

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

Preventing Mental, Emotional,  
and Behavioral Disorders  
Among Young People

*Progress and Possibilities*

## ***National Health Policy Forum***

Children's Mental Health:  
Prevalence, Illness Burden, and  
Efforts at Prevention and Early  
Intervention

Nov. 20, 2009



## Committee Members

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- **KENNETH WARNER (*Chair*)**, School of Public Health, University of Michigan
- **THOMAS BOAT (*Vice Chair*)**, Cincinnati Children's Hospital Medical Center
- **WILLIAM R. BEARDSLEE**, Department of Psychiatry, Children's Hospital Boston
- **CARL C. BELL**, University of Illinois at Chicago, Community Mental Health Council
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- **BRADLEY S. PETERSON**, Pediatric Neuropsychiatry, Columbia University
- **LINDA A. RANDOLPH**, Developing Families Center, Washington, DC
- **IRWIN SANDLER**, Prevention Research Center, Arizona State University
  
- **MARY ELLEN O'CONNELL**, Study Director

# Committee Charge

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- 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

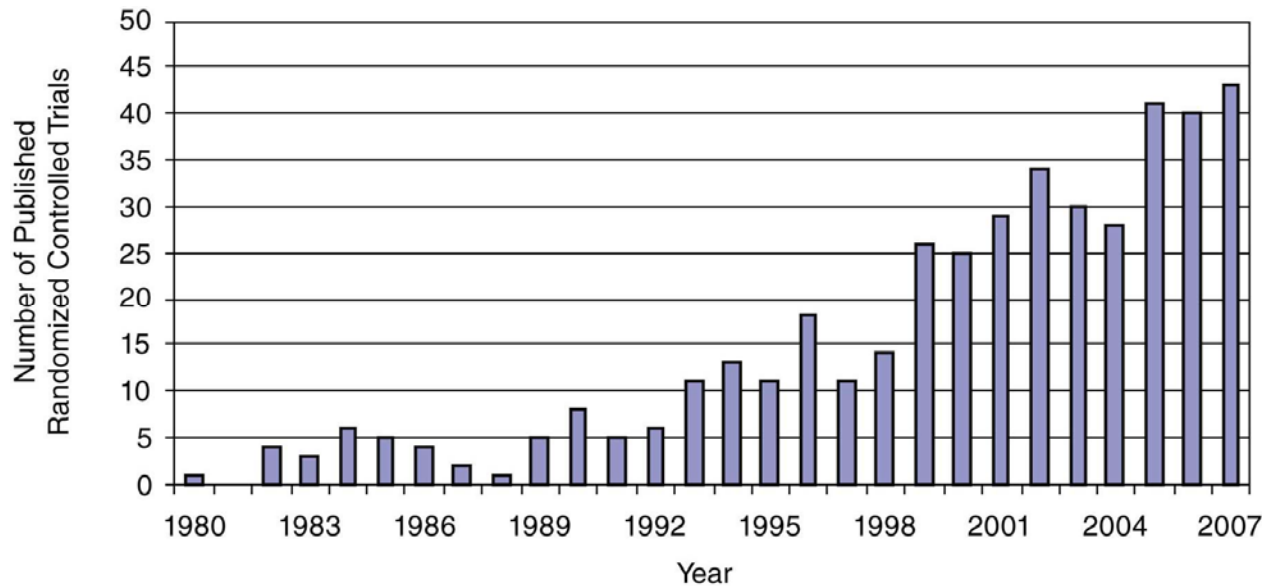
## A Central Theme

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- “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.”

# Scientific Foundation in Randomized Trials of Preventive Interventions

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

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- 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

# Mental Emotional and Behavioral Disorders Are Common and Costly

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- 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

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

## ***Prevention as an Untapped Opportunity to Reduce the Burden of Disorder on Children and Youth: Core Concepts of Prevention***

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- 1. Prevention requires a paradigm shift to proactively promote health and prevent disorder**
- 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**

# Defining Prevention and Promotion

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- **Universal:** Programs provided to all children
- **Selective:** Programs provided to children exposed to some risk factor such as poverty, parental mental illness, community violence, family disruption
- **Indicated:** Programs provided to children showing early symptoms but not clinical levels of disorder

