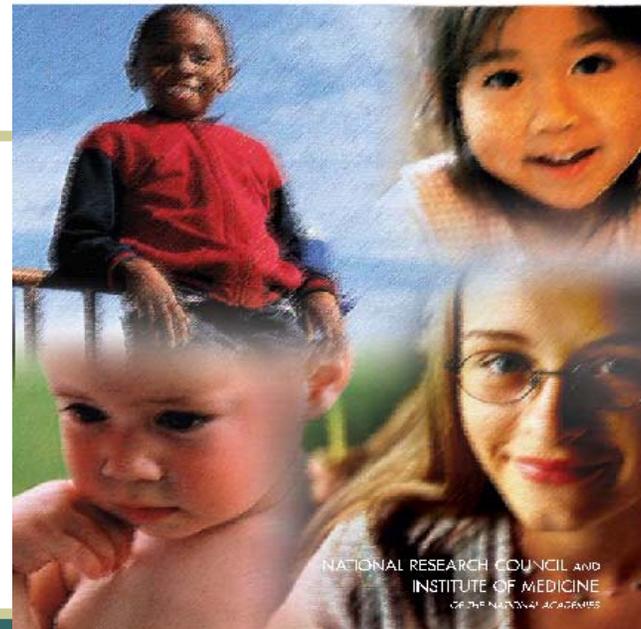


# *Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities*

Preventing Mental, Emotional,  
and Behavioral Disorders  
Among Young People

*Progress and Possibilities*

Association of Maternal  
and Child Health  
Programs  
March 8, 2010



## 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
- **ANTHONY BIGLAN**, Center on Early Adolescence, Oregon Research Institute
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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.”

