The Significance of Behavioral Health Promotion in Preventing Behavioral Health Disorders Incidence

Oregon Health Authority

Addictions and Mental Health Division

November 2012

Executive Summary

The Addictions and Mental Health Division of the Oregon Health Authority supports a continuum of care that incorporates behavioral health promotion, prevention, treatment, recovery and maintenance. Behavioral health promotion is a broad concept with specific strategies supporting wellness, early intervention and prevention of mental and substance use disorders.

Good mental health is a necessary condition providing a foundation for health and wellness and is protective against the development of mental illness, substance abuse, problem gambling and physical illnesses. Promotion of behavioral health is integral to health promotion and assurance of public health, the health of a population. It is a universal prevention strategy.

Behavioral health promotion consists of strengthening the determinants of mental wellness: healthy communities, individual skill development, social-emotional competence, and strengthening an individual's ability to cope with adversity. Some representative behavioral health promotion activities are: parenting education, stress reduction classes, communication skills classes, community activities promoting inclusion, bereavement support groups, divorce support groups and similar efforts.

High numbers (more than 3) of Adverse Childhood Experiences (ACEs) predispose people to develop chronic health conditions, substance use and gambling problems, or mental illness later in life. These conditions drive up the costs of health care, and result in early morbidity and mortality for those afflicted. Research through the Adverse Childhood Experiences Study (ACES) has revealed that efforts to assure that young children are protected from toxic stress are especially important.

In the Healthy People Policy Vision, within Governor Kitzhaber's 10 Year Plan for Oregon, Strategy 2 clearly addresses the necessity of promoting mental health along with prevention, recommending that for transformation to take place in our health care system, a shift in both focus and resources *from intervention to*

prevention and mental health promotion needs to occur, in the places Oregonians live, learn, work and play[1].

As health systems transformation proceeds, behavioral health promotion emerges as a crucial missing component in keeping costs down, and in improving quality of care and satisfaction with care. Promoting healthy environments, norms and behaviors, rather than delaying intervention until there is development of full-blown disease states is the most cost-effective approach. Behavioral health promotion serves the Triple Aim: better health, better health care, and lower costs. Behavioral health promotion plays a pivotal role in the prevention of both physical and mental disease and chronic disorders.

[1] http://www.oregon.gov/COO/TEN/docs/PeopleOutcome.pdf

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Health Promotion

Health care transformation provides an opportunity to examine the structure within which individuals are assisted in maintaining or regaining their health. Health, according to the World Health Organization, is defined as a state of complete physical, mental and social well-being. Mental health is an essential component of general health, inextricably linked with good physical health and balanced by social competence.

Health promotion provides a foundation to the concept of behavioral health promotion. There are two aspects of successful health promotion. *Universal* health promotion describes whole population activities that have a goal of optimizing positive mental health, such as promoting involvement in community activities to foster a greater sense of social well-being in the population. *Focused* promotion may reinforce already existing healthy adaptive behaviors within an at-risk group or may identify an at-risk group.

Behavioral Health Promotion

Mental health promotion is key to maintaining positive mental health and protective against the loss of mental health. Use of the term *mental health* emphasizes wellness. Commonly, when the phrase mental health is used, *mental*

illness or mental disorder may be what is actually meant, as in mental health treatment, mental health services, etc. Mental health is more than the absence of mental illness or a substance abuse disorder, and is not a synonym for mental illness. Good mental health is a necessary condition providing a foundation for health and wellness. Mental health is **protective** against the development of mental illness, pathological gambling and substance abuse disorders. It is also protective against the development of physical illness.

A continuum of care from mental health promotion, mental illness prevention and substance abuse prevention to treatment, recovery and maintenance needs to be built into existing health care systems. In 2009, SAMHSA recommended strongly that "public education….promoting wellness and resilience" and prevention of risky and unhealthy behaviors be part of a National Health and Wellness Plan across the age span.

