Implementing Prevention-Based Behavioral Health Initiatives for Young People



THE BUSINESS CASE FOR PREVENTING BEHAVIORAL HEALTH PROBLEMS AND PROMOTING EMOTIONAL WELL-BEING

As a society, we want our children, families, and communities to thrive, and—whenever possible—we try to avoid preventable impediments to our collective well-being. Behavioral health problems interfere with overall development—both mental and physical—and are associated with a reduced health-related quality of life, reduced academic and occupational achievement, and an increased likelihood of developing chronic disease.¹

They are also extremely taxing financially. The annual societal cost of mental health and substance use disorders in young people is \$247 billion.² This is nearly \$750 each year for every American, or 1.7 percent of the Gross Domestic Product (GDP).³

Half of all diagnoses for behavioral health disorders are made by age 14 and three-fourths by age 24,⁴ and as many as one in five young people have such a disorder.⁵ Beyond the financial expense, the prevalence of behavioral health problems in our society comes at a significant social cost. For instance:

- Family members of young people with mental and substance use disorders experience increased stress and reduced productivity.⁶
- The number of years of "healthy life" lost to behavioral health disorders for young people is the highest among all disease categories. For those under age 25, such disorders accounted for 30 percent of the years of healthy life lost. For those ages 5 to 14, they accounted for 18 percent of the years of healthy life lost.⁷
- Costs extend beyond mental health and substance abuse treatment settings. The juvenile justice system, for example, bears as much as 25 percent of the total service costs to children with behavioral health problems.⁸
- Such problems also interfere with a young person's learning potential in school, which in turn affects his or her earning potential as an adult. When they become adults, children with behavioral health disorders are at risk for experiencing employment difficulties, such as lower wages, fewer hours, and higher unemployment, as well as ongoing mental health and substance use problems.⁹



The Business Case for Preventing Behavioral Health Problems and Promoting Emotional Well-Being

PAGE 2

As a Nation, America fares particularly poorly in this regard when compared to other industrialized countries.

- Among 29 high-income nations, the U.S. ranks 24th in the number of disability-free life years, despite having the most expensive health care system in the world.^{10,11,12}
- Of 17 countries included in a World Health Organization epidemiological study on behavioral health disorders, the U.S. had:
 - The highest lifetime rates of mental illness, with lifetime rates of any disorder at 47.4 percent,
 anxiety disorders at 31 percent, and mood disorders at 21.4 percent.
 - The second highest lifetime prevalence of substance use disorders, surpassed only by the Ukraine.¹³
- Mental and emotional health are strongly correlated with academic achievement,¹⁴ and among 30 industrialized nations, the U.S. ranks 21st in science literacy, 25th in mathematics, and 24th in problem-solving abilities.^{15,16}

These challenges have a wide-ranging impact on our Nation's ability to remain competitive in a global economy.

Fortunately, many behavioral health problems are, in fact, preventable. The benefits of supporting prevention practices go well beyond saving money. Policymakers who invest in successful prevention programs also help to vastly improve the lives of those affected. Specific benefits include increased productivity, reduced treatment costs, less premature mortality, and fewer impediments to personal, academic, and professional success.¹⁷

"Adoption of policies and programs that aim to prevent behavioral health problems and to promote emotional well-being are a sound investment in the future of our children, our families, and our Nation. We must put more emphasis and energy into this proven, proactive approach in order to not only improve the quality of life in our communities, but to also decrease the significant health care costs associated with mental health and substance use conditions."

—Laura Nelson, M.D., President of the National Association of State Mental Health Program Directors

What is prevention? Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.

What is promotion? In the context of mental health, **promotion** interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.

What Works

Researchers have found that it is possible to prevent and/or reduce the impact of a number of behavioral health problems, and to promote healthy youth development by implementing evidence-based practices designed to:

- Engage families and offer supports to enhance positive parenting practices, productive communication, and the skills to navigate challenges and adversities;¹⁸
- Create nurturing environments and reduce toxic events (including abuse and neglect) in all areas where children live, grow, and play;¹⁹
- Enact policies that support healthy youth development, including regulations to curb underage drinking;²⁰ and
- Support young people by fostering resilience, teaching them skills to be successful in the multiple areas of their lives, developing social and emotional competencies, recognizing their efforts, and providing opportunities for meaningful, pro-social involvement with their families, schools, and communities.^{21,22,23}

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a National Registry of Evidence-Based Programs and Practices with information on interventions that can help to achieve these goals.

