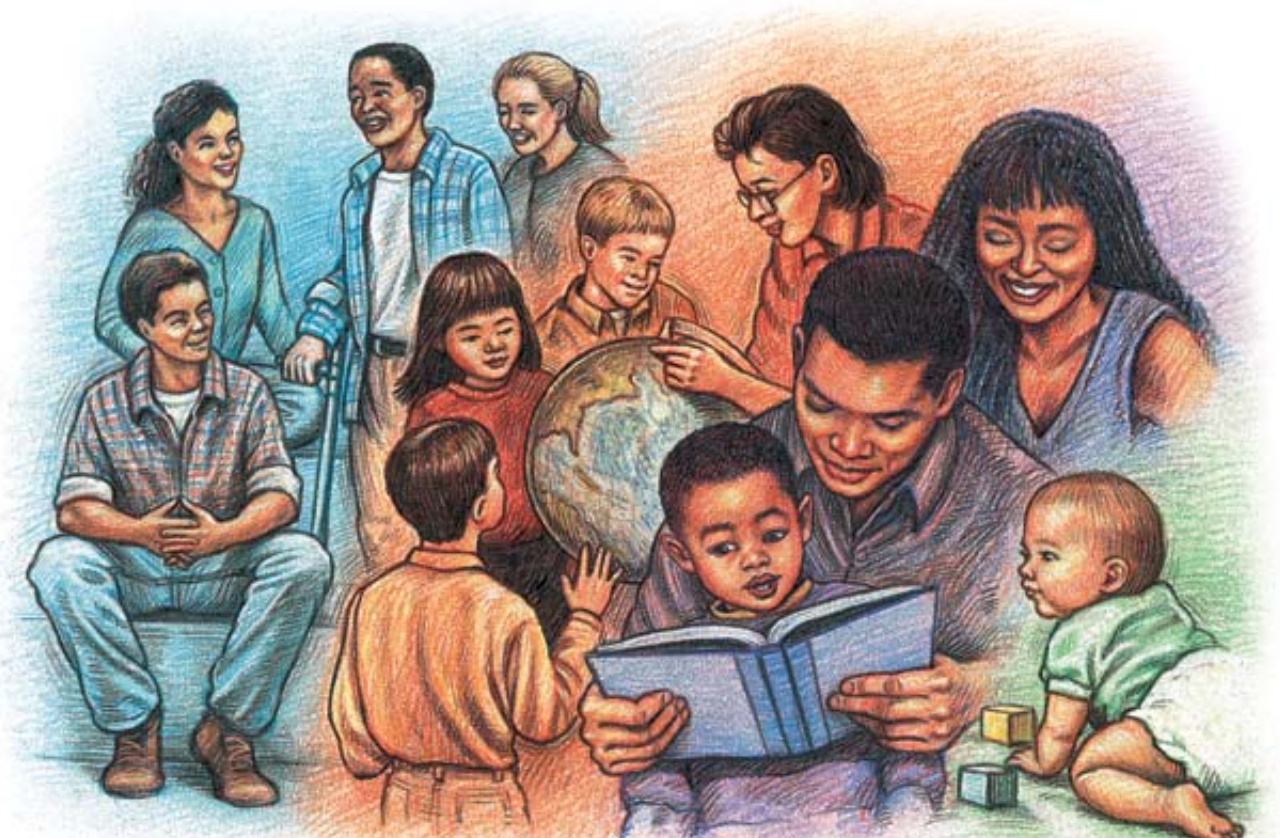
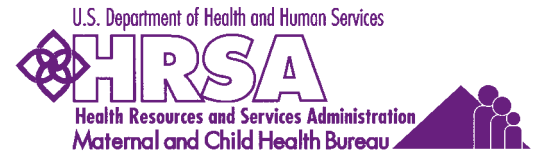




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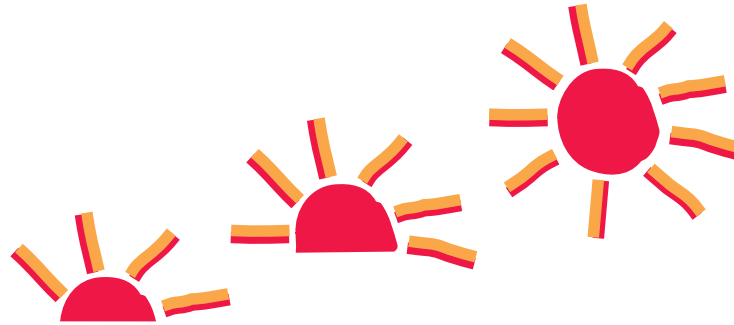


SELF • FAMILY • FRIENDS • COMMUNITY

MENTAL HEALTH

VOLUME I

PRACTICE GUIDE



Bright Futures in Practice: Mental Health

Volume I. Practice Guide

Editors

Michael Jellinek, M.D.
Bina P. Patel, M.D.
Mary C. Froehle, Ph.D.

Contributing Editor

Trina Menden Anglin, M.D., Ph.D.

Chapter Chairs and Consulting Editors

Martin Fisher, M.D.	Eve Spratt, M.D.
Barbara J. Howard, M.D.	Ann Stadtler, M.S.N.
Kelly Kelleher, M.D., M.P.H.	Mark Wolraich, M.D.
Robert Needleman, M.D.	

