Widening Our Lane

How Child and Adolescent Psychiatrists Can Embrace the Full Spectrum of Mental Health

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KEYWORDS

• Well-being • Wellness • Child and adolescent psychiatry • Positive psychiatry • Positive psychology

KEY POINTS

- The vast amount of focus of a psychiatrist's training and clinical attention is devoted to mental illness, not mental health.
- A broader understanding and application of mental well-being can benefit both those already struggling with mental health challenges and those trying to maintain wellness.
- Individual actions that can be taken toward being a well-being-oriented psychiatrist include increasing one's knowledge about well-being and health promotion and adjusting one's practice to incorporate these principles.
- The field of psychiatry can expand its focus on well-being and prevention by revising the definition of a psychiatrist, increasing research on well-being and health promotion, improving financial incentives, expanding efforts in schools and community settings, and providing additional training.

INTRODUCTION

Despite being under the umbrella of the mental health professions, child and adolescent psychiatrists have traditionally worked primarily as mental *illness* professionals, who assist individuals and families struggling with acute levels of distress and persistent illness and impairment.[1] While this is a critical function for the specialty, there has been inadequate attention devoted to exploring the ways in which child and adolescent psychiatrists can include the promotion of positive mental health into clinical care, training, and research. In this article, we explore several questions. Are there more individuals we can help by expanding our scope to include the promotion of positive

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emotional and behavioral health, as well as the prevention of mental illness? Might we even better assist acutely ill patients to recover from episodes of illness by better incorporating knowledge and skills related to the full spectrum of mental health? How can we deploy our knowledge of genetic predispositions, family relationships, human development, and both normative and psychopathological processes to promote mental well-being and prevent mental illness using the framework of population health? Indeed, it seems logical that appreciating the full spectrum of human emotional, behavioral, and relational experiences will make psychiatrists better equipped to improve the lives of our patients. Helping those with depression, for example, might be more effective with a fuller understanding of happiness, and assisting children who have experienced trauma may best include guidance on what clinical practice and neuroscience have taught us about post-traumatic growth, recovery, and resilience.

HISTORY

The degree of emphasis on positive mental health and well-being within mental health disciplines has fluctuated over many years. The field of psychology underwent significant change in the 1990s under the leadership of then-American Psychological Association President, Martin Seligman, who challenged the field to spend more time researching and promoting well-being in addition to efforts to minimize suffering.[2] In psychiatry, similar themes have been conveyed for decades by those who have challenged us to see patients as more than a "bag of symptoms" and have devoted effort toward helping individuals maximize well-being across the lifespan.[3,4] The recovery movement within psychiatry has also emphasized clinical attention toward goals related to community, vocational work, and social connections.[5] At the same time, however, it is undeniable that a psychiatrist's unique training, coupled with the field's reliance upon subjective, symptom-based approaches to describing patients' experiences, has created pressure for psychiatrists to limit their clinical practices to skilled psychopharmacological care that focuses primarily on symptom relief. In this context, more comprehensive goals toward concepts such as well-being and mental flourishing have appeared beyond the scope of psychiatric practice.

Lately, however, there has been some momentum to reclaim some of the ground that has been lost and to redefine psychiatrists as experts not only in psychopathology but in the full spectrum of mental health, and to use this expertise to help both those already struggling with mental health challenges as well as those who are trying to build and sustain wellbeing. Notable efforts in this area include the Vermont Family Based Approach model developed by Hudziak and colleagues, which emphasizes the importance of family health promotion within a standard child and adolescent psychiatry clinic.[6] In 2012, former American Psychiatric Association President Dilip Jeste coined the phrase positive psychiatry to refer to the application of positive psychology principles into the realm of psychiatric work.[7] In the recognition of some of these trends, this journal in 2019 published an edition devoted to "The Science of Well-Being: Integration into Clinical Child Psychiatry."[8]

Accomplishing this redefinition, however, requires more than just a declaration. The goal of this article is to provide some guidance for how individual child and adolescent psychiatrists, and the field at large, can go about this "widening of our lane." These additional areas of knowledge and intervention should not be viewed as a move away from accepted views of severe mental illnesses, but rather as an expansion of our existing skills to include a continuum of clinical expertise that incorporates additional dimensions including developmental, familial, and public health perspectives on overall mental health.

