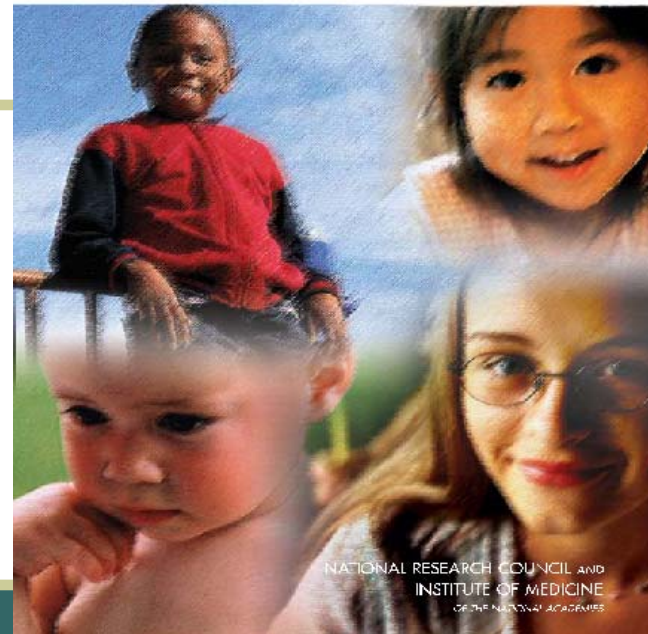


Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

Preventing Mental, Emotional,
and Behavioral Disorders
Among Young People

Progress and Possibilities



Mary Ellen O'Connell

**TeenScreen Webinar
December 15, 2009**

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

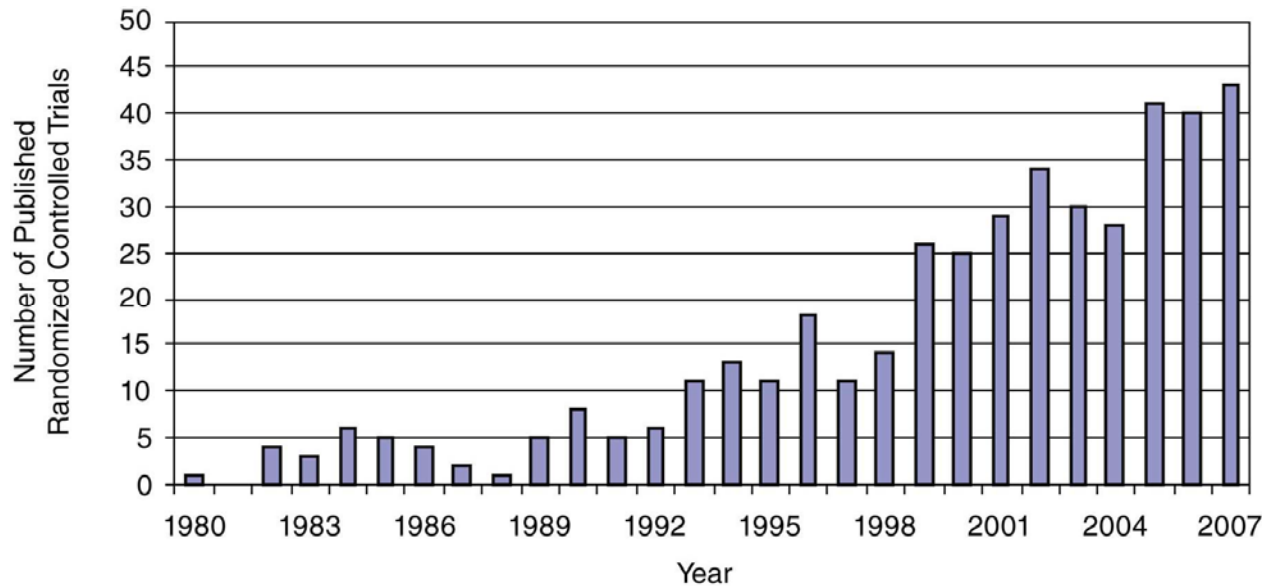
- **KENNETH WARNER (*Chair*)**, School of Public Health, University of Michigan
- **THOMAS BOAT (*Vice Chair*)**, Cincinnati Children's Hospital Medical Center
- **WILLIAM R. BEARDSLEE**, Department of Psychiatry, Children's Hospital Boston
- **CARL C. BELL**, University of Illinois at Chicago, Community Mental Health Council
- **ANTHONY BIGLAN**, Center on Early Adolescence, Oregon Research Institute
- **C. HENDRICKS BROWN**, College of Public Health, University of South Florida
- **E. JANE COSTELLO**, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center
- **TERESA D. LaFROMBOISE**, School of Education, Stanford University
- **RICARDO F. MUNOZ**, Department of Psychiatry, University of California, San Francisco
- **PETER J. PECORA**, Casey Family Programs and School of Social Work, University of Washington
- **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