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Georgetown University
2000 15th Street, North, Suite 701
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(703) 524-7802 • (703) 524-9335 fax
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NCEMCH Web site: www.ncemch.org
Bright Futures Web site: www.brightfutures.org

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Table of Contents

	Annotated Table of Contents	vi	
	Foreword	xvi	
	Introduction.....	xix	
	How This Guide Is Organized.....	xx	
	Mental Health in Primary Care Practice.....	xxii	
	Acknowledgments.....	xxv	
	Contributors.....	xxvii	
	What Is Bright Futures?	xxviii	
	Bright Futures Children’s Health Charter.....	xxx	
Making Mental Health Supervision Accessible	1	Making Mental Health Supervision Accessible.....	3
Mental Health Developmental Chapters	13	Infancy	15
		Early Childhood.....	49
		Middle Childhood.....	87
		Adolescence.....	123
Bridges	185	Bridges: From Identification to Management of Common Psychosocial	187
		Problems and Mental Disorders in Primary Care Practice	
		Anxiety Disorders.....	191
		Attention Deficit Hyperactivity Disorder	203
		Child Maltreatment	213
		<i>Special Topic: Factitious Illness by Proxy (Munchausen Syndrome by Proxy)</i>	221
		Domestic Violence	227
		Eating Disorders	233
		<i>Special Topic: Obesity</i>	244
		Learning Problems and Disorders.....	251
		Mental Retardation	261
		Mood Disorders: Depressive and Bipolar Disorders.....	271
		<i>Special Topic: Childhood Grief/Bereavement</i>	283
		Oppositional and Aggressive Behaviors.....	291
		Parental Depression	303
		<i>Special Topic: Postpartum Mood Disorders</i>	308
		Pervasive Developmental Disorders.....	317
		Substance Use Problems and Disorders	331
Appendix	339	Appendix: Diagnostic Criteria	341
Index	373	Index	375

Annotated Table of Contents

Foreword	xvi
Introduction	xix
How This Guide Is Organized	xx
Mental Health in Primary Care Practice	xxii
Acknowledgments	xxv
Contributors	xxvii
What Is Bright Futures?.....	xxviii
Bright Futures Children’s Health Charter	xxx
 MAKING MENTAL HEALTH SUPERVISION ACCESSIBLE	 1
Making Mental Health Supervision Accessible.....	3
Managing Time and Reimbursement Issues	3
Continuity of Care.....	4
Training	4
<i>Area of Interest: The Use of Clinical Screening Tools for Case Identification.....</i>	<i>5</i>
Cultural Competence.....	6
Attitudes About Mental Health	7
Coordination and Referral.....	7
<i>Type of Referrals and Services Available</i>	<i>9</i>
<i>Referral for Mental Health Care</i>	<i>10</i>
Tool for Health Professionals: Pediatric Intake Form	
Tool for Health Professionals: Documentation for Reimbursement	
Tool for Health Professionals: Selected General Medicine and Behavioral Current Procedural Terminology (CPT) Codes	
Tool for Health Professionals: Selected Organizational Resources	
Tool for Health Professionals: Postcard Satisfaction Survey	
Tool for Health Professionals: Referral for Services	
Tool for Health Professionals: Pediatric Symptom Checklist	
Tool for Health Professionals: Cultural Competence Assessment—Primary Care	
Tool for Health Professionals: School Consultation	
 DEVELOPMENTAL CHAPTERS	 13
Infancy	15
Introduction.....	17
Self.....	18
Self: Temperament	18
The Emerging Self: Individual Differences We Call Temperament	18

The Uniqueness of the Infant.....	19
<i>Area of Concern: Infants with Special Health Care Needs</i>	20
Temperament: “Goodness of Fit” Between Parents and Child	20
Sibling Differences	20
Tool for Health Professionals: Age Specific Observations of the Parent-Child Interaction	
Tool for Families: Handling Anger and Countering Abuse in the Community	
Self: Regulation	21
Feeding	21
<i>Area of Concern: Feeding Difficulties</i>	23
Sleep/Wake Behavior	23
<i>Area of Concern: Sleep</i>	25
Regulating Emotions.....	25
Responding to Infant Distress: 0–9 Months.....	26
Responding to Infant Distress: 9–12 Months.....	27
Tool for Families: How to Soothe a Crying baby	
Tool for Families: Fostering Comfortable Sleep Patterns In Infancy	
Family	28
Family: Attachment	29
Fostering Attachment Between Parents and the Infant	29
Promoting Attachment.....	30
Attachment Is a Dynamic Process	31
<i>Area of Concern: Insecure Attachment</i>	32
Tool for Health Professionals: Age Specific Observations of the Parent-Child Interaction	
Family: Family Formation	33
Preparation	33
Collaboration Between Health Professionals and Families	33
Postpartum Period	34
Early Identification of Families at Risk.....	35
Tool for Health Professionals: Fostering Family Adjustment Prenatally	
Tool for Families: Helping Siblings Adjust to the New Baby	
Tool for Health Professionals: Edinburgh Postnatal Depression Scale	
Tool for Health Professionals: Pediatric Intake Form	
Community	36
Community: Stimulation	36
Stimulating Cognitive Development	36
Stimulation Through Communication	39
<i>Area of Concern: Lack of Stimulation</i>	40
Stimulation Through Play	40

Stimulation Through Mastery	41
Stimulating Environments	42
Child Care.....	43
Tool for Families: Stimulating Environments	
Tool for Families: Safe, Quality Child Care	
Office Practices to Promote Family Partnership	44
Community Practices to Promote Mental Health in Infancy	45
Infancy Checklist.....	48
Early Childhood	49
Introduction.....	51
Self.....	52
Self: Self-Control	52
Adjusting for Temperament	52
Fostering Healthy Sleep Patterns	53
<i>Area of Concern: Bedtime Struggles.....</i>	<i>54</i>
Eating Independently	54
<i>Areas of Concern: Difficult Behavior at Mealtime • Gorging, Begging for Food, Refusing Food</i>	<i>55</i>
Toilet Learning	55
<i>Area of Concern: Resisting Toilet Learning • Toileting Fears • Stool Refusal.....</i>	<i>56</i>
Encouraging Self-Care.....	57
<i>Area of Concern: Parents Who Limit Independence in Self-Care</i>	<i>57</i>
Managing Emotions	58
<i>Area of Concern: Excessive Temper Tantrums</i>	<i>58</i>
Development of a Moral Sense During Early Childhood.....	59
Tool for Families: Fears in Early Childhood	
Tool for Families: Sleep Diary	
Tool for Families: Principles of Limit Setting	
Tool for Families: Guidelines for Special Time	
Tool for Families: Charting Positive Behavior	
Self: Self-Esteem	60
Encouraging a Positive Parent-Child Relationship	60
<i>Area of Concern: Critical or Detached Parents</i>	<i>61</i>
Helping Children Feel Competent	61
Helping Parents Accept Their Child's Personal Style	62
Effects of Trauma on Self-Esteem and Development	63
Tool for Families: Guidelines for Special Time	
Tool for Families: Stimulating Environments	
Tool for Families: Safe, Quality Child Care	