DEFINITIONS

While there is good agreement that true mental health refers to more than simply the absence of mental illness, a consensus definition of well-being has remained a matter of debate. One of the most well-known models of well-being that was advanced by Seligman is known as the PERMA model, referring to 5 proposed central tenets of well-being including *p*ositive emotions, *e*ngagement, (positive) *r*elationships, *m*eaning, and *a*ccomplishment.[9] Other models exist, all of which advocate for the idea of well-being as a richer construct that extends beyond a lack of suffering or is limited to purely hedonic states of joy or happiness in the moment. More recently, some have advocated for a sixth component, V for vitality, which relates to physical health-promoting behaviors including adequate sleep, good nutrition, and regular physical activity.[10] The American Psychological Association's definition of behavioral health now encompasses a broader perspective that includes positive emotional health, adaptive behavioral adjustments, and healthy relationships.[11]

Particularly for children and adolescents, achieving well-being requires addressing and supporting the quality of a youth's environment, particularly with regard to family, school, and neighborhood or community. While the centrality of family factors in child and adolescent mental health is hardly new to our field, in contemporary clinical practice, the focus of child and adolescent psychiatric care is often limited to attempts to reduce symptoms while helping youth cope with or accept suboptimal environments. "Widening our lane" invites a reconsideration of broader and deeper paths of care, including the incorporation of a range of therapeutic tactics and techniques to address family factors impacting children's mental health, more comprehensive collaboration with schools and other institutions shaping children's lives, more robust reckoning with social determinants of mental health, and more committed deployment of health-promoting activities in children's lives.

RATIONALE

There is an emerging area of research and practice that is sometimes referred to as positive psychiatry. Essentially, positive psychiatry describes processes that are designed to enhance and promote well-being for all individuals, regardless of their current level of functioning. These processes can be thought of as belonging to one of the 2 main areas: 1) addressing brain health promotion practices, such as exercise, sleep, nutrition, meditation, positive parenting, and others, and 2) specific techniques that are designed to enhance positive thoughts and emotions such as gratitude exercises or acts of kindness to others. Within child and adolescent psychiatry, positive psychiatry in both of these areas must include specific interventions designed to promote healthy relationships within families.

There has been a steady accumulation of research supporting the role of positive psychiatry applications for youth who are and are not currently struggling with mental health challenges. This is particularly true for the health promotion activities that have been shown to reap benefits for brain health and development. These domains include areas such as exercise,[12] sleep,[13] nutrition,[14] mindfulness,[15] participation in music and arts,[16] and practicing kindness and altruism,[17] among other areas. While a full review is beyond the scope of this article, some of the evidence exists at the level of randomized controlled trials and meta-analyses and suggests treatment effects on specific mental health outcomes that may be stronger than those seen for many commonly used off-label medications.[18,19] At the same time, however, there has been a growing commercial "wellness" industry that advertises quick solutions using a range of products and procedures that have little to no scientific merit. This

dichotomy presents an opportunity for the child and adolescent psychiatrist to guide families with reliable science-based information.

Practicing as a child psychiatrist with skills and knowledge that encompass the full spectrum of mental health does not require someone to forsake their identity as a physician. Rather, the psychiatrist who chooses to expand their scope into the realm of well-being often finds that they have a broader range of areas to address and an expanded toolbox of ways to address them. No longer restricted to the core intervention areas of traditional therapy and medications, this expanded lane for child and adolescent psychiatry opens up new avenues of focus to help youth who are already struggling, while for others to help prevent psychopathology from arising in the first place. What follows, then, are some specific strategies that can be undertaken both at the individual level and as an entire discipline to fulfill our charge to be full mental *health* professionals. These elements are summarized in **Table 1**.