“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

Scientific Foundation in Randomized Trials of Preventive Interventions



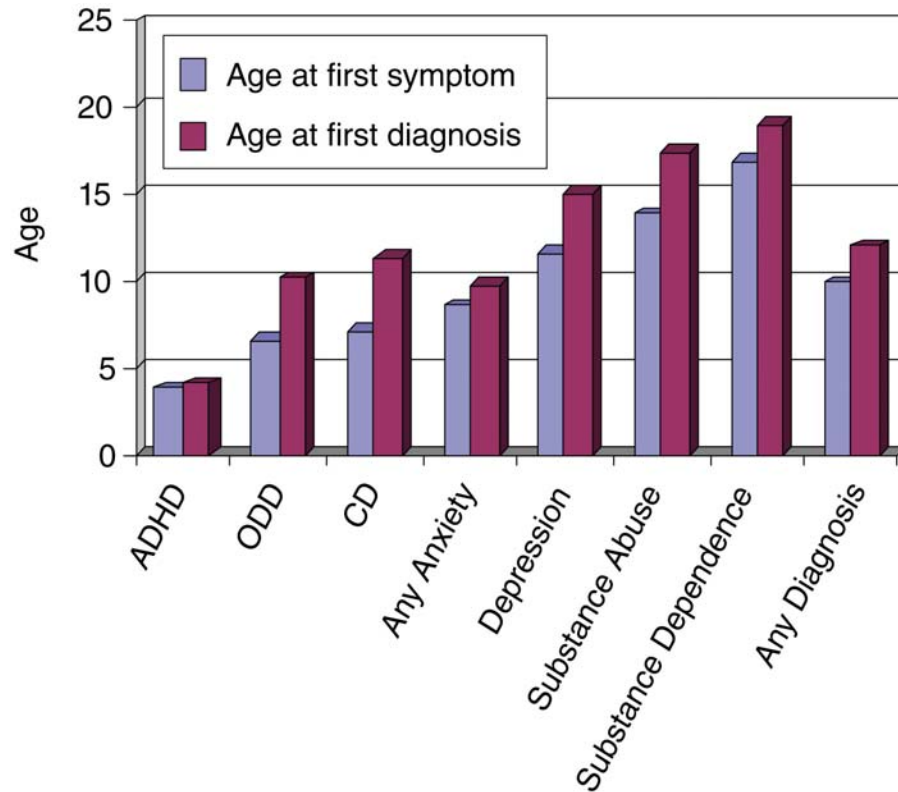
Disorders Are Common and Costly

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

Preventive Opportunities Early in Life

- 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 Window



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

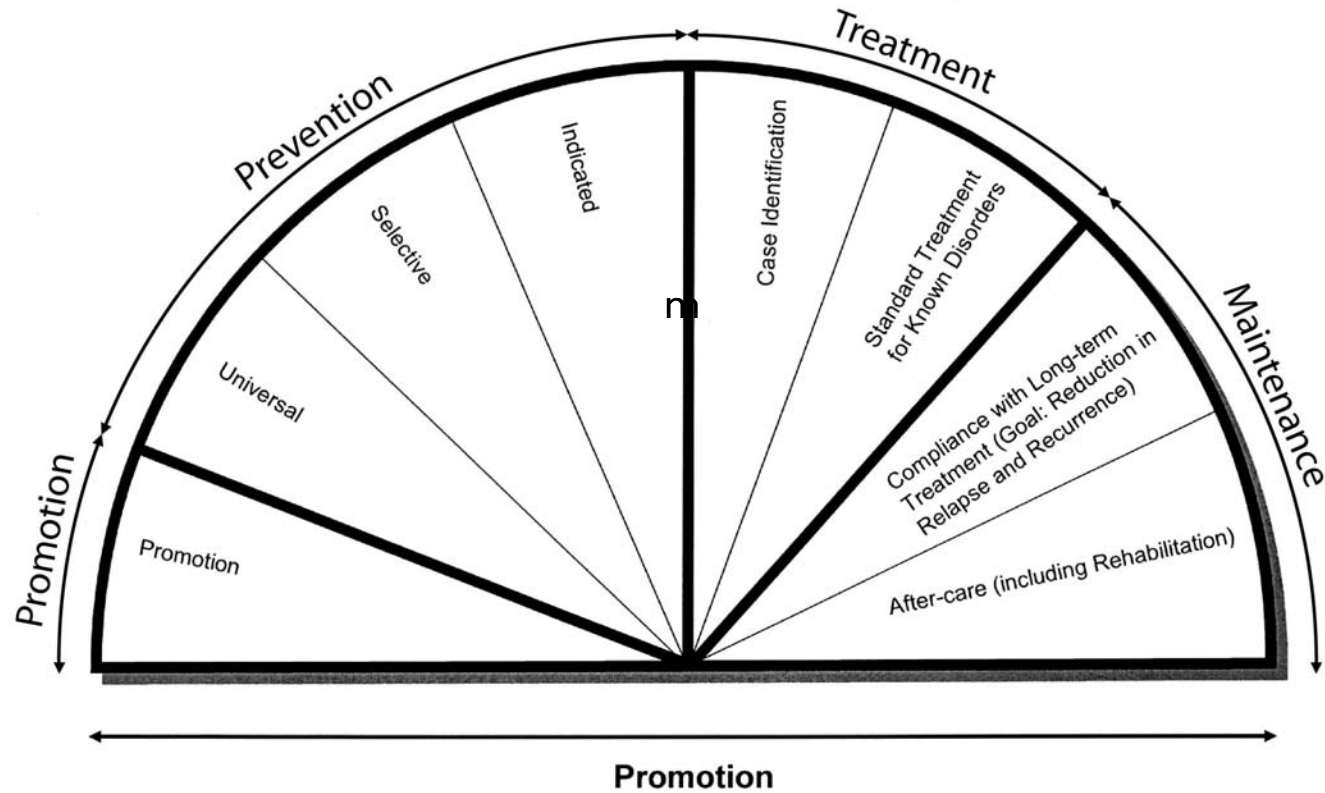
Defining Prevention

