

PREVENTION STRATEGIES RELATED TO MENTAL HEALTH

Roger T. Williams, Ph.D.

Guiding Principles

The National Mental Health Association has identified five core principles for effective prevention programs in the mental health arena:

1. Effective programs are theory driven and backed with a scientifically valid rationale.
2. Effective programs are tested and proven, having been evaluated to determine that the programs achieve their goals.
3. Effective programs do more than impart information, requiring a significant time investment from several weeks to several years to significantly influence behaviors and skills.
4. Effective programs are holistic, and focus on reducing risk factors and supporting healthy development by addressing multiple aspects of a child's life and environment.
5. Effective programs are replicable in a variety of settings, which are accessible, community-friendly and culturally sensitive.

Evidence-Based Prevention Strategies with Youth

A Child Trends research brief notes there is considerable evidence which suggests that teens with one positive or negative characteristic tend to have other positive or negative characteristics as well. In terms of negatives, teens who are depressed often have anxiety disorders and use drugs or alcohol as well. And in terms of positives, teens who are engaged in civic activities tend to do better in school, to be in better psychological health and to engage in fewer risky behaviors.

Greenberg and colleagues take this concept further. They argue that human development is complex and that both disorder and competence are “multiply determined”: There is no single cause or risk factor for a disorder and no single cause or protective factor for competence. Thus, a focus on increasing multiple protective factors will more likely lead to lower incidence of mental disorder **and** improving the overall competence of children and youth.

There are a growing number of programs with documented efficacy in preventing psychopathology. Many programs have a focus on children and youth since this is where the greatest potential for primary prevention lies. The programs below have been reviewed by the National Registry of Effective Programs and highlighted by the federal Substance Abuse and Mental Health Administration as “SAMHSA Model Programs.”



Family Focused Programs

- **Creating Lasting Family Connections (CLFC)** – A comprehensive family strengthening, substance abuse and violence prevention program which has demonstrated that youth and families in high-risk environments can be assisted to become strong, healthy and supportive people. The program teaches skills for personal growth, family enhancement, interpersonal communication and also teaches refusal skills to parents and youth.
- **Families and Schools Together (FAST)** – A multi-family group intervention designed to reduce risk factors and build protective factors for problem behaviors in children 4 to 12 years old and their parents. The focus is on parent support and empowerment to enhance family functioning, prevent school failure, prevent substance abuse and reduce stress from day-to-day life situations.
- **Families That Care – Guiding Good Choices** – A multi-media program that gives parents of children in grades 4 through 8 the knowledge and skills needed to guide children through adolescence. The emphasis is on positive parental involvement as a protective factor that increases school success, and reduces the incidence of substance abuse, violence and risky sexual behaviors.

Violence Prevention Programs

- **Second Step** – A curriculum-based model for elementary students in the state of Washington that focuses on skills—anger management, empathy, impulse control—to understand and prevent violence. The program includes a video-based parent’s guide to assist parents in reinforcing the lessons at home.
- **Responding in Peaceful and Positive Ways (RIPP)** – A 25 session program used in the Richmond, VA area that focuses on social/cognitive skill-building to promote non-violent conflict resolution and positive communication through teambuilding, small group work, role playing and relaxation techniques.

Cognitive Skill-Building Programs

- **Interpersonal Cognitive Problem Solving (ICPS) Program** – One of the earliest models for impacting cognitive problem solving, developed by Shure and Spivack, for use with small groups of children in classroom settings. The program progresses from fundamental skills related to language, thinking and listening, then teaches complex interpersonal problem solving through dialogs and role playing. The program has been implemented widely in diverse schools across the country.



- **Promoting Alternative Thinking Strategies (PATHS)** – An elementary-based school program to promote social/emotional competence through cognitive skill building. There is an emphasis on teaching students to identify, understand and self-regulate their emotions; there are also components for parents and schools to increase the generalizability of student learning.
- **Improving Social Awareness – Social Problem Solving (ISA-SPS)** – A program that targets the transition to middle school as an event that places youth at risk for poor outcomes. It is a two year program given to students prior to their transition to middle school and it seeks to bolster students’ resilience by focusing on social competence, decision-making, group participation and social awareness. The program has had significant replication through support from the U. S. Department of Education and the William T. Grant Foundation.
- **Positive Youth Development Program (PYD)** – A program developed by Weissberg that involves a 20 session curriculum to promote social competence, refusal skills related to alcohol and drug abuse, conflict resolution with peers and impulse control. The PYD program has been combined with an earlier 16 session version (the Yale-New Haven Social Problem Solving Program) to create a broader 45 session Social Competence Promotion Program for Young Adolescents (SCPP-YA).