RECOMMENDATIONS FOR PRACTICE

Individual Level Changes

At the individual level, shifting from a mental illness professional to a mental health professional typically requires some additions and modifications, but not a complete overhaul, to one's usual approach. Child and adolescent psychiatrists are already well trained in taking a developmental perspective, working with additional people beyond the individual patient, and appreciating the impact of the environment in the assessment and treatment of youth. These skills continue to serve us well but may need to be supplemented with some additional measures that allow for a fuller evaluation and additional treatment opportunities.

Learning about how youth thrive and flourish

Gaining knowledge and expertise on well-being is the first step toward incorporating these principles into practice. Fortunately, solid research on positive mental health has been steadily growing for decades, and there are now a range of methods for psychiatrists to gain knowledge in this area from short articles on specific topics to full degree programs. As the study of well-being becomes more firmly entrenched as a part of psychiatry, research studies are increasingly finding their way into mainstream medical journals.[20] Additionally, resources for clinicians and families alike are frequently being posted on academic psychiatry websites, such as at the University of Vermont Medical Center.[21] Recently, the American Academy of Child and Adolescent Psychiatry (AACAP) published a well-being tip sheet offering specific suggestions for parents

Table 1
Actions to improve Psychiatry's attention to the full spectrum of mental health

Level	Action
Individual	Improve knowledge about well-being and positive mental health and how to implement this knowledge into practice
	Adjust clinical practices to include expanded areas related to well-being, positive parenting, and health promotion
	Increase collaboration with local schools and community programs
Discipline	Revise official definitions of a psychiatrist
	Increase research on well-being and primary prevention
	Improve financial incentives to address well-being and health promotion within clinical settings
	Address health disparities
	Increase clinical training on well-being, prevention, and health promotion

and schools for establishing and promoting well-being at different developmental stages.[22] The American Psychiatric Association (APA) has also launched the *Mental Health Care Works* campaign, a component of which is to advocate for engagement for "mental wellness" activities.[23] The National Institute of Mental Health, which for years has devoted nearly all of its educational content to information about psychiatric disorders, has also recently placed online additional resources regarding well-being.[24] In 2023, the American Psychological Association announced its intention to embrace population health strategies to advance mental health and wellbeing for all.[25]

The University of Pennsylvania has been one of the leading institutions in the positive psychology movement and continues to offer a number of opportunities for learners at all different levels.[26] Many other universities now also offer courses and other learning materials. Recently, a textbook and casebook on positive psychiatry have been published,[27,28] and annual conferences from many major psychiatric professional groups now frequently provide new research and workshops in this area.

Adjustments to routine practice

Putting this new knowledge into regular practice similarly will require some adjustments to most psychiatrists' regular workflows but, for most, will not necessitate major changes.[29] As an example, during initial psychiatric evaluations, it can be very useful to gather information in a number of areas that can often be missed with a more "symptom and side effect" focused assessment.[30] **Table 2** describes some of these assessment domains that include considering a range of information including personal strengths, patients' goals and dreams, and participation in health promotion activities. Many of these questions bring further understanding of how patients are functioning according to dimensions of well-being such as those outlined in the PERMA framework.

Parenting skills and practices are a foundation for the mental health and wellbeing of children, beginning in early childhood. Particularly for families facing various kinds of adversity, including parental mental illness and exposure to trauma, supporting parents' development of responsive, attuned, positive parenting skills is a critical intervention that promotes mental well-being and resilience in offspring. For some families, simply having parenting-related discussions within child psychiatry appointments can be sufficient to bring about changes in behavior patterns within families, while for other families, more dedicated time with a trained professional using a number of evidence-based approaches is required.

Training in positive parenting is an effective and scalable mental health promotion intervention that is particularly powerful in early childhood. High-quality early childhood care and education is an effective intervention with strong evidence suggesting that it promotes positive mental health, physical health, and social outcomes across subsequent decades of life.[31] Additionally, there is a large and convincing body of research supporting the use of a range of clinical interventions, delivered in dyadic modalities with parents and caregivers at home or in clinical or educational settings, for infants, toddlers, and preschool-age children at high risk for mental health challenges or with emergent difficulties with emotional and behavioral regulation.[32] Child and adolescent psychiatrists should promote families' access to high-quality early care and education facilities and parent training classes, and those practicing in settings serving young children and their families should be well-versed in how to access (and in some cases to provide) evidence-based early interventions.