“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

## 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

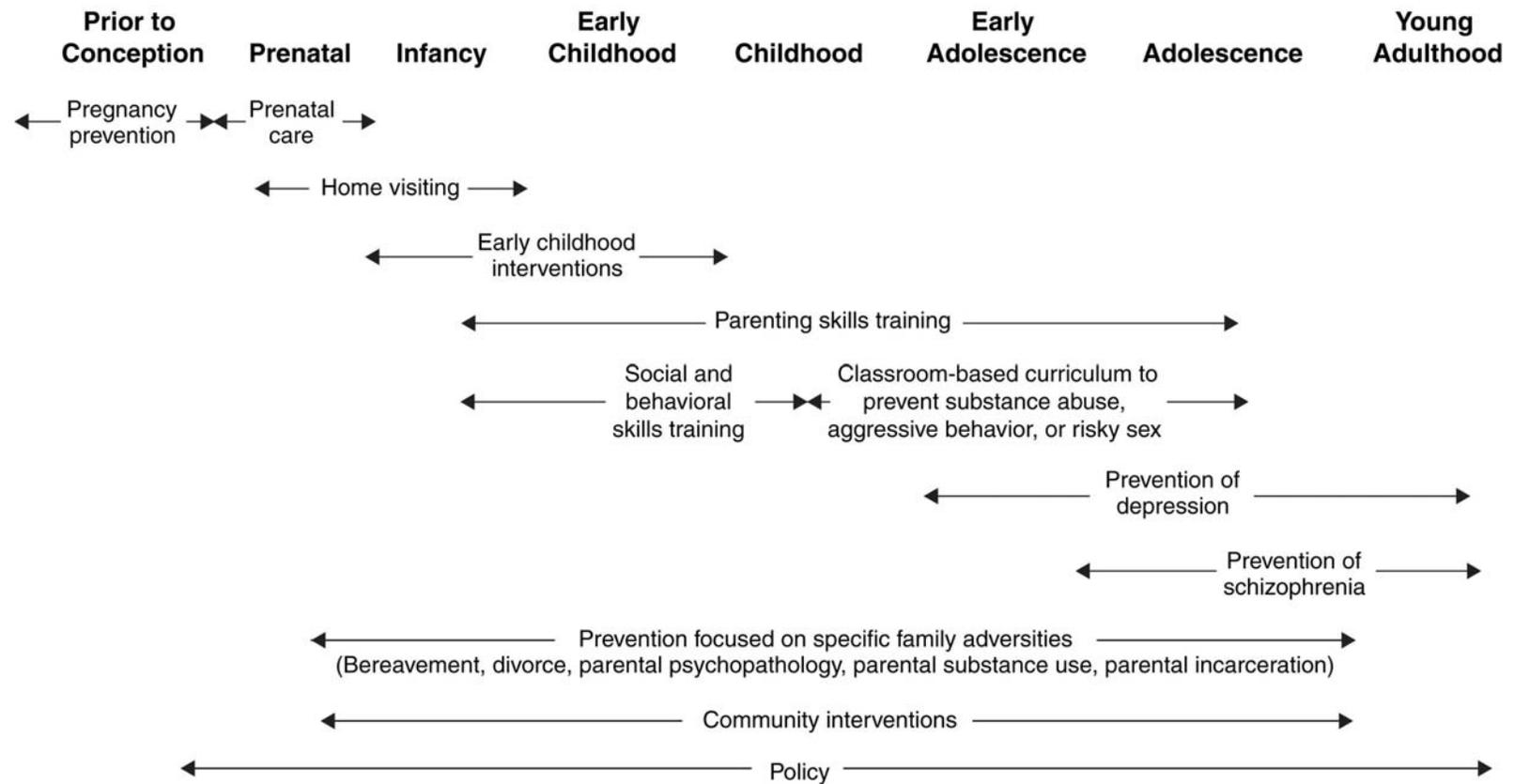
## Core Concepts of Prevention

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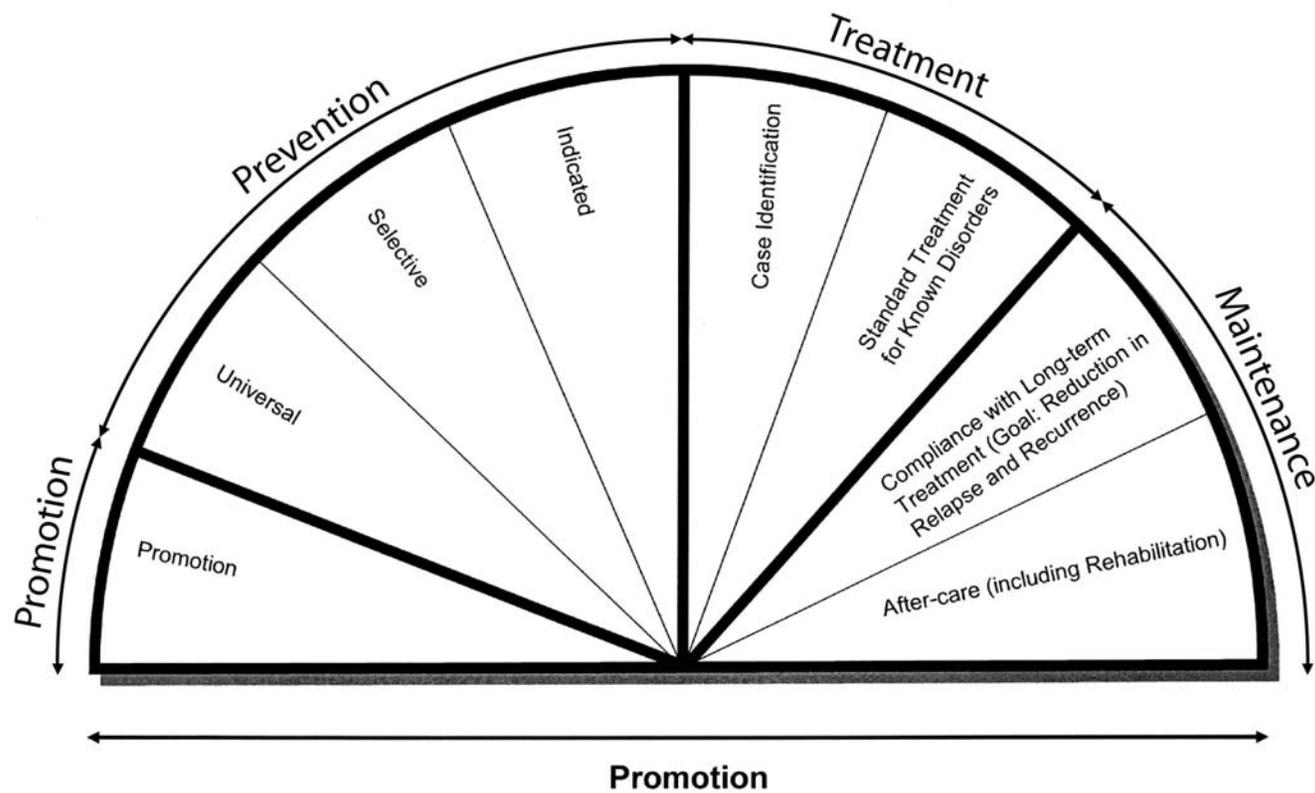
1. Prevention requires a paradigm shift
2. Mental health and physical health are inseparable
3. **Successful prevention is inherently interdisciplinary**
4. Mental, emotional, and behavioral disorders are developmental
5. **Coordinated community level systems are needed to support young people**
6. Developmental perspective is key

# Preventive Intervention Opportunities

## Interventions by Developmental Phase



# Prevention AND Promotion



# Implementation: Programs, Policies, and Principles

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- Public education
- Fund evidence-based programs
- Implement policies that support families, address poverty & support healthy development
- Adopt key principles
  - Eliminate or reduce exposure to toxic events (e.g., harsh discipline, abuse/neglect)
  - Positive reinforcement of prosocial behavior and creation of nurturing environments by families, schools, communities
  - Reinforce positive behaviors (e.g., diet, exercise, limited tv viewing; adequate sleep)

## Program Implementation: Three General 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 critical

# 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

## Putting Knowledge Into Practice: Data, Monitoring, Funding & Workforce

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- HHS should provide annual prevalence data and data on key risk factors
- Braided funding
  - across programs; service & evaluation funds
- Fund state & local researcher-community networks/partnerships
- Target communities with elevated risks
- Develop training and certification standards

# Continuing a Course of Rigorous Research

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- Comprehensive 10-year research plan
  - Implementation research
  - Cost-benefit analyses
  - Adaptation of models
  - Identification of core program elements
  - Testing models at scale
  - Community-driven models

## Additional Information

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- Additional information available at <http://www.bocyf.edu>
  - Report (for purchase)
  - Summary (free pdf download)
  - Two report briefs (free pdf download)
  - Audio and presentations from March 2009 dissemination event