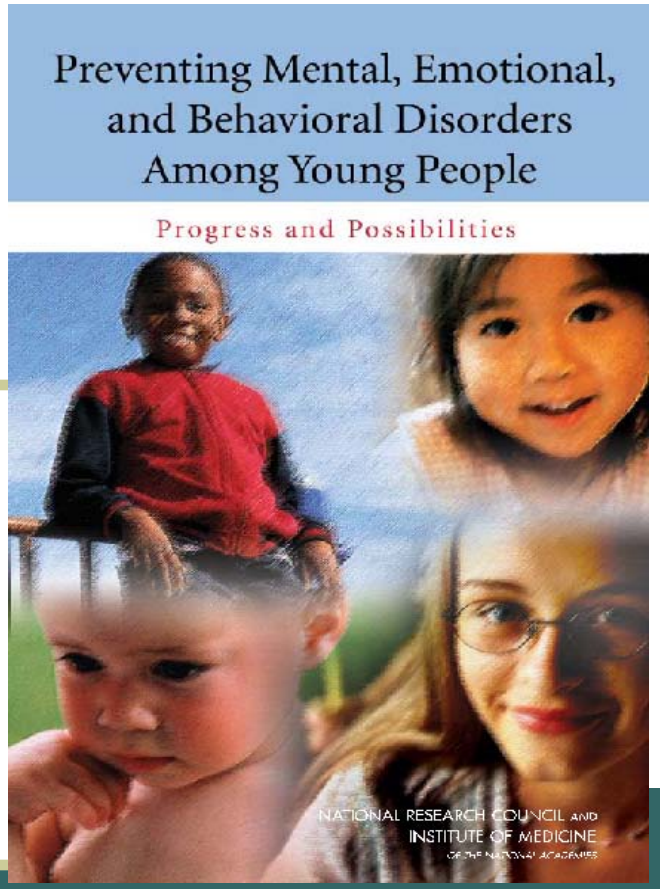
Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities



SAMHSA grantees
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- **MARY ELLEN O'CONNELL,** Study Director

Committee Charge

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

A Central Theme

- "The scientific foundation has been created for the nation to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others."

“The gap is substantial between what is known and what is actually being done”

- We call on the nation to build on the extensive research now available by
  - implementing evidence-based preventive interventions
  - testing their effectiveness in communities
  - disseminating prevention principles
  - addressing gaps in available research
  - monitoring progress at the national, state, and local level

