

A Vision for a Mentally Healthy America

**Opening remarks by
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**At the
Public Dissemination Event for *Preventing Mental,
Emotional, and Behavioral Disorders among Young People:
Progress and Possibilities***

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Attached is the text prepared for delivery; however, some material may have been added or omitted at the time of delivery.

Thank you, Rosemary¹ for your kind introduction and for the invitation to join you at this important gathering. I also want to extend my sincere gratitude to the Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults and its chair Kenneth Warner for their unwavering commitment to this project and to the Nation's young people. In addition, I'd like to recognize the hard work of study director Mary Ellen O'Connell and I want to thank the National Institutes of Mental Health, Drug Abuse, and Alcohol Abuse and Alcoholism for their support of this seminal report.

American philosopher and educational reformer John Dewey said, *"Every great advance in science has issued from a new audacity of the imagination."* Today, in presenting this much anticipated report from the National Research Council and the Institute of Medicine, we have the audacity to say, unequivocally, that many

¹ Rosemary Chalk is Director of the National Research Council's Board on Children, Youth, and Families

mental, emotional, and behavioral disorders in young people are in fact preventable.

And because we can prevent negative mental, emotional, and behavioral outcomes for our young people, we can and we must create an aggressive agenda to promote mental health for all Americans.

Background

The report being released today, called *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*, was commissioned by CMHS, part of the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. It updates the groundbreaking 1994 IOM report, “*Reducing Risks for Mental Disorders,*” which provided the basis for understanding the science of prevention, examined early research in the field, and proposed areas for further study.

This new report focuses on our Nation's young people because we know that half of all diagnosable lifetime cases of mental illness begin by age 14, and three-fourths of all lifetime cases start by age 24. We also know that first symptoms occur 2 to 4 years prior to development of a diagnosable disorder, which means we have an important window of opportunity in which to respond. Unfortunately, data show a significant lack of access to services for both mental health and substance use problems for our Nation's youth.

This new report, which calls on us to make the healthy mental, emotional, and behavioral development of our young people a national priority, couldn't be timelier. In updating the science on the prevention of mental health problems, and in recommending the inclusion of mental health promotion in the full spectrum of mental health interventions, this report fits squarely for calls to adopt a proactive, public health approach to health care reform.

In fact, as the authors of this report conclude, “*The Nation is now well positioned to equip young people with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships that strengthen the social fabric.*” This can and should be the vision of health care reform.

Indeed, I believe we truly have reached the “tipping point” where policymakers, health and mental health care providers, and the general public increasingly understand that “*there is no health without mental health.*” We can and we must succeed in making mental health promotion and mental illness prevention the centerpiece of health care reform efforts because individuals’ lives depend on it.

Building Social and Emotional Competence

The good news is we know how to get there. In the late 1990s, when I was Director of the Rhode Island Department of Mental Health, Retardation, and Hospitals, we created the Rhode Island

Emotional Competency Partnership among the State agencies of mental health; human services; education; and children, youth, and families.

We invited two of the preeminent thinkers and researchers in the field, Daniel Goleman and Mark Greenberg, to address us. Many of you may know Goleman as the author of the book *Emotional Intelligence* and Greenberg as Principal Investigator and Director of the Promoting Alternative Thinking Strategies or PATHS Curriculum. The PATHS Curriculum is highlighted as a successful practice in the report being released today.

Here's what we found. We learned that we were so busy preventing drug and alcohol abuse, teen pregnancy, and violence—often in separate, categorically funded programs—that we had completely neglected to promote the healthy behaviors that could forestall these negative outcomes.

Mark Greenberg told us, *“if we teach children from the beginning, early in their school years, how to become effective problem solvers, how to have self-control, [and] how to show emotional regulation, when they get to categorical problems, like AIDS issues or sexuality or violence...they’ll have the underlying skills that are necessary to help them manage these problems.”*

We must consider the development of social and emotional competence as a public health issue and a matter of public policy because the costs—in disrupted lives and relationships, in lost or reduced earnings, and in lost lives—are simply too high.

The new report before you gives us a roadmap for doing so. It argues that we must target our interventions to strengthen individuals by building resilience. Indeed, I think we need to add a fourth “R” to the basics of education—in addition to reading, writing, and arithmetic, we must add resilience. Resilient individuals, those that have good self-esteem, communication and

problem-solving skills, and respect and appreciation for others, can withstand the inevitable slings and arrows of our complex world.