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

Mental Health Promotion Also Valuable

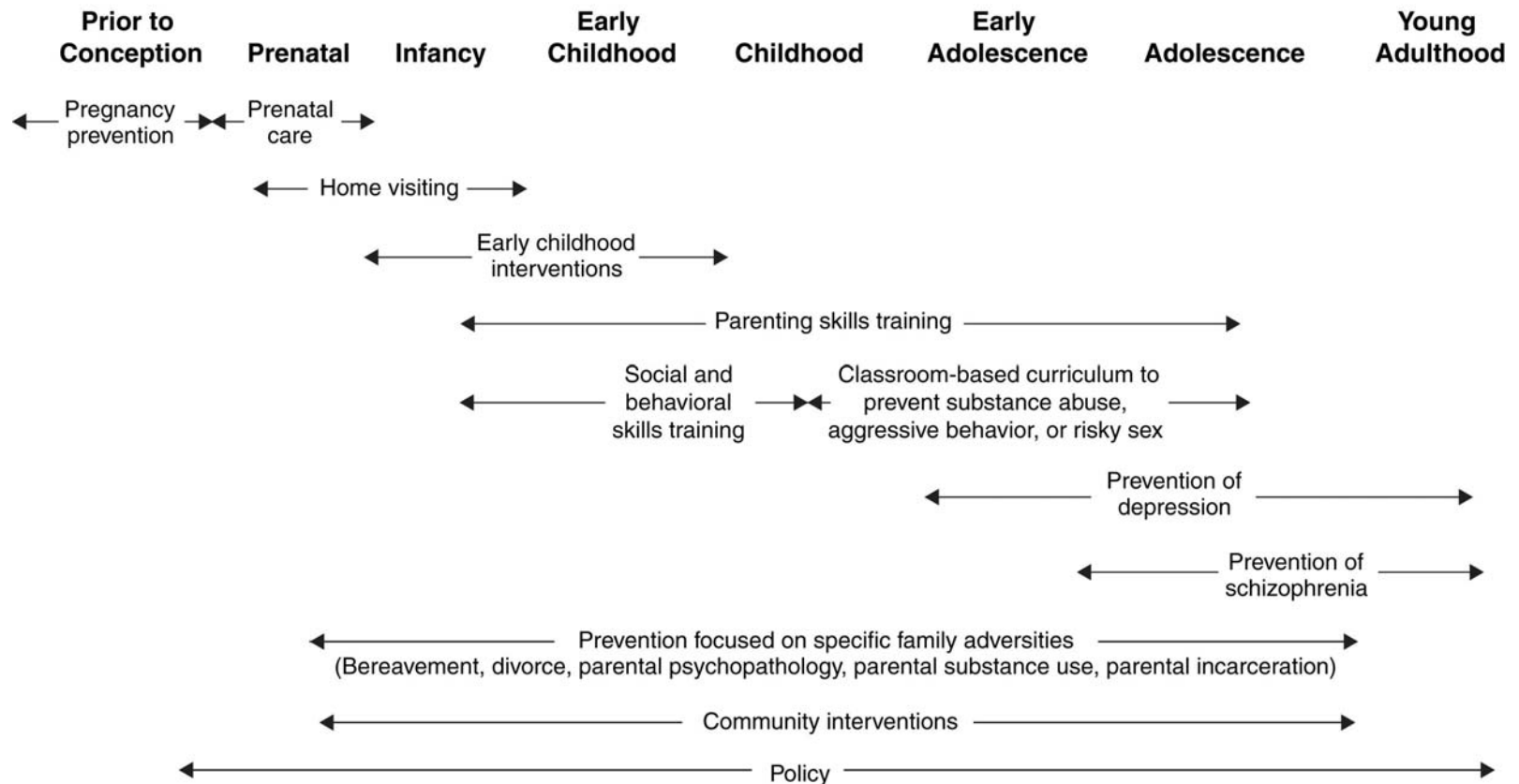
- Mental health promotion
 - Enhance individuals'
 - ability to achieve developmentally appropriate tasks (developmental competence)
 - positive sense of self-esteem, mastery, well-being, and social inclusion
 - Strengthen their ability to cope with adversity
- Supports entire mental health system

Prevention AND Promotion



Preventive Intervention Opportunities

Interventions by Developmental Phase



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

Community-level “Screening”

- Identify communities with notable risk factors
- Target resources to communities with elevated risk factors
- Opportunity for universal interventions

Group-level “screening”

- Identify populations at risk
 - Children of depressed parents
 - Children in foster care system
 - Other groups with demonstrated elevated risk
- Opportunity for selective interventions

