Prospects for the Prevention of Mental Illness: New Developments and New Challenges

Project LAUNCH
New Orleans, Louisiana
presentation by
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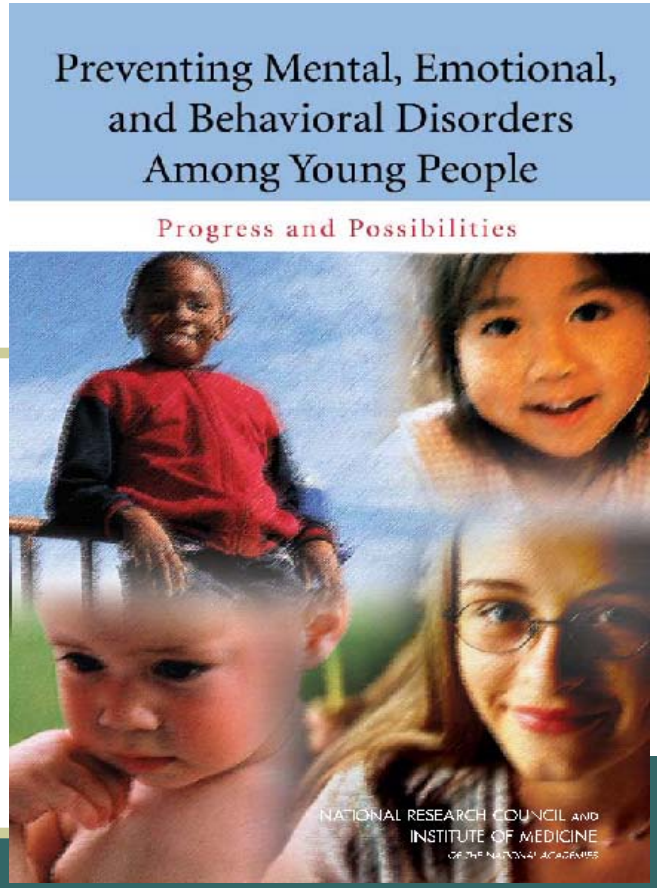
13 January 2010



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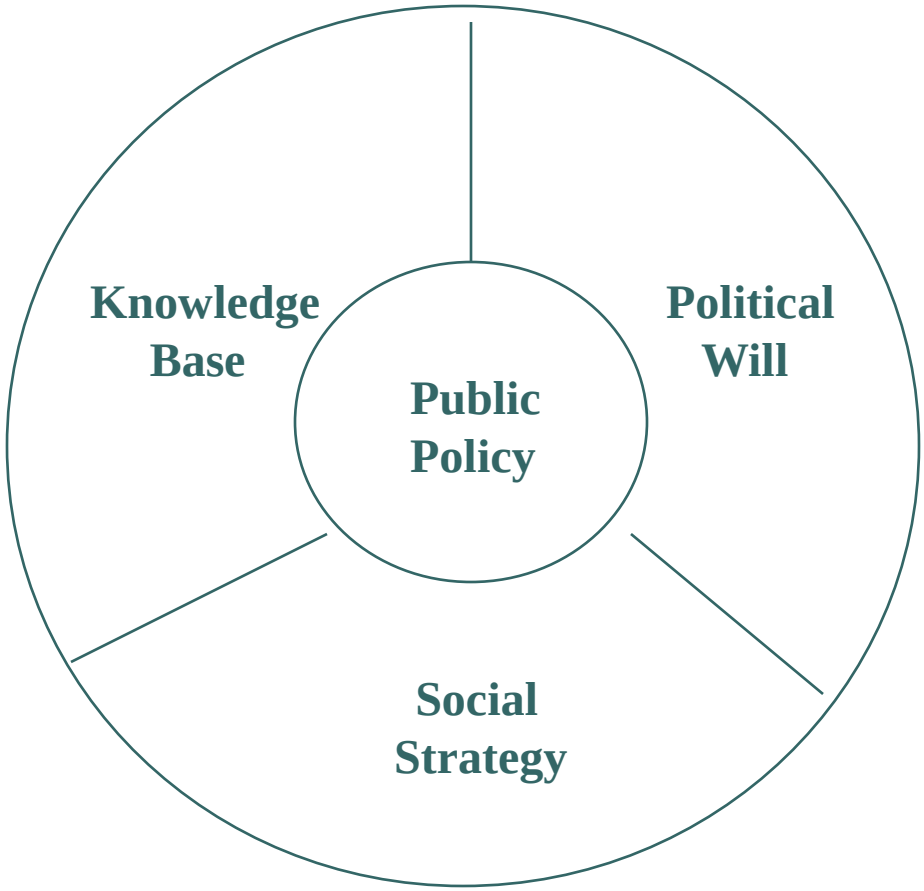
Children are ...