The Financial Benefits of Prevention/Promotion Activities

Cost-benefit and cost-effectiveness studies on prevention and promotion activities show that investing in such practices is a wise choice:

- The average net benefit per child (in 2006 dollars) is \$6,000 for various home-based interventions designed to improve positive parenting practices and support healthy infant/child development.²⁴
- Evidence-based, pre-school-based programs to support healthy social development and cognitive abilities generate a net savings of \$10,000 per child.²⁵
- Cost-benefit estimates show that effective school-based substance abuse prevention programs could save \$18 for every \$1 spent.²⁶
- Programs for juvenile offenders that have goals oriented mostly toward improving behavior can be highly cost-effective, typically yielding net benefits per child of more than \$10,000.²⁷

Of course, the societal benefits of preventing behavioral health problems and promoting well-being for our Nation's children and families are priceless.

The Business Case for Preventing Behavioral Health Problems and Promoting Emotional Well-Being

PAGE 4

"As a society, we suffer from a collective health care myopia. We have not yet figured out how to balance rescue—which is after the fact treatment—with the less dramatic but often far more cost-effective and socially desirable prevention of the onset of the problem."

-Institute of Medicine, 2009

Policy Considerations

States invest heavily in services that are designed to remedy problems that have already occurred. By reallocating some of those resources away from remedial services and into scientifically proven prevention practices, States can save money while also improving the health and productivity of their citizenry.

Some States have already begun to move in this direction:

- Connecticut: In 2006, the State legislature set a goal that at least 10 percent of relevant agency funding be spent on prevention-based services to promote healthy child development and family functioning by the year 2020 (2006 Conn. Acts, HB 5254).²⁸
- **Texas:** The legislature mandates that the child welfare system support evidence-based practices to ameliorate child abuse and neglect (2005 Texas Gen. Laws, SB 6 Ch. 286, Sec. 164-170).²⁹
- **Washington State:** The Washington Institute for Public Policy, created by the Washington State Legislature to conduct non-partisan research, has compiled significant data on evidence-based, cost-effective practices to prevent justice system involvement, child maltreatment, and behavioral health problems. This research has informed legislative action:³⁰
 - In 2005, the State legislature mandated that priority funding in child welfare be given to support evidence-based prevention and early intervention services; and
 - In 2007, the legislature allocated \$48 million of its biennial budget to expanding evidence-based prevention programs and adjusted its long-term prison construction budget downward.

Because there are a number of common risk factors for a variety of negative outcomes for young people (e.g., school failure, justice system involvement, behavioral health problems), several evidence-based prevention programs generate improvements in multiple domains of a child's life, which—in turn—creates benefits and savings across diverse State agencies. (See examples of two such programs on page 5.) Because prevention-based strategies tend to produce multi-sector gains, they are a sound statewide investment.



Healthy Beginnings Reap Benefits for Years to Come: Nurse Family Partnership

Nurse Family Partnership (NFP) is a well-studied home visiting program for low-income women who are pregnant with their first child. Intervention services are provided from early pregnancy until the child is 24 months of age, with a focus on prenatal health, enhancing maternal skills, and personal development of the mother (education, self-sufficiency, etc.).

Results that have been demonstrated include:31,32

- Reduced child maltreatment;
- Reduced maternal substance use and cigarette smoking;
- Reduced emergency room visits;
- Improved emotional health of the child at age 6;
- Improved school readiness; and
- A decrease in arrests and alcohol use in the children at age 15.

A cost analysis of this program showed a net benefit of up to \$34,000 per child.33

NFP thus benefits the child and family, as well as child welfare, health, mental health, substance abuse, education, and juvenile justice systems.

A Little Prevention Goes a Long Way: The Good Behavior Game

The Good Behavior Game is a classroom-based behavior management strategy for elementary school designed to prevent disruptive activity. Classroom teams are given small rewards for positive behavior such as being on-task or displaying cooperation. It has been successfully implemented across diverse school settings³⁴ and has been empirically shown to:



- Increase academic engagement and reduce disruptive classroom behavior; and
- Reduce the later development of conduct disorder, substance abuse, suicidal ideation, and justice system involvement.^{35,36}

The program thus benefits the teacher and the children along with mental health, substance abuse, education, and juvenile justice systems.

From Concept to Community

As these and other data suggest, initiatives to prevent behavioral health problems and promote well-being are tools by which Federal, State, and local governments can maximize the impact of limited tax dollars in ways that ultimately reduce financial burdens on service systems while vastly improving quality of life for everyone. Socially and economically, promotion and prevention strategies are compelling investments. Research into these practices has increased dramatically over the past few years, making this a better time than ever for policymakers to make informed decisions about programs that make the most sense for their constituents.

RESOURCES

- For additional information on the cost-benefit analysis conducted by the Washington State Institute for Public Policy, go to: http://www.wsipp.wa.gov/.
- To access SAMHSA's National Registry of Evidence-Based Programs and Practices, go to: http://nrepp.samhsa.gov/.
- For additional information on policy-based strategies to improve outcomes for children and families, see PolicyForResults.org funded by the Annie E. Casey Foundation.
- To download a free copy of the Institute of Medicine's seminal 2009 report on Preventing Mental, Emotional, and Behavioral Health Problems among Young People, go to: http://www.nap.edu/.