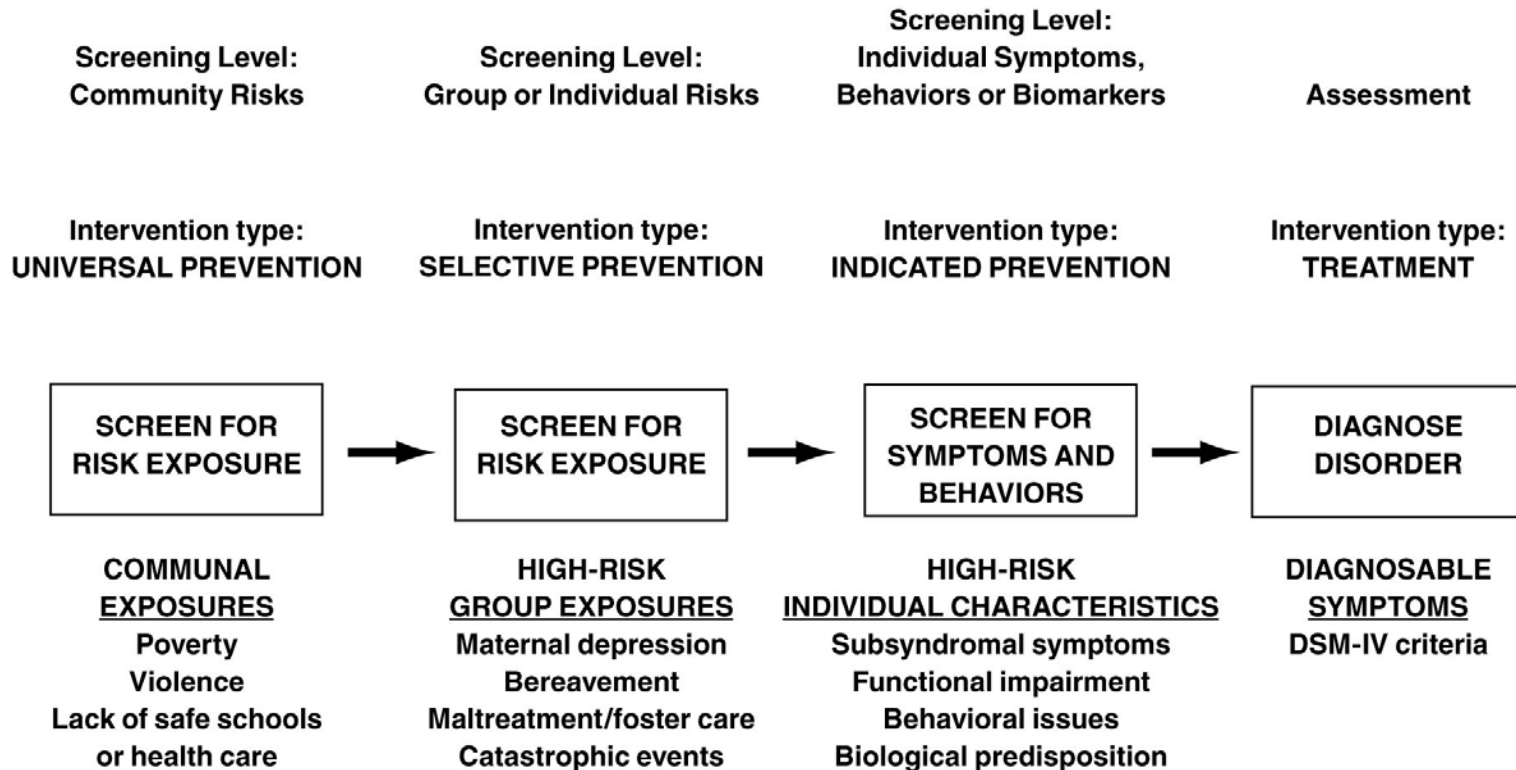
Individual-level Screening

- Should meet modified WHO criteria – 10 basic principles, focused on early detection of risk factors
- Use of validated tool
- Responsive to community priorities
- Availability of effective intervention
- Parent endorsement

Screening is a 2-part process

- Screening first identifies risk factors, biomarkers or behaviors that suggest vulnerability for future problems
- Screening helps to identify populations that are candidates for preventive interventions
- Opportunity for indicated interventions prior to full-blown-disorder

Opportunities for Screening and Prevention



Settings for Screening Efforts

- Primary care
- Schools
- Preschools or child care

Primary care

- Number of effective screening tools are available for use in medical settings
- But, lack of good systems to further assess children identified as at risk or responding to their needs
- ABCD initiative is promising effort

