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
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THE NATIONAL ACADEMIES
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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.”
Scientific Foundation in Randomized Trials of Preventive Interventions
“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
Mental Emotional and Behavioral 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 as an Untapped Opportunity to Reduce the Burden of Disorder on Children and Youth: Core Concepts of Prevention

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

- **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

- 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

Prior to Conception  Prenatal  Infancy  Early Childhood  Childhood  Early Adolescence  Adolescence  Young Adulthood

- Pregnancy prevention
- Prenatal care
- Home visiting
- Early childhood interventions
- Parenting skills training
- Social and behavioral skills training
- Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex
- Prevention of depression
- Prevention of schizophrenia
- Prevention focused on specific family adversities (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)
- Community interventions
- Policy
Nurse-Family Partnership (Olds)

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

- 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

- 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

- 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

- **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.
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

Preventing Children’s Problems Following Divorce: New Beginnings Program (Wolchik, Sandler)
Prevention of Depression

- 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

- 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

- 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

- 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

- 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 for implementation of evidence-based prevention
Putting Knowledge Into Practice: Funding

- 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
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
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
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

- 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

- 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](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