practices, and in promoting population-based interventions that promote health and well-being and prevent problems.

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