Introduction

As an MHA Affiliate, we've created this guide to B4Stage4 advocacy exclusively for you!

Please use these materials to support and supplement any B4State4 advocacy you may be doing in your state or region for May is Mental Health Month or otherwise. Included you’ll find:

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We hope that, by working together, B4Stage4 can build momentum as a national campaign, with B4Stage4 policies being passed and B4Stage4 programs being invested in, signalling to policy makers that Americans are tired of limited and late services and that they want effective behavioral health care services as early as possible.

Please share any thoughts, questions, or concerns with us at any time. We always appreciate your feedback—it helps us to develop informed and effective policy, and to stand together as a force for prevention for all, identification and early intervention for those at risk, treatment for those in need, and recovery as the goal.

Sincerely,

Nathaniel

Your MHA Policy and Advocacy Team

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Key Messages

- Addressing mental health before Stage 4—this year’s theme for May is Mental Health Month—calls attention to the importance addressing mental health symptoms early, identifying potential underlying diseases, and planning an appropriate course of action on a path towards overall health.

- When we think about cancer, heart disease, or diabetes, we don’t wait years to treat them. We start before Stage 4—we begin with prevention. So why don’t we do the same for individuals who are dealing with potentially serious mental illness?

- About half of Americans will meet the criteria for a diagnosable mental health disorder sometime in their life, with first onset usually in childhood or adolescence.

- Research shows that by ignoring mental health symptoms, we lose ten years in which we could intervene in order to change people’s lives for the better. During most of these years most people still have supports that allow them to succeed—home, family, friends, school, and work. Intervening effectively during early stages of mental illness can save lives and change the trajectories of people living with mental illnesses.

- One of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition is to take a mental health screening. Go to www.mhascreening.org to take a screening for either depression, anxiety, bipolar disorder, or post-traumatic stress disorder.

- Use your screening results to start a conversation with your primary care provider, or a trusted friend or family member and begin to plan a course of action for addressing your mental health.

- MHA’s goal is to get every American screened and aware of their mental health, so they can address it #B4Stage4.

Feel free to supplement these key messages with the rich assortment of statistics cited throughout the fact sheets and infographics provided in the May is Mental Health Month toolkit, available for download at mentalhealthamerica.net/may.
Addressing Concerns

You may encounter some concerns from policy makers as you message B4Stage4. These are our thoughts on how to address these concerns:

**Why should I care?** You might encounter policy makers who don’t see why they should focus on mental health as opposed to other issues like poverty and transportation. Mental health has a huge impact: depression alone is estimated to become the second largest contributor to global disability by the year 2020. Untreated behavioral health needs are expensive for everyone, derail the lives of those affected along with their family and friends, and ultimately hurt your entire community. Not only is it a major issue, there are also readily available and evidence-based solutions that will be cost-saving, making mental health worth focusing on.

**This isn’t urgent.** Even for those who do care, they might think this issue doesn’t need our attention now, but there are children and adults getting sick right now. If we act now, for many people, we can keep their life on track. If we wait, they will face more challenges and may become derailed. For them this is urgent.

**What about people in crisis?** Even for those who think this is an important issue now, they might not think these are the right people to focus on. We need to close the gate – we don’t want to keep allowing people to get really sick and go into crisis. We need to break the cycle and think earlier.

**We don’t have the money.** Some will have the practical concern that we just can’t afford it, but at some point we need to invest in prevention, otherwise things will continue to get worse and we’ll spend more and more. We need to spend a little more now to save a lot in the future. Behavioral health, not effectively treated and prevented, costs Americans at least $317 billion annually through all of the different aspects of daily life it affects.

**Won’t we end up drugging kids?** Some people will worry what early intervention means. While increases in childhood diagnosis of mental health needs could lead to increased prescription of drugs, we’re only advocating for psychosocial interventions as part of prevention and early intervention.

**Early intervention and prevention doesn’t work for people who will develop serious mental illness.** Some may worry that early intervention and prevention don’t help those that most need it, but studies have found that psychosocial intervention after the first warning signs can prevent and/or mitigate the development of schizophrenia in youth.

