Situational Analysis: Issues of Relevance to Promoting Mental, Emotional, and Behavioral Health and to Preventing/Reducing Mental Illness and Substance Use Disorders

Executive Summary

Background:

The U.S. is facing a series of critical challenges regarding its overall health and well-being, and is losing ground on social, health, and economic indicators in comparison to our economic competitors and our own historical status.

Many of these indicators are affected by individual behaviors and/or social conditions that can be impacted by systematic interventions. Academic achievement, pro-social engagement, the avoidance of anti-social behaviors and drug use, for example, underpin our social success. Social conditions such as safe neighborhoods, opportunities for social participation, and equitable rewards for participation promote desirable behaviors and development, while chronic stress and trauma predict poor health and diminished achievement.

As a result of decades of investment, we now have a variety of rigorously tested techniques that can impact the behaviors and social conditions that underlie our deteriorating social and health status, including interventions that both foster resilience and reduce the level of environmental risk.

Although causes of poor health can be positively influenced by systematic prevention and promotion interventions, the large gap between the research literature and the practice of evidence-based health care (EBH) presents a barrier to successful implementation of these interventions.

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) has identified prevention as its first priority in its recently released strategy, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014.* As part of a SAMHSA initiative to advance positive mental, emotional and behavioral (MEB) health and to prevent/reduce mental illness and substance use for Americans ages 0-25, Mental Health America developed a *Situational Analysis* of the state of MEB health promotion and mental illness and substance abuse prevention in the United States. It provides an assessment of the overall social environment in which prevention and promotion technologies must be implemented, identifies areas of strength in the research and implementation literature, and highlights gaps that must be addressed for widespread implementation.
This executive summary highlights critical information from that document to be used as a background for stakeholders interested in understanding and implementing preventive policies and practices in their communities.

State of America's Health and Well Being

Overall health status is a serious concern in the US, with the social and personal determinants of health being likely candidates for intervention. Comparing U.S. health, socioeconomic, and criminal justice statistics to those of other developed countries, it is clear improvements are urgently needed.

Health

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- U.S. life expectancy has fallen from 11th to 42nd over the past 20 years[i].
- The infant mortality rate is higher than in most developed countries and fell from 12th in 1960 to 29th in 2004[ii].
- In comparison with other developed countries, the U.S. ranked 24th on number of disability-free years that can be expected on average in a given population[iii].
- According to a World Health Organization international epidemiological study including 17 countries, the U.S. had the highest rates of mental illness with the highest lifetime rates of "any disorder" (47 percent), anxiety disorders (31 percent), mood disorders (21.4 percent), and impulse control disorders (25 percent)[iv], as well as the second highest rates of substance use disorders with lifetime prevalence of 15 percent[v].
- The U.S. had the highest rate of obesity (30 percent out of a study of 27 countries where health examinations are routine[vi].
- The U.S. ranked last on a measure of "healthy lives" on a comparison of five comparable nations (Australia, Canada, Germany, New Zealand, and the UK)[vii].

Poverty

- Children living in poverty are seven times more likely to have poor health than children in higher income households[viii].
- Comparing 21 wealthy countries, the U.S. had the second highest poverty rate both overall and for children[ix].
- The U.S. has 44 million people living in poverty, 41.3 million people using food stamps, and 21 percent of our children live below the poverty line[x].
- Movement in and out of poverty is lower in the U.S. than in almost every other rich country[xi].
- On average, individuals living in the healthiest U.S. counties (which tend to be the wealthiest) live nearly 15 years longer than persons in the shortest lived counties, and the gap between life expectancies among counties has widened by 60 percent over the last 20 years[xii].

Criminal Justice

- Firearm-related deaths in the U.S. are eight times that of our economic counterparts[xiii].
- The U.S. homicide rate for males 15-24 year olds is the highest of 22 developedcountries.[xiv].
- We have the highest rate of incarceration in the world (700/100,000)[xv].
- Up to 16% of adult inmates have a serious mental illness[xvi] while up to 70 percent of youth in juvenile justice facilities have a diagnosable MEB health condition[xvii].

Academics

- The U.S. ranked in the bottom third or lower on several measures of academic achievement among the 30 Organization for Economic Co-Operation and Development countries[xviii].

- Educational status in the U.S. is decreasing compared to rest of world, with postsecondary graduation rates falling from second in 1995 to 16th in 2005[xix].

Trauma is also a contributing factor to poor MEB health. It is almost universal among people who use public mental health, substance abuse and social services, as well as people who are justice-involved and/or homeless[xx]. Many negative health outcomes are highly correlated with childhood trauma since abuse occurring early in life often has a more profound impact than trauma during adulthood[xxi]. Numerous studies have shown a strong link between trauma and poor health, socioeconomic, and criminal justice outcomes.

Trauma

- Between 75 and 93 percent of youth in juvenile justice have experienced some degree of trauma[xxii]. (p.11)
- Men who have witnessed their parents' domestic violence are three times more likely to abuse their spouses than children of non-violent parents[xxiii].
- Eighty percent of women in jails and prisons have been victims of sexual and physical abuse[xxiv].

