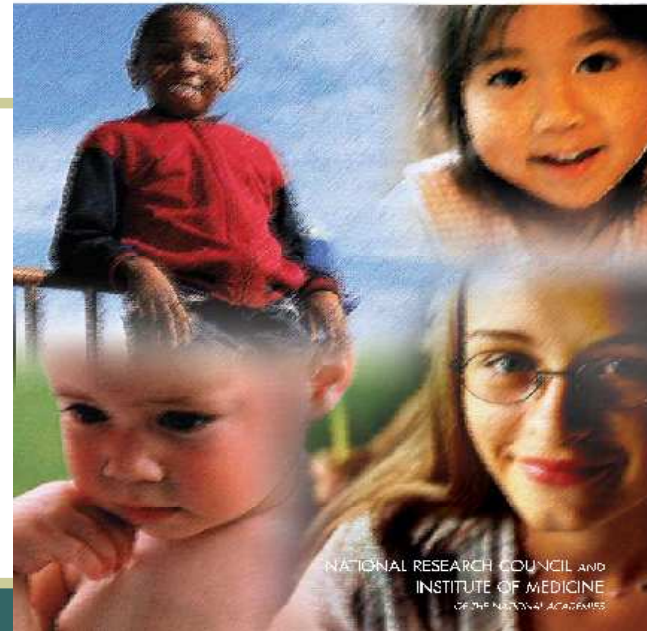


Report of the Committee on the Prevention of Mental Disorders and Substance Abuse

Preventing Mental, Emotional,
and Behavioral Disorders
Among Young People

Progress and Possibilities



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Committee Members

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Committee Charge

- 1 Review promising areas of research
- 1 Highlight areas of key advances and persistent challenges
- 1 Examine the research base within a developmental framework
- 1 Review the current scope of federal efforts
- 1 Recommend areas of emphasis for future federal policies and programs of research

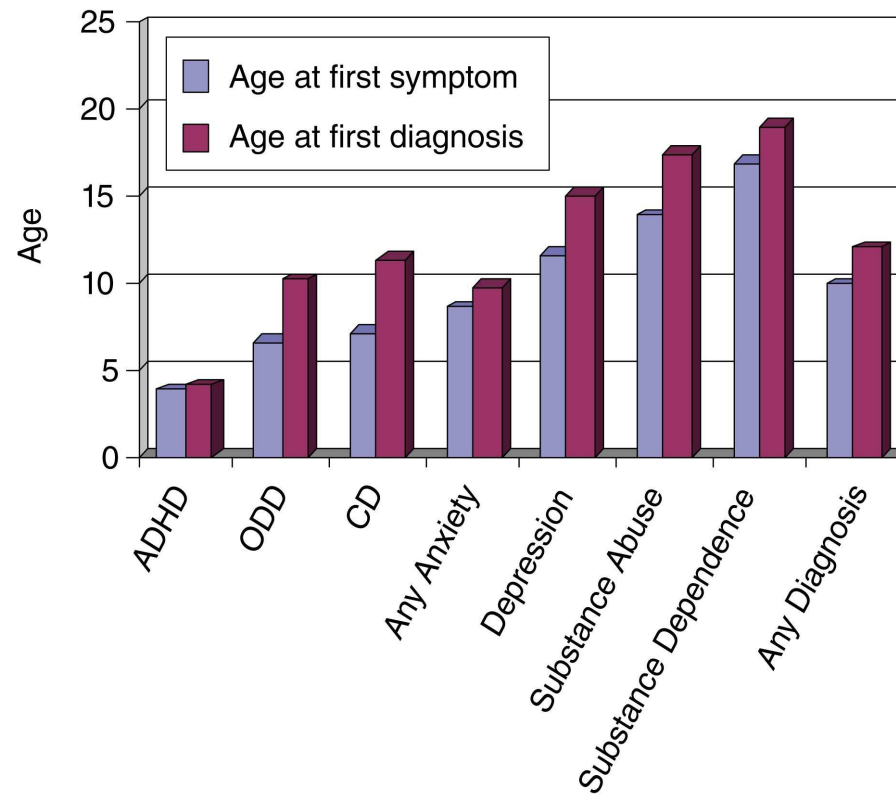
Disorders Are Common and Costly

- 1 Around 1 in 5 young people (14-20%) have a current disorder
- 1 Estimated \$247 billion in annual costs
- 1 Costs to multiple sectors – education, justice, health care, social welfare
- 1 Costs to the individual and family

Preventive Opportunities Early in Life

- 1 Early onset ($\frac{3}{4}$ of adult disorders had onset by age 24; $\frac{1}{2}$ by age 14)
- 1 First symptoms occur 2-4 years prior to diagnosable disorder
- 1 Common risk factors for multiple problems and disorders

