

PREVENTION AND EARLY INTERVENTION

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Issue 1: Overview and Definition

I. Definitions

A. What definition of “prevention” is most typically used in the mental health field?

In 1994, the Institute of Medicine (IOM) extended the concept of prevention, as previously applied in public health, to mental disorders and redefined prevention for the mental health field in terms of three core activities⁴:

1. *Prevention*- Interventions to avert the initial onset of a mental disorder. This term is similar to the public health concept of primary prevention.
2. *Treatment*- Identification of individuals with mental disorders and the treatment for those disorders which may include interventions to reduce the likelihood of future co-occurring disorders.
3. *Maintenance*- Interventions aimed to reduce relapse and recurrence and to provide rehabilitation. This term incorporates some of what public health considers secondary prevention and all forms of tertiary prevention.

Furthermore, the IOM defined three forms of preventive interventions³:

1. *Universal*- Interventions that target the general public or a whole population group that has not been identified on the basis of individual risk.
2. *Selective*- Interventions that target individuals or subgroup whose risk of developing mental disorders is significantly higher than average.
3. *Indicated*- Interventions that target individuals who are identified as having signs, symptoms, or genetic markers related to mental disorders, but do not yet meet diagnostic criteria.

B. What definition of “early intervention” is most typically used in the mental health field?

Early intervention involves identification of warning signs for individuals at risk for mental health problems and intervening early against factors that put them at further risk for developing mental disorders. Early intervention can prevent problems from worsening.

II. Are there trends in the mental health field regarding prevention and early intervention that the Commission might find helpful?

Consistent with the Little Hoover Commission Report, there is a focus on strengthening families and developing a system currently only in the imagination of children and families. That is, a collaborative system where regulations, standards, and licensing requirements do not interfere with timely access, quality service, and positive outcomes^{3, 4, 5, 8}.

A. Strengthening Families

High-risk families need assistance to prevent entry into the foster care system. Once in the system, about half of the children do not receive the treatment they need⁵. Interventions should focus on providing in-home services (e.g., crisis, family support groups, parent management training to prevent conduct problems, etc.) to destigmatize mental illness. Strong families and collaboration between systems result in children feeling safe and in return are able to learn.

1. Cultural Competence

The racial, ethnic, linguistic, and cultural diversity of California is changing rapidly. Services need to be culturally competent in order to be effective⁶. For example, ties to family and community are particularly strong among communities of color⁴. Interventions in the community and with the families take into account the cultural impact on help-seeking behaviors.

2. Maximize current resources

California has several family organizations that supply effective support and training to families with limited resources. For example, the United Advocates for Children of California, Monterey Harmonium, Inc., and various chapters of the Federation of Families for Children's Mental Health. These organizations should be brought in as partners with providers and help to achieve sustainability so they can increase their impact.

3. Collaboration between families and school

The school ecology should be a primary focus of attention¹. A long term goal is to improve the involvement of families of children who have emotional disturbances, with their schools. This will improve behavior and academics. Schools want to do this and Mental Health can supply the technical assistance to help improve this through a mental health perspective.

B. Collaborative Systems

Currently, the system is such that problems are not addressed until needs are severe and once accessed, services are not integrated. The lack of an integrative early childhood infrastructure makes it difficult to advance prevention-oriented initiatives for all youth, much less to coordinate services for those with complex problems⁶. As Michael Alpert, Chairman of the Little Hoover Commission stated, "California must bring new resources to support prevention programs, to help more children succeed in school and to give each child the chance to thrive not just survive." There needs to be an investment in multi-sector approaches to prevention. That is, a focus on cooperative endeavors between the private and public sectors. A number of reports have documented the high rates of mental health problem presentation in primary care settings.

C. Use of the Public Health Model

1. Translate the methods used for physical conditions to mental health prevention screening.

For example:

- Use of *universal interventions* to prevent future need of intensive services.
- Policymakers and leaders need to think about what is California's position on *universal screening* of children for mental health needs.
- *Targeting risk factors* as part of a prevention program
- Disseminate in multiple locations (e.g., doctor offices, health clinics, libraries, and community center).

2. Use of Technology

There is a need to invent new approaches to reach target audiences using technology. For example, computer screens (i.e., kiosks) that contain resource materials and outreach efforts can be in primary care or pediatricians' office. The use of technology to access mental health care has been identified as a goal in the President's New Freedom Commission Report (2003).