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MHA’s B4Stage4 policy goals can be broken down into three thematic areas: (1) Primary Care and Community-based Services and Supports, (2) Prevention in schools, (3) IEP improvement, and are as follows:

1. Primary Care and Community-Based Services and Supports

- Medicaid and private health plans should be required to pay for and encourage their providers to use validated and reliable behavioral health assessment tools during periodic well-person visits. This can be a part of the next two recommendations as well.

- The federal Medicaid statute currently covers Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for children under 21, where state Medicaid plans must offer behavioral health screening and diagnosis and provide “such other necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.” States should be encouraged to oversee that this requirement is being faithfully executed and that the ameliorative services are actually being provided to children to ensure that they get the best outcomes, not that the services are only being covered when the parents ask for them. For an example of this, see Rosie D.4

- EPSDT as described above should also be applied to private health plans as well. Currently, they are required to provide some behavioral health screening services as part of the Preventive Care Essential Health Benefit, but there is no requirement that they then provide the corresponding ameliorative services.

- Medicaid and private health plans should pay for community-based prevention and early intervention services and, when necessary, these services should be linked to from primary care (for some examples of programs, see our next section on B4Stage4 Programming).

- Peer specialists should be incorporated in all settings to support recovery and assist with linkages to different resources.

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2. Prevention in Schools

- We want to get children care, but we know that schools don’t have the funding to pay for it. To address this, state and local government should make it clear to schools how they can integrate providers into school settings and how these can be paid for without using school funds. Schools should then integrate providers in this way so that children can receive more prevention, early intervention, and treatment without depleting education funding.

- Providers should be reimbursed for psychoeducation/training outside of a clinical setting to an individual or group other than the beneficiary to learn and implement an evidence-based intervention, such as a classroom-wide intervention program or a behavioral health literacy-based intervention, that meets two criteria: (1) the program is expected, based on a review of the evidence, to be as effective as the amount of individualized care that could be purchased for the price of the training, and (2) the program costs the same or less than the amount of individualized care that would otherwise be provided.

- Another way to help all children get care would be to encourage the state to seek a waiver for its Medicaid state plan for services, including screening, provided in a school or in the community for children with Serious Emotional Disturbance to support an appropriate education in the least restrictive environment, including coverage for classroom-wide interventions that are predicted to be cost neutral. This way you would not need to go through the prohibitive steps of determining which children are Medicaid eligible in order for them to get care. This also works well with the new change in the Medicaid free care rule.\(^5\)

- IEPs should routinely consider implementation of evidence-based classroom-wide prevention interventions as part of their plans.

3. IEP Improvement

- IEP teams should be required to ask parents if their children have an outside provider and if they may be contacted for advice and to ensure that the IEP works effectively in tandem with the provider’s treatment plan.

- IEP forms should include a complete plan of care for each child, including community-based services and supports outside of the school that are considered either by school or community-based clinicians as essential to the child’s success in school, even if they are paid for by the family’s private or public insurance.

- For children with diagnoses of serious mental illnesses, the use of suspension or expulsion from school as a disciplinary measure should be prohibited unless a new IEP, which includes the involvement of community-based mental health professionals, is first crafted with a goal of keeping the child in the least restrictive school environment.

Below are some of our favorite programs. These programs tend to focus on children because a lot of the research and programming in early intervention and prevention is directed at children. We can of course act B4Stage4 with adults as well: we recommend screening on our website with follow-up to effective, coordinated care and peer and community supports.

1. **Nurse-Family Partnerships/Healthy Families New York.** These are both parenting support and home visitation programs to assist first-time, low-income mothers from pregnancy into infancy using either nurses or trained paraprofessionals. These programs have demonstrated better outcomes in a variety of domains for both the mother and the child.

2. **PAX Good Behavior Game.** This classroom management program promotes student self-regulation, collaboration, and time-on-task to both improve academic outcomes and decrease the prevalence of mental disorders, substance abuse, violence, and teen pregnancy.

3. **Incredible Years School-Based Training.** This is the school-based component of a larger intervention, which is part classroom management and part curriculum. Its outcomes are similar to the Good Behavior Game, but it also contains educational components that are similar to cognitive-behavioral therapy.

