

Child and Adolescent Mental Health

Promoting children's mental health and evidence-based practice has been my life's work. As APA President, I will emphasize *evidence-based, two-generation, and culturally-responsive prevention across the lifespan*. Based on our science, we know that what happens early in life – both positive and negative - affects adult health/mental health, families, communities, and society.

1. What do you see as the most pressing issues affecting children's mental health?

The most pressing issues affecting children's mental health are social determinants of health (e.g., poverty, lack of health insurance, housing segregation, race and gender discrimination), inequalities in education, health care, and access to evidence-based mental health care. There is a continuing shortage of mental health providers who are trained to provide evidence-based, culturally responsive assessment and intervention with children and families, particularly in rural areas and under-served communities (e.g., <https://www.apa.org/workforce/factsheets/rural-population.pdf>). Most recently, children's mental health has been severely impacted by the pandemic year, particularly the loss of the safety net of schools, normal social development, family and financial impacts, and racial trauma. There has been an increase in domestic violence and child abuse/neglect. Re-opening of schools in the fall needs to focus on children's wellbeing rather than "catching up" academically.

2. How can APA increase overall access and reduce racial/ethnic inequities in the provision of evidence-based practice in children's mental health care? (practice)

This will require a long-term strategy. First, we need to commit to diversifying the clinical child and adolescent psychology workforce, targeting recruitment efforts earlier in the career pipeline for clinicians of color and/or LGBTQ; many young people and parents prefer to see a clinician with whom they can identify. Second, we need to promote tiers of service, including prevention, in all settings which serve children and families. We need to expand access to mental health care in schools and in primary care settings. Third, we need to sustain advocacy for health care reform and the Children's Health Insurance Program (CHIP)/Medicaid expansion, including reimbursement for evidence-based mental health promotion, prevention, assessment, and intervention. We will need to work across mental health professions to enhance access to, and continue reimbursement for, telepractice, particularly in rural and under-served areas. Fourth, we need to sustain effective dissemination efforts with all platforms and community opinion leaders to share information on evidence-based care (<http://www.effectivetherapy.com/>,

<https://resilienceacrossborders.org/> and science-based information about children's development and mental health (www.infoaboutkids.org).

3. How can APA advance the education, training, and diversity of clinical child and adolescent psychologists? (education)

It is helpful to look at the data being gathered by the APA Center for Workforce Studies (e.g., <https://www.apa.org/workforce/factsheets/children.pdf> and <https://www.apa.org/workforce/factsheets/adolescents.pdf>) to identify trends. Contrary to historical trends, there is a predominance of persons identifying as female entering the field of psychology generally. This may warrant targeted recruitment of male undergraduates for graduate study in clinical child and adolescent psychology. In addition, data suggest it will be important to promote specialty certification and competency to work with underserved populations. https://www.behavioralhealthworkforce.org/wp-content/uploads/2020/07/Y5P3_The-Child-and-Adolescent-BH-Workforce_Brief.pdf Specific to clinical child and adolescent (and health) psychologists in primary care, it will be important to collaborate with other professions in inter-professional training. The National Academies Forum has produced recommendations in this regard: <https://www.nap.edu/read/24877/chapter/1>

I have a longstanding commitment to growing the *diversity* of the psychology workforce. See my statement and specific proposals at www.maryann4apa.com/statements The new Council of Chairs of Training Councils (CCTC) Social Responsiveness in Health Service Psychology Education and Training Toolkit should be promoted in clinical child and adolescent psychologists training programs. https://pr4tb8rrj317wdwt3xlafg2p-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/CCTC_Socially-Responsive-HSP-Ed-Training_v7.pdf Importantly, the new EDI framework for APA <https://www.apa.org/about/apa/equity-diversity-/equity-division-inclusion-framework.pdf> and leadership from the new Chief Diversity Officer, Dr. Maysa Akbar, set the expectation for cultural humility and lifelong learning for psychologists. Some universities will be establishing best practices for de-colonizing education that will generalize to other institutions and which APA should follow closely.

There are a number of additional APA resources for promoting the career development of diverse students, ECP's and mid-career clinical child and adolescent psychologists (e.g., minority fellowship programs, leadership training, divisions which provide communities for diverse psychologists (e.g., Division 44, 45)), and Ethnic Minority Psychological Associations which provide yet additional communities and mentoring.

4. How can APA promote an inclusive science of clinical child and adolescent psychology? (science)

The new APA EDI framework and series of resolutions on systemic and structural racism speak directly to *all* psychological science. The working draft of the next resolution, *Dismantling Racism in Psychology and Across Systems*, for example, speaks to research *with* people of color and *by* scholars of color, as well as inequities in the structures for funding research, peer review, publication, career advancement and so on. All of this leadership on the part of APA applies to the science of clinical child and adolescent psychology, and *SCCAP can inspire its members to involve themselves in this work with APA as it is ongoing*. The new Chief Science Officer, Dr. Mitch Prinstein, is himself a scientist in clinical child and adolescent psychology, as is Dr. Akbar, and they understand the needs for our field. This will be a marathon, not a sprint. The work will be iterative and change will unfold slowly across the relevant systems and structures.