The report recommends *Universal* screening for mental and substance use disorders early, as a means to save substantial amounts in health care costs and dramatically improve Americans' health[2]. It further recommends that "every medical practice should have a prevention specialist who focuses specifically on wellness and who is trained in mental health and addictions to support general practitioners in making appropriate referrals and coordinating care".

The report suggests that trained peer counselors or certified or masters'-level mental health or addictions professionals ["recovery navigators"] provide follow-up services and encourage "positive lifestyle behaviors". Personal health navigators named in the Coordinated Care Organization legislation (HB3650) would be ideally suited for this role. It further recommends that spouses, children and communities need support to cope with realities of living with those with diagnosed behavioral health disorders.

Mental health is more than the absence of mental illness, problem gambling or substance abuse, and is also not a synonym for mental illness treatment. Importantly, mental health is an essential component of general health. Behavioral

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[2] Hutchings, Gail P., and King, Kristen, *Ensuring U.S. Health Reform includes Prevention and Treatment of Mental and Substance Use Disorders—A Framework for Discussion: Core Consensus Principles for Reform from the Mental Health and Substance Abuse Community*, Substance Abuse and Mental Health Services Administration, Rockville, MD. SMA 09-4433 2009.

health promotion is integral to the promotion of health, which in turn is an important component in assurance of public health, or the health of the population.

Mental Illness Prevention vs. Behavioral Health Promotion

Behavioral health promotion and mental illness prevention may utilize the same strategies and/or approaches, with different measures. Behavioral health promotion, previously conceptualized within the prevention field, is evolving as the importance of promotion of good mental health and early prevention and intervention efforts are better understood and adopted. Substance use and problem gambling prevention efforts are well aligned with behavioral health promotion, as well as with mental illness prevention, as co-occurring disorders (mental illness and substance use disorders existing simultaneously) are a frequent occurrence in the population as a whole.

What is the difference between behavioral health promotion and mental illness prevention? Distinguishing this difference is challenging, as there is a lack of shared language and clear definitions across systems and professional fields. Whereas promoting behavioral health is a broader concept, preventing mental illness usually pertains to specific strategies that may be rooted in evidence-based and promising practices and are related to a specific disorder, or problematic behavior.

A 2009 seminal National Research Council/Institute of Medicine (NRC/IOM) report recommends the addition of behavioral health promotion to broaden the prevention efforts that had previously been described in an earlier (1994) IOM report on prevention. Agreement exists that behavioral health promotion is distinguished from prevention of mental disorders by its focus on healthy outcomes such as competence and well-being, and that many of these outcomes are valued in their own right (such as pro-social involvement, spirituality, and social justice).

Defining Mental Health Determinants

How then do we define mental health? Mental well-being or positive mental health is much more than the absence of problems. It is an independent dimension of health in its own right that can be nurtured and enhanced. Mental well-being is created by personal, social and environmental determinants in three main areas:

- development and maintenance of healthy communities,
- skill development by the individual in the area of attachment, relationships, and communication, and
- social and emotional competence, the ability to deal with and express appropriately one's thoughts and feelings.

Promotion of behavioral health is integral to health promotion and public health. This includes efforts to enhance individuals' abilities to achieve developmental competence and a positive sense of self-esteem, mastery, well-being, and social inclusion. Another critical piece of behavioral health promotion focuses on strengthening individuals' abilities to cope with adversity (NRC/IOM, 2009).

Behavioral health promotion is centered on improving the determinants of mental well-being. These determinants are:

> 1) the development and maintenance of healthy communities which provide: a safe and secure environment, good housing, positive educational experiences, employment and good working conditions, a supportive political infrastructure, minimization of conflict and violence, allowance for self-determination and control of one's own life, and provision of community validation, social support, positive role models, and the basic needs of food, warmth and shelter. Behavioral health promotion activities addressing this determinant could include community safety promotion, violence reduction, bullying prevention, mentoring opportunities, and resource dissemination activities.
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> 2) Skill development is a determinant of mental well- being pertaining to obtaining/using the necessary skills to form and maintain relationships, and to utilize and maintain a cognitive response to stress that is adaptive. Behavioral health promotion activities include programs based in schools, community centers and other community-based settings that promote social and emotional competence through activities that emphasize problem solving and development of self-control.

