

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD: IMPLICATIONS FOR CHILDREN'S MENTAL HEALTH

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ABSTRACT

The *United Nations Convention on the Rights of the Child*¹ was created to promote the well-being of children around the world. The Convention, adopted by the General Assembly of the United Nations in 1989, covers a wide range of issues dealing with the physical and emotional well-being of children. The specific purpose of this article is to explore the implications of the Convention for children's mental health. A content analysis of the document reveals six main themes or guiding principles for the promotion of children's mental health: (a) protection, health care, and nurturance; (b) opportunities for education and personal development; (c) children's rights and self-determination; (d) appreciation of human diversity; (e) collaboration and respect for others; and (f) adequate provision of resources. Ways to translate these principles into action in families, schools, communities, and society at large are discussed. On the basis of available knowledge, I show how these values can be enacted by parents, teachers, professionals, and social policy-makers.

The purpose of this article is to examine the implications of the *United Nations (UN) Convention on the Rights of the Child* (hereafter referred to as the Convention) for children's mental health. The Convention was adopted by the General Assembly of the UN on November 20, 1989. Less than a year later, on September 2, 1990, the Convention went into effect. Although the Convention was adopted by the 159 Member States of the UN, not all of them have ratified it yet. This is because the ratification process takes time and not all countries are equally predisposed to accord the Convention legal status (Wilcox & Naimark, 1991). This delay notwithstanding, the Convention has the potential to influence policies and practices affecting children around the world. The impact of the Convention was most recently observed in the creation of an international tribunal to protect children victimized by violence and exploitation. The tribunal, to be based in Montreal, and funded by business foundations and nongovernmental organizations (NGOs), will utilize the Convention as a framework to investigate and publicly denounce violations of children's rights ("Children's Rights," 1994).

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The Convention, which was to be completed for the International Year of the Child in 1979, took 10 years to draft. A UN Working Group met once a year for a week to draft the proposal. This group received input from Member States and from influential NGOs (Cohen & Naimark, 1991). The result is a document consisting of four main sections. The first section (Preamble) outlines the general principles, the second or substantive section (Part I) articulates the human rights to be protected (Articles 1-41), and the last two portions (Parts II and III) deal with implementation procedures. For the purposes of this paper, we shall concern ourselves primarily with the substantive portion (Part I).

In discussing the implications of the Convention for children's mental health, I hope to contribute to the literature at two different levels. At the level of interpretation, I wish to propose a detailed analysis of the Convention's guiding principles. Previous reviews have concentrated primarily on the delicate balance between the principles of protection and self-determination (Hart, 1991; Melton, 1991). While very helpful in drawing our attention to the main themes of the Convention, in my opinion these reviews do not address properly other important elements of the Convention such as collaboration and respect for others and appreciation of human diversity, a salient theme of the document. Still at the interpretive level, I will discuss the limitations of the Convention's language with regard to adequate provision of resources. Although the drafters of the document refer frequently to the need for appropriate means to satisfy children's needs, there is not a sufficient appreciation of the lack of distributive justice within and across nations. Existing resources often do not get to those who need it the most because of unjust systems of production and distribution (Albee, Bond, & Cook Monsey, 1992; Prilleltensky & Gonick, in press).

At the level of action, I hope to show how the vision and guiding principles of the Convention can be actualized in the contexts of the family, school, community, and society at large. Melton (1991) has derived from the Convention useful policy recommendations. In this paper I wish to identify not just policies but specific interventions which can be carried out by care-givers and legislators.

In order to elucidate the meaning of the Convention for children's well-being, it is necessary first to offer a working definition of children's mental health. Following a brief conceptual overview of children's mental health, I will report the results of a content analysis of the Convention and identify articles dealing with the promotion of protective factors and with the prevention of risk factors. Next, I will outline possible actions to actualize the values of the Convention. Finally, I will discuss the challenge of advancing the Convention's principles in a comprehensive and holistic manner.

