

## **MODULE 1 – REFLECTION AND IMPLICATIONS FOR CABH POLICY**

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As we draw the first lecture to a close, reflect, for a moment, on how much you know about the policy-making process. Most of us see policy as a black box, where information goes in, something happens, and voila-- effective policy is created. Further, these wicked properties that are endemic to any policy problem show the difficulty in understanding how we can create effective public and health policy to improve services, research, training, and the quality of life for people with behavioral health problems.

Facts and data are distinct from model, theory, and subject, unlike sciences. The social sciences and behavioral sciences situate their subject matter and their accounting of it within a broader framework of model, theory, intentions, and values. As social-science-based policy analysis is now an accepted practice, the larger question is how social-science-based policy analysis will inform government action.

Think back to the video about Jack and the young man with schizophrenia. Watch it again. Think about these 10 wicked properties and see if you can identify problem areas that Jack faces, every day, in trying to manage with living with schizophrenia.

Multiply that by having a substance-use disorder. Think of the impact on Jack's family and how his childhood changed, since schizophrenia often begins to emerge in the mid to late teens. How do we fix the system so that everyone can be screened, diagnosed, treated, stabilized, and have a productive and good quality of life? Something to think about, as we address these properties, throughout the semester, from the perspective of child and adolescent behavioral health policy.

Here are some implications we find important for child and behavioral health services delivery. The environment in which children, adolescents, and their families' lives play an important role in the development of social, emotional, and cognitive skills. Intervention strategies which implement programs and initiatives at early ages benefit children throughout their lives.

The most crucial services-delivery and policy issues to be addressed include the following. One, how best to organize and pay for children's mental health services, particularly since different communities present different challenges for children and their families. And two, how will stakeholders and policymakers finally address models to effectively integrate and coordinate mental health services with primary health and medical care?

As we did in this week, in all the weeks of this semester course, we will always conclude with an implications discussion. And you will follow that lead with your weekly homework, in drawing implications of whatever topic you're discussing to the larger field of child and adolescent behavioral health policy. We want to look at the implications, the significance of the specific topics and issues and problems we're talking about, to the larger field. So think about implications, every week, after you listen to our lectures, after you read papers that we assign, after you watch videos.

What are the larger implications of what you just read, watched, digested, for the larger field of policy and children and adolescent behavioral health policy?

And the focus is on policy implications, because, although policy implications affect services delivery, and services delivery can affect how we look at changing policy, this is pretty much a meso-- a macro-- view of, what can we do to effect change, in a positive manner, through policy, to create better delivery systems for individuals? So this is kind of the focus, I think, more so than direct clinical care or individualized intervention patient provider, at the patient-provider level. More so at the larger, meso and macro levels.