In other areas, the shift is not so much what information is assessed but how it is used. For example, the family history section is a tried and true component of initial psychiatric evaluations, but traditionally has been performed primarily to assist in

Table 2
Assessment and monitoring domains in well-being

Domain	Sample Questions
Health Promotion	
Exercise	Do you get regular physical activity? What gets in the way?
Diet	How healthy is your diet? What does a typical breakfast for you look like?
Sleep	Tell me about your typical bedtime routine?
Screens	Around how many hours per day are you looking at a screen? Are there any limits about what you are allowed to watch and when?
Arts	Do you play any musical instruments or participate in art?
Parenting	What do you see as your strengths as parents and where might you need some support?
Family Mental Health	How do you think your (your co-parent's) struggle with xxx might be impacting your child's mental health?
Strengths	If I asked one of your friends, what would that person say are some of your best qualities? What do you think you are good at?
Aspirations	What do you absolutely love doing? What would a perfect life look like? What are your dreams for the future?
Social Contributors to Health	Does your family ever get worried about not having enough to eat? What gets in the way of being able to do more (sports, arts, enrichment activities)? Tell me about what your living arrangement looks like? Do you ever get harassed or bullied based on your race, gender, sexual orientation or other things? Are there any adults that you can trust and look up to?

the accurate diagnosing of the patient, given the known genetic contributions to psychopathology. However, another perhaps even more useful reason to perform a family history assessment is to identify current mental health challenges in family members, with the twin goals of promoting further assessment and treatment for those individuals, and of considering how those additional mental health challenges in the family may be affecting each member of the family.[33] Research has shown repeatedly that treating family members' mental health conditions can have significant benefits for the child's emotional and behavioral health.[34]

Once these areas are assessed, they can be further monitored and incorporated into a more comprehensive treatment plan that often includes standard psychotherapy and psychopharmacology but expands into other areas. Treatment of children with ADHD, for example, might include efforts to promote daily physical activity, limit excessive screen time, encourage specific sleep hygiene techniques, and teach positive parenting, while the treatment of youth with depression might include discussions of techniques that go beyond "coping" by trying to cultivate PERMA dimensions such as positive emotions and meaning. These multi-faceted approaches serve the more ambitious goals of having patients not only experience symptom relief but actually develop behavioral and emotional habits that promote flourishing.

An increasing number of technology-based tools including apps and devices that can perform functions such as quantifying physical activity, monitoring sleep, limiting

screen time, and providing meditation sessions, are available to help clinicians monitor and support a well-being oriented approach.[35] Identifying and using the tools that work best for individual families and clinicians can improve efficiency in a busy practice and provide important data about how well children are doing in these important health promotion areas.

Accomplishing these goals does take time, and while many psychiatrists find that these additions fit well both philosophically and practically into their work, it may be frustrating to try and adapt these principles into the busy “med check” model of child and adolescent psychiatry that has become increasingly prevalent in our practice community.[36] In some practices, portions of the well-being and health promotion actions can be performed by nonphysicians such as therapists or “family coaches” in collaboration with the psychiatrist. In the end, however, choices in emphasis need to be made, and these efforts are best accomplished when an entire clinic embraces them as part of its culture. Follow-up appointment times may need to be slightly increased as well as the level of communication between psychiatrists and other clinicians. While it may be more expedient to simply prescribe a sleep medication than engage in a challenging conversation about physical activity or late-night phone use, there are certainly rewards to be gained by the patient, the family, and the clinician from a more well-being oriented approach.

School mental health practice and collaboration

Schools are a particularly valuable partner for child and adolescent psychiatrists interested in broadening their approach as mental health clinicians. The provision of multi-tier mental health support in schools, encompassing “tier 1” universal social-emotional curricula for all students, “tier 2” additional supports for students with additional needs, and “tier 3” embedded clinical interventions for students with specific mental health conditions, has a very strong evidence base and represents the largest source of mental health care for students nationally.[37] This structure presents an excellent example of population-wide approaches that includes mental health promotion and prevention (tiers 1 and 2) and intervention (tier 3).