Tool for Health Professionals: Pediatric Intake Form	
Tool for Health Professionals: What Can Your Child Do?	
Tool for Families: Communicating with Children	
Family	64
Family: Cooperation	64
Learning to Cooperate	64
<i>Area of Concern: Vulnerable Child Syndrome</i>	65
Family: Sibling Relationships.....	65
Building Healthy Sibling Relationships	66
Siblings and Socialization	66
Siblings Rivalry	67
Tool for Families: Charting Positive Behavior	
Tool for Families: Guidelines for Special Time	
Tool for Families: Communicating with Children	
Tool for Families: Principles of Limit Setting	
Tool for Families: Helping Siblings Get Along	
Tool for Families: Family Meetings	
Friends	69
Friends: Socialization	69
Learning Socialization Skills with Family.....	69
Learning Socialization Skills with Peers	70
<i>Area of Concern: Difficulty Forming Friendships</i>	71
Learning Self-Control of Aggressive Feelings	71
<i>Areas of Concern: Chronically Aggressive Children • Chronic Biting</i>	73
Tool for Families: Communicating with Children	
Tool for Families: Charting Positive Behavior	
Tool for Families: Time Out	
Tool for Health Professionals: How to Help Families Stop Spanking	
Community	74
Community: School Readiness	74
Parents' Role in School Readiness	74
School Readiness: Identifying Children At Risk for Problems in Succeeding in School.....	76
Tool for Families: Parent's Checklist for School Entry and After	
Tool for Families: Preparing Your Child for School	
Tool for Families: Preparation for School Entry: Communication Skills	
Tool for Families: Stimulating Environments	
Tool for Families: Safe, Quality Child Care	

Tool for Families: Learning Disabilities: Common Signs	
Tool for Health Professionals: Suggested Child Interview Using a Human Figure Drawing As a Conversation Piece	
Tool for Health Professionals: Risk Factors for Dyslexia	
Office Practices to Promote Family Partnership	79
Community Practices to Promote Mental Health in Early Childhood	81
Early Childhood Checklist	85
Middle Childhood	87
Introduction	89
Self	90
Self: Self-Esteem/Inner Life	90
Development of Self-Esteem	90
<i>Area of Concern: Verbal Abuse</i>	92
Developing Resilience.....	92
Impact of Relationships	93
Taking Reasonable Risks	93
<i>Area of Concern: Inhibited Children</i>	94
Coping Strategies	94
Body Image and Healthy Behaviors	95
<i>Area of Concern: Bed-Wetting (Enuresis)</i>	96
Tool for Families: Assessing and Reinforcing Your Child’s Self-Esteem	
Tool for Families: Six Rules for Making Responsible Decisions	
Tool for Families: Tips for Parenting the Anxious Child	
Tool for Families: Reading for Children, Grades 1-6	
Tool for Families and Health Professionals: About My Feelings	
Tool for Children and Families: How to Handle Anger	
Tool for Families: Talking to Your Teen About Sex and Sexuality	
Tool for Families: Bed-Wetting (Enuresis)	
Family	97
Family: What Matters at Home	97
The Value of Family Time Together	97
The Importance of Listening and Communication	98
Positive Family Problem Solving	99
Teaching Responsibility	100
Teaching Respect	100
Facing Family Challenges: Divorce	101
Tool for Families: Family Meetings	
Tool for Families: Six Rules for Making Responsible Decisions	

Tool for Families: Talking to Your Teen About Sex and Sexuality	
Tool for Families: Principles of Limit Setting	
Tool for Families: Problem-Solving Strategy	
Tool for Families: Top TV Tips: Building a Balanced TV Diet	
Tool for Families: Controlling the Video and Computer Game Playground	
Tool for Families: Safety Tips for Surfing the Internet	
Tool for Families: Parents' Role in Teaching Respect	
Tool for Families: Successful Adaptation to Separation or Divorce	
Friends	103
Friends: Friendships	103
Developing Quality Friendships	103
Playmates and Popularity	104
Nurturing of Friendships	105
Children's Choice of Friends	106
Handling Conflict with Peers	106
<i>Areas of Concern: Aggression • Bullying</i>	107
Preventing Isolation	107
Overcoming Environmental Barriers to Making Friends	108
Tool for Families: Reading for Children, Grades 1-6	
Tool for Families: Tips for Parenting the Anxious Child	
Tool for Families: How to Address Bullying	
Tool for Children and Families: How to Handle Anger	
Community	109
Community: School Functioning	109
Interest in Learning	109
Options for Entering Kindergarten.....	111
Reasonable Expectations for School Performance	112
<i>Area of Concern: Difficult Adjustment to School</i>	113
School Relationships.....	113
<i>Area of Concern: Child-Teacher Conflicts</i>	113
Functioning in Different Environments	114
Protecting Against High-Risk Behaviors	114
<i>Areas of Concern: Substance Use • Media Violence</i>	115
Tool for Children, Families, and Health Professionals: My School Sheet	
Tool for Health Professionals: Homework Problems	
Tool for Families: Homework Tips	
Tool for Families: Top TV Tips: Building a Balanced TV Diet	
Tool for Families: Controlling the Video and Computer Game Playground	
Tool for Families: Safety Tips for Surfing the Internet	

