

National Council

MAGAZINE SHARING BEST PRACTICES IN MENTAL HEALTH & ADDICTIONS TREATMENT | www.TheNationalCouncil.org

Prevention and Early Intervention for Mental & Addiction Disorders

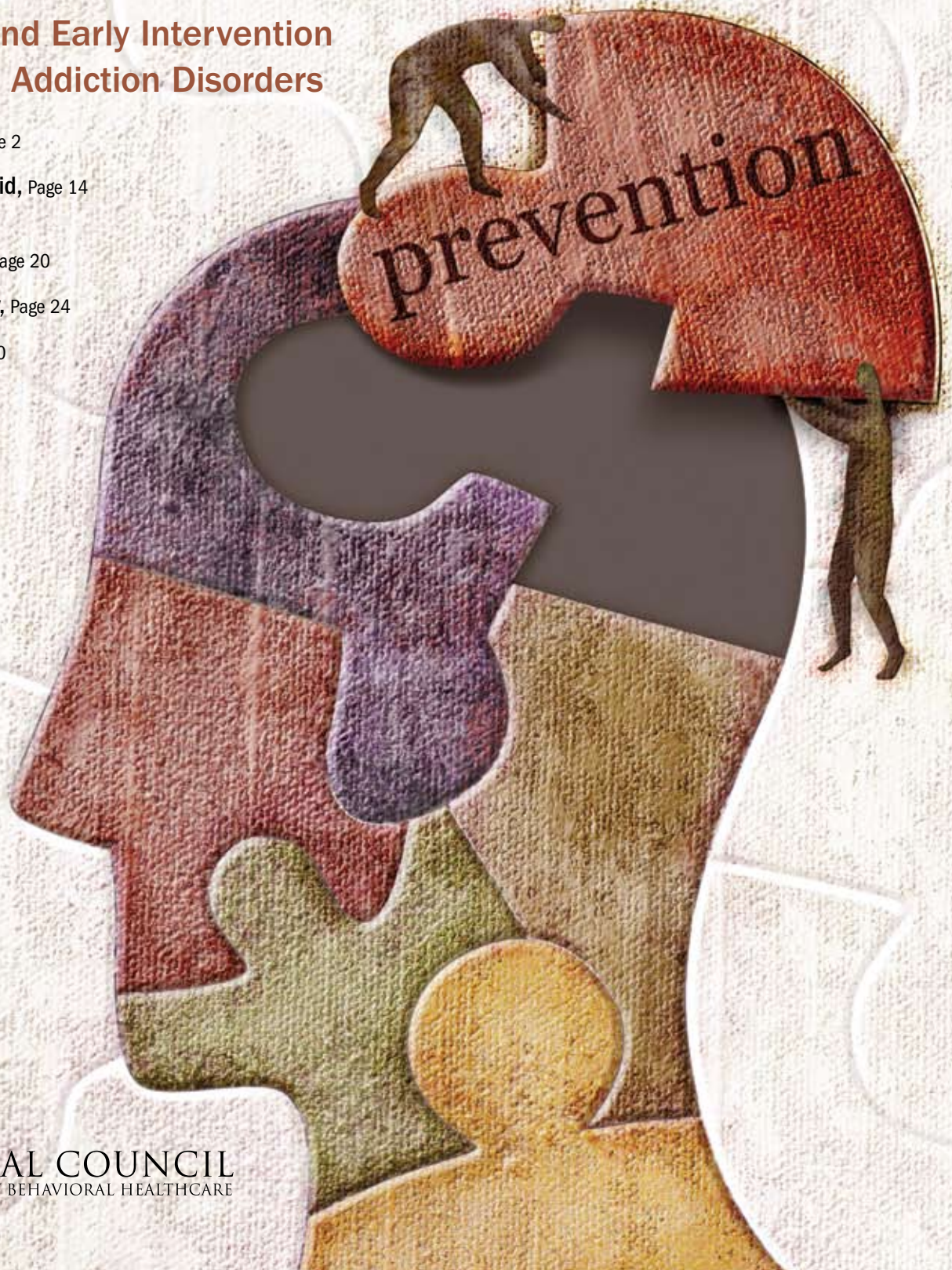
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Prevention and Early Intervention for Mental & Addiction Disorders

Mental illnesses and addiction disorders remain an unsolved mystery to many. Against the backdrop of stigma, lack of access to quality care, and funding constraints, prevention-early intervention remains the missing piece of the puzzle. It's the piece that completes the equation of total care for those we serve and commitment to improve the communities we live in.

Many community-based healthcare organizations have been operating model programs in prevention-early intervention for mental and substance use disorders with impressive outcomes. These programs reach a range of populations – children, youth, older adults, veterans, and persons already diagnosed with one form of mental illness or addictions who may be at risk for other disorders. The programs comprise a broad range of initiatives—public education, screening in primary care, school-based initiatives, suicide prevention, employee assistance programs, and more. This issue of National Council Magazine profiles some of these model programs and features the views of policy and clinical experts on why prevention-early intervention is important as we attempt to piece the healthcare puzzle together.