3) Social and emotional competence is a determinant which refers to developing age appropriate social skills and appropriate expression of (or ability to control) emotional states in order to successfully negotiate relationships. Behavioral health promotion activities supporting social and emotional competence could include parenting education, stress reduction classes, communication skills classes, support groups for bereavement, divorce, and other losses, and community activities promoting inclusion. When there is mental well-being, an individual realizes one's own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to their community[3].

Mental Well-being Contributes to Mental Health

Positive psychology is a branch of psychological research inquiry devoted to studying what constitutes mental well-being, or what is "right" with people. It is the study of what makes people thrive mentally and emotionally. It looks at positive emotions, positive individual traits, and positive relationships among groups and enabling institutions (schools, workplaces) that foster positive outcomes. This research has contributed in a meaningful way to the concept of behavioral health promotion.

Mental well-being can be described as existing on a continuum from high levels of feeling and doing well or "flourishing", to lacking in well-being or "languishing" (Keyes, 2007). What is experienced from early childhood has lasting measurable consequences later in life.

Toxic Stress in Early Childhood Lasts a Lifetime

According to the National Scientific Council on the Developing Child, three distinct types of stress responses can be conceptualized for young children: positive, tolerable, and toxic. Positive stress response is a moderate change in physiologic state in response to normative events that are short-lived and generally buffered by the relationship with a caring adult. Tolerable stress responses are

[3] World Health Organization. Mental health: Strengthening mental health promotion. Fact sheet 220; 2007. Available at http://www.who.int/mediacentre/factsh/fs220/en/. Accessed on May 10, 2012.

generally from non-normative events; again that when buffered by a relationship with a caring adult, do not put undue demands on the body's physiologic response system.

Toxic stress results from strong, frequent or prolonged activation of the body's stress response systems in the absence of the buffering protection of a supportive adult relationship, and is descriptive of the stressors studied in the Adverse Childhood Experiences Study[4] . This is a level of physical and emotional stress that ideally most children could be helped to avoid. It is likely to tax their coping abilities. When it is cumulative, the implications are serious, resulting in long lasting deficits, and poor outcomes are more likely to occur.

Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study is a major research study that has compared current adult health status to childhood experiences decades earlier. It reveals a powerful correlation between emotional experiences in childhood, and adult emotional health, physical health, and major causes of mortality in the United States (Felitti, 2002).

The plasticity of the developing early childhood brain makes it vulnerable to chemical influence, with mounting evidence from both animal and human studies that stress hormones can disrupt its developing architecture. It is clear that we must promote emotional well-being and minimize stress and the intensity, frequency and length of stressful conditions for children in early childhood. Fostering emotional well-being early in life builds a foundation for overall health and well-being (National Prevention Council, 2011).

Implementing Behavioral Health Promotion Activities

What are the best ways to accomplish behavioral health promotion? Interventions can and should be integrated with routine health care, and exist in schools, families and communities. Research shows that strengthening families (through teaching improved communication and parenting skills, or to deal with adversity such as poverty, parental mental illness, problem gambling , substance use disorders, or family disruption), strengthening individuals by building their resilience and skills,

[4] http://www.cdc.gov/ace/index.htm

preventing specific disorders, promoting mental health in schools, and offering behavioral health promotion activities through health care, workplace and community programs are the best ways to conduct behavioral health promotion.

Specifically, population groups benefit from help with pro-social behavior, coping skills and targeting lifestyle factors relevant to behavior and emotional health (such as diet, physical activity and television viewing). Behavioral health promotion activities should promote protective factors, which can mitigate risks. Protective factors include social and emotional competence of children, parental resilience, social connections, availability of concrete support in times of need, and knowledge of parenting and child development[5]

There is a bidirectional relationship between behavioral health and physical health. Each supports and promotes the other and each can cause the other to deteriorate. This is well established by the research efforts of Vincent Felitti, Robert Anda and others through extensive ACES research studies[6].

