

UNDER THE MICROSCOPE

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THE IMPERATIVE OF MOVING UPSTREAM: PREVENTION AND EARLY INTERVENTION

Childhood is an important time to prevent mental disorders and to promote healthy development because many adult mental disorders have related antecedent problems in childhood. Thus, it is logical to try to intervene early in children's lives before problems become established and more refractory.... There is a growing recognition that prevention does work....

(Report of the Surgeon General on Mental Health, 1999)

ISSUE.

For too long, our health care system has diagnosed and treated individual disease processes, trauma and acute illnesses. At the same time, it has segregated body and mind into separate and certainly not equal systems of treatment. This has led to services that essentially ignore the whole person and do little to support overall health by reducing risk factors for disease or by promoting resilience, whether to benefit individuals or the broader public health. Not surprisingly, the same blinders-on approach to care has severely limited funding for and insurance coverage for behavioral disorders and support for both health promotion and disease prevention.

The good news, however, is that impetus has been growing to “work farther upstream” toward positive health promotion and disease prevention, particularly in behavioral health and particularly for our Nation’s children. This impetus for change is found not only in the words of 1999 *Surgeon General’s Report on Mental Health* cited above, but also in the more recent implementation of 2008 Parity Act and the 2010 Affordable Care Act to promote not only insurance parity for behavioral health care but also coverage of prevention and early intervention. The impetus is also found in the aim of the 2011 Department of Health and Human Service’s (HHS) *National Prevention Strategy* to “move us from a system of sick care to one based on wellness and prevention” and its inclusion of mental health and freedom from drugs, alcohol and tobacco as key priorities. And just this past month, the Trust for America’s Health added to the impetus through its report *A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years*.

But among policymakers at the national and state levels, the greatest impetus for attention to behavioral health promotion and behavioral illness prevention very likely has grown from a tragedy that touched us all beyond measure. Certainly, the deaths of 26 young children and their teachers at Sandy Hook Elementary School generated discussion about behavioral disorders and the importance of their recognition and treatment. Yet, even more important, though, the tragedy has highlighted why the time has come for the entire health care enterprise to move upstream to help prevent behavioral problems in the first place and to identify and respond to them at the earliest opportunity when they do arise. This installment of *Under the Microscope* explores why, increasingly, we need to work upstream and suggests ways to make that move at this particular moment in time.

ANALYSIS.

The value of prevention and early intervention cannot be overstated. Our chronic illness data can be changed for the better by moving upstream. Moving upstream makes it possible to help children and adolescents build resilience against behavioral disorders in the first place. Moving upstream enables us to identify those at greatest risk for these problems, such as young people victimized by or exposed to trauma and violence, those with a family history of behavioral problems, and those with environmental risk factors. Moving upstream also enables us to be poised to intervene at the earliest moment to prevent or mitigate the impact of these disorders. Ultimately, moving upstream can save lives, families and dollars, promoting independence, learning earning and contributions to communities and society.

A first step toward moving upstream in behavioral health is broader public education about the realities of behavioral disorders. In this case, the public means not only the lay public, but also those in policy positions and

administration in general health care and social services, in education and law enforcement, in religious institutions, and in the corporate board room.

The facts to be understood are plain, particularly when it comes to the Nation's future: its children and youth.

- Almost 21% of US children and adolescents have a diagnosable mental disorder causing functional impairment at home, at school or in the community. Around 60% of them never get mental health services.
- An estimated 10 million young people, ages 12-20 admit to underage drinking sometime in the past month (more than the number of people living in Michigan). The rate of illicit drug use among those ages 12-17 was 10.1%, up from 9.3% in 2008. Only 1.1 million of around 6.1 million youth, ages 12-17, got care needed for a drug problem, leaving some 5 million untreated.
- Mental health problems in adolescents can increase their use of substances such as alcohol, marijuana and other drugs, often in an effort to self-medicate. Studies suggest that adolescents with depression are over three times as likely to have used illicit drugs as non-depressed teens.
- Mental and substance use disorders are costly from a host of perspectives. They are among the top causes of disability, burden of disease, cost to families, employers, and publicly funded health systems.

