Are the Children Well?

A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People

In identifying and treating mental illness for America's children and adolescents, the many shortcomings of our current system are abundantly clear. More tragic still is our failure to prevent, where we can, such illness in the first place, particularly when we know a great deal about how to promote wellness for all young people.

Too much of our response to mental illness rests on a model that is unsupported by current science. Despite bursts of public attention and the introduction of new evidence-based treatments, in aggregate our responses to mental illness aren't working: Rates of mental health disorders have shown little if any decline over recent decades. Meanwhile, the costs associated with mental illness—costs that are borne not only by affected individuals and their families, but also by multiple systems of health care, education, other social services, and society at-large—are staggering (in excess of $300 billion annually).

We propose a model that reflects the scientific evidence, focuses on prevention and promotion, and promises to be much less costly in the long run to the medical care system, to communities, and to individuals. This model has several features:

First, it does away with the clear distinctions between mental and physical well-being. Not only has this distinction long saddled "mental" illness with undeserved shame, fear, and other elements of stigma, but there is ample scientific evidence that such a separation is, at best, a convenient fiction. "Mind" and "body" are inseparable, with most symptoms of illness or wellness clearly evident in physiological markers, as well as in subjective appraisals of well-being.

Second, well-being—or what earlier might have been termed "optimal mental health"—is multidimensional. Illness, and its counterpart, absence of symptoms, exist on a continuum. A young person can be more or less well, even with a diagnosis such as depression or anxiety. However, not everyone without a diagnosed condition has a high degree of well-being, and many who are ill can be flourishing in important respects. A flourishing/struggling continuum is distinct from the ill/not ill dimension. We posit that it is well-being, or what we here call wellness, that is the natural goal of human beings. To re-state this simply: wellness is more than the absence of illness.

Third, the model we offer considers wellness as a resource for adaptation throughout life. At any given time, children and youth have access to more or less wellness, depending on the quality of their interactions with others and within the environments where they live, grow, play, and learn. Some experiences enhance or replenish wellness, while others deplete it.

Childhood is the period of life when wellness promotion can be most effective. This conclusion is supported not only by a developmental perspective, where early experience shapes subsequent interactions, but also from the epidemiology of mental health disorders. Most of these have their onset in the years prior to young adulthood. New scientific findings regarding the impact of toxic stress, particularly in the early years of brain development, identify this period as a critical window of opportunity to protect young children from experiences that can set them up for lifelong difficulties.

Child Trends

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In general, the experiences that promote mental wellness for children and youth are **relationships with caring adults** and **positive routines and practices**. Such experiences provide the optimal "nutrients" of wellness, helping children develop the abilities to relate positively with others, manage their emotions, and marshal internal resources to meet everyday challenges. Adults whose interactions with children are characterized by warmth, responsiveness, and confidence in setting reasonable expectations are most likely to promote wellness. Family routines, such as those around meal times, sleep schedules, media use, and expression of emotion, also help structure for the child expectations and predictability, thus contributing to wellness.

To ensure that more children have the conditions for optimal mental health and wellness requires, first, supporting their parents, with whom the child's initial templates of relationships and routines are created. **Many parents face serious challenges to their own mental wellness** and they can benefit from the support of employers, educators, health and child care providers, home visitors, and other community members who recognize and address family needs within a two-generation framework.

Once children are of school age, they can be supported in adopting and practicing wellness-promoting routines around physical exercise, nutrition, sleep, and "screen time," as well as positive interpersonal relationships and self-regulation. **Schools play a major role** in the lives of children and youth, and there are many examples of programs, both school-wide and for selected students at risk for emotional or behavioral difficulties, that have been found to have positive results in promoting mental wellness.

Community-wide, proactive strategies are also required to promote and maintain mental wellness. **Combating the stigma remaining around the identification and treatment of mental health disorders is one critical community task.** Training multiple community members to be sensitive to early warning signs of distress among young people is another. Again, there is good evidence to show that these strategies work.

By focusing attention on **wellness promotion** for the greatest number of children early in and throughout childhood, policy makers have the opportunity to create substantial returns on investment. A tiered approach, offering universal, targeted, and treatment services could help "level the playing field," so that children who may begin life with one or more disadvantages have equal opportunity to have the relationships and experiences that promote wellness, and to become productive members of society.

Additional specific policy recommendations include the following:

- Institute **universal screening** for social-emotional problems and exposure to trauma as part of core pediatric services; such screening should include parental depression.
- **Reduce exposure of pregnant women and young people to environmental toxins** associated with mental health disorders.
- Encourage more employers to **guarantee paid leave** for all parents with a newborn.
- Enlist home visitors and WIC clinics in expanded efforts to **identify and engage new mothers with depression.**
- **Increase the number and improve the skills of practitioners who work to promote child and youth mental wellness.**
- **Remove remaining barriers to receipt of evidence-based mental health treatment.**