Actions to promote behavioral health are best conducted at the level of *universal* intervention. That is, interventions are aimed at population groups, as opposed to a more targeted focus in *selective or indicated* interventions which may include vulnerable or specific population groups. For specific groups in higher need, it may also be appropriate to use selective or indicated interventions.

Children's mental health and existing prevention and behavioral health promotion activities provide a very logical place to start in establishing behavioral health promotion efforts. Different disciplines and systems may have varying perspectives as to what promotes good mental health for children, families and adults that may supersede or exist simultaneously with concepts underpinning "mental health" (behavioral health) promotion. For example, many activities within the educational system are supportive of good mental health for children. Similarly, activities in the early childhood health care arena supporting healthy development for young children and their families supports good mental health. The professionals in these fields may not (yet) conceptualize these activities as being a part of "behavioral health promotion".

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[5] http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors
[6] http://www.cdc.gov/ace/index.htm

Comprehensive partnerships can promote behavioral health, especially in schools, the workplace and in health care settings. Health care educational outreach efforts are ideally suited for behavioral health awareness and promotion. Employers can benefit from offering behavioral health awareness and support activities to employees, potentially reducing use of illness leave and improving behavioral health of employees as a group. Schools can improve behavioral health awareness by promoting a continuum of services that includes school-wide behavioral health prevention programming, stress reduction and building the capacity of staff members to respond to students' mental health needs. Policies endorsing wellness activities will reinforce positives in the environment of the school community and provide opportunities for staff to model healthy behaviors.

Children's behavioral health is influenced by a variety of factors, some which are not well known. For example, gambling among Oregon youth is commonplace, starting as early as 6th grade[7]; participation rates are increasing faster for gambling than most other youth risk behaviors. These same data reveal that youth who gamble report much higher rates of depression and suicide ideation. Youth gambling provides a good example of the need to look beyond the obvious and take a comprehensive view of the value of behavioral health promotion in prevention of more significant behavioral disorders over time.

At present, there is no coordinated system or agency that supports, promotes or guides integration of services that benefit children and their families. In a recently published monograph, effort has been made to describe a comprehensive framework that can guide this work (Miles, et.al, 2010).

Long Term Impact of Behavioral Health Promotion

What will be/is the long term impact of ensuring behavioral health promotion in addition to mental illness, problem gambling and substance abuse prevention? A national plan for research and networked systems within states and communities is needed that could help apply existing resources to promotion. It is a national priority.

Most mental, emotional and behavioral disorders have their roots in youth and childhood. In a retrospective study of adults receiving treatment for mental

[7] Data from Oregon Student Wellness Survey

disorders, 57% received a mental illness disorder diagnosis prior to the age of 15[8]. The costs of treating disorders is far greater, and the outcomes less positive, than addressing and correcting risk factors through universal promotion and prevention activities. Health reform efforts currently underway provide an ideal vehicle for inclusion of behavioral health promotion activities, as well as creating and strengthening any existing efforts toward mental illness, problem gambling and substance use prevention.

Outcomes of behavioral health promotion efforts should include improved quality of life, improved circumstances for child development, better educational performance and work productivity, and the prevention of health damaging and anti-social behaviors, in addition to the prevention of mental and substance use disorders and suicides[9].

"From both basic research and policy perspectives, confronting the origins of disparities in physical and mental health early in life may produce greater effects than attempting to modify health related behaviors or improve access to health care in adulthood" (Shonkoff, Boyce & McEwen, 2009).

Behavioral health promotion is a broad concept with specific strategies, supporting wellness, early intervention and prevention of problem gambling, mental and substance use disorders. As health systems transformation proceeds, behavioral health promotion emerges to improve quality of and satisfaction with care, and as a crucial missing component in keeping costs down.

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[8] Kim-Cohen, J. , Caspi, A, Moffitt, T.E., Harrington, H.L., Milne, B.J., Poulton, R. Prior Junveile Diagnoses in Adults with Mental Disorder, Archives of General Psychiatry, 60(7): 709-717.

