

Behavioral Health in Prevention



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GEORGIA STRATEGIC
PREVENTION SYSTEM



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Behavioral Health



- “Behavioral health problems: behaviors that compromise a young person's mental or physical well-being” (Hawkins, 2015, et al)
- BH problems in childhood & adolescence can lead to problems later in life, “with significant impacts on rates of economic independence, morbidity and mortality” (p. 2)

Citation: J. David Hawkins, J. M.-B.-S. (2015, June 22). *National Academy of Medicine*. Retrieved March 10, 2015, from Perspectives: <http://nam.edu/wp-content/uploads/2015/06/DPPowerofPrevention.pdf>

Guiding Question



Behavioral health problems include which of the following:

- a) Anxiety & depression
- b) Autism
- c) Risky sexual behaviors
- d) Alcohol, tobacco, and other drug use
- e) Delinquent behavior, violence, and aggression
- f) School drop-out
- g) All of the above
- h) None of the above
- i) Others?

Consequences of BH problems



- **BH problems are costly**
 - Underage drinking: \$27 billion/year
 - Delinquent behavior: \$60 billion/year
 - More than 6 million youth receive treatment for BH problems
- **BH problems reflect & perpetuate inequality**
 - Different social groups experience different levels of BH
 - 83% of deaths of Native Americans are attributed to BH problems
 - Homicide rates much higher for men than for women, and for black youth than for white youth

Promise of Prevention



- “A large body of scientific evidence over 30 years has shown that BH problems can be prevented” (2015, p. 3)



Over past 30 years, more than 50 programs have been found to prevent BH problems in young people

- Prevention programs work at 3 levels: Universal, Selective, and Indicated

BH and ATOD problems

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graph TD; A[Between grades 8-12, use of alcohol, tobacco, and other drugs increases between 200-300%] --> B[However, EBPs (such as Life Skills Training, Project Towards No Drug Abuse, and Strengthening Families) have been shown to reduce ATOD use]; B --> C[Finally, Communities that Care (CTC), Guiding Good Choices, Familias Unidas and others also effective at reducing ATOD use]; C --> D[Preventing BH problems supports mental & physical health as well];
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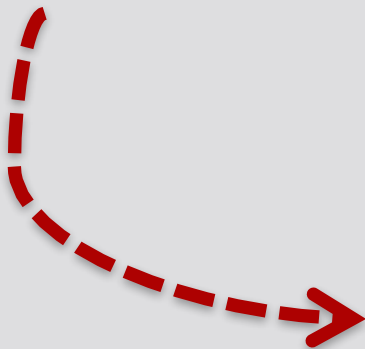
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Preventing BH problems supports mental & physical health as well

Bringing Prevention to Scale



- Now that we know that effective programs exist, how do we “scale up” to achieve population-wide reductions?



Health & Human Services (including medicine, nursing, psychology, public health, education & social work) need to establish “interdisciplinary programs” that work as catalysts to leverage prevention science to reach the field’s goals

Guiding Question 2



What other stakeholders can you work with to convene an “interdisciplinary program” to reach your BH goals?

Would you include stakeholders from:

- a) Health Care
- b) Education
- c) Mental Health
- d) Law Enforcement
- e) Juvenile Justice
- f) Other fields?

Goals for the Next Ten Years



- ① Spend 10% of public funds (education, public health, and child protection) on prevention programs
- ① 1,000 communities in U.S. will monitor risk & protective factors of youth, implement interventions, & have coalition to promote BH
- ① All 50 states using outcome data & 25 states have “backbone” inter-agency TA programs
- ① Departments of child welfare, disability, education, health, justice & others will use integrated data systems

Interdisciplinary Coalition



- Making progress in promoting BH for youth & young adults requires new practices of collaboration
- Since BH problems are shared across sectors (education, health, justice, etc), it will be necessary to collaborate.

Three levels of collaboration:

- ① State level
- ② Community level
- ③ Agency level

Interdisciplinary Collaboration 2



- **State level**
 - “Backbone structures” (cabinet task forces, blue ribbon panels, public-private partnerships) provide organizational structure to mobilize support, create vision, stimulate innovation
- **Community level**
 - Local coalitions w/ multiple stakeholders prioritize local needs through targeted interventions that build local capacity
- **Agency level**
 - Affordable Care Act (ACA) creates opportunities for cross-sector collaboration (child welfare, education, health, etc.)

Integrated Health System



- As US confronts its public health challenges, lack of access to affordable care (including BH services) is a huge issue for youth (16-25 y/o)
- “Unresolved BH problems tend to cascade into more complicated health problems that have long-term effects ...for housing, education, employment, disability, income support, criminal justice...” (2015, p. 16).

Guiding Question 3



Fill in the blank with your best guess!

“The poor health and mental health outcomes observed in the United States are not a function of lack of _____. Rather they are a function of our failure to create a comprehensive services architecture that provides _____ care, including _____, screening, early _____, and _____.”

Word Bank: prevention, knowledge, treatment population-based universal, intervention

Innovative Approaches to Behavioral Health Problems



- ① “Backbone” support infrastructures
- ② Greater use of technology (including mobile & media-based interventions aimed at entire populations)
- ③ National data monitoring system to watch trends in BH outcomes
- ④ Using tested EBPs
- ⑤ Work with public health workers
- ⑥ Resource allocation should match broad public health goals

The Power of Prevention



“Behavioral health problems now surpass communicable diseases as the country’s most pressing concerns for the well-being of our young people....*Prevention is the best investment we can make, and the time to make it is now*” (2015, p. 20).

Guiding Question 4



What are **TWO** things that you will take away from today's presentation?

1)

2)

Works Cited



J. David Hawkins, J. M.-B.-S. (2015, June 22). *National Academy of Medicine*. Retrieved March 10, 2015, from Perspectives:

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Thank
You!