D. Use of Effective Models

There is a national call for the implementation of evidence-based interventions and promising practices for youth and families^{4,7} as there are a growing number of programs with documented efficacy of the beneficial impact on the reduction of emotional and behavioral problems. For example, Positive Behavioral Interventions and Support (Carr, et al, 2002) is a model that includes universal interventions for all students (primary prevention), targeted interventions for children who are at risk for increasing impairment, and indicated interventions that may require more wraparound services or comprehensive coordinated services (see Attachment: Designing School-Wide Systems for Student Success). Such a model would increase collaboration between Education and Mental Health. Iowa is an example of a state that has used this model to increase collaboration between the school, juvenile probation, community, and families. Other components of a comprehensive prevention model to consider:

1. Early Childhood Programs

There are many effective early childhood programs available; however, they are typically organized as discreet silos. A system of prevention and early intervention needs to be developed by examining the common attributes of these effective programs.

2. Trauma

In recent studies, the long-term adult impact of traumatic childhood experiences is being documented. For example, long-term consequences of past childhood abuse are depression, anxiety, self-destructive behavior, social isolation, poor sexual adjustment, substance abuse, increased risk of revictimization, problems in social functioning and adult interpersonal relationships⁷. Systemic approaches should incorporate treatment for trauma.

3. Developmental Approaches

In addition to the public health model another valuable approach may be to focus on the developmental stages of children and families. For example, a focus on young families, points of natural transition such as elementary to middle school, middle to high school.

4. Community Engaged Programs

Encourage the use of community-wide participatory programs, such as Positive Youth Development programs. Positive youth development programs are approaches that seek to achieve at least one of the following: promotes bonding; fosters resilience; promotes social, economic, cognitive, behavioral, or moral competence; fosters self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, or pro-social norms; and provides recognition for positive behavior and opportunities for pro-social involvement. There are a number of effective programs that promote positive youth development and prevent youth problem behaviors¹.

E. Focus on Outcomes and Quality

Outcomes need to be evaluated not only on program and individual levels, but systems as well. When measuring impact an important indicator is school readiness. It is estimated that 25% of children are not ready to enter schools.

III. What are a few of the challenges and/or controversies in the mental health field regarding prevention and early intervention?

A. Lag in implementing effective models

It takes an average of 17 years to bridge research and practice⁷. Although the research base for prevention and early intervention is continually growing, there are known effective models that can be implemented and examples of states and counties that have successfully implemented these models.

B. Complex system impede access to service

A recent national study indicated that while the average age at which a problem identified is about 4 years old, it takes about 2 years for the child to receive any service, and 3 years for the child to receive special education services⁸. Problems are being identified a year earlier than a decade ago; however, the length of time for youth to receive services has not decreased. Early identification and intervention can prevent further school failure and emotional and behavioral problems.

IV. California-specific system recommendations

- The Little Hoover Commission Report (2001) should be reviewed as there are a number of areas that still need to be addressed.
 - Finding 1- Ensure appropriate care (p. 21)
 - Finding 2- Provide appropriate resources (p. 41)
 - Finding 3- Invest in leadership (p. 55)
 - Finding 4- Ensure sufficient personnel (p. 63)
 - Finding 5- Serve children and families (p. 75)
- The Commission should consider helping the Counties develop strong, collaborative, systemic approaches to service delivery by making funding available during planning stages. Counties should not have to “reinvent the wheel” but rather have funds available to them to help develop systemic approaches with the assistance of experts in the field.
- Ample attention should be given to implementation issues in the planning stages. Additionally, most approaches do not succeed due to lack of attention (and planning) on how to properly implement and sustain new approaches.
- When counties are developing their plans, parameters should be given to guide their development. For example, County plans should illustrate multi-sector participation; County plans should contain performance measurement systems.

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Appendix A

Examples of Effective Youth Positive Development Programs That Combine Their Strategies Across Domains (Family, School, and Community)

Across Ages¹
Adolescent Transitions Project¹
First Step to Success⁹
Project Northland^{1,3}
Promoting Alternative Thinking Strategies (PATHS)³
Responding in Peace and Positive Ways¹
Schools and Families Educating Children (SAFE Child Program)
Woodrock Youth Development Project¹

Areas of Focus for Adult Prevention Services⁴

Stressful life events
Past trauma and child sexual abuse
Domestic violence

Areas of Focus for Older Adult Prevention Services⁴

Depression and suicide
Relapse or recurrence of underlying mental disorders (tertiary prevention)
Excess disability
Premature institutionalization