School Ecology Programs

- **School Transitional Environment Project (STEP)** – A program based on the Transitional Life Events Model that focuses on changing the school ecology to be less threatening to students during the transition from elementary to middle school or from middle school to high school. STEP seeks to reduce the complexity of the new school environment, redefine the homeroom teacher as more supportive and create a stable support system with peers and classmates.
- **Child Development Project (CDP)** – A program designed to create schools which are caring “communities of learners,” CDP provides school staff training in the use of cooperative learning; also a developmental approach to discipline that promotes self-control by engaging students in norm-setting and classroom decision-making. There are also school-wide community building and parent involvement activities.

Adult Support/Mentoring Programs

- **Big Brother/Big Sister (BB/BS)** – In the last few years there has been significant interest in providing adult support to build protection against adolescent problem behavior. Few of these programs have been subjected to controlled evaluation studies. An exception is the Big Brother/Big



Sister program that links adult mentors with youth who may be lacking parental involvement in their lives.

Comprehensive Programs

- **Linking the Interests of Families and Teachers (LIFT)** – A program that attempts to decrease risk factors and increase protective factors related to future violence and delinquency by focusing on the individual student, home, classroom and peer group. LIFT works to teach a 20 session program in social and problem solving skills with students; to teach parents effective forms of discipline, limit-setting and parental involvement; and limit inappropriate physical aggression on the playground.
- **Seattle Social Development Project** – A program developed by Hawkins and Catalano that addresses multiple risk and protective factors within youth, their families and their schools. There is a strong emphasis on creating and maintaining strong school and family bonds by impacting on teachers, parents and students across a six year intervention period (1st-6th grade).

Relationships and Families – Key Components

A Child Trends research brief developed for the John S. and James L. Knight Foundation focuses on “building a better teenager.” The authors emphasize that the vast majority of American adolescents are good citizens who are free of major mental and behavioral disorders, are increasingly volunteering in their communities, and are increasingly demonstrating lower levels of violence, pregnancy and smoking. They go on to say that **relationships** are the key to adolescent well-being: relationships with parents and with siblings, peers, teachers and mentors are critical in shaping adolescent choices and attitudes.

Shonkoff, et al., argue that **families** are critically important in the development of children: the **most** important influence on child development regardless of the nature of children’s out-of-home experiences. Corbett, et al., and Westman go further by emphasizing that families are the basic foundation for our society and economy. Westman’s paper “Families Matter” argues that families are **the** most important influence in preventing child abuse and neglect, educational underachievement, smoking, alcohol and drug abuse, delinquency and adolescent pregnancy. He builds a strong case for fostering family strengthening programs such as Healthy Start, Healthy Families, Parents as Teachers, and Prenatal and Infancy Home Visitation Programs. The central element in each of these programs is intensive in-home support and education for families in the prenatal period and the first three years of a child’s life. This family support produces more competent families and, as a result, more competent and self-assured children who are better able to cope with the stresses that come their way.



Prevention Strategies Across the Lifetime

While many prevention efforts focus on children, youth and families, there is growing research related to the efficacy of prevention programs with adults and seniors. The Surgeon General's Mental Health Report and the Statewide Strategic Plan for mental health prevention developed by the Mental Health Association in Milwaukee County highlight programs aimed at preventing depression and suicide in adults, especially seniors.

The San Francisco Depression Research Project worked with low-income, minority patients in primary care settings that had no depressive symptoms and provided them with psycho-education related to mood management. When studied a year later, the research group had a lower incidence of depression when compared with a control group. Similarly, research related to preventing postpartum depression in women has also demonstrated its success. Identifying women at risk for postpartum depression (lack of social support, low self esteem) and intervening with psycho-education and support during pregnancy can be effective in preventing this problem. Finally, the Surgeon General's report cites several studies involving bereavement counseling and support for widows as an intervention to prevent depression and suicide in older persons. Since older persons have the highest rate of suicide in the U.S., this is an important finding, especially as we enter an era with "baby boomers" moving into retirement and older life.

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