1. the embodiment of a family's hope for the future
2. central to a family's narratives

Depression's Impact and Opportunities for Prevention at Four Levels

1. Individual
2. Family
3. Caregiver and caregiving system
4. Community / school / neighborhood / church

The Richmond Model



“The pediatrician can regard the family as carrying the ‘chromosomes’ that perpetuate the culture and also form the cornerstone of emotional development.”

Beardslee & Richmond
Mental Health of the Young: An Overview

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

Committee Members

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

Disorders Are Common and Costly

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

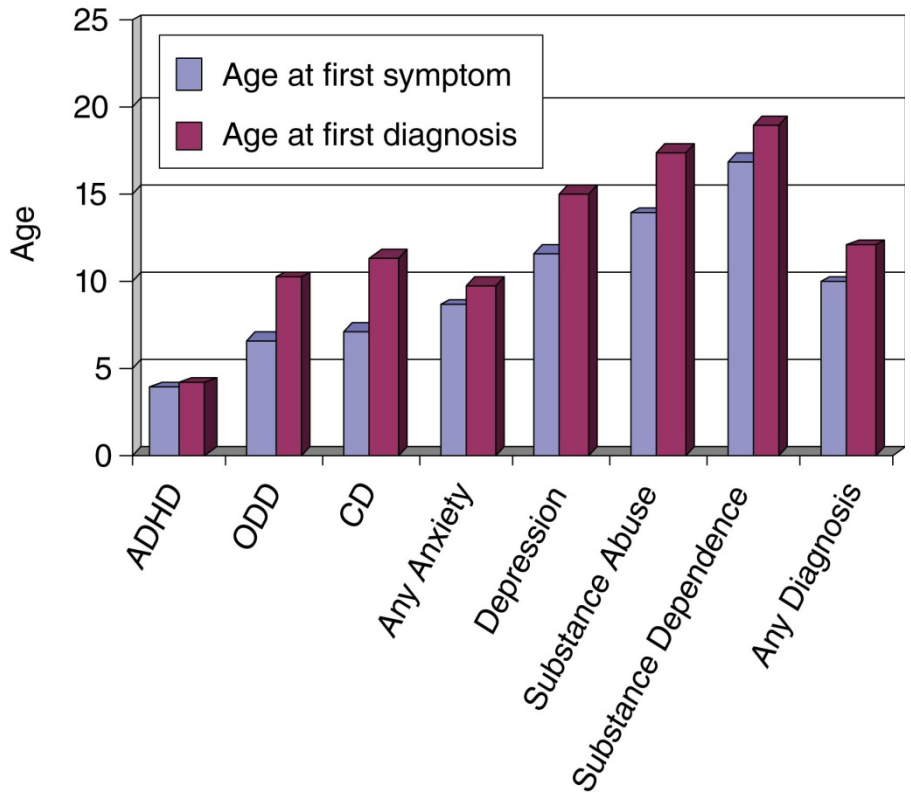
Preventive Opportunities Early in Life

- 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

Key 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

Prevention Window



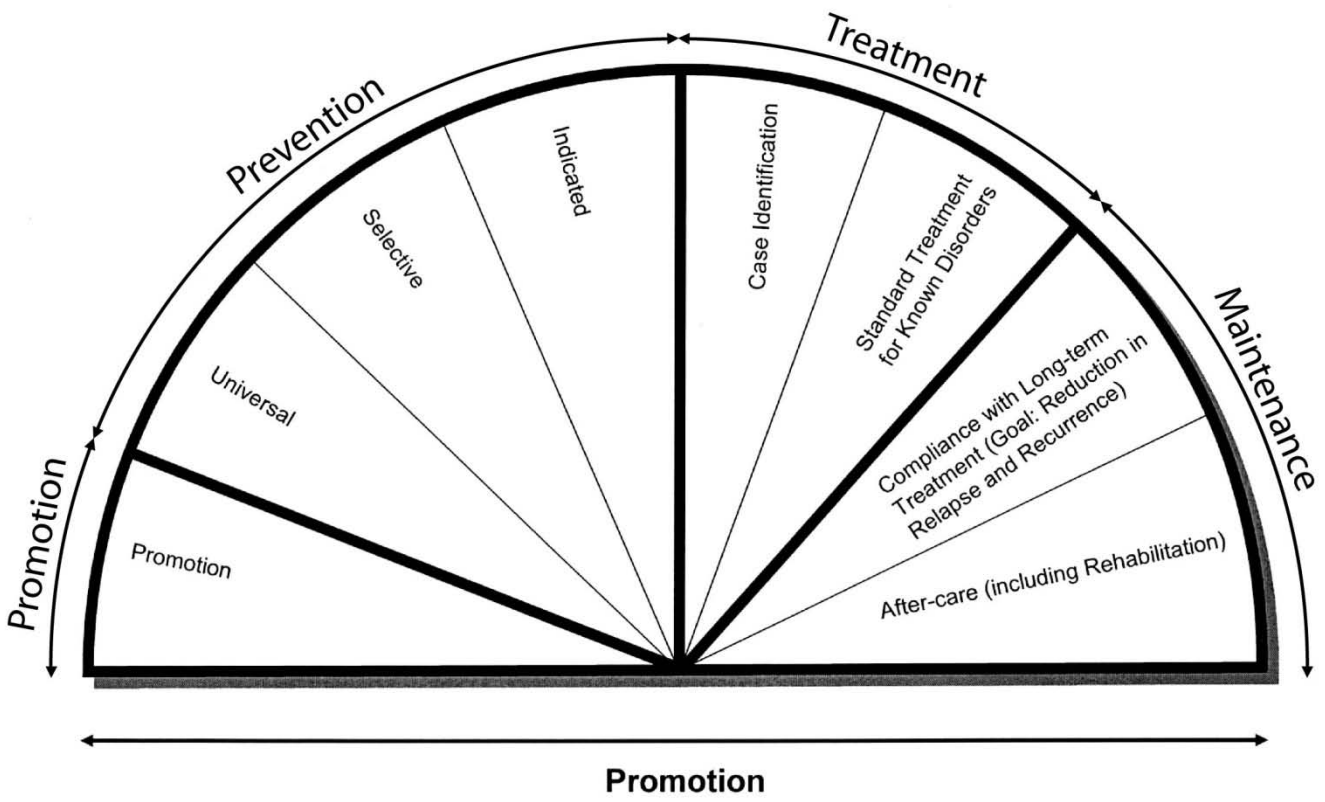
Defining Prevention and Promotion

- Prevention should not include the preventive aspects of treatment
- Prevention and promotion overlap, but promotion has important distinct role
- Mental health not just the absence of disorder

