NEED FOR PREVENTION PROGRAMS AND RESEARCH: PROMOTING CHILDREN’S WELLBEING

The need

In 2012, the CDC reported that one of every seven US children suffered from a diagnosed mental, behavioral, or developmental disorder including mental health problems, substance misuse, violence and related problems. Adverse childhood events and situations such as abuse and poverty place children at risk for lifelong mental, physical, emotional, and behavioral problems.

A solution

Fortunately, researchers have learned much about what causes these problems and have developed intervention that target these causes. Many of these rigorously-tested interventions have shown long-term positive effects for children and adolescents, improving health and productivity into adulthood. These evidence-based prevention interventions (EBPIs) also provide a strong return on investment: their widespread use can lessen the economic burdens on social service, mental health, and criminal justice systems. The Surgeon General reported research on over 50 prevention interventions; several national databases list, rank, and document the impact on health and wellbeing of more than one hundred prevention interventions.

Gaps

Lack of implementation
Because of the lack of federal resources, evidence-based prevention resources are not being implemented on a wide-scale basis

Missed opportunity for cost savings
With sufficient resources, such interventions ultimately save money in future social, health, education and criminal justice related costs
RECOMMENDATIONS

1. Encourage widespread dissemination and implementation of EBPIs

Coordination of federal health and social service agencies around the goal of requiring the use of EBPIs through State Block Grant and other federal programs would ensure that federal resources have the largest possible impact on program participants.

How:

» Ensure the selection and implementation of the most effective interventions aimed at prevention and reduction of burden of the most common social and mental health problems in childhood (such as behavioral and conduct problems, depression and anxiety, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, and Tourette syndrome) and adolescence (including substance and alcohol use, and cigarette dependence). Some of these interventions also lead to reductions in suicidal ideation and suicide completion.

» Address increased constraints on state and local partners to implement evidence-based practices by implementing a national data and training system responsive to the needs of federal, state and local partners. Such a system would provide epidemiology and intervention monitoring data and implementation training.

2. Increase federal resources for prevention and dissemination research

Many effective interventions have been developed for children and adolescents, but some do not yet have sufficient data to support their widespread implementation. Other promising interventions are in current practice but have no research to support their use and rigorous evaluation is needed. To date, such funding to support EBPI research on best practices for dissemination and implementation has been limited.

How:

» Increase resources for research and practitioner partnerships in prevention intervention research to help integrate community and state implementation sectors in the research process. Such collaboration will support the development of programming that addresses the specific needs of communities as well as barriers to implementation that can be overcome through adapting programming.

» Expect a longer-term (4-5 year) research to practice process. With vulnerable children and families, such a process requires time for implementation and then sufficient time to measure long-term meaningful change. Without the use of well-tested EBPI programs in evidence-based systems of care, children and youth in need may receive untested interventions or no interventions at all, leading to increased costs to social services, mental health, and criminal justice systems.

» Ensure sufficient resources for prevention research by requiring that federal research designated as prevention involve actual intervention with human participants.

Sources