It's also critical to debunk age-old myths and misconceptions and to educate the public that mental illness and dangerousness are not synonyms; that behavioral disorders are treatable illnesses from which people can and do recover; and that prevention and early intervention can prevent or mitigate the impact behavioral problems.

Prevention can't start too Young.

When it comes to behavioral health, "working upstream" on positive health, prevention, and early intervention means focusing ever earlier in the life trajectory to strengthen protective factors and reduce risks for behavioral problems among our children and adolescents. That's because:

- Half of all lifetime cases of mental and substance abuse disorders begin by age 14, and 75% by age 24.
- Increasingly younger children are abusing alcohol, misusing prescription medications, and using illicit drugs. More than 1 in 5 underage drinkers begins before age 13. In fact, every day in 2010, an estimated 2,490 young people, 12-14 years of age, started drinking.

Focusing attention on our children and youth as we move upstream also means being attuned to, recognizing and taking action on potential warning signs of behavioral problems among those youngsters. And that's because

- Behaviors and symptoms that signal the likelihood of future behavioral disorders often arise 2-4 years before a diagnosable disorder becomes manifest. On average, it takes as many as 8 years after the onset of evident symptoms for these young people to get into treatment. By then, the costs of care are greater and care effectiveness is reduced. Prevention and early intervention can preclude or reduce the impact of the problem.
- Early intervention for mental health problems can prevent or delay the onset of inappropriate substance use. And the likelihood of lifetime drug abuse can be reduced by 5% with each year onset it is delayed.

The Move Upstream is Underway on Many Fronts.

The momentum to advance behavioral health in general, and the prevention agenda in particular, is now growing in the work of Executive Branch agencies and Departments, the US House and Senate, and at the State and community levels. These entities are heeding President Obama's words in the wake of the Newtown shootings that "We are going to need to work on making access to mental health care as easy as access to a gun." And at the national level and elsewhere, the behavioral health community has redoubled its ongoing efforts to help spur change.

In the US Congress. More than ever before, members of the House and Senate are working to advance behavioral health promotion and illness prevention through hearings and letters, and, even more importantly, through legislation.

- Last Congress' House legislation—the *Mental Health in Schools Act*—has gained new life in this 113th Congress. Not only is it being reintroduced in the House by Rep. Napolitano (D-CA) and other members of the Mental Health Caucus, but also a companion bill already has been introduced in the Senate by Senators Frankin (D-MN), Durbin (D-IL), Baucus and Tester (both D-MT), Cardin (D-MD), Hirono (D-HI), Brown (D-OH), Landrieu (D-LA), and Blumenthal (D-CT) The measure not only establishes a grant program for the school-based early identification and intervention for behavioral problems in students, but also promotes training for school staff, volunteers, families, and other members of the community to recognize the signs of behavioral health problems in students and refer them for appropriate services.
- Legislation to promote *mental health first aid* has been introduced by in the House Rep Ron Barber (D-AZ); a companion measure is likely forthcoming by Senator Begich (D-AK). Patterned broadly after the Red

Cross program for physical illnesses, the aim of mental health first aid is to educate a diverse audience about: (a) signs and symptoms of mental disorders, such as depression, PTSD and anxiety disorders; (b) crisis intervention techniques; and (c) ways to get people into treatment. The goal is to identify and treat behavioral problems early in their course.

- Senator Harkin (D-IA), Chair of the Senate HELP Committee and long-time proponent of preventive health as a whole, has pledged action on the prevention agenda during this, his last term in office. He already has held a hearing, *Assessing the State of America's Mental Health*, at which Federal witnesses from SAMHSA and NIMH, joined by State and community-based witnesses, suggested key next steps to improve access to behavioral health services, such as better public education, integrated care, school-based services, peer-run programs, and, of course, prevention and early intervention. Even before that late-January hearing, Harkin reintroduced the *Healthy Lifestyles and Prevention Act* that includes a broad array of prevention and public health measures including improved opportunities for students with disabilities, research to assess mental health needs, and initiatives to improve consumer health literacy, among others. The measure also promotes examination of the impact of non-health-related legislation on health, such as housing, education and transportation legislation, highlighting the need for all sectors to engage in transforming the nation's sick care system to true health care system.