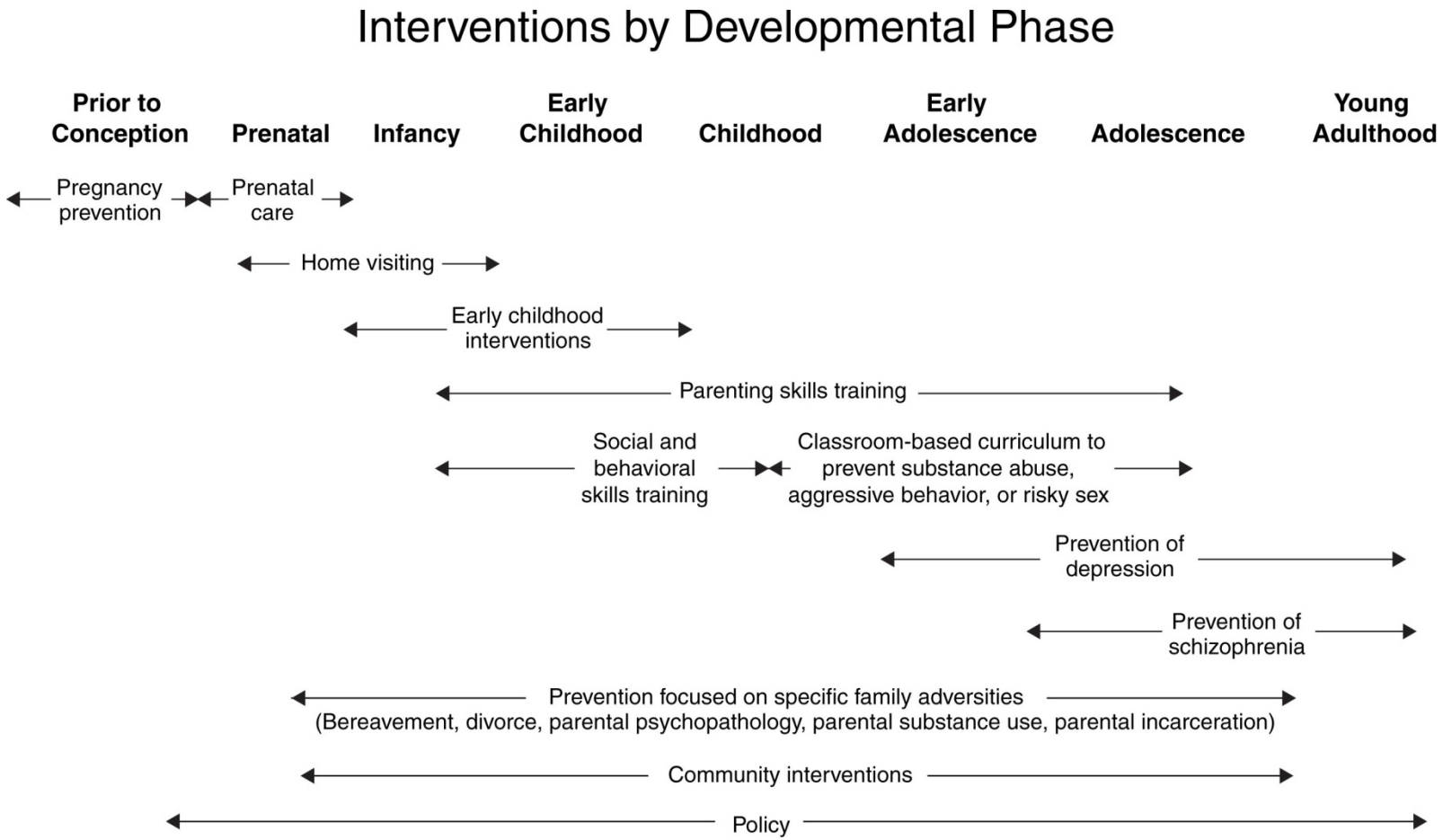
Mental Health Promotion Aims to:

- 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

Prevention AND Promotion



Preventive Intervention Opportunities



Evidence that Some Disorders Can be Prevented

- Risk and protective factors focus of research
- Interventions tied to factors
- Multi-year effects on substance abuse, conduct disorder, antisocial behavior, aggression and child maltreatment

Evidence that Some Disorders Can be Prevented (continued)

- Indications that incidence of adolescent depression can be reduced
- Interventions that target family adversity reduce depression risk and increase effective parenting
- Emerging evidence for schizophrenia

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
- Promising but limited benefit-cost information

Citation

- Hawkins JD, Kosterman R, Catalano RF, Hill KG, and Abbott RD. Effects of Social Development Intervention in Childhood 15 Years Later. *Arch Pediatr Adolesc Med. 162(12), pp 1133-1141, 2008.*

  Teacher training in classroom instruction and management, child social and emotional skill development and parent workshops were the intervention. A significant multi-varied effect across all 16 primary outcome indices were found. Specific effects included significantly better educational and economic attainment, mental health and sexual health by age 27 years (all P<.05). So prevention is possible.