THE PROMOTION OF CHILDREN'S MENTAL HEALTH

The mental health of children can be conceptualized as the outcome of a balance of power between protective and risk factors and mechanisms. A useful formula to depict this notion has been proposed by Albee (1982) and further elaborated by Elias (The Consortium on the School-Based Promotion of Social Competence, 1994) and by Werner (1985). In this formula the numerator consists of risk factors, and the denominator of protective factors. Risk and protective

factors may be defined as circumstances, events, or characteristics of a person that either enhance or reduce the likelihood of mental health problems (Rolf, Masten, Cicchetti, Nuechterlein, & Weintraub, 1990). Examples of risk factors are organic vulnerabilities; stressful life events, such as separation, divorce, or death; sexual, physical, or emotional abuse; and economic exploitation. Some protective factors include self-esteem, coping skills, social supports, and material resources.

The dynamic interplay between risk and protective factors has led to the concept of protective mechanisms. Rutter (1987) has identified four key protective processes. These are (a) the reduction of risk impact, (b) the reduction of negative chain reactions stemming from stressful life events, (c) the enhancement of self-efficacy, and (d) the creation of opportunities for educational and personal development. The reduction of risk impact may be attained through the gradual exposure of the child to stressful situations. For example, when children are taken to visit the hospital prior to surgery, or when they go to kindergarten only for an hour during the first week of classes. The potential negative chain reaction stemming from the loss of parents may be stopped by ensuring sustained and adequate care for the children. Self-efficacy can be fostered in children through the promotion of feelings of mastery and control. Finally, opportunities for personal development may be created by teaching youth social skills they can apply in various settings, and by preventing school drop-out. This last mechanism may be conceptualized as the promotion of positive chain reactions. A good education can lead to attractive jobs, to a good income, and the like. Similarly, adequate social skills can lead to friendships, which translate into social supports that have the effect of buffering stress (Gore & Eckenrode, 1994).

Risk and protective factors are moderated and mediated by personal and contextual variables and processes. In other words, a particular stressful life event will have a differential impact on people depending on their psychological make-up, availability of external resources, and ability to enact protective mechanisms (Rutter, 1994). This is why it is difficult to predict with certainty the outcome of specific negative life events on particular children. Some will cope better than others. The research, however, points to the fact that even "resilient" children, who are coping well behaviourally with adverse circumstances, are not immune to affective problems (Radke-Yarrow & Sherman, 1990; Rutter, 1994). Therefore, in light of the documented negative sequel of risk factors, efforts should be directed at minimizing risk and maximizing protective factors and mechanisms.

We can argue then that children's mental health will be determined by the presence or absence of risk and protective factors, and by the extent to which the child and his/her care-givers successfully engage protective mechanisms in coping with stress (Haggerty, Sherrod, Garmezy, & Rutter, 1994; Rolf et al., 1990; Rutter, 1987, 1988). In terms of the mental health formula advanced by Albee (1982), Elias (The Consortium on the School-Based Promotion of Social Competence, 1994), and Werner (1985), this means that a reduction in the numerator and an increase in the denominator should enhance psychological well-being. It follows from this that the mental health of children can be improved by both the reduction of risk and the promotion of protective factors and mechanisms. Although the former route has traditionally predominated in the field of prevention, Cowen (1994) makes a compelling argument for the pursuit of wellness, and not just the

elimination of disease. As we shall see next, in line with Cowen's orientation, the UN Convention emphasizes primarily the creation of positive environments for the advancement of children's mental health.

THE MEANING OF THE UN CONVENTION FOR CHILDREN'S MENTAL HEALTH

If we adopt a holistic definition of children's well-being (World Health Organization, 1986), whereby the physical and psychological dimensions of health are intimately connected, it is readily apparent that almost every article of the Convention has direct or indirect implications for children's mental health. In order to understand the full meaning of the Convention for the psychological well-being of children and youth, I conducted a content analysis of its substantive section (Articles 1 to 41). With the exception of a few articles dealing with definitional and procedural issues (e.g., 1 and 41), all the articles have been examined for their potential contribution to children's mental health. A close reading of the substantive section reveals the presence of six main themes or guiding principles.