Tool for Families and Health Professionals: School Basic Information Form	
Tool for Families: Individualized Education Program (IEP) Meeting Checklist	
Tool for Families: Six Rules for Making Responsible Decisions	
Office Practices to Promote Family Partnership	116
Tool for Families: Twenty Free Ways to Love Your Child	
Community Practices to Promote Mental Health in Middle Childhood	117
Middle Childhood Checklist	121
Adolescence	123
Introduction	125
Self	127
Self: Self-Esteem	127
Reaching Goals Versus Falling Short	127
Enhancing Parent-Adolescent Relationships	128
Maintaining Self-Esteem Despite Disappointment	129
<i>Area of Concern: Academic Difficulties and Low Self-Esteem</i>	130
Tool for Health Professionals: Issues Checklist	
Self: Mood	130
Stability of Overall Mood	130
<i>Area of Concern: Mood Problems</i>	131
Depression in Adolescents	131
Suicidal Ideation and Behavior.....	133
Tool for Adolescents and Families: Symptoms of Depression in Adolescents	
Self: Body Image.....	134
Focus on Physical Appearance	134
Excessive Concerns about Body Shape, Size, and Weight	135
<i>Area of Concern: Eating Disorders</i>	135
Concerns About Being Too Tall, Short, Fat, or Thin	136
<i>Area of Concern: Adolescents with Chronic Illness</i>	136
Tool for Adolescents and Families: Symptoms of Depression in Adolescents	
Self: Sexuality	136
Sexual Development.....	137
<i>Area of Concern: Early and Late Maturers</i>	138
Sexual Behaviors and Risks.....	138
<i>Area of Concern: Pregnancy, Parenting, and Abortion</i>	140
<i>Area of Concern: Sexual Abuse and Sexual Assault</i>	142
<i>Area of Concern: STDs</i>	143
Sexual Identity	143

Tool for Health Professionals: Anticipatory Guidance on Sex and Sexuality for the Adolescent	
Tool for Families: Talking to your Teen About Sex and Sexuality	
Tool for Adolescents and Families: Where to Find Resources on Adolescent Sexuality	
Tool for Adolescents and Families: Teen Dating Violence	
Family	145
Family: Identity and Independence	145
Early Adolescents' Concerns.....	146
Family Support of Peer Relationships.....	146
<i>Area of Concern: The Loner</i>	147
Cognitive Growth.....	147
Developing Future Sources of Support	148
Tool for Adolescents and Families: Wit's End	
Family: Family Relationships	148
Authoritative Parenting	148
Increased Influence of Peers	149
Extended Family	150
Family and Peer Influence	150
<i>Area of Concern: Excessive Influence of Peers</i>	150
Family Conflict	151
Tool for Health Professionals: Issues Checklist	
Family: Roles, Rules, and Responsibilities	151
Curfews	152
Use of the Family Car	152
Household Chores	153
Allowances	154
Friends	155
Friends: Friends and Leisure Activities.....	155
Peer Relationships.....	155
Working	156
Guidance from Parents on Leisure Activities	157
Community Influences.....	158
Tool for Families: Top TV Tips: Building a Balanced TV Diet	
Tool for Families: Controlling the Video and Computer Game Playground	
Tool for Families: Safety Tips for Surfing the Internet	
Community	159
Community: School Functioning	160
Individual Factors	160
<i>Area of Concern: Absenteeism and Dropping Out</i>	162

Family Factors	162
Peer Influence	163
School Factors	163
Transition from High School to College or Work	164
Tool for Health Professionals: Homework Problems	
Tool for Families: Homework Tips	
Tool for Families: Individualized Education Program (IEP) Meeting Checklist	
Community: Injury Prevention	165
Risk-Taking Behaviors.....	165
Parental Role-Modeling and Supervision for Injury Prevention	166
Community: Violence Perpetration and Exposure	167
Risk Factors for Violent Behavior	167
Role of the Family and Community in Reducing the Risk of Violent Behavior.....	168
Firearms.....	169
Exposure to Violence	170
Tool for Adolescents and Families: Teen Dating Violence	
Tool for Adolescents and Families: CALM: Listening Skills for Diffusing Anger	
Tool for Adolescents and Families: Safe School Plan	
Community: Substance Use and Abuse.....	170
Adolescent Substance Use.....	170
Risk Factors for Adolescent Substance Abuse	172
Consequences of Substance Use.....	173
Parental Substance Use	173
Tool for Families: How to Help Your Child or Adolescent Resist Drugs	
Tool for Health Professionals: Stages of Substance Abuse and Suggested Interventions	
Tool for Health Professionals: Discussing Substance Use	
Office Practices to Promote Family Partnership	174
Community Practices to Promote Mental Health in Adolescence	175
Adolescence Checklist.....	183
BRIDGES.....	185
Bridges: From Identification to Management of Common Psychosocial Problems and Mental Disorders in Primary Care Practice	187
Anxiety Disorders	191
Attention Deficit Hyperactivity Disorder	203
Tool for Health Professionals: Vanderbilt ADHD Diagnostic Teacher Rating Scale	
Child Maltreatment.....	213
<i>Special Topic: Factitious Illness by Proxy (Munchausen Syndrome by Proxy)</i>	<i>221</i>

Tool for Families: Preventing Child Sexual Abuse	
Tool for Families: Handling Anger and Countering Abuse in the Community	
Domestic Violence	227
Eating Disorders	233
<i>Special Topic: Obesity</i>	244
Learning Problems and Disorders	251
Tool for Families: Learning Disabilities: Common Signs	
Tool for Families: Learning Disabilities: An Action Plan	
Mental Retardation	261
Mood Disorders: Depressive and Bipolar Disorders	271
<i>Special Topic: Childhood Grief/Bereavement</i>	283
Tool for Health Professionals: Center for Epidemiological Studies Depression Scale for Children (CES-DC)	
Tool for Families: Common Signs of Depression in Children and Adolescents	
Oppositional and Aggressive Behaviors	291
Parental Depression	303
<i>Special Topic: Postpartum Mood Disorders</i>	308
Tool for Health Professional: Edinburgh Postnatal Depression Scale	
Pervasive Developmental Disorders	317
Substance Use Problems and Disorders	331
Tool for Health Professionals: Stages of Substance Use and Suggested Interventions	
Tool for Health Professionals: Discussing Substance Use	
Tool for Families: How to Help Your Child or Adolescent Resist Drugs	
APPENDIX: Diagnostic Criteria	339
INDEX	373

Foreword

Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life.

— Bright Futures Children’s Health Charter

The Bright Futures Children’s Health Charter offers a vision for promoting the mental and emotional health and well-being of all children and adolescents as a critical element of child and adolescent health care. This recognition of the importance of mental health care is especially significant in today’s complex society, in which many of the concerns that families bring to primary care health professionals relate to developmental, psychosocial, or specific mental health issues. *Bright Futures in Practice: Mental Health* provides a vision, a framework, and a practical set of resources and tools to help address these concerns.