Schools

- Universal screening procedures increasingly endorsed by health and education groups
- Early screening authorized for use with IDEA funds to identify students at risk for school failure or psychological/behavioral problems
- Key features:
 - Brief, technically adequate, valid across racial/ethnic groups, produce valued outcomes, include safeguards, advance parental notice

Child care settings

- Early detection of problem behaviors offers opportunity for preventive interventions
- No single easy-to-use instrument for young children
- Behavioral counseling opportunities are limited

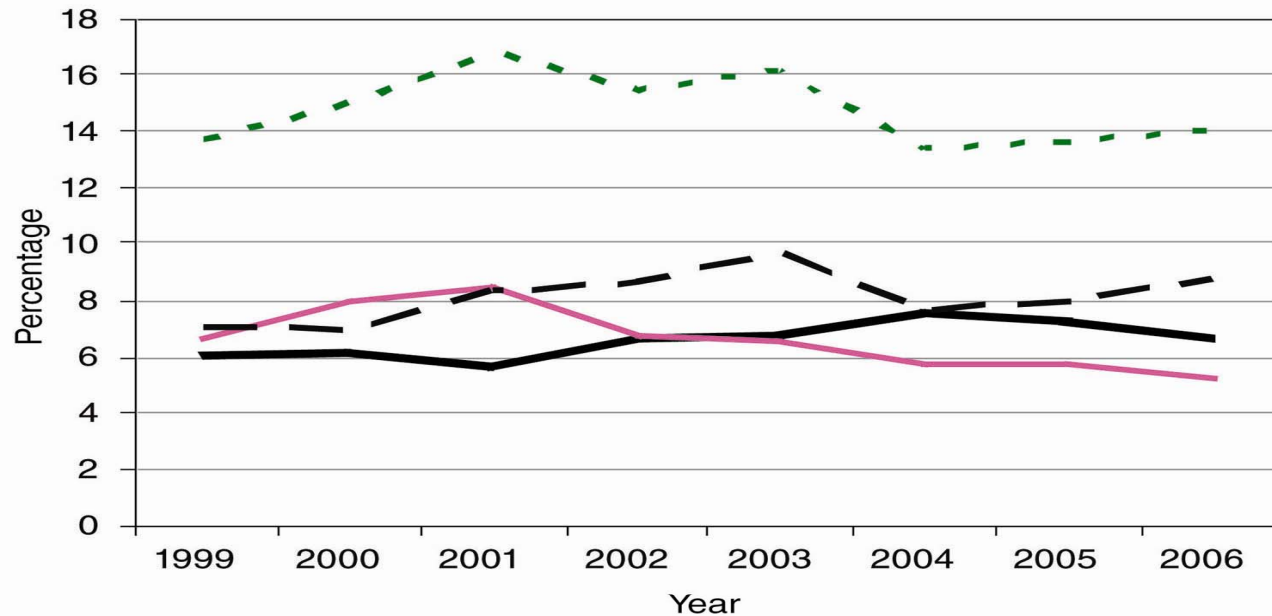
Key Recommendations

- Continuing Rigorous Research
- Putting Knowledge into Practice

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

Research Funding Illustration (NIMH)



- Preventive intervention research
- Prevention of negative sequelae of clinical episodes, such as comorbidity, disability, and relapse or recurrence
- - Treatment intervention research (maintenance treatment or acute cure)
- - Treatment intervention research using committee's definition

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

Other Recommendation Highlights

- Improved prevalence data
- Braided funding
- Community-research partnerships and implementation research
- Models to link screening with interventions
- Workforce development: training and standards
- Linkages between prevention and neuroscience research

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.
7. Families and communities are partners in the development and implementation of preventive interventions.
8. The development and application of preventive intervention strategies contribute to narrowing rather than widening health disparities.
9. 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.

Additional Information

- Two report briefs available: policymakers and researchers
- Two additional briefs under development
- Summary available as pdf download
- Report, briefs, and other relevant information accessible at www.bocyf.org