These guiding principles capture the vision of the Convention for children's welfare. Although the drafters of the Convention did not identify these six guiding principles as such, I believe they represent the values inherent in the document. As we shall see in the next section, the six values identified can serve as a guide for

TABLE 1
Guiding Principles Identified in the Convention and Their Corresponding Articles

| Guiding Principles | Articles Dealing With Promotion of Protective Factors | Articles Dealing with Prevention of Risk Factors |
|--|--|--|
| Protection, health care, nurturance | 3.2, 6, 7, 9.1, 9.3, 10.1, 10.2, 11, 19.2, 20.1, 20.2, 21, 22, 24.1, 24.2b, 24.2c, 24.2e, 25, 27.1, 27.2, 27.4, 29, 32.2, 40 | 17.e, 19, 24.2c, 24.2f, 32.1, 33, 34, 35, 36, 37, 38 |
| Opportunities for education and personal development | 14.2, 18.1, 23, 28, 29, 31, 40 | 28.1c, 28.3 |
| Children's rights and self-determination | 3.1, 5, 9.4, 12, 13, 14.1, 15, 23.1 | 16 |
| Appreciation of human diversity | 2.1, 8, 14.1, 17b, 17d, 20.3, 23.1, 23.2, 23.3, 29.1c, 29.1d, 30 | 2.2 |
| Collaboration and respect for others | 9.2, 13.2, 14.3, 15.2, 24.4, 29.1b, 29.1d | |
| Adequate provision of resources | 3.3, 4, 17, 18.2, 18.3, 23.2, 23.3, 23.4, 24.2, 26, 27.1, 27.3 | |

interventions. In other words, we should be able to use the Convention to adopt a value-based approach to children's mental health.

When an entire article with all its subsections addresses a particular theme, such as in the case of article 29, I report just the number of the main article. In other instances, when subsections of an article address different themes, as the subsections of article 32, I report the number and/or letter of the subsection, as appropriate. Certain articles appear in Table 1 more than once because they invoke multiple values. The categories are not orthogonal. Although a certain degree of overlap between them exists, I tried to capture distinctive elements that would help us appreciate the main points of the document. As can be seen in Table 1, I organized the articles according to thematic categories and according to their contribution to either prevention or promotion. While most articles have a clear orientation toward one or the other, some articles, like 24.2c, talk about both the prevention of risk and the promotion of protection. A visual inspection of the table shows that most statements utilize a promotion language. The table also displays the fact that most articles deal with protection, health care, and nurturance. I turn now to an elaboration of the six main values identified in the Convention.

Protection, Health Care, and Nurturance

The Convention recognizes that children have evolving capacities, and that in order for these abilities to thrive, children require protection, adequate health care, and nurturance. The younger the child, the more critical it is that care-givers provide these essential ingredients. The inability of the infant to provide for him or herself underscores the heavy responsibility of parents or alternate care-givers in creating adequate environments for children to develop physical and psychological health.

The language of promotion in health care and nurturance is evident in several articles. Article 24 recognizes "the right of the child to the enjoyment of the highest attainable standard of health." Article 19 is quite explicit in addressing prevention: "States parties shall take appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse."

The articles grouped under this category address risk factors that, if left unattended, can have devastating consequences. Because of the vulnerable state of the newborn, and the potential enduring damage that can ensue from psychological wounds inflicted at a young age (Finkelhor & Dzuiba-Leatherman, 1994), it is imperative that efforts be directed to prevent child abuse and neglect (Olsen & Widom, 1993), and to promote nurturance and protection (Yoshikawa, 1994). Most prevention and promotion programs with young children build on the notion that "a warm, secure early attachment is a vital early force that favors wellness" (Cowen, 1994, p. 155).

Opportunities for Education and Personal Development

In order to actualize the child's full potential, the Convention recognizes the need to provide sufficient opportunities for educational and personal development.