In establishing an initial framework for *Bright Futures in Practice: Mental Health* the authors considered the following three questions:

- What is mental *health* in children and adolescents?
- What are the healthy outcomes we would like to achieve?
- How can families, professionals, and communities work together to facilitate the positive growth and development of infants, children, and adolescents?

What Is Mental Health?

Mentally healthy children and adolescents develop the ability to experience a range of emotions (including joy, connectedness, sadness, and anger) in appropriate and constructive ways; possess positive self-esteem and a respect for others; and harbor a deep sense of security and trust in themselves and the world. Mentally healthy children and adolescents are able to function in developmentally appropriate ways in the contexts of self, family, peers, school, and community. Building on a foundation of personal interaction and support, mentally healthy children and adolescents develop the ability to initiate and maintain meaningful relationships (love) and learn to function productively in the world (work).

Understanding the mental health of children and adolescents begins with a basic knowledge of the relational and dynamic nature of their development. Loving, stable, and trusting relationships with family, friends, and others in the community are the foundation for mental health during the formative years.

Like the other practice guides in the *Bright Futures in Practice* series, the mental health guide is based on in-depth knowledge and understanding of four key developmental stages: infancy, early childhood, middle childhood, and adolescence. Development of the human person is not only relational but also dynamic; it is a process of continual change and growth. Each developmental stage presents new milestones for development and mental health. In infancy, for example, cognitive development focuses on object permanence, causality, and imitation. In adolescence,

cognitive development focuses on the application of abstract reasoning. Healthy development builds on the successful attainment of milestones in the previous developmental stages. Attachment in infancy, for example, provides a foundation for support and guidance as children, and then adolescents, become increasingly independent.

Child development and mental health norms vary not only with age, but also with temperament and culture. For example, a child who initially seems fearful and withdrawn may be shy yet emotionally healthy; time and support may be all that is needed to help the child “warm up” and begin to reach out in relationship to others. Similarly, a child who exhibits extreme deference toward adults may be reflecting cultural expectations rather than behavioral concerns. To ensure the best care, the primary care health professional must be attentive to all these variations, providing mental health supervision for each child or adolescent and family based on their individual needs and strengths.

Healthy Outcomes

In considering the developmental stages of children and adolescents, *Bright Futures in Practice: Mental Health* presents strategies for promoting the positive outcomes that can be achieved when the mental health of children and adolescents is valued and supported. Children’s and adolescents’ self-esteem, sense of identity, sense of morality, positive relationships with family, social competence, avoidance of high-risk behaviors, success in school, and independence are among the health supervision outcomes fundamentally linked to mental health.

Bright Futures in Practice: Mental Health is also conscious of the negative outcomes that can result when cognitive, emotional, and behavioral prob-

lems (i.e., mental health problems) remain undiagnosed and untreated. Low self-worth, poor school performance, and lack of positive social interaction too often result in feelings of isolation and depression, substance abuse, and violence to self or others, including tragic outcomes such as suicide and homicide. Early identification, early intervention, and the availability of comprehensive mental health services are key to preventing these negative outcomes.

Partnerships with Families and Communities

Every child and adolescent deserves a nurturing family and supportive relationships with other significant persons who provide security, positive role models, warmth, love, and unconditional acceptance. A child’s health begins with the health of his parents.

— Bright Futures Children’s Health Charter

Partnerships with families and communities are central to Bright Futures: Health is always viewed in the context of child, family, and community. In addressing child and adolescent mental health, *Bright Futures in Practice: Mental Health* recognizes the critical importance of a nurturing family and a supportive community.

Primary care health professionals may see both the child or adolescent and the family in their practice, or they may see only the child or adolescent, but in either case it is essential for the primary care health professional to understand the child or adolescent in the context of the family and to work in partnership with the family. The family plays a fundamental role in the development of self-esteem, social competence, and a sense of responsibility. During infancy and early childhood, the healthy

family provides a protective and supportive environment; as the child develops, the family encourages the child to explore, to learn, to experience a growing sense of self as an individual, and to become more independent. In infancy and early childhood, families play a critical role in providing the stimulation necessary to foster the child's cognitive development; in middle childhood and adolescence, families continue to do so through partnerships with the schools and community. From the beginnings of infant attachment to the development of parent-child and sibling relations, families form the basis of child and adolescent social relations. And, through communicating with their child or adolescent and serving as role models, families instill a sense of values in their child or adolescent. Families that can approach these issues in a thoughtful and balanced way, based on their child's or adolescent's developmental needs, are families that actively promote mental health.

In addition to the parents' essential role, communities have an enormous part to play in supporting the healthy mental development of children and adolescents. Society can value children and adolescents or can neglect them, treat them punitively, or even exploit them. *Bright Futures in Practice: Mental Health* presents strategies at work in communities and neighborhoods that value children and adolescents and include them in meaningful ways in the life of the community.

Bright Futures in Practice: Mental Health offers primary care health professionals, families, and communities a conceptual framework for mental health promotion. This practical guide provides a



series of tips, activities, and tools that can be readily integrated into health supervision visits. These resources are designed to help busy health professionals identify and assess mental health issues, intervene early, and use their time and resources most effectively.

In providing comprehensive health and developmental information, detailed discussion of specific concerns, and a variety of resources and tools, *Bright Futures in Practice: Mental Health* hopes to assist primary care health professionals in meeting the mental health needs of today's children, adolescents, and their families. Bright Futures has always understood that it requires the active engagement and collaborative efforts of families, primary care health professionals, mental health professionals, and community partners to support and promote the development of mental health and to ensure the bright future we envision for all of our children and adolescents.

Judith S. Palfrey, M.D.
Chair, Building Bright Futures, 1995–2000

Introduction

How can health professionals, especially primary care health professionals, effectively promote mental health in children, adolescents, and families? How can health professionals best work with families to help children and adolescents attain the self-esteem and self-efficacy, productivity, connectedness and intimacy with others, and joy that are the hallmarks of healthy growth and development? How can health professionals engage community and school resources to support the mental health of infants, children, and adolescents? These are the fundamental questions *Bright Futures in Practice: Mental Health* attempts to answer.