We must strengthen families, because strong, healthy families grow strong, healthy individuals. A former Rhode Island cabinet official, who envisioned a time when our families would have the opportunity, the resources, and the decision-making skills to create their own future, once said, “The long-standing view of...families as broken, needing to be fixed...is giving way to a new strengths based model...”

We must strengthen communities because, as the report points out, “communities have a role to play in supporting preventive interventions and in developing responses that address community needs and build on community needs.”

Strengthening individuals in community is the essence of a public health approach to health care.

Increasingly, our communities are stressed by the crisis of poverty. The report's authors wrote, "*We are persuaded that the future mental health of the Nation depends critically on how, collectively, the costly legacy of poverty is dealt with.*" Poverty often results in overcrowding, poor schools, limited health care, unsafe and stressful environments, and lack of adequate food, all of which can imperil cognitive, emotional, and behavioral development. CMHS, SAMHSA and HHS have made a commitment to address the social determinants of health to help promote healthier individuals, healthier families, and healthier communities.

A Call to Action

Beginning today, each and every one of us must respond to the call for action issued by the National Research Council and the Institute of Medicine. As President Obama has said, "*Change will not come if we wait for some other person or some other time.*"

Now is the time to infuse evidence-based prevention programs into a range of family, school, and community settings. We must give priority to programs that have been tested and replicated in real-world environments, that have reasonable cost, and that are supported by tools that will help to implement key elements of the programs with fidelity.

CMHS, SAMHSA and HHS support the development and implementation of evidence-based prevention programs because they work! As Mark Greenberg told us, children who received the PATHS intervention get along better with friends and are more able to tolerate frustration. They also show better cognitive skills on nonverbal planning tasks. And they report both lower rates of depression and lower rates of acting out behavior. This is mental health transformation in action!

We also must pursue a rigorous research agenda—including research into the promotion of mental health—that is aimed at

improving both the quality and implementation of interventions across diverse settings. An emerging area of research involves the influence of the environment on the expression of a specific gene or set of genes. This exciting new knowledge has the potential to inform future preventive interventions. Together, SAMHSA and our partners at the National Institutes of Health have embraced an ambitious science-to-service agenda.

And perhaps most important—at SAMHSA, at HHS, and in the broader mental health community—we must raise public understanding and acceptance of mental health promotion and mental illness prevention. Indeed, as the report’s authors note,

“Just as a behavior like cigarette smoking is seen as something to change because it is a risk factor for cancer and heart disease, the lack of public understanding and support for prevention can be seen as a risk factor for societal failure to prevent problem development in childhood and adolescence.”

In fact, I think our greatest responsibility is to help envision and create a mentally healthy America. At his presentation in Rhode Island, Daniel Goleman challenged us to answer the question, “What would it look like if a State like Rhode Island had an emotionally intelligent citizenry?”

Recently, as he reported in November of 2008, Goleman found an answer to his question, not in Rhode Island, but in the seaside city of San Sebastian, one of the three provinces that make up the Basque area of Spain.

In San Sebastian, at the behest of the Minister for Technology and Innovation, local scholars, educators, business people, and community organizers are setting out to create a socially and emotionally intelligent society.

When Goleman visited, he found that 30 to 40 percent of schools in San Sebastian have curricula in social and emotional learning, and more are being phased in. There are emotional intelligence

programs for parents and families and even communities. And businesses in the region are incorporating emotional intelligence into their leadership training. The people of San Sebastian are transforming their future by changing how they look at the mental, emotional, and behavioral development of their entire population!

I want to challenge us today to envision a similar scenario for the United States. We need to imagine a time when:

- We focus less on preventing negative outcomes and focus more on promoting healthy social and emotional development across the lifespan, beginning at the earliest possible moment;
- When family members are supported in their roles as mothers and fathers, workers, businesspeople, and members of faith communities;

- And when communities, States, and the Nation as a whole consider the development of social and emotional intelligence not as a soft science or a feel-good mandate, but as an absolute imperative ethically, financially, and for the health of our country.

Let us move forward together to this envisioned future. As Oliver Wendell Holmes said, *“I find the great thing in the world is not so much where we stand, but in what direction we are moving.”*

We must move swiftly, boldly, and without hesitation to make the prevention of mental, emotional, and behavioral disorders and the promotion of mental health a national priority. The people we serve deserve nothing less. Thank you.