In promoting this right the document implies that children's well-being should entail more than the provision of basic necessities, it should also encompass the formation and unfolding of meaningful manual, intellectual, and spiritual capacities. Article 28 enshrines the "right of the child to education" by asking UN countries to "make primary education compulsory and available free to all." Article 29 indicates that "the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential." It also states that members should "take measures to encourage regular attendance at schools and the reduction of drop-out rates" (article 28.1e).

The Convention alludes to education as a fundamental right. This principle is intrinsically worthwhile and extrinsically valuable in that education contributes to the mental health of youth. Several authors have documented the protective role of a successful school career (Kolvin, Miller, Fleeting, & Kolvin, 1988; Maughan, 1988; Rutter, 1985, 1987).

Children's Rights and Self-determination

Several articles in the document explicitly address the civil rights of children and their freedom to express ideas and to have their opinions respectfully considered. While many civil rights address the personal safety of children and their "best interest," self-determination evokes the need to have children exercise their choice and comment on matters affecting their lives. "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (article 12.1).

Although questions may be raised concerning when is the child "capable of forming his or her own views," the main point of giving children a voice should not be undermined. For far too long children's voices have been neglected (Gross & Gross, 1977; Hart, 1991). As a protective factor, the value of self-determination cannot be ignored. A sense of mastery and control, and feelings of self-efficacy are primary contributors to self-esteem, a pillar of mental health (Garmezy, 1994; Rutter, 1987).

Appreciation of Human Diversity

Emerging from the collaborative efforts of many countries with diverse cultural backgrounds, the Convention is particularly sensitive to issues of human diversity. An attempt is made throughout the document to respect the traditions of different peoples and to ensure that services and resources are provided without discrimination to all those who need them, "irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (article 2.1). It is proclaimed that a child's education shall be directed to: "The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own" (article 29.1c).

As with previous guiding principles, respect for human diversity gains legitimacy from both moral philosophical and psychological grounds. From an ethical standpoint, recognition and respect of people's unique identities is a moral obligation equivalent to according people the right for self-determination (Taylor, 1992). From a mental health perspective, studies have shown the salutary effects of granting children and adults an opportunity to define their own personal identity, without fearing oppression or discrimination (McNicoll, 1993; Trickett, Watts, & Birman, 1994); and, conversely, the negative impact of having one's distinctiveness disparaged (Pilar Quintero, 1993). Moreover, research has shown the disturbing consequences of discrimination based on gender. El-Mouelhy (1992) has documented in detail the subjugation of women and young girls in many developing countries. Practices such as son preference, malnutrition, economic blackmail, physical brutality, and female circumcision condemn girls and women to lives of suffering and despair.

Collaboration and Respect for Others

Inherent in the Convention there is a premise that conflict among peoples should be minimized. Educational and legislative efforts are to be directed at fostering cooperation among individuals and nations. Article 29.1d strives to prepare the child for "responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin." The document notes in several places instances where self-determination may be restricted for the purposes of not infringing on other people's rights. Article 13, which advances the right to freedom of expression, states in subsection 13.2 that "the exercise of this right may be subject to certain restrictions . . . for respect of the rights or reputations of others." In general, this category reflects the need to place limits on individual freedom for the common good, and the perennial necessity to resolve conflict in peaceful ways.

Children are victims of violence in many settings (Filkelhor & Dziuba-Leatherman, 1994; Gross & Gross, 1977). Not only do children suffer themselves from the consequences of violence, but they sometimes perpetuate it by acting aggressively against peers and partners, as this is the main conflict resolution mechanism acquired during childhood (Olweus, 1992; Patterson, DeBarsyshe, & Ramsey, 1989; Tolan & Guerra, 1994). The Convention shows sensitivity to the need to promote social values and social skills essential for community living.

Adequate Provision of Resources

Many of the previous ideals could not be attained without material and economic resources and high-quality accessible services. The drafters of the accord were mindful of the fact that many families in post-industrial and developing nations lack the resources to adequately provide for their children. Similarly, they were cognizant of the disparity in amount and quality of resources available for children in rich and poor countries. The Convention makes specific mention of the obligation of governments to ensure access to daycare services and facilities for children of working parents; to facilitate access to information; to give assistance to

families with disabled children; and to ensure the provision of primary health care, social insurance, children's services, and social programs.