Although mental health in clinical settings traditionally has connoted a focus on mental illness and treatment, *Bright Futures in Practice: Mental Health* focuses primarily on promotion of mental health and on prevention and early recognition of psychosocial problems and mental disorders. Working in partnership with families and communities, health professionals can foster attitudes and actions that lead to healthy development of the child's or adolescent's self-worth, family relationships, school performance, friendships, and activities within the broader community. The information and resources in this guide provide primary care health professionals with the tools needed to promote mental health in children, adolescents, and their families, to recognize the early stages of mental health problems and mental disorders, and to intervene appropriately.

Bright Futures in Practice: Mental Health is based on two core premises. First, the mental health of

children, adolescents, and families is a vital and compelling concern for health professionals. Second, health professionals, particularly primary care health professionals, are in a unique position to develop the relationships with children, adolescents, and their families necessary for promoting mental health and recognizing early signs of psychosocial problems.

The importance of primary care professionals in promoting children's and adolescents' mental health is well established. Empirical studies document both the prevalence of mental disorders among children and adolescents, and the extent of the attention directed toward mental health issues in primary pediatric care. Approximately 12 percent of all children and adolescents in primary care pediatric settings have substantial psychosocial difficulties; risk factors such as poverty and chronic illness may increase the prevalence rate to more than 20 percent (Wolraich, 1996). Recent cost studies suggest that children with psychosocial disorders use health care services more frequently than those without such disorders (Bernal et al., 2000; Jellinek et al., 1999).

The developmental chapters, bridge topics, and accompanying volume of clinical tools that compose the mental health guide can help primary care health professionals provide enhanced mental health supervision ranging from mental health promotion to the diagnosis and primary care management of mental disorders. *Bright Futures in Practice: Mental Health* joins the Bright Futures series of practice guides and other efforts to enable busy health professionals to provide optimal care for children, adolescents, and their families.

How This Guide Is Organized

Bright Futures in Practice: Mental Health is designed to be read in two ways: (1) cover-to-cover, to enhance understanding of mental health promotion in a developmental context, and (2) as a “how-to” manual, by turning directly to specific issues or problems. An annotated table of contents and an index are provided, as well as links throughout the guide to other relevant sections on specific topics. To provide balance and be inclusive, gender pronouns are alternated throughout the guide.

The guide has three parts or components: developmental chapters, bridge topics on specific problems and disorders, and the *Mental Health Tool Kit (Bright Futures in Practice: Mental Health—Volume II. Tool Kit)*. An introductory chapter, Making Mental Health Supervision Accessible, reviews the current context for the provision of mental health services, including topics such as continuity of care, collaboration, cultural competency, and reimbursement issues.

Developmental Chapters

The first part of the guide is organized developmentally, with chapters on infancy, early childhood, middle childhood, and adolescence. The developmental chapters provide primary care health professionals with

- Key information on each stage of child and adolescent development;
- Tips for preventive efforts and for addressing areas of concern;
- Suggestions for office practice and building partnership with the community;
- A developmental checklist;
- References to the bridge topics and to tools for both the professional and the family; and
- References to teaching cases developed by the Bright Futures Center for Education in Child Growth and Development, Behavior, and Adolescent Health.¹

Each developmental chapter is divided into four sections reflecting spheres of child and adolescent functioning: self, family, friends, and community. Each section begins with applicable health supervision questions drawn from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. These questions are related to the key points discussed in the section of the mental health guide and help the health professional link the two guides. Although the health supervision questions can initiate a dialogue with the family, it is important to allow adequate time during the visit

¹The Bright Futures Teaching Cases are available on the Web at www.pedicases.org, or in print by calling (617) 355-CASE (2273). More than 25 self-contained educational modules are available, covering topics in child growth, development, behavior, and adolescent health. Each module consists of a case abstract, a statement of goals and objectives, a facilitator’s guide to leading discussion, a case narrative, an annotated bibliography, teaching handouts, and evaluation forms. The materials were written and edited by faculty from Children’s Hospital in Boston and Harvard Medical School with sponsorship from the Health Resources and Services Administration’s Maternal and Child Health Bureau and Genentech Foundation. The cases have been reviewed by nationally recognized experts and have been pilot-tested and evaluated in pediatric residency programs across the United States.

for parents, children, and adolescents to raise their own questions and concerns.

Bridge Topics

The second part of the guide contains bridge topics that address the most common mental health problems and mental disorders occurring in childhood and adolescence. Each chapter is a quick primer for the primary care health professional on the diagnosis, severity, and primary care management of specific disorders. These chapters form a bridge from promotion and prevention to early recognition and management of mental health problems and mental disorders. The bridge topics are designed to help primary care health professionals traverse the continuum of care from clinical preventive services to assessment, diagnosis, and targeted interventions. Bridge topics cover

- Criteria for specific problems and disorders, based on *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version* and the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision) (DSM-IV-TR).^{2,3}

- Early identification.
- Interventions based on functioning in the context of self, family, friends, and school and community.
- Use of a wide range of office-based and community resources.
- Referral for specialized mental health services as indicated.

The mental health problems and mental disorders discussed in the bridge topics are linked to specific references in DSM-IV-TR and DSM-PC, and selected materials and diagnostic criteria from these manuals are reproduced in the appendix.

Mental Health Tool Kit

The third component of the mental health guide is the *Mental Health Tool Kit*. The tool kit is a companion volume of tools to assist health professionals in screening, education, and health care management. The tool kit includes handouts for families on issues ranging from sibling adjustment to recognizing symptoms of depression.

²The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision) (DSM-IV-TR), developed by the American Psychiatric Association, and *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version*, developed by the American Academy of Pediatrics, are classification systems for mental health problems and mental disorders. DSM-IV-TR provides a comprehensive classification of recognized psychiatric disorders. DSM-PC focuses on developmental variations in behavior, problems, and mental disorders likely to be encountered in primary care practice with children and adolescents. These manuals can assist the health professional in recognizing and diagnosing mental health problems and mental disorders, provide a common language for discussion and research, and establish coding criteria for reimbursement.