[9] Herrman, H., and Jane-Llopis, E. (2005) Mental health promotion in public health, Global Health Promotion , pp. 42-46.

References

Felitti, V.J., Anda, R.F., Nordenberg, D., et.al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am. J. Prev. Med. 14(4): 245-258.

Felitti, V. (2002) The Relation between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead. The Permanente Journal. 6:1, 44-47.

Herrman, H., and Jane-Llopis, E. (2005) Mental health promotion in public health, Global Health Promotion , pp. 42-46.

Hutchings, G.P., and King, K., (2009) Ensuring U.S. Health Reform includes Prevention and Treatment of Mental and Substance Use Disorders—A Framework for Discussion: Core Consensus Principles for Reform from the Mental Health and Substance Abuse Community, Substance Abuse and Mental Health Services Administration, Rockville, MD. SMA 09-4433.

Keyes, CLM. (2007) Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. American Psychologist. 62:95-108.

Keyes, C.L.M., Dhingra, S.S., and Simoes, E.J. (2010) Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness, American Journal of Public Health, 100(12), 2366-2371.

Kobau, Rosemarie, Seligman, Martin E.P., Peterson, Christopher, Diener, Ed, Zack, Matthew M., Chapman, Daniel and Thompson, William (2011) Mental Health Promotion in Public Health: Perspectives and Strategies from Positive Psychology, American Journal of Public Health, 101:8, e1-e9.

Masten, A.S., Coatsworth, J.D. (1998) The Development of Competence in Favorable and Unfavorable Environments: Lessons from Research on Successful Children, American Psychologist, 53(2) 205-220.

Metzler, C.W., Biglan, A., Embry, D.D., Sprague J.R., Boles, S.M., & Kavanagh, K.A. (2008) Improving the Well-being of Adolescents in Oregon. Eugene, OR: Center on Early Adolescence, Oregon Research Institute.

Miles, J., Espiritu, R.C., Horen, N., Sebian, J. & Waetzig, E. (2010) A Public Health Approach to Children's Mental Health: A Conceptual Framework. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

National Prevention Council, National Prevention Strategy (2011) Mental and Emotional Well-being. Washington, DC. U.S. Department of Health and Human Services, Office of the Surgeon General, 48-50.

National Research Council and Institute of Medicine (2009) *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E.Warner, Editors. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

National Scientific Council on the Developing Child (2005). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper #3. http://www.developingchild.net

National Scientific Council on the Developing Child (2008) Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6. http://www.developingchild.net.

Office of the Governor, State of Oregon. (2011). Health People Policy Vision. 10-Year Plan for Oregon Project. Accessed August 9, 2012 at: http://www.oregon.gov/COO/TEN/docs/PeopleOutcome.pdf

Power, A. K., (2010) Transforming the Nation's Health: Next Steps in Mental Health Promotion, American Journal of Public Health, 100:12, 2343-2346.

Shonkoff, J.P., Garner, A.S., THE COMMITTEE ON PSYCHOSCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD, ADOPTION AND DEPENDENT CARE, AND SECTION ON

DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, Siegel, B.S., Dobbins, M.I., Earls, M.F., Garner, A.S., McGuinn, L., Pascoe, J. and Wood, D.L. (2012) The Lifelong Effects of Early Childhood Adversity and Toxic Stress, Pediatrics, 129, e232

Shonkoff, J.P., Boyce, W.T., and McEwen, B.S. (2009) Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention, Journal of the American Medical Association, 301(21): 2252-2259.

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2007) Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience, DHHS Publication No. CMHS-SVP-0175. Rockville, MD.

Three Bold Steps for School Community Change: A Toolkit for Community Leaders. Retrieved February 25, 2012 from: http://toolkit.promoteprevent.org/issues/mental-health

Vandiver, V. (2009), Integrating Health Promotion and Mental Health: An Introduction to Policies, Principles and Practices. NY: Oxford University Press.

Zero to Three Policy Center (2004) Fact Sheet: Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development, pp. 1-11.