Children's emotional well-being is tied to their socio-economic welfare (McLeod & Shanahan, 1993). Low income, for example, has been found to be the strongest risk factor for conduct disorder (Offord, Alder, & Boyle, 1986). Appalling sanitary and living conditions for many of the world's children is the primary barrier to their physical and mental health. Malnutrition is rampant in many African, Latin American, and Asian nations. The book edited by Albee et al. (1992), reviewed in this issue, offers many disturbing examples of the devastating effects of lack of socio-economic resources.

TABLE 2

Potential Interventions to Actualize the UN Convention in Various Social Contexts

| | Protection, Health, and Nurturance | Education | Self- Determi- nation | Human Diversity | Collabora- tion | Resources |
|---|--|---|---|---|---|--|
| Family: The Role of Parents | Foster at- tachment and act as buffer against stress | Become involved in child's education | Promote empower- ment and self-efficacy | Respect child's unique attributes and identity | Model respect and allow child a voice | Procure basic necessities within family's means |
| School: The Role of Teach- ers | Create safe and nur- turing envi- ronment and reduce drop- out rates | Enhance competen- cies and open doors for personal and academic growth | Foster meaningful involvement and afford children opportunities to exercise choice | Foster climate of respect for diverse identities | Teach values of respect and collaboration and provide social skills training in non- competitive climate | Provide families educational resources and afford them opportunities to become involved |
| Com- munity: The Role of Volun- teers, Parapro- fession- als, and Profes- sionals | Create safe communi- ties, free of violence and drugs | Encourage participation of youth in meaningful community activities | Empower youth to have voice and choice in programs and services | Develop inclusive and culturally sensitive social and mental health programs | Model and expect respect and collabora- tion in programs and services | Provide services and resources in fair, equitable, and accessible manner |
| Society: The Role of Policy- Makers and Legisla- tors | Establish national and provincial offices for promotion of children's mental health | Ensure fair distribution of educational opportunities | Establish offices of ombuds- persons to advocate for children's rights | Create legislation and policies to eliminate discrimina- tion | Balance rights of individuals with those of community at large | Distribute social resources not just on basis of merit but also on basis of need |

The purpose of this section was to discuss the main themes of the Convention and to explore their meaning for the mental health of children and youth. The guidelines identified here lend themselves to action at various levels of intervention. To these we now turn.

IMPLICATIONS OF THE CONVENTION FOR CHILDREN'S MENTAL HEALTH

The purpose of this section is to explore potential entry points for the actualization of the many policies and guidelines articulated in the Convention. It is my intention to identify roles for the many care-givers who have an impact on children's development. I begin with the most proximal environment affecting children's lives, the home, and conclude with recommendations for policy-makers. As can be seen in Table 2, there are implications for action deriving from the six principles for each level of intervention. Due to space limitations, I shall discuss in the text only a few selected interventions.

Family: The Role of Parents

Although parents can promote each one of the six principles identified in the Convention, I wish to focus here on two salient tasks: (a) protection and nurturance through the development of secure emotional bonds, and (b) the promotion of self-determination through empowering experiences. Literature recently reviewed by Cowen (1994) offers support for both kinds of wellness enhancement mechanisms. With respect to the first, several studies demonstrate that interventions designed to improve parent-child attachment offer measurable benefits. Among other results, children participating in parent-child attachment programs exceeded controls in coping and communication skills, exhibited less aggression, and were better adjusted in school. These findings corroborate many of Bowlby's claims with regard to the mental health value of secure emotional bonds with parents. Parental warmth and sensitivity would seem to shield the child from stressors early in life and provide a level of confidence that would allow the child to cope better with challenges later in life (Bowlby, 1988).