4. **Multi-Systemic Therapy.** This is a system of wrapping services around a child in need, engaging multiple kinds of care providers, the school, other agencies, parents, and the child, to promote recovery. Usually this service is administered at Stage 4, but we think it should be adapted for use at Stages 1, 2, and 3 as well.

5. **Early Intervention for Psychosis.** A number of programs associated with the North American Prodromal Longitudinal Study (http://napls.commons.yale.edu/napls-sites/) work to identify and treat psychosis before a first break and have been getting excellent results in preventing and mitigating the development of psychotic disorders. They also include excellent care coordination and community support. One great example is the CARE program at UCSD (http://ucsdcareprogram.com/).

On the following pages we have included a synopsis of the Institute of Medicine's 2009 report on Preventing Mental, Emotional, and Behavioral Disorders Among Young People, which contains many of the best evidence-based programs and policies for acting B4Stage4.

Additionally, we encourage you to take an in-depth look at the Washington State Institute of Public Policy's Cost-Benefit Analysis, which demonstrates the cost-effectiveness of a number of evidence-based programs for all stages of behavioral health needs. The analysis can be found at http://www.wsipp.wa.gov/BenefitCost and further specifics about each program or intervention can be accessed by clicking program names.
IOM Prevention Programs

This list of programs was compiled from the Institute of Medicine and the National Academies of Science 2009 report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. This list can be used as a quick reference guide for the larger report and a menu of programs that can direct further reading within the report.

The original report is available at: http://www.nap.edu/openbook.php?record_id=12480.

**Specific Interventions** are programs listed by name and **Generic Interventions** are evidence-based interventions, but not branded programs.

**Preterm Births and Prenatal Care**

**Specific Intervention:** Special Supplemental Nutrition Program for Women, Infants, and Children (federal program)

**Peripartum Depression**

**Generic Intervention:** Screening for peripartum depression

**Generic Intervention:** Self-care cognitive-behavioral therapy tools (booklets, manuals, CD-ROMS, audiotapes, videotapes)

**Generic Intervention:** Psychotherapy for those who fail to improve

**Specific Intervention:** Edinburgh Postnatal Depression Scale

**Home Visiting**

**Generic Intervention:** Home Visiting Programs. (Highly variable; Nurse or paraprofessional (Colorado says nurses better than paraprofessional but may be sample size; unsure) visiting during pregnancy/after birth/through first few years of life. Includes: Parenting education, information about development, social support, encouragement of positive interaction, social and health services; case management, health and developmental screening)

**Specific Intervention:** Nurse Family Partnership (NFP) (first-time mothers only)

**Specific Intervention:** Healthy Families New York

**Early Childhood and Childhood** (Parenting Interventions)

**Generic Intervention:** Good programs use praise and rewards to reinforce desirable behavior, replace criticism and physical punishment with mild and consistent negative consequences for undesirable behavior, and increase positive involvement

**Specific Intervention:** The Incredible Years (combined parent-school) – videotaped interactions provided by diverse professionals (teachers, nurses, support specialists, social workers)

**Specific Intervention:** Positive Parenting Program (triple P) – 5 levels of parenting guidance based on family needs and preferences. Practitioner-assisted more effective than self-directed

**Early Adolescent** (Parenting Interventions)

**Specific Intervention:** Strengthening Families Program – video-based program for avoiding substance abuse and problem behaviors.

**Specific Intervention:** Adolescent Transitions Program – Versions combine parent-child and parent-only

**Specific Intervention:** Ecological Approach to Family Intervention and Treatment (EcoFIT) – Information through Family Resource Center

**Adolescence** (Parenting Intervention)

**Generic Intervention:** Multisystemic therapy and multidimensional treatment foster care help with adolescents displaying considerable antisocial behavior or substance use
IOM Prevention Programs

Family Disruption due to Divorce or Parental Death
Specific Intervention: Parenting Through Change
Specific Intervention: New Beginnings Program (work with single mothers of divorce, group session for mothers)
Specific Intervention: Dads for Life (work with noncustodial fathers for divorce)
Specific Intervention: The Family Bereavement Program (no effects on mental health for the children, but on the parents)