Child and adolescent psychiatrists in clinical practice should seek to understand the mental health service structure that is present in the schools in their communities, as often these services provide excellent complementary support to the clinical care provided by the psychiatrist and other mental health professionals outside of school. Psychiatrists can establish strong working relationships with school mental health staff, enabling productive collaboration around key clinical topics including the creation of effective 504 plans and individualized educational plans, tracking response to treatment interventions, and enlisting school staff to support the extension of therapeutic interventions into the school setting. In addition, many child and adolescent psychiatrists have become part of school-based systems themselves, serving as clinical consultants to schools or school districts, delivering direct care in schools as part of multidisciplinary treatment teams, and providing professional development training activities in order to promote enhanced knowledge about child and adolescent mental health and development among educators, administrators, and other school staff.[37]

Collaboration with community programs

Child and adolescent psychiatrists have a great capacity to contribute to mental health and wellbeing and children and families through engagement with the institutions whereby young people spend most of their time. In addition to early education centers and schools themselves, there are afterschool centers, extracurricular programs in athletics, arts programs, and community service through faith-based organizations and

other community initiatives. These organizations are crucial contributors to support child and adolescent mental well-being. The PERMA framework comes to life when considering the lives of young people in these settings. There are opportunities for positive emotions and relationship development through interactions with peers and supportive adults, engagement with stimulating learning, play, and practice activities, meaning-making through involvement in religious practice, community service, or being part of a team, and accomplishment in the classroom, on stage, or on the field.

In clinical practice, child and adolescent psychiatrists can take several steps to include appreciation for the contributions that these community organizations make to the well-being of young people. First, clinicians can include in their clinical history taking a detailed inquiry about patients' academic experiences and extracurricular activities, looking for sources of strength, pride, and accomplishment. Second, clinicians can work to understand the school and extracurricular landscape in the communities whereby they practice, and then use this knowledge to guide patients and families toward decisions that will support well-being. Clinicians can ask themselves: do I know which schools in my community have the best infrastructure and teaching support for children with neurodevelopmental disorders? Do I know about youth sports leagues that are accommodating for children with mental health needs, and that are affordable for families with limited means? Have I met local religious leaders who are interested in child and family mental health and are particularly interested in including families with mental health challenges in their faith communities? Are there summer camps nearby for children interested in having experiences in theater and music? Developing the local knowledge to answer these questions equips clinicians to accompany families on a journey of helping their children to thrive in their communities and also opens the door to collaboration between clinicians and the teachers, coaches, mentors, faith leaders, and other adults with whom children spend so much of their time.

Discipline Level Changes

Official definition

Professional groups such as AACAP, APA, and others may want to consider revising the definition of what psychiatry and child and adolescent psychiatry are to reflect the entire mental health spectrum. Currently on the AACAP website, the definition of a child psychiatrist is "a physician who specializes in the diagnosis and the treatment of *disorders* of thinking, feeling, and/or behavior affecting children, adolescents, and their families."[38] The American Psychiatric Association similarly defines psychiatry as "a branch of medicine focused on the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders."[39] A revised definition might include language such as a psychiatrist being, "a physician who focuses on improving and maintaining optimal mental health." As previously mentioned, fulfilling this role requires more than simply a declaration, but progress could be enhanced if this expanded scope is officially included in our job description.

Measure and research well-being

The vast majority of research funding in mental health is devoted to the understanding and treatment of mental health disorders. While there is an expanding body of evidence that has helped to identify factors that can lead to and maintain well-being, in our view, there needs to be much more data focused on effective mechanisms to help youth and families incorporate these factors into daily life. Additional research is also needed that uses a more sophisticated methodology with large population samples that enable more rigorous analysis of relations between genetic, environmental, and behavioral factors that predict positive mental health and resilience.