In addition to the security derived from a sound attachment to parents, feelings of self-efficacy emerge as a result of the child experiencing mastery and control over his or her environment (Garmezy, 1994; Rutter, 1987). The ability to control situations empowers the child to feel successful, thus providing him or her with the sense that their actions make a difference in the world. This is an achievement of tremendous proportions towards which parents can contribute a great deal. Every day there are dozens of opportunities for parents to facilitate feelings of empowerment in the child. When parents consistently fail to do so, self-efficacy does not thrive, and children are prevented from experiencing a sense of control over their lives. When children are provided with meaningful chances to have a say in matters affecting them, they are more likely to assert their self-determination.

In order to provide an enabling and empowering environment for their children, many parents require empowering and supportive experiences themselves. To meet this need, there are now many successful family support programs intended to work with parents on building their own sense of competence (Dunst,

Trivette, & Thompson, 1990; Olds, 1990). These consumer-driven programs strive to maximize families' control and decision-making power regarding the assistance they need (Dunst, Trivette, & Deal, 1988). Furthermore, these initiatives try to provide supports in "ways that are empowering to clients and therefore enhance their abilities to become as self-sustaining as possible," while service providers "function primarily as enablers, creating opportunities to enhance and promote client capabilities" (Dunst & Trivette, 1989, p. 92). Such an approach should help parents activate in their own children feelings of competency and self-reliance.

School: The Role of Teachers

Here I wish to discuss the opportunities teachers have to (a) create safe and nurturing environments, (b) foster personal growth, and (c) promote collaboration and respect for others. Schools should offer a safe and nurturing environment for children. However, the reality does not always match the ideal. Schools in many Western nations, to be sure, suffer from high levels of violence where youngsters do not feel secure (Olweus, 1992). Similarly, many students feel alienated and despondent towards school. Many promising programs to create safer schools (Olweus, 1992) could be emulated and successful programs to increase students' sense of belonging (Ferner & Adan, 1988) could be implemented to improve the social climate of educational settings.

Concerning opportunities for personal growth, school experiences heavily determine children's desire to pursue higher educational or explore intellectual or spiritual horizons. Educational settings contribute to the development of self-efficacy through rewarding academic experiences (Maughan, 1988), experiences that build the cognitive and affective self-image of students (Miller, in press). Kolvin and his associates concluded, based on a longitudinal study, that a "sense of stability and esteem derived from meritorious school performance persists as a protective factor into later life" (1988, p. 93). Follow-up studies of children who participated in early educational enrichment programs support these results (Schweinhardt & Weikart, 1990). The crucial lesson to remember, though, is that a sense of mastery conducive to personal growth does not necessarily derive from monotonous paper and pencil exercises but from meaningful participation in activities that pertain directly to children's lives. For the positive outcome described in Kolvin to take place, the curriculum must make sense to the child and be relevant to his or her life events (Miller, in press; Rutter, 1985).

Schools are in a unique position to foster collaborative attitudes in youngsters. In addition to the chances teachers have to model collaborative behaviour, there are now proven methods of teaching social skills and fostering cooperation among students (Elias & Clabby, 1992; The Consortium on the School-Based Promotion of Social Competence, 1994). Although these programs have been thoroughly researched and documented, many school boards still do not appreciate the benefits of these preventive efforts for children's mental health (Mercer, 1989; Meyers, 1989; Weissberg & Elias, 1993). Furthermore, many schools shy away from imparting the values needed to build strong communities (Etzioni, 1993).

Community: The Role of Professionals

Outside the home and the school children come in contact with many care giving adults. These are professionals, paraprofessionals, and volunteers in capacities such as leaders of extracurricular activities, health and mental health service providers. They too have a responsibility to carry out the mandate of the UN Convention. In this section I wish to emphasize three re-orientations required in the mental health professions in order to advance children's rights. The first dimension of service concerns timing of intervention, the second addresses level of intervention, and the third deals with client-professional relationships.

Mental health interventions can be either proactive or reactive. Research in the United States (Goldston, 1991) and Canada (Nelson, Prilleltensky, Laurendeau, & Derksen, 1994) has shown that the vast majority of professional resources are allocated to reactive treatments. If we consider children's protection in the community, for instance, we readily see that their safety in many neighbourhoods is threatened by drugs, alcohol, and violence. Although services exist to treat the results of substance abuse, little efforts can be seen to seriously prevent the occurrence of these problems in the first place. The work by Hawkins, Catalano and associates (1992, see also book review section, this issue) to create safe communities is an example of proactive efforts at the community level to enhance children's protection and health.