Child Maltreatment
Generic Intervention: Home visiting, community-based multicomponent interventions, media interventions, intensive family preservation services (in-home support for maltreatment)

Supported Foster Care
Specific Intervention: Early Intervention Foster Care (EIFC) – critical parenting skills and methods for parents and caregivers with training, telephone, support groups, 24-hour hotline
Specific Intervention: Casey Family Program – more financial resources and more case manager assistance and postsecondary job training or scholarship

Prevention Through Schools
Generic Intervention: Targeting Child Sexual Abuse (role play, behavioral skill training)
Specific Intervention: Early Head Start
Specific Intervention: Preschool
Specific Intervention: Promoting Alternative Thinking Strategies (PATHS) teaches elementary and preschool about emotion, self-control and problem solving
Specific Intervention: The Good Behavior Game – universal program to reinforce appropriate social and classroom behavior in elementary school

Combined School and Family Interventions
Specific Intervention: The Incredible Years (combines both)
Specific Intervention: Linking Interests of Families and Teachers (LIFT)
Specific Intervention: The Fast Track project – parent behavior management training, social and cognitive skills training for students, tutoring, and home visiting

Community Interventions
Specific Intervention: Social skills curriculum

Prevention of Anxiety
Generic Intervention: CBT for treating anxiety disorders in children and adolescents individuals
Generic Intervention: Selective intervention (pg 190) for 3-5 year olds with inhibited behavioral assessment with group sessions on gradual exposure and techniques for situations
Specific Intervention: FRIENDS (Feeling Worried, Relax and feel good, Inner helpful thoughts, Explore plans, Nice work, reward yourself, Don't forget to practice, and Stay Calm for Life) – 10-12 class sessions and 4 parent sessions, led by teacher/psychologist
Specific Intervention: FEAR (feeling good by learning to relax, expecting good things to happen, actions to take in facing up to fear stimuli, rewarding oneself for efforts to overcome fear or worry) – for anxiety symptoms or met criteria without severe problems in 10 weekly group sessions; 3 with parents to learn manage anxiety and model and encourage children
IOM Prevention Programs

Prevention of PTSD
Note: Critical Incident Stress Debriefing is ineffective/harmful

**Generic Intervention:** CBT for symptomatic individual in weeks after trauma may help children

**Generic Intervention:** School-based intervention with 8 session structured program designed to reduce stress-related symptoms, including PTSD

Prevention of Depression

**Specific Intervention:** Clarke Cognitive-Behavioral Prevention Intervention (15 session group on coping with stress; delivered in schools or an HMO)

**Specific Intervention:** Penn Resiliency Program (PRP – think flexibly and accurately about challenges and programs)

Preventative Interventions for Families with Depressed Parents

**Specific Intervention:** Family Talk Intervention (clinician facilitated, 5-7 sessions with discussion of history and education for parents, meeting with children, and family meeting planned)

Prevention of Substance Abuse

**Specific Intervention:** Life Skills Training (substance abuse training program universally in schools)

**Specific Intervention:** Project ALERT

**Specific Intervention:** The Midwestern Prevention Program (class room curriculum, parent training addressing prevention policy and communications skills, training of community leaders)

**Specific Intervention:** Project Northland (communities and inner city schools; social-environmental approaches and individual behavior change strategies, community organizing, print media, parent education, classroom curriculum)

**Specific Intervention:** Saving Lives (task force on specific activities)

Prevention of Schizophrenia During Prodromal Stage

**Generic Intervention:** Prodromal clinics identify subjects at high risk and provide training to professionals, school and community and mental health, and early warning signs, opportunities for referral

Interventions for Fostering Positive Development

**Specific Intervention:** PAX Good Behavior Game

**Specific Intervention:** PATHS

**Specific Intervention:** Fast Track

**Specific Intervention:** Life Skills Training

**Specific Intervention:** Big Brothers Big Sisters

Screening for Prevention

**Generic Intervention:** Use of 10 WHO criteria for selected and indicated screening

**Specific Intervention:** Assuring Better Child Health and Development Initiative (ABCD) – Delivery of early child development services to low income children and families through Medicaid
The following pages contain grassroots advocacy materials that you can use to lead your community to invest in prevention programming. It is our hope that we can turn this into a B4Stage4 nation-wide campaign. If, together, we can show communities making this commitment to its future and getting better outcomes for all, we will be able to spread prevention strategies and finally begin to close the gate as much as possible on exacerbating mental health needs.