Social Determinants of Health

The social determinants of health are the non-medical factors that influence health and well-being, including health-related knowledge, attitudes, beliefs, or behaviors. Income, education, and occupational status are three of the best-studied socio-economic influences on health. Income, education, and occupational status are three of the best-studied socio-economic influences on health. Socio-economic status factors impairing health often stem from an inability to access adequate resources due to limited education and/or skills necessary to navigate complex social circumstances. Other factors that have been proven to play a role in influencing health outcomes include income inequality, race and racism, acculturation, sexual orientation and gender identity, social connectedness or exclusion and neighborhood characteristics.

- Large disparities in income in the U.S. negatively impact health by adding stressors of limited social mobility and comparative evaluation with others of higher social standing.
- Race is often correlated with socio-economic status and income inequalities[xxv].
- Individuals who live in poor environments are more likely to engage in poor health behaviors, which may help reduce stress in the short-term but eventually lead to negative long-term health consequences[xxvi].
- Evidence suggests that the MEB health of immigrants declines over time in the host country, indicating the impact of acculturation and/or lack of social connectedness[xxvii].
- LGBT individuals are at greater risk of environmental stressors, harassment and abuse that generate negative MEB health outcomes such as increased rates of depression, substance abuse, and self-harm[xxviii].

- Social and emotional support can serve as a protective factor regarding one's health[xxix].
- Neighborhoods characterized by high levels of poverty and residential instability tend to have low social cohesion, which is a protective factor for coping with stress and trauma[xxx].
- Rural residents are disproportionately poor and tend to be medically underserved, significantly lowering the probability of access to MEB health resources[xxxi].

Policy interventions to reduce risk factors and enhance protective factors are necessary to promote MEB health throughout the nation. Specifically, reducing income inequality will increase average population health, and we should also focus on designing interventions to both lessen the impacts of acculturation and strengthen the protective factors of culture.

Costs to Society

- Failure to prevent MEB disorders in youth was estimated to cost about $257 billion in 2008[xxxii].
- Loss of human capital associated with serious mental illnesses was estimated at $193 billion in 2002[xxxiii].
- Predicted cost to the health care system from interpersonal violence and abuse ranges between $333 billion and $750 billion annually, or nearly 17% to 37.5% of total health care expenditures[xxxiv].

Language of MEB Prevention and Promotion

One major barrier in promoting MEB health and preventing mental illnesses and substance use conditions has been a lack of agreement over definitions of key concepts. In order to promote positive MEB health and prevent mental illnesses and substance use conditions, we must first clearly define and find some commonality among these key terms used in promotion/prevention initiatives.
Mental health is the possession of capacities and/or skills that allow individuals to successfully master life tasks that are appropriate for their developmental stage. It is much more than simply the lack of mental illness, and involves a set of affirmative characteristics for successfully negotiating life tasks and enjoying the process. Having factors of self-acceptance, environmental mastery, purpose in life, positive relations with others, personal growth, and autonomy are some characteristics of good mental health.

Resilience is the internalization of environmental protective-enabling factors that help people maintain good MEB health. It is a dynamic process for both individuals and communities, can be developed over time, and entails more than the amelioration of distress or symptoms, but broadens to include positive adaptation to fight adverse effects in the environment. Better measures and understanding of resilience are needed.

Mental Health Promotion refers to the development of capacities that enhance life experience, and is defined by the outcome that the intervention, service, or policy is intended to affect. Promotion involves strengthening individuals, strengthening communities, and reducing structural barriers to health.

Additionally, promotion lends itself to a wider scope and target audience than prevention in that it is useful for all populations regardless of their health status and almost always has a preventative effect.

Prevention of MEB Disorders entails the activities that reduce the risks for developing diagnosable conditions and/or problem behaviors. Prevention can be targeted through universal, selective, and indicated interventions depending on the desired audience. Currently, there is a greater knowledge base and familiarity with operationalizing outcome measures for prevention than for promotion.

The barriers to successful implementation of a programs and policies for the prevention of MEB disorders and the promotion of positive MEB health are many, and are mostly the result of gaps in resources and knowledge. These gaps exist primarily in the areas of shared meaning and understanding, research, implementation and dissemination, workforce preparedness, funding, incentives for implementation, and our knowledge base.

Recommendations:

These barriers highlight a multitude of opportunities to close gaps. Potential strategies to support the prevention of MEB disorders and the promotion of positive MEB health include:

- Developing a better set of constructs and concepts to unite the mental health and substance abuse communities regarding prevention and promotion interventions;
- Championing the concept of universal mental health promotion to reduce stigma by showing that everyone can benefit from promotive interventions and practices;
- Closing gaps in research and studying interventions for cost-effectiveness to help stakeholders implement programs in their communities;
- Moving from solely measuring mental illness as the presence or absence of a condition to also measuring mental health on a separate continuum;
- Developing concrete methods and outcomes of MEB health and wellness interventions for workplace wellness programs;
- Developing readily available measures and/or activities which could be incorporated into a workplace wellness plan that rewards healthy employee behavior;
- Using implementation information from other fields to inform how to move forward with prevention/promotion initiatives;
- Training implementation staff in both research and “soft skills” to help ease programs into the community and gain acceptance);
- Identifying creative methods of funding promotion and prevention that are sustainable;
- Making changes to federal and state Medicaid policy, private insurance reimbursement and federal investment in implementation research to take evidence-based interventions to scale; and

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- Revising Medicaid's medical necessity and group billing standards to promote the implementation of many programs we know work, and setting aside funds to train staff who work in implementation of promotion/prevention work.

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