The second dimension of concern here is the nearly pervasive focus of psychological services on the child, without sufficient appreciation of the social dynamics implicated in the origin, definition, and perpetuation of the so-called problem behaviour (Burman, 1994). A tendency to define the problem as if it was entirely contained within the child, and separate from the child's human and social contexts has repercussions for the kind and distribution of services and resources offered (Prilleltensky, 1994). When the reactive and individualistic traditions collide, we narrow the range of mental health services to child therapy or remedial learning. When proactive and ecological interventions eventuate, we expand the reach and benefits of mental health services exponentially (Trickett & Birman, 1989). A professional re-orientation toward the latter approach would help actualize the Convention by eliminating or reducing the sources of stress (Albee, 1990; Cowen, 1994).

The third change in focus advocated here has to do with client-professional relationships. Many human service and mental health professionals operate on the basis of an expert model of service delivery, a model that (a) emphasizes deficits, (b) creates a distance between professional and client, (c) limits the ability of people to help themselves, (d) promotes a power imbalance between service providers and service consumers, and (e) takes considerable control over the helping process away from clients (Dawes, 1994; Durkin, 1990; Fox, 1981; Hasenfeld & Chesler, 1989; Hegar, 1989; Reiff, 1974). This is an approach that does not enable clients but that perpetuates feelings of incompetence and dependency on expert advice. This expert-driven model does not allow for the occurrence of empowering and collaborative relationships between professionals and consumers, thus restricting parents' and children's voices in the selection of help desired. Professionals endorsing feminist and empowering orientations offer viable alternatives to the expert model. By creating more egalitarian relationships between themselves and

families, enabling consumers to take control, identifying strengths, fostering consumer participation in overcoming challenges, and sharing knowledge with clients in accessible and understandable terms, these workers facilitate the self-determination of parents and children, and model collaboration and respect, vital ingredients of empowering interventions invoked by the Convention (Cochran, 1986; Dunst, Trivette, & Thompson, 1990; Lerman & Porter, 1990; Lord & Hutchison, 1993; McKnight, 1989; Tyler, Pargament, & Gatz, 1983; Watson & Williams, 1992).

Society: The Role of Policy-makers and Legislators

Much as children's emotional and learning difficulties cannot be isolated from the context where they occur, community problems cannot be analyzed without consideration of the social, political, and economic order, and their attendant values. Policy-makers and legislators have a crucial role to play in the promotion of children's mental health. Some potential initiatives for this influential group are mentioned in Table 2. I shall touch here on the promotion of health and the distribution of resources.

If there is a shortage of resources for the mental health of adults in North America (Albee, 1990), the situation is even more alarming for children. Melton reported that in the United States, "the modal mental health department did not have a single staff member assigned exclusively to planning and administration of child mental health services" (1991, pp. 68-69). The provision of preventive services for children in Canada is also inadequate (Nelson et al., 1994). A timely policy recommendation would be to establish national and provincial offices for the promotion of children's mental health. Such an office would oversee inter-ministerial efforts to prevent psychosocial problems and promote emotional and behavioural well-being.

The final recommendation pertains to the overall allocation of goods and services in society, in short, to the issue of distributive justice. The cardinal question of distributive justice, as eloquently posed by Sidgwick in 1922 is "Are there any clear principles from which we may work out an ideally just *distribution* of rights and privileges, burdens and pains, among human beings as such" (p. 274). *Work* and *need* have been considered appropriate criteria for fair distribution (Facione, Scherer, & Attig, 1978; Miller, 1978). The decision to allocate goods and resources on the basis of work or need is greatly facilitated when social circumstances are taken into account. When economic conditions are such that there is employment for everyone and these jobs have adequate pay, it is appropriate to adopt work as the principle for distributive justice. However, when people are unemployed, not by choice but because of socioeconomic or other incapacitating factors, it would be justifiable to utilize the principle of need (Facione et al., 1978). The point of this discussion is that in most market-driven societies goods are allocated on the basis of reward for work, regardless of the regnant social conditions. Whereas social circumstances in many countries would seem to justify a more balanced conception of justice, market systems largely favour the idea of rewarding people exclusively for their work, in large disregard for their material and psychological needs (George & Wilding, 1976; Miller, 1978). Consequently, many disadvantaged individuals fail to receive adequate support for themselves, their families, and their children.