Implementation

- Need to move from efficacy toward effectiveness trials
- Implementation research has highlighted:
  - complexity
  - important role of community

Implementation Approaches

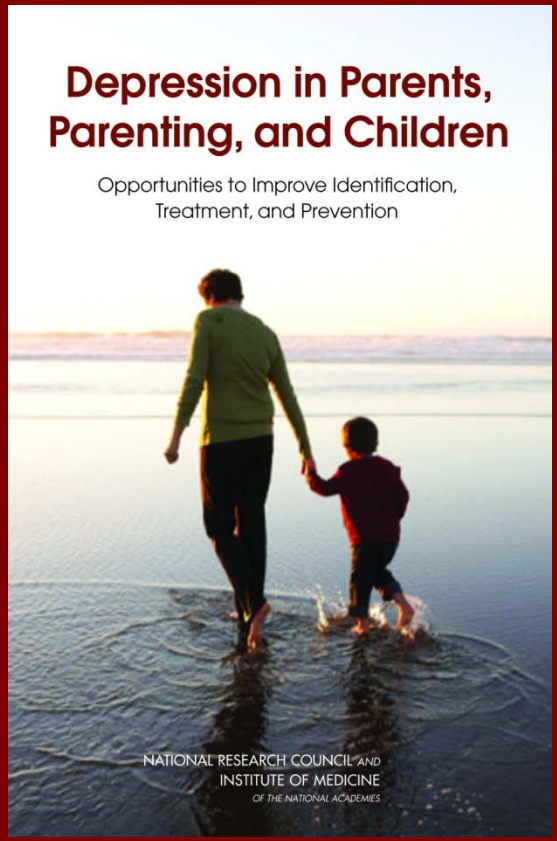
- Implement specific evidence-based programs
- Adapt (and evaluate) evidence-based program to community needs
- Develop and test community-driven models

Opportunities for Linkages with Neuroscience

- Interactions between modifiable environmental factors and expression of genes linked to behavior
- Greater understanding of biological processes of brain development
- Opportunities for integration of genetics and neuroscience research with prevention research

To read more about project and view the full report, a 4-page report brief, and this presentation:

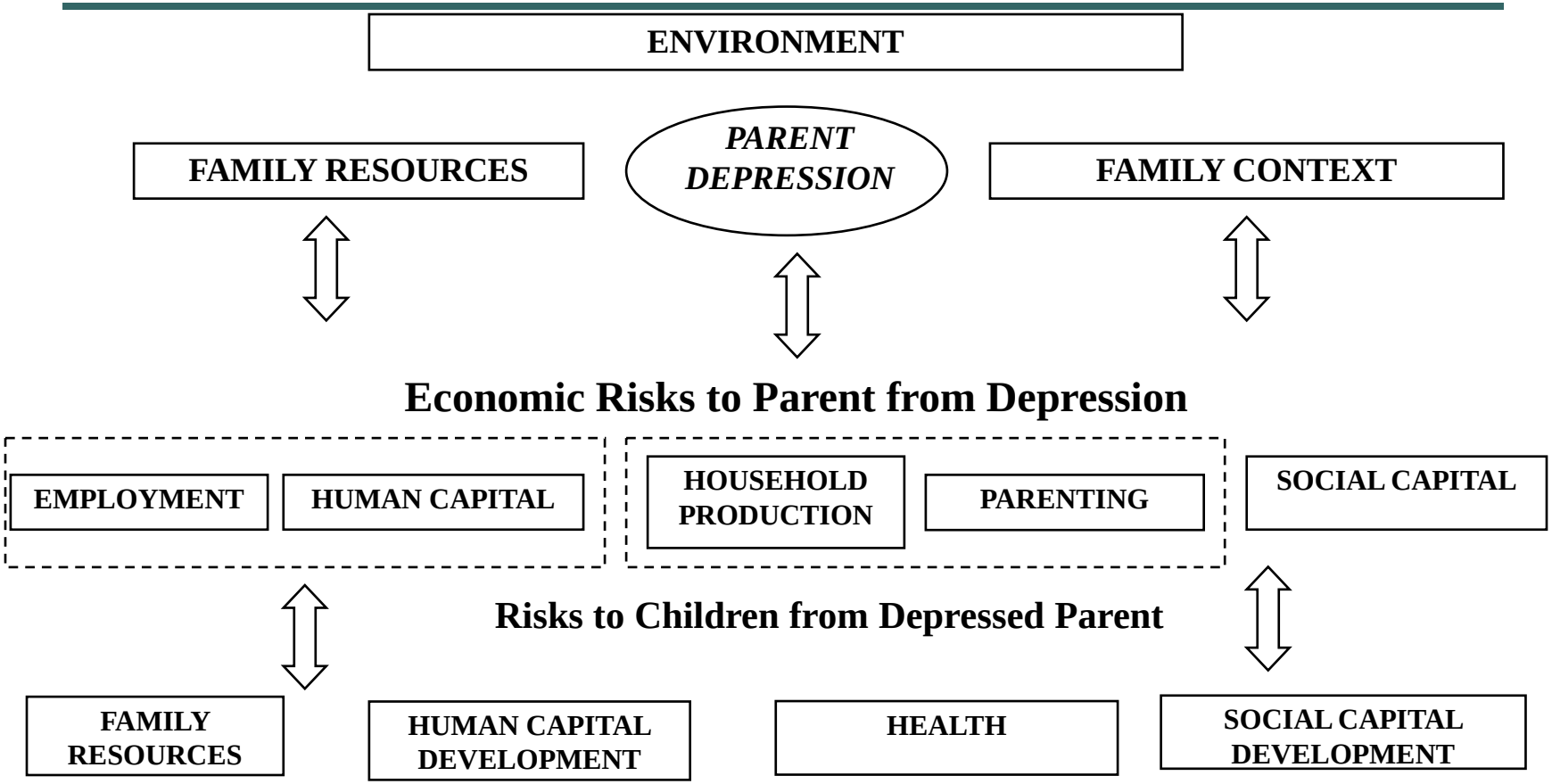
http://www.bocyf.org/parental_depression.html



Impact of Depression

- Depression leads to sustained individual, family, and societal costs
- Specifically for parents, depression can
  - Interfere with parenting quality
  - Put children at risk for poor health and development at all ages
- At least 15.6 million children live with an adult who had *major* depression in the past year

Conceptual Model of the Economic Impact of Depressed Parents on Children



Treatment: Current Evidence

- A variety of safe and effective tools exist for treating *adults* with elevated symptoms or major depression
- A variety of strategies to deliver these treatments exist in a wide range of settings
- Specifically for parents, evidence on the safety and efficacy of treatment tools and strategies generally DO NOT:
  - Target parents
  - Measure its impact on parental functioning or its effects on child outcomes (except during pregnancy and for mothers postpartum)

Prevention: Current Evidence

- Emerging prevention interventions for families with depressed parents or adaptations of other existing evidence-based parenting and child development interventions demonstrate promise for improving outcomes in these families
  - Prevent or improve depression in the parent
  - Target vulnerabilities of children of depressed parents
  - Improve parent-child relationships
  - Use two-generation approach
- Broader prevention interventions that support families and the healthy development of children also hold promise
- A variety of prevention programs are effective in low-income families and from varied culturally and linguistic backgrounds

Depression Prevention Examples

1. Family Talk, Beardslee, et al., 2009
2. Prevention of depression, Garber, et al., 2009
3. Parent/child coping session, Compas et al., in press.
4. Parental Bereavement, Sandler.

