# Meadows Mental Health Policy Institute

## Prevention and Behavioral Health Promotion – August 15, 2016

### What Is Prevention?

In 1994, the Institute of Medicine (IOM) Committee on Prevention of Mental Disorders described the scope of prevention as including *universal interventions,* which focus on the population at large, *selective interventions*, which target groups or individuals with an elevated risk, and *indicated interventions,* which target individuals with early symptoms of behaviors that are precursors for a behavioral health condition but are not yet diagnosable.[1] By 2009, the IOM suggested a framework that also defines *"true prevention,"* or interventions occurring prior to the onset of a behavioral health condition. True prevention focuses on activities that help individuals of all ages succeed at normal developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school and transitioning to the workforce, or experiencing job and parenting success.[2] All levels and types of prevention programs are useful—universal, selected interventions, and indicated interventions, as well as "true prevention."

### Why is Prevention so Important to Texas?

Both nationally and in Texas, half of all mental health conditions begin by age 14. In a 12-month period there are more than a 300,000 Texas children and adolescents living in poverty who have a severe emotional disturbance (SED). SEDs include mental health conditions such as attention deficit disorders, conduct disorders, and depression, along with impaired ability to function at school and home. Among youth with SED, 30,000, or one in 10, are at high risk for out-of-home placement or exclusionary school discipline (such as being suspended or expelled), and will require intensive services. For Texas adolescents ages 12 to 17, the occurrence of major depressive episodes was 11.25%;3 for youth and young adults, the onset of a first psychotic episode typically occurs between the ages of 15 and 34.4 The early onset of mental

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[1] National Research Council and Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* Committee on Prevention of Mental Disorders. Patricia J. Mrazek and Robert J. Haggerty, Editors. , Washington, DC: The National Academies Press. P. 23-26.

[2] National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Youth Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, D. C: The National Academies Press.

[3] Lipari, R.N., Hughes, A., & Williams, M. *State estimates of major depressive episode among adolescents: 2013 and 2014.* The CBHSQ Report: July 7, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

[4] Meadows Mental Health Policy Institute (2016, March 24). *Estimates of the prevalence of mental health conditions among children and adolescents in Texas* (pp. ixiv-ixv). Dallas, TX: Meadows Mental Health Policy Institute. See http://texasstateofmind.org/resources/policy/.

health conditions and the prevalence of these conditions among Texas children underscores the need for behavioral health promotion and prevention.

Prevention is also important for pregnant and post-partum mothers. While there is no definitive information on the rate of depression among mothers after delivery, some of the research indicates that depression may affect about 13% of mothers within the first year following the birth of their children.[5] These mothers may need parenting support to help their infants and children reach developmental milestones and prevent future depression.

## Is There Evidence that Prevention Works?

There is strong evidence with over 30 years of research that prevention works in multiple community settings: homes, schools, pediatrician and family physician offices, federally qualified health centers, social and recreational settings such as Boys and Girls Clubs, and mental health centers. Some of these same studies indicate there are cost savings across a range of service systems that support young people and their families throughout the education, child welfare, primary medical care, behavioral health, and juvenile justice systems.[6] Examples of improved outcomes are described below.

- Substance use, conduct disorder, antisocial behavior, aggression and child maltreatment can be reduced.
- Depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by one quarter to one third.
- Improved family functioning and positive parenting have positive outcomes and can moderate poverty-related behavioral health risks.
- School-based prevention interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities such as parental depression and divorce demonstrate positive results in reducing risks for depression among children.

Below, we feature many evidence-based prevention programs that make a difference, but many more could have been listed. The problem with prevention is not that we do not know whether it works or how to apply it but, rather, that both nationally and in Texas, it has not received sufficient funding. By making a "turn toward prevention," Texas could set a standard for other states to follow.

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[5] O'Hara M.W., & Swain, A.M. (1996). Rates and risk of postpartum depression: A meta-analysis. *International Review of Psychiatry, 8*:37-54.

[6] National Research Council and Institute of Medicine. (2009). Pages 35-36.