Needed to assist in this task is the creation and further refinement of quantitative rating scales and instruments that can measure the many aspects of PERMA and well-being, as the majority of scales currently used in our field do well in capturing various levels of mental health problems but often do not allow for the assessment of positive qualities past the “no problem” level. Closely allied with well-being research is the continued need for additional work on the primary prevention of psychopathology.

Financial considerations

The current health care system, particularly under a fee-for-service model, unfortunately incentivizes more intensive procedures and services rather than efforts that keep people well and prevent future morbidity. While mental health parity laws have been in place for many years, they continue to struggle to be fully realized and enforced. Further, many private health care organizations sadly continue to look for opportunities to shed less profitable areas of health care, particularly primary care and mental health, to the public sector. These forces all conspire against the momentum to broaden services to promote well-being, particularly those related to brain health, in the battle for precious health care time and resources, despite increasing evidence that such efforts bring both clinical and financial benefits in the long-term.[40]

These obstacles need to be vigorously addressed, as it will be difficult to expand services to nurture well-being if they are not adequately funded. Billing codes for health promotion and prevention as well as case management efforts need to be better developed, compensated, and used by clinicians. This could then reduce the financial pressure for private health care entities to outsource these services elsewhere. In the meantime, however, regulatory pressure needs to be exerted to ensure that mental health care, both for those in acute need and those who could benefit from health promotion and prevention efforts, remains available and accessible.

Fortunately, some newer models of health care have the potential to elevate the priority of prevention and health promotion efforts to their proper place. Capitated health care models which incentivize keeping populations healthy are one mechanism that can reflect the intrinsic value of mental well-being. Another promising area of growth is integrated or collaborative models that integrate primary and mental health care.[41] One underutilized aspect of these approaches is their potential to apply health promotion early in a family’s life to enhance wellness and prevent future psychopathology. Healthy Steps is one exciting model for younger children that is increasingly prevalent in pediatric primary care settings for families with children from birth to 3 years old, providing developmental screening, parenting supports, and coordination of services to address social determinants of health.[42] These wraparound approaches to family health, including family mental health, can have mental health-promoting effects for both children and caregivers and could be extended to a broader age range.

Considering health disparities

Significant and sustained racial, cultural, ethnic, geographic, and economic disparities in access to high-quality mental health care for children and adolescents are rooted in longstanding structural barriers created by discrimination and reinforced by poverty and inequities in health care provision and payment.[43] The practice of child and adolescent psychiatry continues to be shaped by these disparities. Similarly, the willingness of families to seek psychiatric treatment for their children is often influenced by personal experiences of discrimination within mental health care systems and by accumulated skepticism about the helpfulness of child psychiatric services within communities that have not received access to culturally responsive or effective services. In this context, child and adolescent psychiatrists and the systems

in which they practice can begin to embrace clinical care that occupies a “wider lane” including an emphasis on nurturing the strengths of children and families, promoting positive mental health through culturally attuned strategies (which are often quite consistent with the PERMA framework), and addressing mental health challenges through a range of intervention strategies that are not limited to pharmacologic treatment.[44] This expanded approach has the potential to rebuild trust and to expand partnerships between child and adolescent psychiatrists and families. Furthermore, child and adolescent psychiatrists can use our voices as advocates to improve the accessibility, quality, and cultural responsiveness of the clinical settings in which we practice, and to meaningfully address fundamental factors influencing mental health disparities, including child poverty.[45,46]

The inadequacy of the youth mental health workforce is well documented, and there is ample need to expand the ranks of this workforce to include “lay professionals” including community health workers, trained mentors, coaches, and peer support workers.[47] The areas of mental health promotion, prevention, and dissemination of interventions focused on well-being are particularly relevant for the deployment of this larger workforce, who have the added benefit of often sharing cultural, racial, ethnic, and linguistic characteristics with populations who have been long underserved by traditional mechanisms of mental health care.[48]

Teaching wellbeing to trainees

In order to embrace a vision of child and adolescent psychiatry that incorporates mental health promotion, prevention of mental disorders, and full recovery from episodes of illness, educational leaders in the field must devote time in didactic learning, clinical rotations, and bedside teaching to include the core constructs of mental well-being that are detailed in this article. Didactic curricula in fellowship training programs can be updated to include up-to-date scientific evidence about the impact of key health behaviors upon mental health in particular, with a specific focus on the roles played by sleep, nutrition, exercise, meditation, and music in maintaining positive mental health and in recovering from episodes of illness. Lectures and active learning exercises can interrogate the evidence base for how these health behaviors influence mental health in children and adolescents and can be used to explore clinical strategies to address these factors in clinical encounters.