Special Opportunities and Challenges

1. Developing systems that can give two-generational responses to parental depression
2. Responding to the needs of vulnerable populations, especially low income, culturally and ethnically diverse families
3. Responding to families experiencing depression along with other comorbidities in family adversities
4. Developing complex interventions that build on collaborative integrative and comprehensive service models

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 service use data collection

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

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 of 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.

Risks for Depression

Specific:

- Extensive family history of depression, especially parents
- Prior history of depression
- Depressogenic cognitive style
- Bereavement

General *(Risks for many disorders)*

- Exposure to trauma
- Poverty
- Social isolation
- Job loss
- Unemployment
- Family breakup
- Loss of community
- Dislocation / immigration
- Historical trauma

Quotation

"One factor lurks in the background of every discussion of the risks for mental, emotional, and behavioral disorders and antisocial behavior: poverty ... Although not the focus of this report, there is evidence that changes in social policy that reduce exposure to these risks are at least as important for preventing mental, emotional and behavioral disorders in young people as other preventive interventions. We are persuaded that the future mental health of the nation depends crucially on how, collectively, the costly legacy of poverty is dealt with."

Component Studies

1979 - 1985:	**Risk Assessment - Children of Parents with Mood Disorders**
1983 - 1987:	**Resiliency Studies and Intervention Development**
1989 - 1991:	**Pilot Comparison of Public Health Interventions**
1991 - 2000:	**Randomized Trial Comparing Psychoeducational Family Interventions for Depression**
1997 - 1999:	**Family CORE in Dorchester**
1998:	**Narrative Reconstruction**
2000:	**Efficacy to Effectiveness**

Core Elements of the Intervention

1. Assessment of all family members
2. Presentation of psychoeducational material (e.g., affective disorder, child risk, and child resilience)
3. Linkage of psychoeducational material to the family's life experience
4. Decreasing feelings of guilt and blame in the children
5. Helping the children develop relationships (inside and outside the family) to facilitate independent functioning in school and in activities outside the home

Criteria for Intervention Development

1. Compatible with a range of theoretical orientations and to be used by a wide range of health care practitioners
2. Strong cognitive orientation
3. Inclusion of a family as a whole
4. Integration of the different experiences of a family, that is, parents and child(ren)
5. Developmental perspective

Seven Different Implementations of Family Depression Approach

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Large scale approaches – collaborations in Finland and Norway
4. Head Start – Program for parental adversity / depression
5. Blackfeet Nation – Head Start
6. Costa Rica
7. Collaboration with other investigators in new preventive interventions; Project FOCUS

Dorchester – Conceptualization and Implementation

I. Conceptualization

II. Implementation

   A. Community

   B. Caregivers

   C. Families

Latino Project Team

Latino Adaptation

- *Familismo*
- Allocentric orientation
- Kinds of separation in immigrant families
- Differing involvement of parents and children in the mainstream culture

Finland – Systematic Implementation of Large-Scale Program for Children of the Mentally Ill

Dr. Tytti Solantaus:

- Use of a family of well specified interventions with common principle
- Support from scientific governmental and clinician leadership
- Commitment to place trained individual in all clinics
- Stage sequential process

Finland – Phase II

Training I

- Plan to train master trainers in pairs
- 15 day per year, 2 year training program
- Certification of over 20 master trainers
- Use of original manual and rewritten manual

Finland – Phase II

Training II

- Expansion of families to include families with severely ill children
- Expansion to include medical illness
- Additional curricula:
  - child development/parenting education
  - child psychiatric assessment and referral
  - child protection

Systematic Countrywide Intervention

1. Finland
2. Holland
3. Australia
4. Norway
5. Costa Rica

Family Connections: A Teacher Trainer / Empowerment Program to deal with Family Mental Health Issues

Core Elements and Key Strategies

Core Elements in Both:

- providing hope
- developing family understanding of depression
- enhancing child and family resilience
- reform for treatment as needed
- engagement with health care systems