The materials listed below are designed to make advocacy as quick and easy as possible, so you can promote prevention alongside all of your other activities. As a whole, the materials will help you to set up a B4Stage4 Community Action Group (feel free to use a catchier name that better suits your community) and push for B4Stage4 programs or reform in your community.

- Sample Community Action Group Recruitment Email
- B4Stage4 Community Action Group Charter
- B4Stage4 Brochure (Note that the brochure can be used at any point during the campaign, and the ask at the end should be modified based on what is most appropriate at that time. If you are pushing for a specific program, you may want to set up a fund to collect contributions toward the program.)
- Recruitment Checklist
- B4Stage4 Community Action Group Homepage (A homepage would be useful for coordinating the Group and for advocacy.)
- Sample Op-Ed
- Determining Community Needs Email
- Grassroots Letter to Policy Makers

Note that whether you choose children as your focus, adults, or both, this will slightly change the messaging. Where possible, indicate changes to focus on adults or the community as a whole in italicized text within brackets, although you may need to change the tone depending on your audience. Also different might be the ask. For children you can focus on investing in a specific program (you will especially see this in the sample op-ed) and with adults the issue is more so a policy and public education issue. For children, you can select a program from the B4Stage4 programming or one of the relevant B4Stage4 policies, and for adults, you can promote screening and select a B4Stage4 policy that increases access to care by promoting better coverage under Medicaid or private health plans.

Please share with us your experience, both successes and barriers, as you work to promote action B4Stage4.

Together we can work to change attitudes, practices, and policies at the state and federal levels.
Dear [STAKEHOLDER],

In honor of May being Mental Health Month, [AFFILIATE NAME] is forming a group of community members interested in guaranteeing our community the brightest possible future through use of evidence-based programs and policies, and we would love for you to join us in finding a strategy to best serve our community.

There is quite a lot of research on different programs and interventions that help children [and/or adults] thrive, so we won’t need to reinvent the wheel, but we do need help to identify the specific needs of our community, how best to address them, and how to implement the solutions.

Given your expertise in [INSERT EXPERTISE] and your role as a leader in the community, we would greatly appreciate your support in any capacity that your busy schedule will allow. Attached is a brochure for our [AFFILIATE NAME]’s B4Stage4 Campaign and a chartering document, which explains more about how we are hoping our community can work together for change. Please let us know if you are interested in joining our Community Action Group or otherwise lending your support. Thank you so much for your time and we look forward to working with you in the future.

Sincerely,

[NAME]
Our National Organization

Mental Health America (MHA) – founded in 1909 – is the nation's leading community-based non-profit network dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, and integrated care and treatment for those who need it, with recovery as the goal.
At [X] elementary school there is a classroom of children. [For adults you can use an office or the members of a community group]. Their interactions with each other, the teacher, and the larger world each have an impact on them and, over time, will influence the way in which their brains develops.

Most of these children will grow up to be happy, healthy, productive adults in our community [continue to lead healthy and productive lives in our community], but some will face challenges and need our help.

If we think about it like cancer, we don’t want to act at Stage 4, we want to catch it as soon as possible. By investing in a prevention program now, we can set these children [individuals] on a course of development that will give them the skills and resilience they need to face these challenges.

We want to act now, B4Stage4, so we can give these children the brightest possible future. Prevention programs [or specific prevention program] train teachers, children, and staff to interact with one another in a way that helps the children build skills and resilience so they are best equipped to overcome future challenges.

Many prevention programs are [This prevention program is] evidence-based, meaning that researchers have found them to be effective in promoting positive development time and time again.

