



Can Mental Health DO Prevention and Early Intervention?

A Public Health Perspective for Child Mental Health

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Prevention and Early Intervention: A National Imperative

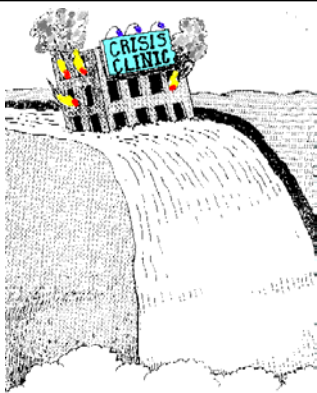
- Making the Case
 - Need
 - Money
 - Science
 - History

And, Morally Right

- Addressing Infrastructure Challenges and Opportunities

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Need: What is wrong with this picture?

- 1982: Unclaimed Children estimated that less than 20% of children in need of services got them (Knitzer)
- 2002: Fewer than 21% of children in need of mh services got them (Kataoka)

Need More Acute by:

- AGE: Young children
 - Estimates 17% have diagnosable disorders, 1-2% identified; 10% problem behaviors; 3 times as much in low-income communities
- RACE: Prevalence rates similar, BUT children of color less likely to access care and STILL overrepresented in deep-end settings

Need More Acute by:

- SETTING
 - Child welfare (50% need,15% served: for young children, 1/3 need, 7% served Burns, 2004);
 - JJ (65-70% prevalence)
 - Schools (44% of EBD served thru schools Bradley et al. 2004)
- PLACE: rural areas particularly underserved
STILL

Outcomes Start Poor

- Young children with “challenging behavior”/social and emotional problems
 - Experience greater rates of early school failure
 - Poor relationships with teachers
 - Academic learning skills unrecognized
 - Typically STILL do not get appropriate help until 4th grade (Knitzer, 1982, 1992)

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Outcomes Stay Poor

- In high school, students with EBD least likely to:
 - Get A's & B's (28%)
 - Adjust well socially (41% Low social skills)
 - STAY IN SCHOOL (72% suspended or expelled)
 - Avoid jail (over one-third arrested)

Source: Wagner, Marder et al. 2003, Wagner, Newman, et al., 2003

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Making the Funding Case

- Current spending for these gaps and outcomes estimated to be \$4 billion alone for mh sector.
 - Despite 2 decades of reform, evidence that use of restrictive placements is increasing; against best science and family wishes
 - Medicaid and other funding streams inconsistent with science and family wishes
 - Failure to maximize Medicaid and other potential funding streams (Spending Smarter, Johnson & Knitzer, 2005)

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Making the Science Case

- In general, the more risk factors, the worse the mental health outcomes
- Mental health disorders start earlier than initially understood (NICHHD; Kessler)
- New understandings of early and adolescent brain development emphasize importance of relationships
- New understandings of interactions between genetic and environmental components, e.g. depression
- Mental illness is often a family affair

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Making the Science Case, cont

- The line between prevention, ei and treatment is more permeable than previously understood (Currie et al)
 - Conduct disorders predict initiating & escalating alcohol use.
 - First graders hyperactivity and social problem solving deficits predict increased drug and alcohol use when they are between 10 and 12.
 - First grade children with conduct problems, anxiety, depression, or ADHD have 2x the risk of first tobacco use in grades 4-7 as children without these disorders.

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Making the Science Case, cont

- Targeting risk and protective factors can improve mental health and reduce both mh and su disorders (respectable effect sizes, Weisz, 2005)
 - Pittsburgh Youth Study: difference between desisters and persisters: no physical punishment; family involvement ; Mixed, but promising findings for links between family reinforcement for pro-social behavior, parental agreement on discipline & reduced parental stress (Loeber, 2005)
 - Rochester Youth Study: **3 generations** and now analyzing risk transference; strong influence of negative parenting styes and substance abuse on anti-social behavior

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Lessons from History

- Addressing prevention and intervention is NOT a new function for children's mental health
 - 1970's CMHC were **required** to do outreach and consultation
- Calls for a Public Health/Mental Health System requires the development of a continuum; rebalancing services and resource allocations