³The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (Diagnostic Classification: 0–3)* is another resource for primary care health professionals who provide care for children ages birth to 3 years, and for their families. DC: 0–3 contains axes and diagnostic categories that define new constructs arising out of clinical and research experience with infants, young children, and their families. DC: 0–3 provides a framework for identifying strengths and weaknesses in infants or young children and the caregiving environment, and for creating, in partnership with the family, a developmentally appropriate, comprehensive treatment or management plan.

Mental Health in Primary Care Practice

Bright Futures in Practice: Mental Health offers an array of suggestions for mental health promotion and the prevention of mental disorders. Deciding which of these suggestions to implement will depend on a variety of factors, including the personal style of the primary care health professional, the structure and setting of the practice, and the needs of individual children, adolescents, and families. The crucial first step is to decide that mental health promotion is an important part of health supervision and to address mental health within the primary care pediatric practice.

Perhaps the most important practice initiatives a primary care health professional can offer are to provide anticipatory guidance on mental health

issues regularly and to routinely screen for mental health problems and mental disorders at all health supervision visits. Mental health screening is required as the standard of care for all children eligible for services through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Screening can provide the basis for further targeted anticipatory guidance and/or interventions as indicated.

Taking the First Step: Two Examples

The two examples that follow provide specific suggestions for incorporating mental health promotion into health supervision.



1. In her medium-sized practice, Dr. Webster decides to incorporate systematic screening for mental health problems and mental disorders into each health visit. Understanding that psychosocial factors contribute greatly to mental health, Dr. Webster instructs the office staff to ask each family to complete the Pediatric Intake Form in the *Mental Health Tool Kit*, p. 4. For children and adolescents ages 4–16, she also asks families to respond to the Pediatric

Symptom Checklist in the *Mental Health Tool Kit*, p. 16, because it is well validated and easy to complete.

As the number of children identified with mental health concerns increases, Dr. Webster streamlines her office procedures for referrals to community mental health services. When a child and family need to be referred for specialized services, the office manager telephones the intake worker in one of the three area community agencies that provide child guidance and psychological assessment services. This personal contact facilitates both the referral process and prompt feedback from the agencies, including confirming that a family has followed through with the referral.

Dr. Webster also sets aside two 30-minute visits each week to counsel families who are hesitant to accept a mental health referral. In counseling these families, Dr. Webster uses *Bright Futures in Practice: Mental Health*, particularly the bridge topics, as a primary resource.

2. Mr. Chang, a family nurse practitioner, especially values the ongoing relationships he has developed with the families in his care. In addition to asking general questions about the health and development of the children, adolescents, and families in his practice, he emphasizes one age-appropriate topic at each visit. For example, at the 4-year visit he talks with parents about the child's friendships and socialization skills. He uses the Developmental Checklist at the end of each developmental chapter to record which topics he has covered with each family.

When problems or concerns arise, he uses the tips in each chapter and in the *Mental Health Tool*

Kit to provide brief, focused guidance. The staff nurse, who is also knowledgeable about *Bright Futures in Practice: Mental Health*, follows up by telephone, providing additional guidance to families. The nurse also assists with referrals to community agencies.

Collaborative Practice

Primary care health professionals will address the mental health of families most effectively if they coordinate efforts with other professionals who work with children and adolescents in an interdisciplinary team approach. In the context of family, friends, school, and community, children and adolescents interact with a broad range of other professionals (e.g., teachers, faith leaders, psychologists, counselors, social workers, dentists) who can play significant roles in promoting a child's or adolescent's mental health. For these professionals, the mental health guide provides an overview of the developmental patterns of child and adolescent mental health, and presents information on early signs of psychosocial problems and mental disorders.

This guide also offers primary care health professionals and other professionals a common language for discussing mental health issues and working together collaboratively. Although adapting these materials specifically for other professionals is beyond the scope of this guide, doing so will enhance society's ability to meet the mental health needs of children and adolescents.

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A distinguished panel of experts reflecting the collective experience, knowledge, and expertise of professionals from a wide range of child health disciplines as well as families and mental health advocates was convened to develop the content for *Bright Futures in Practice: Mental Health*. This panel was charged with expanding on the Bright Futures guidelines to develop mental health supervision guidelines that would be responsive to the current and emerging health promotion and disease prevention needs of infants, children, and adolescents.

The *Bright Futures in Practice: Mental Health* guidelines were drafted based on extensive scientific review and on expert opinion and consensus. Special thanks are due to the steering committee for their commitment, guidance, and contributions. Steering committee members include Trina Menden

Anglin, M.D., Ph.D., M. Ann Drum, D.D.S., M.P.H., Martin Fisher, M.D., Michael Fishman, M.D., Mary C. Froehle, Ph.D., Barbara Howard, M.D., Kelly Kelleher, M.D., M.P.H., Woodie Kessel, M.D., M.P.H., Pamela B. Mangu, M.A., Rochelle Mayer, Ed.D., Robert Needelman, M.D., Judith S. Palfrey, M.D., Bina P. Patel, M.D., Eve Spratt, M.D., Ann Stadtler, M.S.N., and Mark Wolraich, M.D.

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A unique accomplishment of the guide is the compilation of the *Mental Health Tool Kit*. The tool kit would not have been possible without the generous contributions of tools by experts in the field of mental health, as well as the creation of tools by members of the working group in areas where other tools were not readily available. A list of contributors to the *Mental Health Tool Kit* appears at the beginning of the tool kit.

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Michael Jellinek, M.D.