These programs tend to benefit the community in a variety of ways. Many of them reduce the prevalence of youth mental disorders, smoking, substance use, violence, teen pregnancy, and school dropout. This often also leads to reduced costs. [You can replace some of this language to reflect the efficacy of screening and follow-up to care].

Our community is better off when we invest in programs that best protect our children [when we screen often and have policies in place to guarantee access to effective and early care].
The B4Stage4 Community Action Group brings together community members to improve the health and wellbeing of our children [our neighbors]. The Group recognizes that the future of our community rests on our children [all of us], who we want to grow up [and we want our entire community] to be healthy, happy, and productive. The Group will pursue four goals:

1. Determine Needs. The Group will gather available information on child [adult] outcomes and community factors and prioritize particular needs facing children in the community.
2. Select Interventions. The Group will select the intervention best tailored to the community's needs. This may be a policy or a program.
3. Advocate for Change. The Group will advocate at all levels to see that the intervention selected is implemented in the community.
4. Assess Outcomes. The Group will promote evaluation to ensure that the intervention is having its desired impact and report on the outcomes to support future advocacy.

Change is not possible without the input and support of everyone in the community, and we look forward to having you in the Group. You can participate whatever capacity you are able, but your support is essential. To pursue the four goals, the Group will conduct the following activities:

- Monthly Conference Call. Every month Group members that are available will speak by phone for thirty minutes to give updates and discuss progress on the four goals.
- Disseminate Information. Members will have opportunities to grow the Group, raising awareness of Group activities, and encourage others to join in advocacy.
- Revise and Approve Draft Documents. Members will be able to engage in the crafting of reports and letters and sign-on to them once completed.

The Group encourages you to participate in as many of these activities as you would like, but general support is also welcome. Together, hopefully we can give our children and our community an even brighter future.
Recruitment Checklist

Provider groups
- Accountable Care Organizations
- Trade Associations for Nurses
- Trade Associations for Physicians
- Trade Associations for Counselors and Psychologists
- Trade Associations for Psychiatrists
- Trade Associations for Social Workers
- Trade Associations for Peer Specialists

Insurers/health plans

Government agencies
- The Department of Mental Health
- The Department of Public Health
- The Department of Medical Assistance
- The Department of Corrections
- The Department of Juvenile Justice
- The Department of Law Enforcement

Policy and economic analysts
- Policy consultants
- Legislative budget analysts

Academics
- Economics professors
- Public health professors
- Epidemiology professors
- Social medicine professors
- Psychiatry professors
- Psychology professors
- Social work professors
- Nursing professors

Legislative champions
- Educators
- School principals
- Members of the School Board
- Teachers and Teachers’ Associations
- Parent-Teacher Associations

Community groups
- Consumer groups
- Faith-based organizations

Private sector groups and local businesses
The B4Stage4 Community Action Group is made up of community-members, like yourself, who want to give our children [community] the brightest possible future. To learn more about why we need to act B4Stage4, see our brochure [INSERT HYPERLINK TO BROCHURE DOWNLOAD/PDF]. To learn more about mental health, prevention, treatment, and recovery, go to http://www.mentalhealthamerica.net/effective-interventions.

To guarantee this, the Group will follow a four step plan:
1. Determine our community’s needs.
2. Select the evidence-based prevention program that could best meet these needs.
3. Encourage governmental funding and private investment in the community program.
4. Oversee implementation, assess community outcomes, and share results.

Right now we are on Step [INSERT STEP #]. [INSERT Other related news].

As someone who cares for the future of our community, we would love for you to join the Group. You can see our charter here [INSERT HYPERLINK TO CHARTER DOCUMENT]. Our community will be the most successful if everyone is involved in selecting and implementing the evidence-based interventionS for our children [that will benefit all].

Even if you do not have time to be an active participant, knowing we have your support is invaluable. Please share your name, affiliation, and email address using the form below and we will add you to the Group and you can join in as much as your busy schedule allows.

[INSERT WEB FORM OR OTHER METHOD OF COLLECTING Name, Organization, Email]

Thank you for your support. Together we can guarantee our children and our community the brightest possible future.
The University of Washington started the Seattle Social Development Project with a handful of elementary school classes as an experiment to see how they could change the children’s lives if they provided developmental support to the students, their teachers, and their parents. What they found during the study was that, by the end of adolescence, the children ended up finishing more school, doing less drugs, committing less crimes, experiencing less violence, and having less or safer sex. They then found that not only did the people involved in the study end up doing better, their children did better too.

