

## *Promoting Children's Cognitive, Affective, and Behavioral Health Forum*

### **Background and Need**

Research has demonstrated that almost half of Americans will meet one or more clinical criteria for mental and behavioral health or substance abuse disorders sometime in their life, with the first onset usually in childhood or adolescence (Kessler et al., 2005). Lifetime prevalence may be as high as 37 percent by age 16 (Costello et al., 2003). Such disorders convey a tremendous personal burden to the affected individuals and their families, as well as social costs to the broader community. These costs are difficult to calculate, but are assumed to be quite large. One study has indicated that national expenditures on mental and behavioral health and substance abuse treatment for children and adolescents alone are almost \$12 billion annually (Ringel & Sturm, 2001), with treatment of mental and behavioral health disorders accounting for more than 90 percent of this cost. Another source has estimated the annual aggregate economic costs of services, health, and loss of productivity due to mental and behavioral health and substance abuse disorders for individuals ages 0-24 to be at least \$247 billion per year (Eisenberg & Neighbors, 2007).

The major findings of the National Research Council/Institute of Medicine report on the prevention of mental, emotional, and behavioral disorders (Prevention of MEB; NRC/IOM 2009) and the report on parenting and depression (NRC/IOM, 2009), clearly identify a large number of effective programs that could make major improvements in the mental and behavioral health of our country. Such prevention and intervention programs, coupled with effective treatments and delivery of services, form a solid scientific foundation on which to design and build new models for delivering these effective programs to families, in schools, the military or the workplace, and through the health care and child welfare systems to improve outcomes for children and their families.

What is lacking, however, and what was clearly recommended in both reports was a greater focus on implementation. What requires our attention is the expansion of a scientific approach to implementing effective programs in our communities and our institutions, at local, state, and national levels. There can be better implementation of effective programs in communities. For example, despite the existence of successful prevention as well as treatment programs for depression, only about one-third to one-half of adults with depression receives any treatment in their lifetime. Furthermore, widespread implementation of mental and behavioral health prevention programs is almost non-existent.

Few families or children receive any prevention programs in the normative institutions of schools, churches or other community organizations, nor in the reparative social service systems of child welfare, juvenile justice or mental health, nor through our primary care system. A disproportionate percentage of children in the reparative systems have experienced trauma, and trauma symptoms overlap in complex ways with mental and behavioral symptoms. The people who were trained in behavioral medicine (psychiatrists and psychologists) are often not connected to the reparative systems, or to the primary care and education systems, where most children are present on a regular basis. Moreover, mental and behavioral health training in evidence-based practices may be lacking even among those trained in behavioral medicine. This

further limits the ability to transfer research knowledge on prevention, intervention, and treatment to any number of settings.

Apart from training issues and limitations, we either have not designed programs that can be used in such settings, have not learned how to integrate evidence-based programs within these settings, or have not learned how to transform these settings to effectively implement programs that would address the needs of their communities. Similar situations occur in the fields of drug abuse and violence prevention. This is all the more troubling given we have evidence on a wide array of effective prevention and treatment programs that could cut rates of mental illness and behavioral and substance abuse disorders substantially, particularly for children and youth. There is clearly a need to examine issues of implementation such as capacity and training and how to build structures that enable links between the science and practices and programs across settings that serve children and youth.

In May of 2011, BCYF convened a multidisciplinary, multi-sectoral group of representatives from fields as diverse as pediatrics, child psychiatry, public health, maternal and child health, neuroscience and human behavior, adolescent health and medicine, substance abuse, health care policy, child welfare, health insurance, psychology, developmental pediatrics, child care, and social science research, to discuss integrating children's mental and behavioral health services into primary care settings. This meeting provided participants an opportunity to discuss integrating treatment and prevention services into multiple settings that see children and families on a regular basis. The C-CAB Health Forum will build off this group of stakeholders and add representatives from education, and possibly juvenile justice and the military.

Implementation science is just beginning to take shape, supported by the annual National Institutes of Health conference on Dissemination and Implementation, now in its fifth year and growing, a number of funded NIH R01s on implementation research, a joint NIH-VA sponsored training institute, two NIMH and one NIDA-funded centers on implementation science, and a workgroup at the Society for Prevention Research whose mission it is to develop a pathway for prevention implementation research. In addition, the Clinical Translation Science Institutes are engaged in T2 translation research, which is directly related to implementation. Finally, there is an online scientific Journal of Implementation Science that has been disseminating major findings for the field. These sources would provide a rich opportunity to inform diverse stakeholders who would participate in the C-CAB Health Forum and create opportunities to connect the research on prevention and treatment programs that work with settings serving children and their families.

This is a critical time for thinking about 1) how to deliver evidence-based models of mental and behavioral health and substance abuse prevention and treatment services and 2) programs that can be sustained and scaled up, particularly in the context of the Affordable Care Act (ACA). For instance, there are opportunities to integrate prevention and treatment programs to address mental and behavioral health and substance abuse services into the health care and child welfare systems and schools in particular, but which we are currently ill-prepared. There is tremendous variation in the amounts that states spend on children's mental and behavioral health, but there is also innovation that is taking place in states to incorporate prevention and treatment services to address children's needs. With the expansion of the ACA in 2014, there will be opportunities for

states to choose to invest in children's mental and behavioral health; and a Forum that focuses on highlighting evidence-based models to prevent and treat mental and behavioral health and substance abuse disorders in children and youth and implementation issues can be useful to states and localities seeking guidance from the research field. Similarly, research can learn from the field about how to best implement programs and services on the ground given structural and knowledge gaps.

BCYF will use the C-CAB Health Forum to build off the momentum of the Prevention of MEB and the Parenting and Depression Reports, as well as the May, 2011 meeting and expanding NIH funding in this area. The establishment of the C-CAB Health Forum at this time is a critical next step to identifying opportunities for effective implementation solutions that to link the science to settings with multi-sectoral stakeholders in the field of children's cognitive, affective, and behavioral health.

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