Across the Executive Branch. As already noted, long before Newtown, the Administration had taken steps to move behavioral health promotion and disease prevention forward, including through both the Affordable Care Act, and the Department of Health and Human Services' (HHS) prevention initiative. HHS agencies, working independently and with other Cabinet Departments continue ongoing collaborations that support behavioral health promotion, such as through anti-bullying and school safety initiatives, through underage drinking and drug use prevention, through trauma reduction and suicide prevention initiatives, among others.

The President's plan and executive actions to protect children from gun violence announced a month following the events in Newtown are already working to create safer school environments by helping thousands of schools adopt strategies to reduce bullying, drugs abuse, violence and other problem behaviors. Among the actions are several designed to advance behavioral health promotion and illness prevention, some through executive action and some through legislation. Thus, at his direction, the Department of Health and Human Services has launched a dialogue to help increase public understanding of mental illnesses. But, under Project AWARE (advancing wellness and resilience in education), the plan is fostering much more, such as helping young people, teachers and parents learn about mental and substance abuse disorders, how to recognize their signs, and how to seek help and motivate others to do the same. The President's executive actions also provide incentives to help states develop innovative approaches to reach out early to teens and young adults at greatest risk for behavioral problems by bringing more mental health professionals into schools. And, to that end, the President' reaffirmed the need for all insurance plans, both public and private, to cover behavioral health benefits just like medical and surgical benefits, so no child or adolescent falls through the cracks of assessment and early intervention because they aren't covered by a health plan.

At the State and County Levels. Mental health and substance abuse services historically have been step-children in State programs and budgets for a great variety of reasons: the stigma of the illnesses; the lack of a large vocal, voting constituency; misperceptions about behavioral disorders as either untreatable or, conversely readily surmountable behavioral choices. Perhaps not surprisingly then, state funding decisions have worked disproportionate hardships on the behavioral health field. In fact, since 2009, states have cut some \$4.35 billion in public mental health spending. With the vast majority of behavioral health care provided through the public sector, the effects have often been harsh and immediate. The cuts have resulted not only in less available treatment, but also in cost shifts to other sectors, such as the criminal justice system or homeless support system, where treatment and recovery support are scanty, at best. Moreover, prevention and early intervention have virtually disappeared in some states.

Further, a new trend seems to be taking hold in states that previously had little affinity for behavioral health services and even less for health promotion and disease prevention. Most recently, a growing number of states are rethinking years of cuts to their mental health budgets. Both Pennsylvania and Utah have scuttled earlier plans to cut their mental health systems. South Carolina is looking to restore at least part of the nearly 40% cut from its mental health budget; Kansas, which had cut mental health dollars by 12% from 2008 to 2011, has just proposed a new \$10 million plan to identify mental health dangers. And the governor of Oklahoma now pledges to make mental health a priority and give it a 20% budget increase. Moreover, some states are considering the upstream work of prevention and early intervention as a prudent and cost-effective approach to behavioral health care.

One particular bright spot is California, which has markedly advanced behavioral health in general and prevention and early intervention in particular, thanks to voter adoption of Proposition 63, the State's *Mental Health Services Act*, in 2004. That Act provides about \$1 billion annually in tax dollars to provide essential mental health services and wrap around care (e.g., housing, employment assistance, education) in a "whatever it takes" approach

through Full Service Partnership programs across the State. Importantly, the Act also includes a mandate that 20% of the tax dollars supporting the Act be put toward prevention and early intervention. As a result, every county in the State has at least one program to help prevent mental disorders among at-risk children, youth and young adults; 86% of all counties have programs to combat stigma and other barriers to care; and 86% have programs to help when a need for behavioral care is indicated. The result of the Act's full implementation has been an overall reduction in the costs of care, at least some of which is the product of prevention and early intervention.