- **Key New Strategies in Family Connections:**
- younger age (0-5)
- Head Start center-based
- primary intervention with teachers
- focus not just on parent-child interactions but on
  - - child to child interactions
  - - teacher to child interactions
  - - teacher to class interactions
- 0-5 child development knowledge base

Family Connections Partnership

- Training & support for staff
- Partnerships for referral & networking
- Consultation/intervention in the classroom
- Stress support groups for parents
- Expanded home visitation & consultation
- Preventive relational friendship building for children
- Example: sessions that relate to mental health with an emphasis on depression

Self-Reflection (Parents)

- Keep track of what happens to you and to your family
- Recognize your place in the larger picture
- Plan for your future
- Start fresh

Self-Reflection in Parenting:
Help for Getting through Stressful Times

Again and again, parents have demonstrated the capacity to be caring and effective despite stressful and difficult experiences. With the help of family, friends, and community organizations, including Head Start, parents can deal with difficult stressors such as bereavement, job loss, or even depression. Some keys for coping are: recognizing that the experience is difficult, reaching out to others, not trying to go it alone, acknowledging the need for help, and working to set realistic goals. This can be easier said than done. Many people under stress find it painful to look at their choices and the circumstances that surround them. It can be too easy to forget the positive experiences in their lives, both individually and in the history of their family. But taking the time to think about your life and plan for the future, also known as self-reflection, can be a very useful tool for parenting through such tough times.

Self-reflection can help you:

- **Keep track of what happens to you and your family** and, with practice, provide a focus on what has worked out. Even remembering a past difficult time can be positive when you can pay attention to how it was resolved or how it was handled. Noting what works for you and your family helps to build successful parenting strategies and can give your spirits a lift.
- **Recognize your place in the larger picture:** Taking time to gain perspective can help you to identify the circumstances that are beyond your control in order to focus on the circumstances that you can change. Also, all of us are part of many communities: churches, neighborhoods, and, of course, families. Recognizing your place in these larger groups and participating in them are important for you and your children.
- **Plan for your future:** Being able to plan is essential, particularly if struggling with a difficult time. The plan may simply be how to make it through the day, how to get to your next appointment, or how to get help in taking care of your children. Try to pay special attention to scheduling mealtimes and bedtimes when at all possible. Planning and then following a routine can be very comforting during times that are otherwise uncertain.
- **Start fresh:** Being able to start over is important. Don't hesitate to go back and start over in thinking about how to help your children.

What are some ways to practice productive self-reflection?

- **Find a quiet moment to take a breath:** As tough as it might be to find the place and time to simply reflect on our lives, it is one of the most important things you can do to take care of yourself as a parent.
- **Keep a journal:** Many families find it helpful to write down reflections about what has gone well and how they solve problems. This can also help in anticipating and dealing with future stresses.
- **Talk with others about positive events, and also about getting through difficult ones.**

Core Principles Across Projects

- Self-understanding and shared understanding
- Self care and shared support
- Long-term commitment – several years at a minimum

Recommendations / Intervention Adaptation

1. Pair highly specific, measurable outcomes with broader vision.
2. Have specific goals for positive change for families, for caregivers, and for systems.
3. Support for staff – time and space for reflection.
4. Make advocacy a fundamental part of research and practice.
5. Shared ownership: Significant change occurs when families or caregivers can make the interventions their own.
6. Look for partnerships.

Recommendations / Dissemination

1. Children of depressed parents are high priority for prevention.
2. Expanded sharing of knowledge and collaboration is essential.
3. Ongoing empirical evaluation for both intervention development and dissemination is crucial.
4. Cultural sensitivity and cultural humility required.
5. Systematic countrywide and health district wide implementation strategies are best.

LAUNCH Suggestions

- Commit time necessary to build ongoing partnerships
- Identify core group that meets regularly to problem solve.
- Keep careful records of work accomplished. These can help both in reflection and in recalling what was done.
- Simultaneously solve problems on ground and from the beginning, think about dissemination.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Martin Luther King, Jr.

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