The Seattle Social Development Project benefited not only on the original participants and their children, it benefitted everyone in Seattle. Now, instead of ending up in jail or on public benefits, the participants are working in and contributing to the community. The community as a whole is a safer place to live in, with people more ready to be good friends and neighbors. People are healthier and can be more productive and require less health care. Because of all of these effects, analysts have found that the Seattle Social Development Project is actually cost-saving for taxpayers. And there are even many other programs similar to the Seattle Social Development Project, all carefully researched, and that demonstrate many, if not all, of the positive effects.

So where is our Social Development Project? Why does Seattle get one and we don’t? We might not need the Seattle Social Development Project in particular, but we should have something. Maybe we never thought of it before, but knowing now how effective these programs are and failing to invest in one is not only stealing from ourselves, but stealing from our children and our community. Now is the time to ask our lawmakers to act and implement one of these programs before another generation of children slips by – our children are growing up fast. We can’t wait, we have to take responsibility for ourselves, our children, and our community. We need to get one of these programs now.

To learn more about the Seattle Social Development Project, visit http://www.ssdp-tip.org.

To learn more about the many other evidence-based programs available that would benefit our community, visit http://www.mentalhealthamerica.net/effective-interventions or http://www.wsipp.wa.gov/BenefitCost.
Dear B4Stage4 Community Action Group,

Our first step is to determine what our needs are within our community. If you have a moment before our next call, ask around and share with the group any information on community needs you can find. This could be data and statistics, but it could also be anecdotes and observations. Community needs could include children's mental health, youth smoking, violence, issues in education, or anything else you think might be relevant [substitute relevant adult indicators].

To get you started, we wanted to provide the following statistics: [*Include some statistics. We provide some links below that might be helpful].

Thank you for your help and I look forward to working with all of you on guaranteeing our community the brightest possible future.

Best,
[AFFILIATE]

*Some places to start when looking for statistics are:

- Parity or Disparity: The State of Mental Health in America, 2015, MENTAL HEALTH AMERICA, http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf
Dear [Insert Name Here]:

May is Mental Health Month, and on behalf of children, parents, families, and friends, we hope that you will take this opportunity to invest in our community’s behavioral health. Mental Health America started May is Mental Health Month over sixty years ago to build a national focus on crucial mental health issues. Although we have made incredible progress since May is Mental Health Month first began, we still have a long way to go and it is crucial to make this May count. This May in particular, Mental Health America is asking policy-makers to join our B4Stage4 campaign by focusing on prevention and early intervention for their constituents.

Behavioral health is a pressing issue for our community. In [INSERT LOCAL ELEMENTARY SCHOOL NAME HERE], children are sitting in their classrooms right now, learning how to count and spell. By the time they finish middle school and enter high school, most mental illness will have already developed and it will already be affecting their schoolwork, their friendships, and the course of their lives. [For adults you can use an office or the members of a community group] If we act now, we can offer these children, and our community, the brightest possible future.

If we invest in even just one effective, evidence-based prevention program [or for adult focus, relevant policy], this will make all the difference in the world for that class of children [or for adult focus, those community members]. With a program in place, the children will build more of the skills and resilience they need, and fewer children [or for adult focus, With this policy in place, fewer community members] will struggle with depression, substance abuse, criminal justice involvement, and unplanned pregnancy as they grow up. The classroom of children will be more socially connected, more able to support one another, and more likely to thrive as they get older. They will also experience fewer hospitalizations, be less likely to be incarcerated, and use fewer public benefits, saving our community a lot of resources we can use elsewhere to get even better outcomes. When these children finally graduate from school and become part of our community, they will make our community stronger, healthier, and more prosperous.