Chair and Editor

Bright Futures in Practice: Mental Health

Contributors

Introductory Material

Michael Jellinek, M.D., Chair, Bright Futures in Practice: Mental Health
Massachusetts General Hospital, Newton-Wellesley Hospital, and Harvard Medical School, Boston, MA

Judith S. Palfrey, M.D.
Children's Hospital Boston, Boston, MA

Robert Needlman, M.D.
The Dr. Spock Company, Menlo Park, CA, and Case Western Reserve University School of Medicine, Cleveland, OH

Making Mental Health Supervision Accessible

Kelly Kelleher, M.D., M.P.H., Chair, Making Mental Health Supervision Accessible
University of Pittsburgh School of Medicine, Pittsburgh, PA

David K. Nace, M.D.
United Behavioral Health, Philadelphia, PA

Sarah H. Scholle, Dr.P.H.
Pediatrics and Health Services Administration, University of Pittsburgh, Pittsburgh, PA

Infancy

Ann Stadtler, M.S.N., Chair, Infancy
Children's Hospital Boston, Boston, MA

Kathryn Barnard, R.N., Ph.D.
University of Washington, Seattle, WA

T. Berry Brazelton, M.D.
Harvard Medical School, Boston, MA

Suzanne D. Dixon, M.D., M.P.H.
University of Washington, Seattle, WA

Denis Drotar, Ph.D.
Rainbow Babies and Children's Hospital, Cleveland, OH

Margot Kaplan-Sanoff, Ed.D.
Boston University School of Medicine, Boston, MA

Early Childhood

Barbara J. Howard, M.D., Chair, Early Childhood
The Johns Hopkins University School of Medicine, Baltimore, MD

Raymond A. Sturner, M.D.
The John Hopkins University School of Medicine, Baltimore, MD

June Solnit Sale, M.S.W.
Los Angeles, CA

Roxane K. Kaufmann, M.A.
Georgetown University Child Development Center, Washington, DC

Middle Childhood

Eve Spratt, M.D., Chair, Middle Childhood
Medical University of South Carolina, Charleston, SC

Cynthia Cupit Swenson, Ph.D.
Family Services Research Center, Medical University of South Carolina, Charleston, SC

Lisa Hand, M.D.
Institute of Psychiatry, Charleston, SC

Janice Key, M.D.
Medical University of South Carolina, Charleston, SC

Michelle Macias, M.D.
Medical University of South Carolina, Charleston, SC

Linda Marsh, R.N.
Medical University of South Carolina, Charleston, SC

Robert Needlman, M.D.
The Dr. Spock Company, Menlo Park, CA, and Case Western Reserve University School of Medicine, Cleveland, OH

Adolescence

Martin Fisher, M.D., Chair, Adolescence
New York University School of Medicine, New York, NY

Stewart L. Adelson, M.D.
Columbia University College of Physicians and Surgeons, and Weill Medical College of Cornell University, New York, NY

Alwyn T. Cohall, M.D.
Columbia University College of Physicians and Surgeons, New York, NY

Lois T. Flaherty, M.D.
University of Maryland School of Medicine, Baltimore, MD

Linda Juszczak, D.N.Sc., M.P.H., C.P.N.P.
North Shore University Hospital, Manhasset, NY

Doris Pastore, M.D.
Mount Sinai Medical Center, New York, NY

Sheridan A. Phillips, Ph.D.
University of Maryland School of Medicine, Baltimore, MD

Mark D. Weist, Ph.D.
University of Maryland School of Medicine, Baltimore, MD

Bridges

Bina P. Patel, M.D., Chair, Bridge Topics
Massachusetts General Hospital, Boston, MA

Linden J. Cassidy, M.D.
Massachusetts General Hospital, Boston, MA

Eve Spratt, M.D.
Medical University of South Carolina, Charleston, SC

Mark Wolraich, M.D.
University of Oklahoma Health Sciences Center, Oklahoma City, OK

What Is Bright Futures?

Bright Futures is a national initiative to promote the health and well-being of infants, children, adolescents, families, and communities. Based on a set of expert guidelines, Bright Futures offers a practical developmental approach to providing health supervision for children of all ages, from birth through adolescence. Bright Futures is dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.

Bright Futures Mission

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

Bright Futures Project Goals

- Foster partnerships between families, health professionals, and communities
- Promote desired social, developmental, and health outcomes of infants, children, and adolescents
- Increase family knowledge, skills, and participation in health-promoting and prevention activities
- Enhance health professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community



Bright Futures Project Objectives

- Develop materials and practical tools for health professionals, families, and communities
- Disseminate Bright Futures philosophy and materials
- Train health professionals, families, and communities to work in partnership on behalf of children's health
- Develop and maintain public-private partnerships
- Evaluate and refine the efforts

Development of Bright Futures

- Was initiated in 1990 and guided by the Health Resources and Services Administration's Maternal and Child Health Bureau, with additional program support from the Health Care Financing Administration's Medicaid Bureau

- Developed comprehensive health supervision guidelines with the collaboration of interdisciplinary panels of experts in infant, child, and adolescent health
- Was reviewed by nearly 1,000 practitioners, educators, and child health advocates throughout the United States
- Published *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* in 1994
- Launched Building Bright Futures in 1995 to implement the Bright Futures guidelines by publishing practical tools and materials and providing technical assistance and training
- Published *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed.) in 2000 to incorporate current scientific knowledge in health practice

Funding of Bright Futures

Since its inception in 1990, Bright Futures has been funded by the U.S. Department of Health and Human Services, under the direction of the Maternal and Child Health Bureau.



Bright Futures Children's Health Charter

Principles developed by advocates for children have been the foundation for initiatives to improve children's lives. Bright Futures participants have adopted these principles in order to guide their work and meet the unique needs of children and families in the 21st century.

Every child deserves to be born well, to be physically fit, and to achieve self-responsibility for good health habits.

Every child and adolescent deserves ready access to coordinated and comprehensive preventive, health-promoting, therapeutic, and rehabilitative medical, mental health, and oral health care. Such care is best provided through a continuing relationship with a primary health professional or team, and ready access to secondary and tertiary levels of care.

Every child and adolescent deserves a nurturing family and supportive relationships with other significant persons who provide security, positive role models, warmth, love, and unconditional acceptance. A child's health begins with the health of his parents.

Every child and adolescent deserves to grow and develop in a physically and psychologically safe home and school environment free of undue risk of injury, abuse, violence, or exposure to environmental toxins.

Every child and adolescent deserves satisfactory housing, good nutrition, a quality education, an adequate family income, a supportive social network, and access to community resources.

Every child deserves quality child care when her parents are working outside the home.

Every child and adolescent deserves the opportunity to develop ways to cope with stressful life experiences.

Every child and adolescent deserves the opportunity to be prepared for parenthood.

Every child and adolescent deserves the opportunity to develop positive values and become a responsible citizen in his community.

Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life. She should help the next generation develop the motivation and habits necessary for similar achievement.