Dear Secretary Clinton,

Your comprehensive plan to support Americans with mental illness is a welcome addition to current public policy discussions. Nevertheless, we strongly believe that this initiative should include evidence-based preventive programs and policies to further strengthen the plan. The power of prevention lies in both its potential to integrate evidence-based prevention practices into many services proposed and an abundance of evidence supporting the ability of evidence-based programs and policies to prevent mental illnesses.

The prevention of mental illness is critical; the estimated annual cost of these disorders among young people alone is $247 billion. Cost-benefit analyses funded by the Institute of Medicine, private foundations, and comparable entities note the economic benefits of preventing mental illness often substantially outweigh the costs of implementing and delivering the programs. Noteworthy examples include suicide prevention programs targeting Native American Youth ($35 benefits per dollar invested) and programs to reduce youth risk factors for mental illness such as the Good Behavior Game ($26 benefits per dollar invested).

Early intervention prior to entrenchment of problems is crucial, as outlined in your proposal. Also vital to the effective reduction of mental illness are research-based programs and policies that (a) focus on adverse social and environmental conditions and (b) prevent the development of symptoms, ultimately lessening the risk of mental illness from the outset. Such programs can target individuals at greatest risk by teaching social competencies and cognitive skills, educating the public and schools about the early warning signs, and broadly altering conditions that contribute to mental illness. Because most mental illnesses originate in childhood and adolescence, these developmental periods present many critical windows of opportunity for prevention. Multiple institutions, including the Institute of Medicine (IOM) and World Health Organization (WHO), recommend that interventions occur prior to onset of full blown mental health disorders. Yet, there remains a gap in our response to the issue in that scientific approaches from the field of prevention are not considered. Our policies tend to be structured to prioritize the treatment of mental disorders after they have taken root. A glaring example of this reactive approach is that insurance coverage is not generally provided for intervention until after the individual had reached a diagnostic threshold.

Integrating support for mental health issues into family and school settings is an important goal of your treatment initiative. Prevention can and should be incorporated into practices and services offered in classrooms and to families (e.g., life skill training; family disruption interventions; socio-emotional learning) to reduce risk of mental illness. The National Research Council and the IOM issued an extensive review of the scientific literature and concluded that schools and communities offer opportunities to support healthy youth development and prevent mental illness by reducing disruptive behavior through life skill training, reinforcing
positive behaviors, and parent-child interactions. Moreover, experts advocate for the use of behavioral principles in health care and school settings to foster positive development among children and adolescents.

Family and school-based programming can also prevent the most serious consequence of mental illness—suicide—by preventing key risk factors such as cognitive-behavioral and social problem-solving deficits. Suicide is the third leading cause of death among 10-24 year-olds in United States. Preventive interventions to reduce suicide are endorsed by both the Substance Abuse and Mental Health Services (SAMHSA) and WHO. Scholars and scientists have found these prevention programs, which often focus on parent and teacher education and on youth stress management and life skills training, to significantly reduce suicidal ideation, as well as possibly reduce suicide attempts.

With high-quality implementation, your comprehensive approach to addressing mental health has the potential to transform behavioral health care and substantially reduce the suffering and financial burden created by untreated mental illnesses. However, this agenda will fall short of its full potential if evidence-based preventive programs and policies are not explicitly woven into the proposed services, programs and policies. This preventive approach would further reduce the occurrence of many pressing social issues such as substance use and crime. We urge you to take advantage of the extensive knowledge on how to prevent mental illness accumulated in the past three decades to fully address the nation’s behavioral and mental health issues.

Sincerely,

Diana Fishbein, Ph.D.,
Director, Edna Bennett Peirce Prevention Research Center, Penn State University
Co-Director, National Prevention Science Coalition to Improve Lives

Jaimie Jeffords, MA
Research to Policy Intern, National Prevention Science Coalition to Improve Lives

Sharon Kingston, PhD
Associate Professor of Psychology, Dickinson College
Secretary, National Prevention Science Coalition to Improve Lives