There are many rigorously researched and evidence-based programs out there, and we need to figure out what’s best for our community and get prevention in place [or fill in the policy that you are pushing for]. The Washington State Institute of Public Policy calculated out the costs and benefits of some of these programs for their state and that can serve as a guide (available at http://www.wsipp.wa.gov/BenefitCost). I personally like ________ (Fill in an early intervention program you like. MHA likes programs like: youth and adult peer mentoring, Nurse-Family Partnerships, the PAX Good Behavior Game, and MST – Psychiatric).

Our children can’t wait, they only have one childhood and they’re growing up right now. Invest in a prevention program and support our children and our community to grow, thrive, and prosper.

Sincerely,

[Your Name Here]

Note: Language may require heavier adaptation for broader community focus rather than child focus
Materials from the Field

#B4Stage4

Why B4Stage4?

- When we think about cancer, heart disease or diabetes, we don’t wait years to treat them. We start way before Stage 4. We begin with prevention.

- This is what we should be doing when people have serious mental illnesses, too.

- It typically takes ten years from the time symptoms first appear until someone gets a correct diagnosis and proper treatment.

- This means that by ignoring the early signs of illness, we lose ten years in which we could intervene in order to change people’s lives for the better.

Even when we don’t intervene right away, and serious mental illnesses get worse and disrupt people’s lives, we can act effectively. We can offer people choices and supports to help them recover. These include clinical services, medication, peer supports, counseling, family supports and other therapies that also help manage their thoughts and emotions. These all help keep people connected to their families and their community. Intervening as early as possible preserves education, employment, social supports, housing – and brain power! It also costs less than the all-too-common revolving door of incarceration, hospitalization and homelessness.

MO’s lack of early detection and intervention means many young adults become totally disabled before they receive treatment. Without early intervention, they lose 10 years of education, employment and social supports that allow them to lead full and productive lives.

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1 Mental Health America
2 National Institute of Mental Health
When we think about cancer, heart disease, or diabetes, we don’t wait years to treat them. We start way before Stage 4. We begin with prevention. And when people are in the first stage of those diseases, and have a persistent cough, high blood pressure, or high blood sugar, we try immediately to reverse these symptoms.

This is what we should be doing when people have serious mental illnesses, too. When they first begin to experience symptoms such as loss of sleep, feeling tired for no reason, feeling low, feeling anxious, or hearing voices, we should act.

These early symptoms might not ever become serious. Like a cough, they often go away on their own, and are nothing to fear. But when they do not go away, it typically takes ten years from the time they first appear until someone gets a correct diagnosis and proper treatment.

This means that by ignoring them, we lose ten years in which we could intervene in order to change people’s lives for the better. During most of these years most people still have supports that allow them to succeed - home, family, friends, school, and work. So people can often recover quickly, and live full and productive lives.

Even when we don’t intervene right away, and serious mental illnesses get worse and disrupt people’s lives, we can act effectively. We can offer people choices and supports to help them recover. These include clinical services, drugs, peer supports, counseling, family supports, and other therapies that also help them manage their thoughts and emotions. These all help keep people connected to their families and their community. Intervening as early as possible preserves education, employment, social supports, housing – and brain power! It also costs less than the all-too-common revolving door of incarceration, hospitalization, and homelessness.

Get Involved! Focusing B4Stage4 is the answer. Here are five ways you can get involved with #B4Stage4.

• Take a confidential mental health screening, and encourage family and friends to do so, too.
• To stay well, use health and wellness tools like MHA’s wellness calendar.
• Join MHAC’s Advocacy Network and add your voice to those who want policy and programmatic investments in earlier identification and intervention “before Stage 4.”
• Ask organizations, political leaders, and advocates to endorse the #B4Stage4 campaign.
• Help engage the online community in B4Stage4 thinking. Support MHAC’s #B4Stage4 campaign on Twitter and Facebook.

Sample Tweet: Join @mhacolorado in spreading the word. Prevention & early intervention work #B4Stage4! #mhacolorado #cohealth http://bit.ly/1BZiwYG

Sample Facebook Post: Did you know that it typically takes ten years from the first time someone has mental health concerns until they get a correct diagnosis and proper treatment? We can’t wait for that. Embrace #B4Stage4 thinking and support our efforts. Learn more: http://bit.ly/1BZiwYG