Prevention Window



Core Concepts of Prevention

1. Prevention requires a paradigm shift
2. Mental health and physical health are inseparable
3. Successful prevention is inherently interdisciplinary
4. Mental, emotional, and behavioral disorders are developmental
5. Coordinated community level systems are needed to support young people
6. Developmental perspective is key

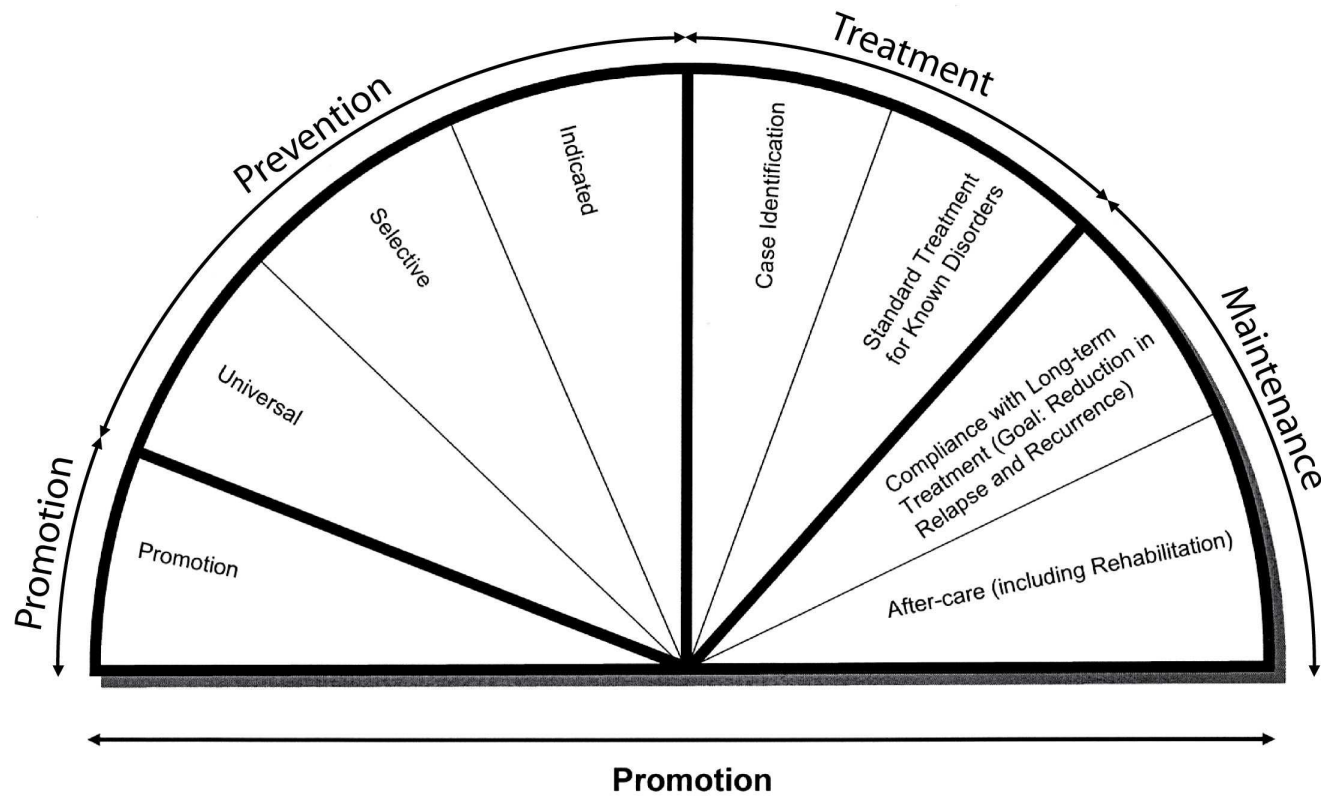
Defining Prevention and Promotion

- 1 Prevention of relapse, co-morbidity are considered treatment, not prevention
- 1 Endorsed classification of prevention as universal, selective or indicated
- 1 Added promotion as a complementary intervention approach

Mental Health Promotion Aims to:

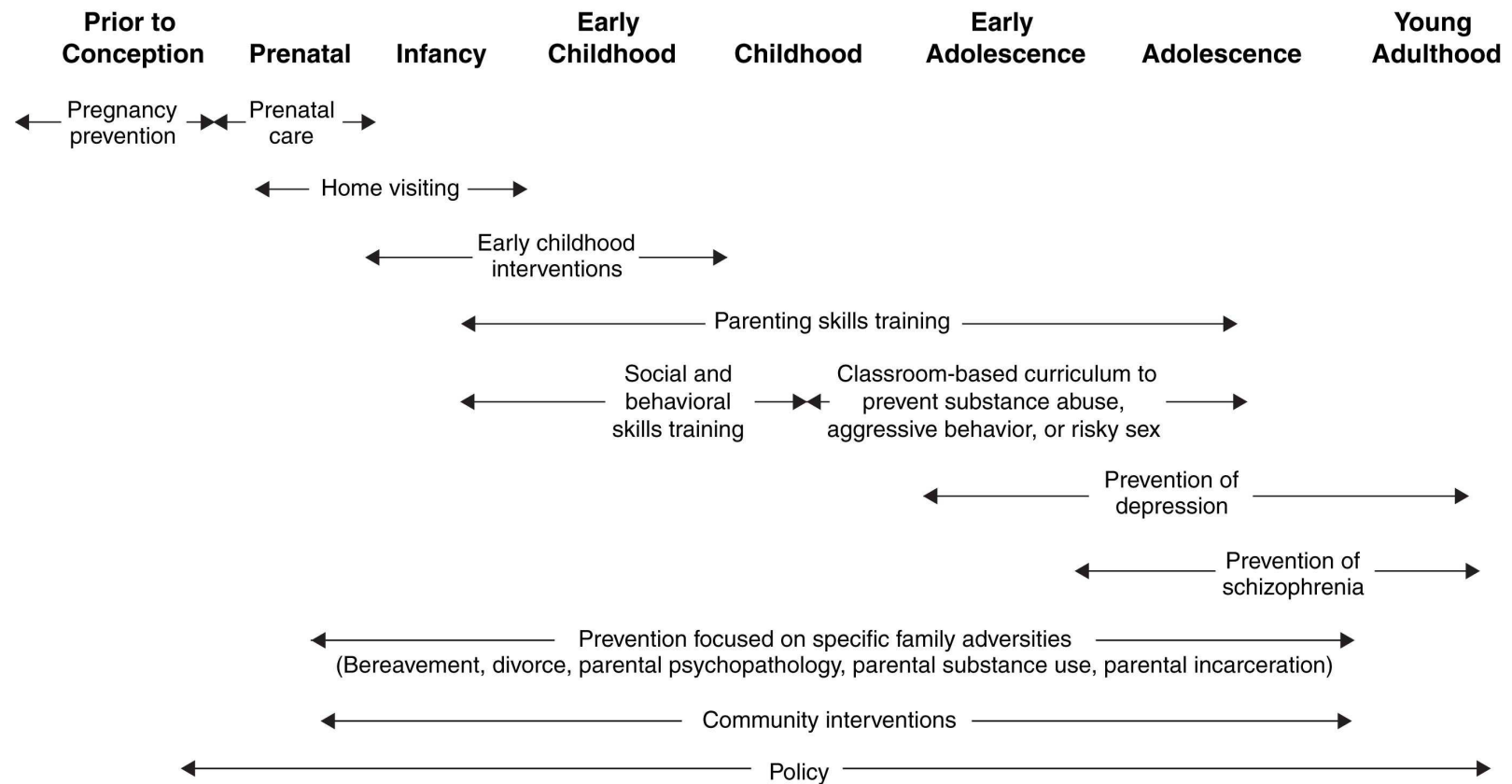
- 1 Enhance individuals'
 - ability to achieve developmentally appropriate tasks (developmental competence)
 - positive sense of self-esteem, mastery, well-being, and social inclusion
- 1 Strengthen their ability to cope with adversity

Prevention AND Promotion



Preventive Intervention Opportunities

Interventions by Developmental Phase



Two Approaches to Targeting Interventions

- 1 Target specific disorders -- depression, substance abuse, schizophrenia
- 1 Target risk and protective factors for multiple disorders -- poverty, maltreatment, family disruption, community and school risk factors

Impressive Evidence of Efficacy

- 1 Interventions show effects on wide range of serious problems such as substance abuse, depression, antisocial behavior, child abuse
- 1 Interventions improve positive outcomes such as school success, self-esteem
- 1 Multi-year effects of some interventions

Evidence from Studies that Target Specific Disorders

- 1 Indications that incidence of adolescent depression can be reduced
- 1 Emerging evidence to prevent onset of full-blown schizophrenic episodes

Family-Based Programs Prevent Multiple Problems and Disorders

- 1 Parenting Programs (Incredible Years, Triple P, Strengthening Families 10-14)
- 1 Home Visiting (Nurse Family Partnership)
- 1 Family Disruption Interventions (e.g., Divorce, Maternal Depression)

