

Remarks to the IOM Committee on Prevention of Mental disorders
and Substance Abuse Among Children, Youth and Young Adults:
Research Advances and Promising Interventions

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May 14, 2007

Introduction

I'm David Shern, President and CEO of Mental Health America, the newly renamed National Mental Health Association. We changed our name on November 16th as part of a re-branding effort in which we hope to more powerfully position our organization and, more importantly, our cause with the American public. As part of the re-branding we are developing new marketing materials that will emphasize 'bringing wellness home' in a way that we hope will have much broader and more powerful public appeal than we have experienced to date. It is a great irony that our organization is concerned with conditions that are among the most common and most disabling of all illnesses but these conditions still don't have the level of public support needed to marshal the resources that are required to effectively prevent and treat them. Our recent experience with the violence at Virginia Tech dramatically represents our failure to routinely provide the kinds of services that have been rigorously tested and shown to be effective in engaging and serving individuals with even the most disabling conditions. This situation also highlights the importance of violence prevention activities and the critical need that these be culturally appropriate. With regard to both prevention and treatment, however, our principal challenges involve the dissemination, implementation and sustainability of science based practices. It is our hope that by re-positioning our organization we will be more effective in marshaling the political will needed to finally begin to address American mental health

Our History

Mental Health America is distinguished by its historical commitment to a public health perspective- one that concentrates on implementing interventions that improve population health status. We were founded in 1909 by Clifford Beers, a person with severe mental illness, as part of the mental hygiene movement which held a utopian ideal that it is possible to structure a society in ways that maximize health and minimize disease. Prevention and promotion activities, therefore, are part of the very fabric of Mental Health America.

Our Future

We hope that upon historical reflection, the renaming of our organization in 2006 will be seen as one of the markers of a new era in America's health and mental health – one in which our nation

Understands that health, mental health and community well being are inseparable, and that
We know much more than implement, that
Failure to implement what we know has predictably tragic consequences and that
We must re-discover the fervor of the mental hygiene movement for crafting a society that promotes well being.

Along with our 320 affiliates in 40 states we are committed to promoting this vision and helping to assure that it becomes a reality in America. The work of this IOM committee is critical for achieving this vision. You can count on MHA to be a colleague in all that you do and to assist in the dissemination of the work products of the group. The time is right to re-discover the power of mental health promotion and illness prevention.

MHA Relevant Policies

Given our history, it is not surprising that we have a number of policies that speak directly to prevention and promotion as well as to the implementation of evidence based practices

Position Statement 27 – Federal Role in Services that Address the Health and Wellness of Children, Youth and Families – essential Federal role to support primary and behavioral health prevention, early intervention, childcare, education and social services that promote health and well being.

Position Statement 37 – Children with Emotional Disorders in the Juvenile Justice System – Children and families best served through services that include prevention, early identification, assessment, outpatient and community based services

Position Statement 40 – Violence in America – We must develop social policy, healthcare and human services that promote individual health, healthy and secure communities, and ultimately prevent violence.

Position Statement 57 - Early Identification of Mental Health Issues in Young People – supports systematic efforts to identify children with behavioral health problems early and intervene effectively to ameliorate disability and enhance education and social participation.

Position Statement 60 – Evidence Based Healthcare – MHA is dedicated to accelerating the translation of scientific knowledge to practice and policy implementation.

Consistent with these policies, MHA and our affiliates have worked both nationally and in our communities to implement prevention and health promotion activities. These are some of our signature activities. Historically, we have staffed the National Prevention Coalition that has advocated for increased federal support for prevention research and dissemination and bridging the gap between prevention research and service delivery. We review and identify effective prevention programs for our affiliates and the field in general in an effort to spur dissemination of science based programs. Developing and applying prevention science, therefore, is core to our mission.

Our Desires for the IOM Committee

As is clear from the VT incident, noted in the IOM Quality Chasm series, in the President's New Freedom Commission on Mental Health and in the 1999 Surgeon General's Report on Mental Health, science is not enough. We have fatal gaps between what we know and what we do. Perhaps nowhere is this more apparent than in the lack of penetration of evidence based prevention activities into our schools, workplaces and communities. I'm certain that there are several areas in which the science base in prevention could be strengthened but I am continually impressed by the current strength of our evidence base and by the sometimes remarkable, long term beneficial effects of inexpensive universal promotion and prevention programs. While we need to continue to develop our theory and techniques in prevention, we more desperately need to address the issues of implementation and sustainability of prevention and promotion activities.

The committee's work is therefore critically important. Following the three seminal documents in mental health, this IOM report will complete the set by summarizing the current state of the science in this essential area. In doing this I urge you to build the business case for the implementation of prevention and promotion activities and, to the degree possible, provide the data needed to argue compellingly for their dissemination and implementation with fidelity. We would like to create a palpable sense of the lost opportunities and wasted human capital resulting from our failure to disseminate and implement effective programs.

It is our hope that the work of this committee will help to identify

- exemplary programs that have been sustained. What are the characteristics of these programs and the contexts in which they occur? How can we replicate both the programs and the creation of the context?
- the boundary conditions in our knowledge? What groups of individuals, types of communities are relevant for our findings? How can we devise methods and metrics that allow communities to adopt and then adapt methods to their

particular needs and circumstances – including cultural variations.

Clearly, we anxiously await the committee's deliberation and pledge to be a dissemination partner. To the degree to which we are correct regarding the next era in America's mental health, prevention and promotion will play central roles. This committee's work will provide the springboard to this next era.