Redistributing social resources not only on the basis of merit for work, but also on the basis of need has far reaching implications for children's well-being. Policy-makers and legislators ought to strive for a distribution of resources that takes into account the needs of vulnerable families and children who, despite strenuous efforts, cannot yet escape the cycle of poverty. Going back to the definition of health inscribed in the Ottawa Charter (World Health Organization, 1986), and in the ideals proposed in the UN Convention, it should be obvious that "health cannot exist in the absence of justice" (Towards Justice in Health, 1993). The grim reminders of children growing up in unjust societies and in poverty are all too well documented for legislators to ignore (e.g., Albee, Bond, & Cook Monsey, 1992; Garnezy, 1994; Johnson & Barnhorst, 1991; McLeod & Shanahan, 1993).

CONCLUSION

One of the strengths of the Convention is its comprehensive coverage of critical issues affecting children's well-being, from a nurturing home environment to adequate provision of resources. While sensitive to the need to grant families economic and social supports to enhance children's mental health, the Convention, in my view, does not make a strong enough statement to urge national and international authorities to distribute national and global resources in a more equitable fashion. The disparity between rich and poor in accessing resources is a major barrier to children's psychological health (Kramer, 1992). This is why it is so important to work concurrently toward the achievement of all six principles, at all levels of intervention. It is not enough to procure secure attachments when life outside the home is debilitating. Prevention at the psychological level without changes in social structures is not sufficient either. As Cowen, Work, and Wyman (1992) put it,

Even though the notion of a preventive intervention with youngsters is intrinsically appealing, an intervention that focuses exclusively on children—even one that provides optimal conditions and imparts essential skills and competencies effectively—may have major limitations. . . . Beyond that, remains the menacing spectre of limitations on human development imposed by a social macrostructure that short-changes major segments of society in terms of such critical factors as justice, empowerment and life opportunity (pp. 165-166).

NOTES

1. In Canada, copies of the *United Nations Convention on the Rights of the Child* can be obtained by writing to the Human Rights Directorate, Department of Canadian Heritage, Ottawa, ON K1A 0M5.
Au Canada, on peut obtenir des copies de la Convention des Nations Unies sur les droits des enfants en écrivant à la Direction des droits de la personne, Département de l'Héritage Canadien, 5D8-15, rue Eddy, Hull, PQ K1A 0M5.

RÉSUMÉ

La Convention des Nations Unies sur les droits des enfants¹ a été créée pour promouvoir le bien-être des enfants à travers le monde. La Convention, adoptée par l'Assemblée Générale des Nations Unies en 1989, englobe un large éventail de questions concernant le bien-être physique et émotionnel des

enfants. L'objectif spécifique de cet article est d'analyser les implications de la Convention pour la santé mentale des enfants. Une analyse de contenu du document révèle six grands thèmes ou principes directeurs pour la promotion de la santé mentale des enfants: (a) protection, soins de santé, et soins globaux; (b) accès à l'éducation et au développement personnel; (c) droits des enfants et auto-détermination; (d) reconnaissance de la diversité humaine; (e) collaboration et respect des autres; et (f) disponibilité de ressources adéquates. Différentes façons de traduire ces principes en des actions concrètes au niveau de la famille, de l'école, de la communauté, et de la société dans son ensemble, sont discutées. En se basant sur l'état actuel des connaissances, l'auteur démontre comment ces valeurs peuvent être promulguées par les parents, les professeurs, les professionnels, et les décideurs sociaux.

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