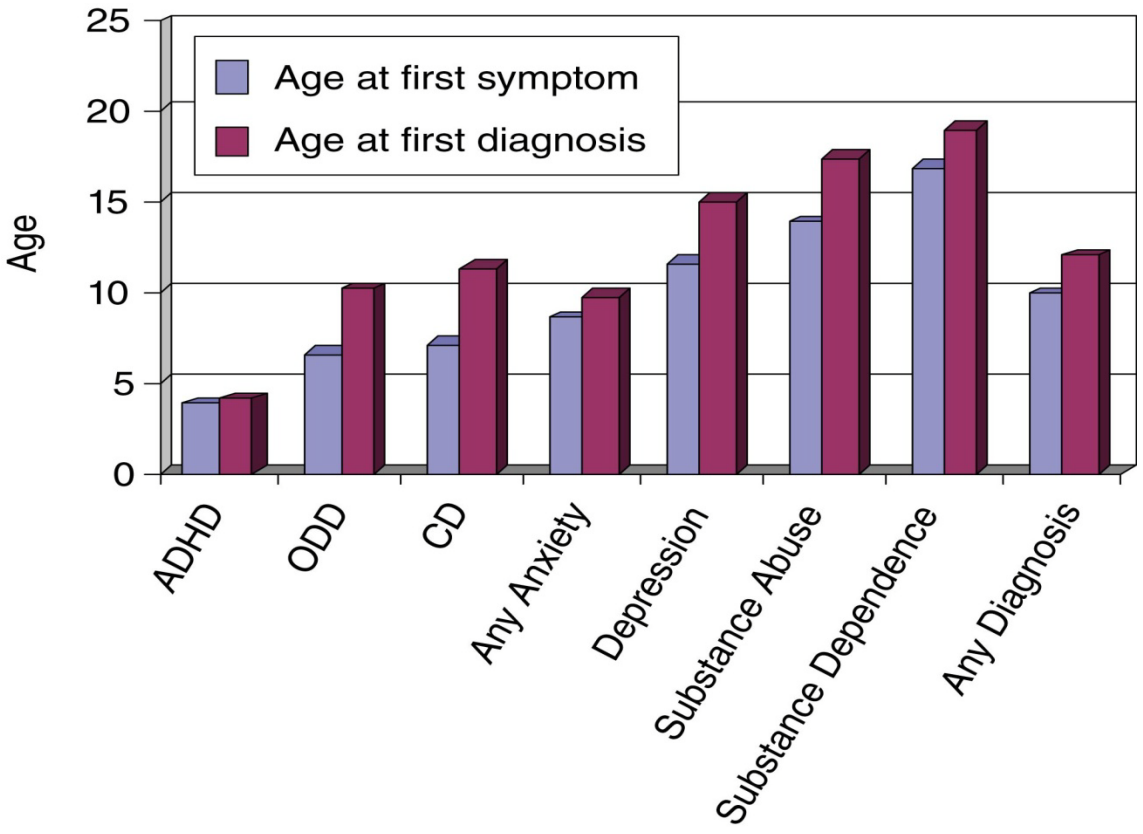
Disorders Are Common and Costly

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

Preventive Opportunities Early in Life

- Early onset (¾ of adult disorders had onset by age 24; ½ by age 14)
- First symptoms occur 2-4 years prior to diagnosable disorder
- Common risk factors for multiple problems and disorders

