Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care

ABSTRACT

This parameter presents overarching principles and practices for child and adolescent mental health care in community systems of care. Community systems of care are defined broadly as comprising the wide array of child-serving agencies, programs, and practitioners (both public and private), in addition to natural community supports such as religious and consumer organizations. Recommended principles and practices are derived from the system-of-care approach to service delivery. Based on the principles of the Child and Adolescent Service System Program, this approach has had a major influence on community systems of care through extensive federally funded projects and initiatives. The system-of-care model emphasizes that care should be tailored to the individual needs and strengths of the child and family and provided in the most community-based and least restrictive setting that meets their needs. Families are included as partners in the clinical process and are also involved in program development and evaluation. Services are coordinated and integrated into a comprehensive care plan. This model can be practiced even in the absence of formal systems of care or protocols, with the individual clinician promoting interagency coordination and child and family collaboration. This parameter is written for a broad audience of mental health professionals, with special emphasis on the roles of child and adolescent psychiatrists in community systems of care. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(2):284–299. **Key Words:** community mental health, community-based systems of care, Child and Adolescent Service System Program, practice parameter, practice guideline.

All children function within multiple systems, usually including their families, schools, communities, and primary health care. Children experiencing emotional and behavioral problems require services from additional systems such as mental health, special education, developmental disabilities, child welfare, and juvenile justice. Care is optimal when systems are organized to coordinate and integrate these services. Coordination of services is essential for all children involved with more than one system, but it is even more important for the most disturbed children and adolescents with multiple agency involvement, whose care has historically been uncoordinated and fragmented. This parameter defines community systems of care broadly as comprising the panoply of child-serving agencies and programs (e.g., primary health care, education, child welfare, mental

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This parameter was developed by Nancy C. Winters, M.D., and Andres Pumariega, M.D., principal authors, and the Work Group on Community-Based Systems of Care; the Committee on Community Child and Adolescent Psychiatry; and the Work Group on Quality Issues: William Bernet, M.D., and Oscar Bukstein, M.D., Co-Chairs, Valerie Arnold, M.D., Joseph Beitchman, M.D., R. Scott Benson, M.D., Joan Kinlan, M.D., Jon McClellan, M.D., David Rue, M.D., Jon Shaw, M.D., Uli Schoettle, M.D., Saundra Stock, M.D., and Heather Walters, M.D. AACAP staff: Kristin Kroeger Ptakowski.

A group of invited experts also reviewed the parameter: the Work Group on Community Systems of Care, the Committee on Community Psychiatry, Graeme Hanson, M.D., and Thomas Vaughn, M.D.

This parameter was reviewed at the member forum in October 2004 at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

During June to July 2005, a consensus group reviewed and finalized the content of this practice parameter. The consensus group consisted of representatives of relevant AACAP components as well as independent experts: Oscar Bukstein, M.D., Work Group Co-Chair; Nancy Winters, M.D., and Andres Pumariega, M.D., authors; Joan Kinlan, M.D., and Heather Walter, M.D., members of the Work Group on Quality Issues; Martin Drell, M.D., David Fassler, M.D., James C. MacIntyre II, M.D., and Charles Zeanah, Jr., M.D., Council Representatives; Mark Carroll, M.D., Jenna Saul, M.D., and Kirk Wolfe, M.D., Assembly of Regional Organizations Representatives; Graeme Hanson, M.D., and Thomas Vaughn, M.D., independent expert reviewers; and Kristin Kroeger Ptakowski, Director of Government Affairs and Clinical Practice. Members of the consensus group were asked to identify any conflicts of interest they may have with respect to their role in reviewing and finalizing the content of this practice parameter.

This practice parameter was approved by AACAP Council on June 17, 2006.

This practice parameter is available on the Internet (www.aacap.org).

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health, developmental disabilities, juvenile justice, and substance abuse), in addition to natural community supports such as religious and consumer organizations. The parameter also discusses a specific service delivery model, generally referred to as the system-of-care model, based on the principles of the Child and Adolescent Service System Program (CASSP; Stroul and Friedman, 1986). This model was developed to coordinate and integrate care for children with complex mental health needs and to provide the child and his or her family individualized, culturally competent services in the community whenever clinically appropriate. The system-of-care model has had a major influence on community systems of care for children and adolescents through extensive federal funding of system-of-care demonstration projects across the nation.

This practice parameter presents an overarching set of principles and practices that are based conceptually on the system-of-care model and are broadly applicable to community-based practice. The parameter is not intended to duplicate other practice parameters on assessment and treatment and will therefore emphasize aspects of clinical practice that are particularly important in community systems of care. It is also not intended to duplicate parameters on specific areas of community-based practice, such as treatment of specific populations of children in the community (e.g., children in foster care) or mental health services in specific settings (e.g., school-based consultation, mental health in juvenile justice settings). Instead, it focuses on practices that are recommended across all populations and settings encompassed in community systems of care.

This parameter addresses community mental health care in systems of care at three levels: (1) mental health care delivered in community settings such as community mental health agencies, school-based mental health programs or other educational settings (e.g., Head Start programs), juvenile justice facilities, child welfare settings (e.g., therapeutic foster homes), or primary health settings; (2) independently practicing child and adolescent psychiatrists and other mental health clinicians who apply system-of-care principles or methodology; and (3) mental health care delivered in a formal "system of care" containing structural elements that support integration and coordination of services, flexible funding, and wraparound planning processes. These formal systems of care facilitate individualized services such as intensive home- or community-based interventions. Community-based practice may also include administrative consultation to local and state health and social services organizations.

This practice parameter was written on behalf of the American Academy of Child and Adolescent Psychiatry (AACAP) to provide clinical guidelines for child and adolescent psychiatrists working in community systems of care, but it has broad applicability to other mental health professionals. Thus, the term *clinician* is used to refer to any licensed mental health professional working in a system of care, and *child and adolescent psychiatrist* is used for discussion of issues specific to child and adolescent psychiatry.

METHODOLOGY

The list of references for this parameter was developed by searching *OVIDMedline*, *PubMed*, and *PSYCINFO*; by reviewing the bibliographies of book chapters, review articles, and relevant monographs; and by asking colleagues for suggested source materials. The searches conducted in May 2003 and June 2004 used the following text words: "systems of care," "community-based systems of care," "community mental health," and "child or adolescent." The search covered the period 1990 to 2004 and yielded about 150 references. Each of these references was reviewed and only the most relevant were included in this document. Important historical publications before 1990 were also included.

BRIEF HISTORY

Community child mental health has a long tradition dating back to the child guidance movement of the early 1900s. Despite a resurgence of interest in community mental health beginning with the Community Mental Health Centers Act of 1964, community-based services for children failed to materialize (Lourie, 2003). In 1969, the Joint Commission on Children's Mental Health (1969) found that too many children were receiving grossly inadequate and inappropriate mental health services. A study published by the Children's Defense Fund, Unclaimed Children (Knitzer, 1982), further documented that children with serious mental and emotional disorders were receiving care that was fragmented, uncoordinated, and largely ineffective, often in institutions far from their homes. These findings led to the establishment in 1984 of CASSP

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