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New Freedom Commission

- Early Mental Health Screening, Assessment and Referral Services are Common Practice
 - Promote the MH (e.g. social/emotional competence) of young children
 - Improve and expand school mh programs
 - Screening for co-occurring mental and substance use disorders
 - Screen for mental disorders in primary health care across the lifespan and connect to treatment and supports

=Early MH Screening, Assessment and Early Intervention are Common in Non-Stigmatizing Settings

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Necessary Components

- SMHSA science-based youth components (2002)
 - Promotion of protective factors, (e.g. behavioral life skills)
 - *Emphasis on building connectedness to positive peers and adults through team and interpersonal activities including engaging families*
 - Coherent program design, training and implementation
 - Introspective orientation encouraging youth self-reflection
 - 20 or more hours total/ (4 hrs week) necessary for impact
 - Programs delivered in community based settings (e.g. afterschool more effective than schools)
- Parallel findings for early childhood for family and caregiver focused interventions

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Infrastructure Challenges & Opportunities

- Definitional Boundaries
- Targeting Strategically
- Building Capacity
- Addressing Funding Challenges
- Shifting the paradigm and the culture

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Definitions

- IOM: universal; selective (target all in subgroups); indicated (elevated symptoms; risks)
- NIMH AD HOC Committee on Prevention: interventions that occur before the initial onset of a disorder, but also to interventions that prevent co-morbidity, relapse, disability and the consequences of severe mental illness (or substance abuse) for families. 1998
- Field: Emerging recognition of a continuum
 - Promotion (stigma reduction; suicide prevention)
 - Prevention (groups at risk)
 - Early Intervention (signs of symptoms, not necessarily diagnosable, e.g. at risk of SED)
 - Treatment
 - Relapse prevention
 - Emphasis on supporting caregivers, environmental restructuring

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Targeting: Research-informed Targets of Opportunity By Population

- Children and Families
 - Children/families of mentally ill parents (esp. depression: Beardslee)
 - Young children with symptoms of conduct disorder (Incredible Years, Webster Stratton)
 - Schools (combining SOC with PBIS: Hawkins)
 - Children in foster care
 - Multi-dimensional
 - Children and Parents exposed to trauma
 - Pima County
 - San Francisco General

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Targets of Opportunity by Settings

- Pediatric, Women's and Family Health Care Settings (Screening for maternal/parental depression)
- Early Childhood Settings (e.g. child care, HS, EHS, homevisiting, shelters)
 - (San Francisco; Vermont)
- Schools (LA violence prevention)

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System-Building: Early Childhood as an Example

- Use evidence-based prevention/ei strategies
 - Tools of the Mind
 - Incredible Years
 - Positive Behavior Supports
 - Nurturing Curricula
- Organize Services Differently
 - Nesting in Existing Programs/ Platforms
 - Organizing by level of risk (San Mateo)
 - Partnerships at entry points/unexpected messengers
 - Special-school linked challenges
 - Youth at risk challenges
- Build Partnerships
- Engage in Strategic Fiscal Planning

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Predictable Funding Challenges

Funding for

- Group focused interventions (e.g. Tools of the mind)
- Program-staff consultation
- Funding for children and families experiencing single and combinations of risk factors known to impair mental health functioning
- Two-generational family interventions (reducing risks to effective parenting)
- Screening
- Work force development

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Promising Fiscal Opportunities (Spending Smarter, NCCP, 2005)

- Pay as much attention to strategic fiscal planning as to program planning
- Invest in consultation strategies
- Partner with other systems (e.g. Title V)
- Ensure that reimbursement practices support evidence based, developmentally appropriate practice (e.g. Screening, assessment)
- Maximize impact of existing funds (state match)
- Target selective new resources, public and private
- Track outcomes

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Changing the Culture

- MH paradigm remains medical
 - Still difficult to address family issues
 - Disease versus risk and resilience oriented
- BUT even health care systems invest in prevention and early intervention more than mh
- How we spend public dollars should be consistent with the best science
- California has a unique opportunity to provide leadership to the nation.

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NCCP Resources

- Spending Smarter: A Funding Guide for Policy Makers to Promote Social and Emotional Health and School Readiness (Johnson & Knitzer, 2005)
- Resources to Promote Social and Emotional Health and School Readiness in Young Children: A Community Guide.
- Issue Brief Series: Promoting the Social and Emotional Well-being of Children and Families
- Forthcoming: Unclaimed Children Revisited

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