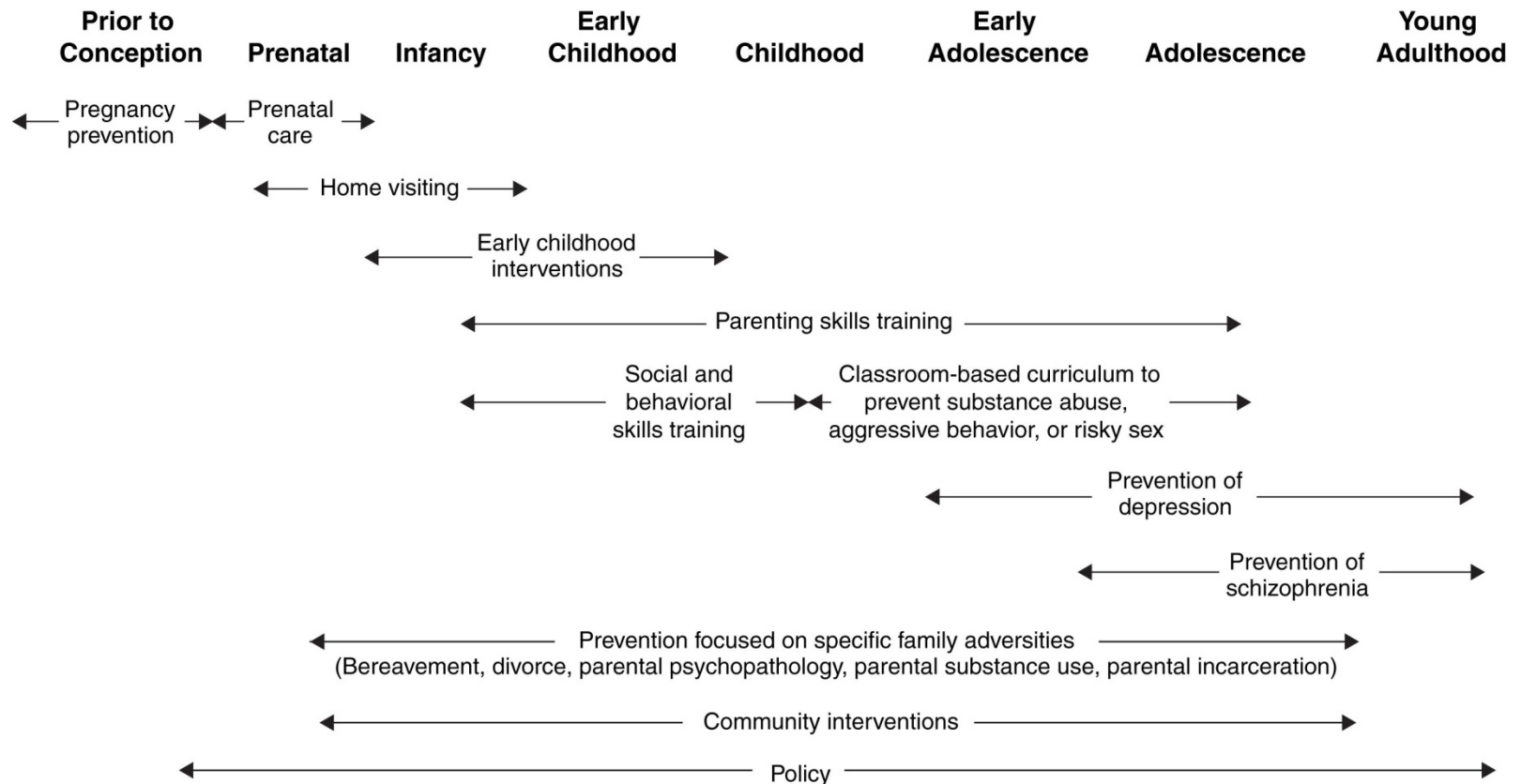
# Mental Health Promotion Added as an important strategy that complements prevention

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- Committee added mental promotion
- Defining mental health promotion
  - 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

# Preventive and Promotion Interventions Opportunities Across Development

## Interventions by Developmental Phase



# Nurse-Family Partnership (Olds)

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- Pregnancy through infancy
- Focus on
  - Prenatal care
  - Maternal smoking
  - Mothering
  - Support from network
  - Contraception
  - Maternal work life and education