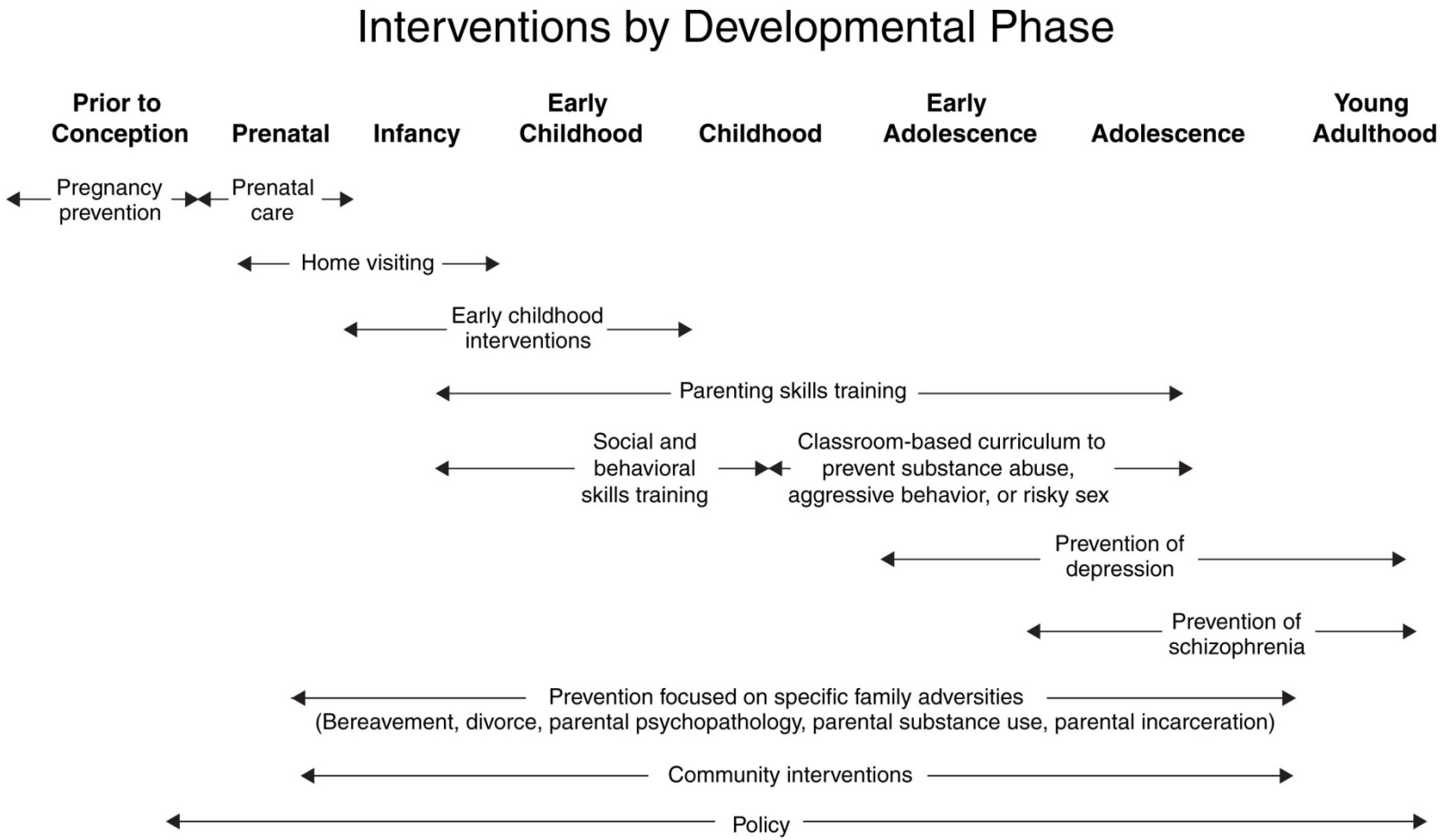
Prevention Window



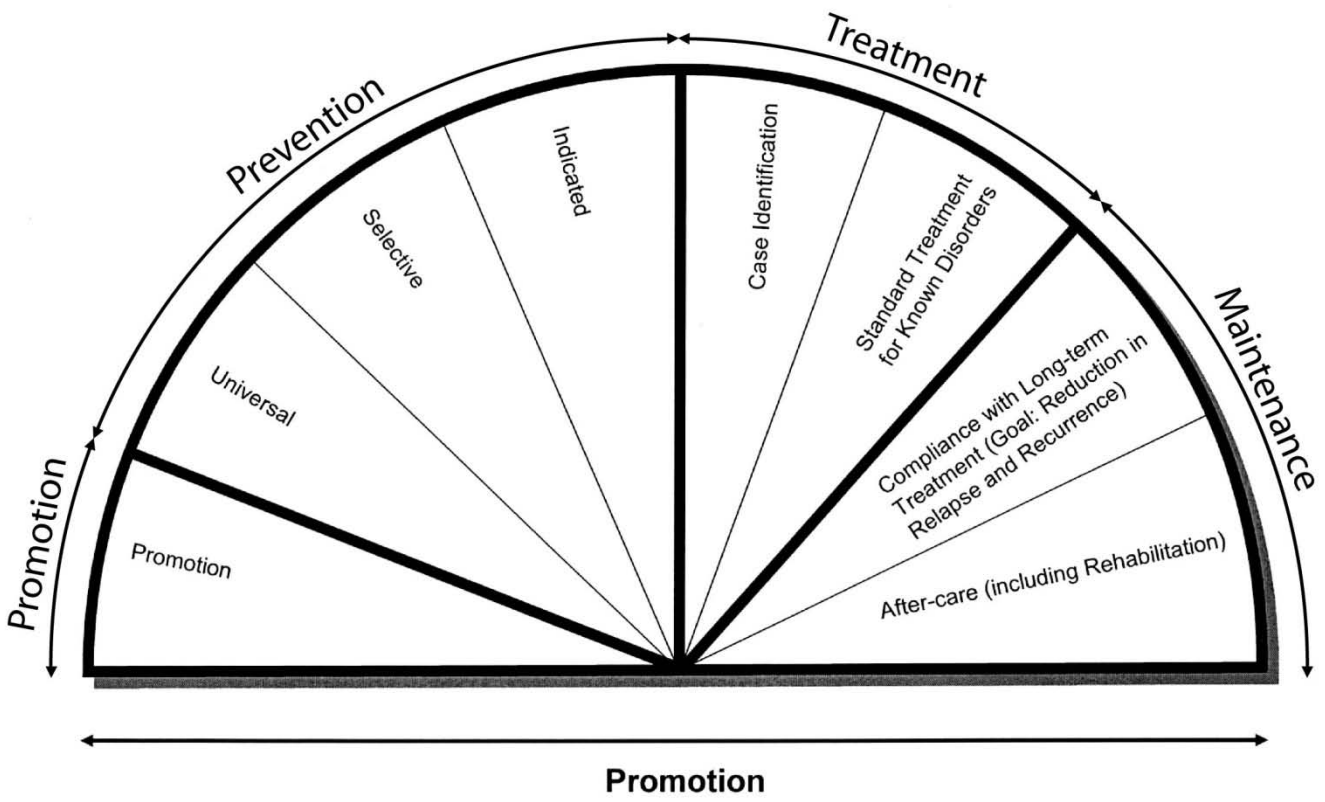
Core Concepts of Prevention

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

Preventive Intervention Opportunities



Prevention AND Promotion



Defining Prevention and Promotion

- Endorsed classification of prevention as universal, selective, or indicated
- Added promotion as a complementary intervention approach
- Prevention should not include the preventive aspects of treatment

Mental Health Promotion Aims to:

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

Evidence that Some Disorders and Problems Can be Prevented

- Multi-year effects on substance abuse, conduct disorder, antisocial behavior, aggression and child maltreatment
- Interventions have effects on multiple outcomes
- Community buy-in can be key