References

- National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Washington, DC: The National Academies Press.
- ² Ibid.
- ³ Based on a GDP estimate of \$14.66 trillion for 2010 as reported by the government at https://www.cia.gov/library/publications/the-world-factbook/geos/us.html.
- ⁴ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Life-time prevalence and age of onset distribution of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, *62*, 593–602.
- ⁵ Kessler, 2005.
- ⁶ NRC/IOM, 2009.
- ⁷ Kessler, et al., 2007.
- 8 NRC/IOM, 2009.
- 9 NRC/IOM, 2009.
- ¹⁰ World Health Organization. (2000). The World Health Report 2000—Health Systems: Improving Performance. Geneva: WHO.
- ¹¹ Organization for Economic Co-Operation and Development (OECD). (2000). *OECD Health Data 2000. A Comparative Analysis of Twenty-nine Countries*. Paris: OECD.
- ¹² Anderson, G., & Hussey, P. (2001). Comparing health system performance in OECD countries. *Health Affairs*, May/June; *20*(3), 219–232.
- ¹³ Kessler, R., Angermeyer, M., Anthony, J., et al. (2007). Lifetime prevalence and age-of-onset distributions in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, *6*(3), 168–176.
- ¹⁴ Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders I: Educational attainment. *American Journal of Psychiatry*, *152*(7), 1026–1032.

The Business Case for Preventing Behavioral Health Problems and Promoting Emotional Well-Being

PAGE 7

- ¹⁵ Organization for Economic Co-Operation and Development (OECD). (2007). PISA 2006: Science competencies for tomorrow's world. Paris: OECD.
- ¹⁶ Organization for Economic Co-Operation and Development (OECD). (2004). Problem solving for tomorrow's world: First measure of cross-curricular competencies from PISA 2003. Paris: OECD.
- ¹⁷ NRC/IOM, 2009.
- ¹⁸ NRC/IOM. 2009.
- ¹⁹ Komro, K., Flay, B., & Biglan, A. (2011). Creating nurturing environments: a science-based framework for promoting child health and development within high-poverty neighborhoods. *Clinical Child and Family Psychology Review*, 14(2), 111–134.
- ²⁰ NRC/IOM, 2004.
- ²¹ NRC/IOM, 2009.
- ²² Hawkins, J. D. & Weis, J. G. (1985). "The social development model: An integrated approach to delinquency prevention." *Journal of Primary Prevention*, 6, 73–97.
- ²³ Collaborative for Academic, Social, and Emotional Learning (CASEL). (2011). How Evidence-Based SEL Programs Work to Produce Greater Student Success in School and Life. Retrieved from http://casel.org/publications/how-evidence-based-social-and-emotional-learning-programs-work-to-produce-greater-student-success-in-school-and-life/
- ²⁴ Aos, 2004.
- ²⁵ Aos, 2004.
- ²⁶ Miller, T., & Hendrie, D. Substance Abuse Prevention: Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298.
 Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.
- ²⁷ Aos, et al., 2004.
- National Conference of State Legislatures (NCSL). (2006). State Child Welfare Legislation. As cited by Policy For Results, retrieved from http://www.policyforresults.org/en/Topics/Policy-Areas/Children-Safe-Supportive-Successful-Families/CW-Policy-Guide/1/Families/Family-Supports/Investment-in-evidence.aspx
- National Conference of State Legislatures (NCSL). (2005). State Child Welfare Legislation. As cited by Policy For Results, retrieved from http://www.policyforresults.org/en/Topics/Policy-Areas/Children-Safe-Supportive-Successful-Families/CW-Policy-Guide/1/Families/Family-Supports/Investment-in-evidence.aspx
- ³⁰ Drake, E., Aos, S., & Miller, M. (2009). Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State.
- ³¹ Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D. W., Henderson Jr., C. R., Holmberg, J., Tutt, R. A., Stevenson, A. J., & Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning. *Pediatrics*, *120*(4), e832–e845.
- 32 NRC/IOM, 2009.
- 33 Karoly, L., Kilburn, M., & Cannon, J. (2005). Early Childhood Interventions: Proven Results, Future Promise. Santa Monica, CA: Rand.
- ³⁴ Substance Abuse and Mental Health Services Administration, National Registry of Evidence-Based Programs and Practices. (2010). Retrieved from http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201
- 35 NRC/IOM, 2009.
- ³⁶ Wilcox, H., Kellam, S., Brown, C., Poduska, J., Iolongo, N., Wang, W., & Anthony, J. (2008). The impact of two universal randomized first and second grad classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, *95* (supplement 1), S60–S73.