School-Based Programs Prevent Multiple Programs & Build Strengths

- 1 Comprehensive Early Childhood Education
- 1 Good Behavior Game
- 1 PATHS
- 1 Life Skills Training
- 1 Linking Interest of Families and Teachers
- 1 Fast Track
- 1 Adolescent Transitions Program

Implementation

- 1 Need effectiveness and implementation trials
- 1 Need community-researcher partnerships
- 1 Implementation research has highlighted:
 - complexity
 - important role of community

Screening

- 1 Screening should meet modified WHO criteria
- 1 Validated tool
- 1 Responsive to community priorities
- 1 Intervention available
- 1 Parent endorsement

Recommendation Themes

- 1 Putting Knowledge into Practice
- 1 Continuing Course of Rigorous Research

Putting Knowledge Into Practice: Overarching Recommendations

- 1 The federal government should make the healthy mental, emotional, and behavioral development of young people **a national priority, establish public goals** for the prevention of specific MEB disorders and the promotion of healthy development among young people, and **provide needed research and service resources** to achieve these aims.

Putting Knowledge Into Practice: Overarching Recommendations

- 1 **The White House** should create an ongoing mechanism involving federal agencies, stakeholders (including professional associations), and key researchers to **develop and implement a strategic approach** to the promotion of mental, emotional, and behavioral health and the prevention of MEB disorders and related problem behaviors in young people. **The Departments of Health and Human Services, Education, and Justice should be accountable for coordinating and aligning their resources**, programs, and initiatives with this strategic approach and for encouraging their state and local counterparts to do the same.

Putting Knowledge Into Practice: Overarching Recommendations

- 1 **States and communities** should develop networked systems to apply resources to the promotion of mental health and prevention of MEB disorders among their young people. These systems should involve individuals, families, schools, justice systems, healthcare systems and relevant community-based systems. Such approaches should **build on available evidence-based programs** and involve local evaluators to assess the implementation process of individual programs or policies and to **measure community-wide outcomes**.

Putting Knowledge Into Practice: Data Collection and Monitoring

- 1 HHS should provide annual prevalence data and data on key risk factors
- 1 SAMHSA should expand service use data collection

Putting Knowledge Into Practice: Funding

- 1 Prevention set-aside in mental health block grant
- 1 Braided funding
- 1 Fund state, county, and local prevention and promotion networks

Putting Knowledge Into Practice: Funding (Cont'd)

- 1 Target resources to communities with elevated risk factors (e.g., poverty)
- 1 Facilitate researcher-community partnerships
- 1 Prioritize use of evidence-based programs and promote rigorous evaluation across range of settings

Putting Knowledge Into Practice: Workforce Development

- 1 HHS, ED, and Justice should develop training guidelines
- 1 Set aside funds for competitive prevention training grants
- 1 Professional training programs should include prevention
- 1 Certification and accrediting bodies should set relevant standards

Continuing a Course of Rigorous Research: Overarching Recommendations

- 1 **The National Institutes of Health**, with input from other funders of prevention research, should develop **a comprehensive 10-year research plan targeting the promotion of mental health and prevention of both single and comorbid MEB disorders**. This plan should consider current needs, opportunities for cross-disciplinary and multi-institute research, support for the necessary research infrastructure, and establishment of a mechanism for assessing and reporting progress against 10-year goals.

Continuing a Course of Rigorous Research: Overarching Recommendations

- 1 Research funders should establish **parity between research on preventive interventions and treatment interventions**

Envisioning the Future

1. Factors shown to improve the physical and mental health of children are addressed and enhanced by the systems that provide services to them.
2. Families and children have ready access to the best available evidence-based preventive interventions delivered in their own communities in a culturally competent and respectful (nonstigmatizing) way.
3. Preventive interventions are provided as a routine component of school, health, and community service systems.
4. A well organized public health monitoring system is in play to track the incidence and prevalence of MEB disorders and used to appropriately direct resources.
5. Services are coordinated and integrated with multiple points of entry for children and their families (e.g., schools, health care settings, and youth centers).

Envisioning the Future (continued)

6. As new preventive interventions are developed, they are rapidly deployed in multiple systems.
7. Families are informed that they have access to resources when they need them without barriers of culture, cost, or type of service.
8. Families and communities are partners in the development and implementation of preventive interventions.
9. The development and application of preventive intervention strategies contribute to narrowing rather than widening health disparities.
10. Teachers, child care workers, health care providers, and others are routinely trained on approaches to support the behavioral and emotional health of young people and the prevention of MEB disorders.