# Nurse-Family Partnership

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- Evaluated in three randomized trials
- For poor, teenager single mothers, improved multiple outcomes over time:
  - Reduced abuse and neglect
  - Improved children's behavioral development
  - Improved mother's economic wellbeing
  - Increased time to next baby
  - Children's arrest as adolescent (15 years later)

# Prevention of Child Abuse By Promotion of Positive Parenting

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- Triple P Community Parenting Trial (Prinz et al.)
- 18 counties randomly assigned to get Triple P for 2 years or be no treatment control
- Triple P communities:
  - Training offered to all providers in systems serving children
  - Parenting help includes tips and more intensive groups
  - Media information on positive parenting
- Control communities: Nothing new

# Triple P: Effects on Child Maltreatment Indicators after 2 Years

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- Significant differences found for three indicators of child maltreatment favoring Triple P counties
  - Substantiated CM cases ( $p < .03$ )
  - Out of home placements ( $p < .01$ )
  - Child CM injuries in ER ( $p < .02$ )
- Large effect sizes

# Aban Aya (Flay et al.): Prevention and Promotion in High Poverty African American Neighborhoods

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- School/community intervention
  - Social skills training
  - In-service training of school staff;
  - Task force to develop policies, conduct schoolwide fairs, seek funds for the school, and conduct field trips
  - Parent training workshops.
- Significant effects to reduce violence, drug use, and boys recent sexual intercourse.



# Preventing Children's Problems Following Divorce: New Beginnings Program (Wolchik, Sandler)

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- Children are at increased risk for multiple problems following divorce
- 10 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 strengthening parenting

# Prevention of Depression

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- Multiple groups have reported successful trials to prevent episodes of major depression
- Focus on high risk adolescents, children of depressed parents or pregnant women
- Reduction in depressive over 12 months (Compas)
  - 28% in control group
  - 8.9% in program group

# Strengthening Families 10-14

(Spoth et al., 2001)

- Group-based parenting program for parents of early adolescents in high school
- Positive effects found up to six years later
  - Reduced tobacco, alcohol, & drug use—including methamphetamine use
  - Reduced delinquency
- Cost-effectiveness (Aos et al., 2004)
  - Savings of \$7.82 per dollar invested
  - Total savings of \$5,805 per youth



# Implementation of Effective Prevention is Critical Priority

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- Need to move from demonstrating efficacy toward implementation with effectiveness in communities
- Implementation research was highlighted:
  - The task of implementation is complex
  - Important role of community involvement
- Implementation needed at multiple levels
  - Program, Policy, Principles
  - Research needed to ensure that it is effective

# Program Implementation: Three Important Approaches

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

But, evaluation and ongoing knowledge development is critical for all approaches

# Screening Individuals for Risk

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- 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

# Recommendation Themes

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- Putting Knowledge into Practice
- Continuing Course of Rigorous Research

# Putting Knowledge Into Practice: Overarching Recommendations

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- 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 for implementation of evidence-based prevention

# Putting Knowledge Into Practice: Funding

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- Prevention set-aside in mental health block grant
- Fund state, county, and local prevention and promotion networks
- Braided funding
- Prioritize evidence-based programs: Standards for evidence are critical

# Putting Knowledge Into Practice: Funding (Cont'd)

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- 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: Evidence Standards Are Critical

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- Need confidence in results
  - Highest level: Multiple, well-controlled randomized experimental trials
  - Single trials that randomize individuals, places (e.g., schools), or time (e.g., wait-list)
- Not definitive if not experimental, even if matched comparison
  - Designs with no control group (e.g., pre-post) even weaker

# Putting Knowledge Into Practice: Evidence Standards

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- Widespread community support insufficient as evidence of effectiveness
  - Community-supported initiatives should be subject to experimental evaluations
- Priority to programs with
  - Evidence of effectiveness in real-world environments
  - Reasonable cost
  - Manuals or other materials to guide fidelity of implementation

# Putting Knowledge Into Practice: Data Collection and Monitoring

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

# Putting Knowledge Into Practice: Workforce Development

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- 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

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- 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

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- Report available at: <http://www.nap.edu>
- Summary available as free download
- Webcast and materials from March 25 dissemination event at [www.bocyf.org](http://www.bocyf.org)
- Two report briefs available: policymakers and researchers
- Two briefs under development: parents and benefit-cost