## What are Examples of Prevention and Behavioral Health Promotion Interventions?

- **The Triple P—Positive Parenting Program** gives parents simple and practical strategies to help them confidently manage their children's behavior, prevent developmental problems, and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups, and in many different kinds of family structures. See http://www.triplep.net/glo-en/home/.

- **The Incredible Years®** is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence. The programs are used worldwide in schools, mental health centers, and in pediatric settings and have been shown to work across cultures and socioeconomic groups. See http://incredibleyears.com/.

- **Healthy Steps** is an evidence-based program of primary health care for infants and young children (from birth to three years of age) initiated by the Commonwealth Fund in 1995. Healthy Steps focuses on promoting the emotional wellbeing of infants and young children and preventing mental health concerns. It integrates child development, trauma-informed care, and family support into primary care pediatrics. See http://healthysteps.org/about/.

- The **Strengthening Families Program (SFP)** is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships; reduce problem behaviors, delinquency, and alcohol and drug abuse in children; and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. See http://www.strengtheningfamiliesprogram.org/.

- **Bright Futures** is a national health promotion and prevention initiative led by the American Academy of Pediatrics and supported by the Maternal and Child Health Bureau of the Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. See https://brightfutures.aap.org.

- The **Fussy Baby Network** at Erikson Institute, located in Chicago, provides training and consultation to organizations across the country that wish to adopt the Fussy Baby Network

model. The Network started in 2003 as a prevention home visiting program for families who were struggling with their baby's crying, sleeping, or feeding during the first year of life. The Fussy Baby Network's unique approach to working with families is called the **FAN** (Facilitating Attuned INteractions). It includes a warm line for parents and a range of other interventions. See http://www.erikson.edu/fussybaby/services/.

## Are there Specific Strategies to Prevent Child Maltreatment?

Abuse and maltreatment are known to put children at risk for a variety of mental health and substance abuse problems. Prevention initiatives to address child maltreatment and abuse focus on various home visiting interventions.[7] The Supporting Evidence for Behavioral Health Home Visiting website site lists other examples of evidence-based interventions, including several listed below. See http://supportingebhv.org/crossite.

- **Healthy Families America (HFA)** is a multiyear, intensive, home-based program for new parents (identified during pregnancy or at the birth of their child) who demonstrate an elevated risk for maltreatment on the basis of a standardized risk assessment administered to all children born within the program's service area. Services focus on promoting healthy parent-child interaction and attachment, increasing knowledge of child development, improving access to and use of services, and reducing social isolation. See http://www.healthyfamiliesamerica.org/.

- **Nurse Family Partnership (NFP)** is a multiyear, intensive, home-based program targeting low-income mothers during their first pregnancy who self-refer or are directed to the program by local health and social service programs or practitioners. Services focus on improving parent-infant bonding, improving maternal health behaviors and life choices, and improving cognitive skills and healthy development for their children. See http://www.nursefamilypartnership.org/.

- **Parents as Teachers (PAT)** is a multiyear, intensive, home- and group-based program provided to any parent who requests assistance with parenting support and increasing their knowledge of child development. Services focus on increasing parental knowledge of early childhood development, improving parenting practices and skills, and providing early detection of developmental delays and health issues among children. See http://www.parentsasteachers.org.

[7] Daro, D., Hart, B., Boller, K., & Bradley, M.C. (2012, December). Replicating Home Visiting Programs With Fidelity: Baseline Data and Preliminary Findings. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Contract No.:GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ, p. 3. See http://supportingebhv.org/crossite.

- **SafeCare** is a 24-week program for families with children from birth to age five that provides bimonthly home visits with a focus on altering parental behavior in three core domains: (1) health, (2) safety, and (3) parent-child interaction. Home visits focus on training parents to use health reference materials and access appropriate treatment, identify and eliminate safety and health hazards, and increase positive parent-child interactions. See http://safecare.publichealth.gsu.edu/.

- **The Triple P** (described above), as implemented within the context of home-based care, provides weekly home visits for 24 to 26 weeks, targeting services for families with children up to age eight. Services focus on promoting the development, growth, health, and social competencies of children and improving parental competence, resourcefulness, and self-sufficiency.