Two Approaches to Targeting Interventions

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

Prevention Programs Can Prevent Multiple Problems and Disorders

- Parenting Programs (Incredible Years, Triple P, Strengthening Families 10-14)
- Comprehensive Early Education
- Family Disruption Interventions (e.g., Divorce, Maternal Depression)
- School-Based Programs, often linked with parenting (e.g., SSDP, LIFT)

Positive Parenting Program: Triple P

- Community-wide system of parenting supports that includes:
  - Media information
  - Advice to parents on specific issues via primary care
  - Skills training for parents of aggressive or uncooperative children
- Tested in multiple counties in South Carolina and in the UK
- Significant reductions in child maltreatment and medical injuries

New Beginnings Program

- 11 session parenting program with divorced parents
- Randomized trial showed multiple positive effects six years later
  - 36% reduction in diagnosis of mental disorder
  - Reduced alcohol, marijuana and polydrug use
  - Improved GPA and self-esteem
  - Effects mediated by changes in parenting

Strengthening Families 10-14

- Group-based parenting programs for parents of early adolescents
- Effects up to six years later
  - Reduced tobacco, alcohol, and drug use
  - Reduced delinquency
  - Increased school engagement
- Evidence of cost-effectiveness

Evidence of School-related Effects

- School-based violence prevention can reduce aggressive problems by one-quarter to one-third
- Social and emotional learning programs may improve academic outcomes
- When information is available, benefits far exceed costs

Good Behavior Game

- Universal intervention targeting classroom behavior in first grade
- Small rewards for cooperativeness and on-task behavior
- Long term results (age 19-21): decreased aggression, suicidal ideation, alcohol/drug abuse; use of mental health and drug treatment services
- Evidence of cost-effectiveness

Individual-level Screening

- Risk not same as presence of disorder
- Should meet 10 modified WHO criteria
  - Validated tool
  - Responsive to community priorities
  - Parent endorsement
  - Intervention available
- Multiple opportunities
  - Schools, primary care, child care

Implementation: Programs, Policies, and Principles

- Public education
- Fund evidence-based programs
- Implement policies that support families, address poverty & support healthy development
- Adopt key principles
  - Eliminate or reduce exposure to toxic events (e.g., harsh discipline, abuse/neglect)
  - Positive reinforcement of prosocial behavior and creation of nurturing environments by families, schools, communities
  - Reinforce positive behaviors (e.g., diet, exercise, limited tv viewing; adequate sleep)

Implementation

- Need to move from efficacy toward effectiveness and implementation trials
- Implementation research has highlighted:
  - complexity
  - important role of community
- Implementation needed at multiple levels
  - Program, Policy, Principles
  - Research

Program Implementation: Three General Approaches

- Implement an existing evidence-based program
- Adapt an existing program to community needs
- Community-driven implementation

But, evaluation and ongoing knowledge development critical

Implementation: Research Priorities

- Effectiveness and implementation trials
- Community involvement and community-driven models
- Moving to scale
- Adaptation
- Identify core elements

Recommendation Themes

- Putting Knowledge into Practice
- Continuing Course of Rigorous Research

Putting Knowledge Into Practice: Overarching Recommendations

- Make healthy mental, emotional, and behavioral development a national priority
  - Establish public prevention goals
- White House should establish ongoing multi-agency strategic planning mechanism
  - Align federal resources with strategy
- States and communities should develop networked systems

Putting Knowledge Into Practice: Data Collection and Monitoring

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

  (and local monitoring systems needed to guide local efforts)

Putting Knowledge Into Practice: Funding

- Prevention set-aside in mental health block grant
- Braided funding
  - across programs
  - marrying program and evaluation funds
- Fund state, county, and local prevention and promotion networks

Putting Knowledge Into Practice: Funding (Cont'd)

- Target resources to communities with elevated risk factors
- Facilitate researcher-community partnerships
- Prioritize use of evidence-based programs and promote rigorous evaluation across range of settings

Putting Knowledge Into Practice: Workforce Development

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

Continuing a Course of Rigorous Research:Overarching Recommendations

- NIH should develop comprehensive 10-year prevention and promotion research plan
- Research funders should establish parity between research on preventive interventions and treatment interventions

Additional Information

- Report available at: http://www.nap.edu
- Summary available as free download
- Webcast, materials from March 25 dissemination event, and report briefs available at www.bocyf.org
- Two current report briefs: policymakers and researchers
- Two future report briefs: parents and benefit-cost

Additional Information

- Other related materials available at the website of the Board on Children, Youth, and Families
- www.bocyf.org
- Report briefs for BCYF studies can be downloaded from this site