Additionally, clinical rotations, including rotations in inpatient and outpatient programs, schools, early childhood settings, community-based clinics, and primary care, can be designed to allow trainees to gain exposure to the full spectrum of mental health and mental illness in children and adolescents. One of the primary benefits of rotations in schools and primary care settings is that these contexts provide trainees with direct contact with young people who are thriving, those who are starting to experience mental health challenges, and those requiring clinical intervention. Thoughtful rotation design allows trainees to learn about the health behaviors, family patterns, and exposures to both positive childhood experiences and adverse childhood experiences that influence the risk for developing mental health problems. In addition, following patients across levels of care (for example, from inpatient to intensive outpatient to standard outpatient care) allows trainees to be a part of supporting patients’ recovery from illness and restoration to health, a journey with ample opportunity for patients (and their clinicians) to observe how healthy sleep habits and regular exercise, for example, are effective strategies for relieving stress and regulating mood.

Furthermore, training programs can look to enhance bedside teaching to include mental health promotion, prevention, and comprehensive strategies to promote treatment response and recovery that extend beyond psychotherapy and

medication. Supervisors can encourage trainees to incorporate a range of intervention strategies in treatment planning. For example, sleep diaries and the use of wearable sleep trackers can inform treatment planning around the relationship between sleep and mental health symptoms, and supervisors can support trainees in developing fluency with addressing sleep hygiene and with incorporating principles of CBT for insomnia into their work with patients. By building trainees' familiarity and comfort with addressing parenting behaviors within a treatment plan, supervisors can support trainees' adherence to evidence-based practices for children with disruptive behaviors and anxiety. While not all child psychiatrists will deliver evidence-based parenting interventions themselves after completing fellowship, all of our trainees should have the opportunity to train in and deliver these powerful interventions as part of their clinical formation.

A final consideration with regard to training: an emphasis on addressing mental health and well-being in trainees' patients can be further strengthened when training programs make special effort to support the mental health and well-being of the trainees themselves. There is a growing emphasis on clinician well-being throughout psychiatry and medicine, a welcome development that should have its roots in our training programs, whereby we can teach our students, residents, and fellows about foundational strategies in managing one's own health while building a career in a very demanding profession.[49]

SUMMARY

Child and adolescent psychiatry has drifted from a field about mental health to a field about mental illness. As a result, a number of opportunities to help patients achieve full mental well-being are being missed even as research increasingly supports the importance of prevention and health promotion efforts, both for those already struggling with mental health challenges and those who remain well. To regain this balance, a number of steps can be taken at the level of the individual child psychiatry clinician and as a professional community. At the individual level, child psychiatrists can increase their knowledge about well-being and adjust their approach to incorporate these principles into routine practice. This includes efforts to become as knowledgeable as possible about the community with regard to schools, community organizations, childcare facilities, and enrichment opportunities for youth. At the discipline level, professional organizations are advised to modify their definition of what child and adolescent psychiatry is, while advocating for changes in research funding, training, more attention to social determinants of health, refined health care reimbursement models, and community strategies that can allow burgeoning efforts to emphasize mental well-being and health promotion to thrive.

CLINICS CARE POINTS

- Psychiatric clinicians who develop knowledge and expertise regarding the full spectrum of mental health, rather than just mental illness, have an expanded toolbox to offer patients.
- There is accumulating evidence that many areas of mental health promotion, such as exercise and positive parenting, can provide important benefits for families.
- Through reasonable adjustments, psychiatric clinicians can incorporate principles of positive psychiatry and well-being into their routine practice.

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