



National Prevention Science Coalition

to improve lives

Prevention of Mental Health Problems

The Problem

When we think about cancer, heart disease, or diabetes, we don't wait years to treat them. We start way before Stage 4 to try to stall the progression of the disease and minimize its impact on the individual's life. Even better is to prevent its onset in the first place. And there is a growing science of prevention that has established certain lifestyle changes, principles and interventions shown to work on a population level.

The approach to mental health problems has not, however, been as consistently proactive or prevention-minded. As a result, the US now has the highest rate of mental illness of any country in the world. And we have the second highest rate of substance abuse, trailing only the Ukraine. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

The application of knowledge from prevention science has potential to reduce its incidence and the devastation caused by individuals whose mental illness has progressed unchecked. We know, for example, that good mental and emotional health is strongly linked to educational achievement. Because the median age of onset for mental illness is approximately 14, it is critical we reach children early and provide the tools to parents and communities to boost their health and well-being.

Prevention of mental health problems takes two broad forms: (a) creating environments conducive to healthy child development and that buffer effects of adverse conditions that increase risk for mental disorders, and (b) early detection and intervention. Prevention builds on America's strong communities to protect individuals from declines in mental health. Prevention also reduces substance use, improves education outcomes, and boosts work productivity. When individuals do not develop an illness or if they receive appropriate intervention, they are often able to stay engaged in the community, and thus communities can have more control over their resources and are in a position to provide support for more people. Federal, state and local policies should ensure that communities have access to preventative services.

Consequences of Failing Our Children

From the prenatal period into early adulthood, there are many opportunities to support the mental health of our young people. From providing support for families, to promoting programs in schools, to providing access to a full spectrum of mental health support in the community, we can address risk factors and intervene early. Unfortunately, signs are often ignored and not met with supports for the child. When we do not act early to support our children and young adults, we face consequences like suicide, incarceration, homelessness, and school drop-out. This is not the result of a particular individual's actions but of a system that does not yet promote and support mental health as needed.

- **Suicide:** Suicide is the 3rd leading cause of death among 10 to 24 year-olds in the United States, with about 13 lives lost every day and 4,600 lives lost each year. [i] In a nationwide survey of 9th to 12th grade students in both public and private schools, 8% of students reported having attempted suicide in the past year. [ii]
- **Incarceration:** Of the more than 600,000 youth placed in juvenile detention centers annually, 65 to 70% have diagnosable mental health disorders. [iii] More than 90 percent have been exposed to Adverse Childhood

Experiences (ACES), with the majority having six or more ACES. At least three quarters have experienced traumatic victimization. [iv]

- **Homelessness:** The National Alliance to End Homelessness estimates that approximately 550,000 unaccompanied youth and adults under 24 experience at least one week of homelessness each year. [v] The U.S. Department of Housing and Urban Development (HUD)'s 2014 Annual Homeless Assessment Report using community reported data estimated 194,301 homeless youth on a single night. [vi] Among youth experiencing homelessness, 20 to 40% identify as LGBT. [vii]
- **School Drop-out and Job Loss:** In 2005–2006, the percentage of students with disabilities exiting school with a regular high school diploma was 57%, an increase from 43% in 1996–1997; however, only 43% of students with an emotional disturbance graduated with a diploma. [viii] Those who drop-out are more likely to be institutionalized than their peers, particularly in jails and prisons. 1 in 10 individuals who dropped out of high school were institutionalized compared to 1 in 33 of those who graduated high school, and only 1 in 500 individuals with Bachelor's Degrees were institutionalized. [ix]

When we add up these losses of life and human potential, we see the incredibly high cost of not acting early. The statistics outlined above do not even include other bad outcomes, like losses in productivity, damage to relationships, and losses in life satisfaction as a whole. With prevention and early intervention, we can make sure we don't leave families all across America wondering, "What if?"

Prevention Science's Response

So what can we do to put children on a successful course? It is imperative that we work together to prevent mental health and substance use conditions and create healthier children and communities.

The Substance Abuse and Mental Health Services Administration (SAMHSA), the government's lead agency in the area, is calling for action to improve the nation's health. In "Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014," it identifies eight strategic initiatives to produce positive change. And topping the list is prevention of substance abuse and mental illness.

Although prevention is a relatively young concept in the area of mental health, SAMHSA points to a number of programs and services shown through research to improve the healthy development of children and prevent the onset of mental health and substance use conditions. And the evidence of their positive effects is rapidly accumulating.

Just as we take action to improve our children's diets or correct other health concerns, we can implement prevention and early intervention programs that can head off problems and help our children reach their potential.

Given the evidence, policymakers will--and should--want to see such programs used more widely. And there should be no argument about spending money on these strategies; they are cost effective. Each dollar invested returns from \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.

If we are serious about changing the trajectory of our nation's health and allowing our children to succeed, we should make prevention a priority. It will produce a healthier future.

Mental Health America's Recommendations:

- **Cover Community-Based Prevention.** As of 2010, preventive services in primary care are covered, but now we know that behavioral health prevention is often most effective in the community. Task an agency or independent body with recommending evidence-based community prevention services, and mandate payment for these services across public and private programs and health plans.
- **Foster Innovation and Realize Savings.** Ensure that innovative Medicaid funding models, like Accountable Care Organizations (ACOs), capture savings to all federal programs, and allow for collaboration with states to capture savings to their programs as well. Right now innovative funding models only look at savings to Medicare and Medicaid and miss savings to other

programs when comprehensive community-based services enable people to thrive. Any state or federal funding model, innovative or fee for service, should allow:

- Preventive services to be provided in schools, homes, and communities to individuals who do not yet have a diagnosis.
- Evidence-based psychoeducation and support to be provided to individuals other than the beneficiary, such as parents and teachers.
- Services to be provided to groups. The Medicaid Free Care Rule should be expanded to all health plans, so that when a cost-saving service is given to a group at no charge to individuals, health plans can still be billed for the services provided to the members of their own groups.
- **Promote Positive School Climate.** Track improvements in school climate or social and emotional learning (SEL) in schools. Most schools only track standardized test scores, but strong school climate and SEL are necessary for children to excel academically. If schools are recognized for improving school climate and SEL, they will be better equipped to foster more productive students and greater academic achievement.

Portions of this fact sheet were developed by Mental Health America and the National Association of State Mental Health Program Directors with support from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS). The views expressed in this document do not necessarily reflect the opinions of SAMHSA/CMHS or any other Federal entity.

This factsheet is also sponsored by the National Prevention Science Coalition to Improve Lives