The President Pro Tem of the California State Senate, Darrell Steinberg, has brought the principles of the California Mental Health Services Act to Washington in the form of a \$10 billion investment framework for America's mental health. He presented this plan to the White House and to key members of the House and Senate. Like Proposition 63, it rests on three key elements:

- *Prevention and early intervention* to prevent mental illnesses from becoming severe and disabling (funded at 20% of the investment);
- *School-based health centers*, operating in partnership with community health resources, to provide health education, to expand access to early screening for physical and mental wellness, combat stigma, and create a care team to identify and respond to physical, behavioral, dental and other problems in a family-centered way; and
- *Mental health services and supports* to treat the whole person in need of mental health and addiction treatment services and supports.

According to Steinberg, based on the California experience, the investment not only would save lives and restore health, but also more than pay for itself. He proffers the model as one that has application locally, regionally and nationally.

These activities, whether occurring at the Federal, state or county level, have a few common threads that can guide work across the country, work in which the behavioral health community should have a robust, engaged and active presence. Specifically:

- A better educated public about mental and substance abuse disorders to cut through the stigma still attached to these problems;
- A host of new doors to behavioral health services, from schools and places of work and worship, to the justice and social support systems;
- An ongoing, growing behavioral health funding stream that advances behavioral health and behavioral disorder prevention as integral to the health of the whole person, family and community; and
- An approach to care that begins from health, wellness and resilience to prevent or mitigate behavioral disorders, instead of from a sickness perspective that begins only after a diagnosis is made.

ACTION STEPS.

The time is ripe for action. We are at a turning point at which we can effect yet another key change in how health care is done, in general, and how behavioral health care is done, in particular. That change involves moving upstream toward wellness, prevention and whole health, instead of remaining stuck in a model that segregates mind and body and illness from person.

Working at the community level, where change begins, we can move behavioral illnesses out of the shadows by doing the hard work of changing attitudes and misunderstandings. Counties must do the hard work to decouple discussions about mental health from discussions of violence. And we must continue to emphasize that behavioral health is integral to, and very much a part of overall health. Our work must take place across political aisles and on Main Street, around dinner tables and in places of worship, through the news and entertainment media, and in schools and community forums. In many places, thanks to many in our behavioral health community, the work already has begun.

Yet, as we educate, we also must build toward a prevention orientation, that "upstream" place that helps prevent or reduce the impact of mental and substance abuse disorders. That's why it's time for us to:

- Reach out to schools to offer the services of existing county behavioral health services, as well as behavioral health training, including but not limited to mental health first aid, for school personnel.
- Engage not only public schools, but also private and non-traditional schools, as well as the faith community, social service networks, and other community-based organizations to educate about behavioral health and the promotion of mental health and prevention of behavioral disorders.
- Work with pediatricians and other sources of primary care for children and youth to encourage them to educate families about promoting behavioral health and seeking help if problems arise, and to engage in behavioral health assessments and prevention activities during appointments with their young patients.

- Establish school-based health centers that focus on the whole child, much like those described by California's Senator Steinberg. A model already exists, created by a member of our NACBHDD family. Don Polzin has been extending the Victoria, TX, county behavioral health system into schools for quite some time now. Check out his model; it's there for the replication!
- Work at the county and state level to weave behavioral health promotion, prevention, early treatment and recovery support services into county and statewide legislative efforts that seek to improve collective and individual health status, particularly among children and adolescents.
- Advocate for appropriate funding streams to support broadened child-adolescent focused prevention and early intervention efforts throughout schools and communities, perhaps funded with local taxes in much the same way as Proposition 63's Mental Health Services Act mandated uses of 20% of the state mental health funding to that end.
- Advocate for legislative action at the county, state and national levels to help refocus health care programs and dollars toward prevention and early intervention to reduce the human and economic toll of untreated unrecognized illnesses.

We cannot wait. A critical mass has been reached. The time is ripe to move behavioral health upstream to prevent mental and substance abuse disorders and to identify problems ever earlier when they do arise. Out of tragedy of Newtown must come renewed resolve to make change happen in behavioral health, and prevention is part of that change. The time is now. Let's all dig in and rededicate our ongoing commitment and make it happen for our children and our children's children.

*Researched and written by Teddi Fine
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