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Healthy Minds, Strong Communities

Mental Health First Aid USA

Educates and Transforms Communities,
3,000 Trained in One Year

Lea Ann Browning McNee, Outreach and Development Officer and
Susan Partain, Outreach Associate – National Council for Community
Behavioral Healthcare



MENTAL
HEALTH
FIRST AID



Mental Health First Aid USA by the Numbers

300 instructors certified
33 states running the program
180+ community trainings
3,000 individuals trained
1,000,000 media impressions

Launching a new program is a bit like eating an elephant. Even though you've got a great vision and a huge goal, you still have to tackle it one bite at a time.

That's the approach the National Council has taken with launching Mental Health First Aid in the United States. We envision Mental Health First Aid becoming as commonplace as CPR and First Aid within the next fifteen years. Some may call that an elephant, but the results of our first program year demonstrate that the challenge is immensely doable especially with a few extra-large bites.

Since its launch last year, more than 300 instructors have been certified in Mental Health First Aid, a program that builds mental health literacy and teaches non-clinicians basic skills in how to help someone experiencing a mental health problem or crisis. A Mental Health First Aider learns to provide assistance until the problem resolves or until other appropriate help is engaged.

"It's evident that Mental Health First Aid is the right program coming at the right time," says Linda Rosenberg, president and CEO of the National Council. "When we began this initiative, we were hoping to



certify about twenty organizations to introduce Mental Health First Aid in their communities. As of this summer – the end of our official pilot year we have nearly one hundred fifty organizations offering the program.”

The growth of the program has not surprised many of the National Council’s board leaders, who were among the first to adopt Mental Health First Aid. “The multiple wins of the program were obvious from the start,” says Dr. Carl Clark, first vice chair of the National Council Board and CEO of the Mental Health Center of Denver, one of the initial pilot sites. “We can enhance community resilience, offer potential partners an easy-to-understand service, broaden our focus beyond serious mental illness, and further secure our role as community problem-solvers.”

Don Miskowiec of North Central Behavioral Health Systems agrees. “Even though we’re dealing with devastating and demanding budget cuts here in Illinois, we are committed to Mental Health First Aid. If anything, it’s even more necessary in our current environment.” After participating in the initial training, Miskowiec’s center added six additional instructors to his team for 2009.

The program focuses on three key elements: recognizing warning signs, increasing skills to help individuals reach out to those with mental health challenges, and understanding how professional and self-help supports can help.

From hospitals and the workplace to college campuses and the general public, Mental Health First Aid addresses not only stigma, but also the real desire to help someone who is struggling. “Mental Health First Aid makes it okay to reach out,” explains Rosenberg. “So often people want to help, but we’re not sure what to do and don’t

“Mental Health First Aid – with its new emphasis on recovery – has the power to transform communities, the power to change beliefs, and the ability to connect people in ways they never would have connected otherwise.”

*Larry Fricks
National Consumer Leader*

“What struck me most about Mental Health First Aid is the interest it generates among people who don’t have a direct connection to the mental health field,” says David Johnson, CEO of the Bert Nash Center. “It’s obvious that this is a program that can move us beyond usual constituencies to truly build a healthy community.”



Mental Health First Aid: History and Evidence Base

Mental Health First Aid was created in 2000 by Professor Anthony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education, to improve the mental health literacy of members of the Australian community. The program is auspiced at the ORYGEN Research Center at the University of Melbourne, Australia.

Mental Health First Aid includes a 5-day instructor training course to certify suitable candidates to become MHFA instructors who deliver the 12-hour MHFA course to their communities. This 12-hour course is designed to give members of the public some skills to help someone developing a mental health problem or in a mental health crisis situation. The philosophy behind the course is that mental health crises, such as suicidal and self-harming actions, may be avoided through early intervention with people developing mental disorders. If crises do arise, then members of the public can take action to reduce the harm that could result.

To date, Mental Health First Aid has been replicated in Cambodia, Canada, England, Finland, Hong Kong, Japan, New Zealand, Northern Ireland, Scotland, Singapore, South Africa, Thailand, USA, and Wales.

The National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health chose to help bring Mental Health First Aid to the USA due to the strong evidence supporting the program.

Five published studies, based on effectiveness trials and qualitative surveys in Australia, show that Mental Health First Aid saves lives, improves the mental health of the individual administering care and the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided, and reduces overall stigma by improving mental health literacy.

One trial of 301 randomized participants, 5-6 months after they received Mental Health First Aid training, found that those who trained have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes. Studies also found that Mental Health First Aid improved the mental health of the participants themselves.

In summary, Mental Health First Aid has been proven to improve

KNOWLEDGE: Improved agreement with health professionals about treatments.

BEHAVIOR: Improved helping behavior

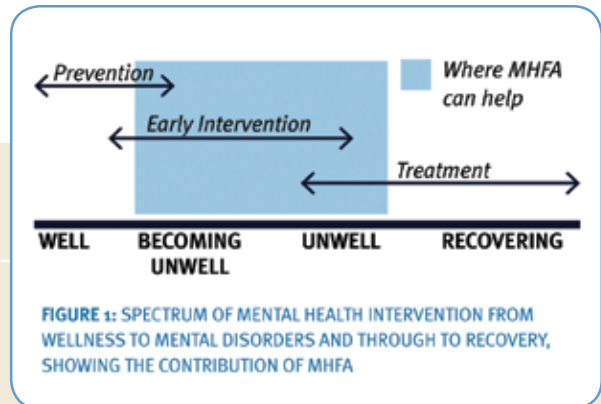
INTENTIONS: Greater confidence in providing help to others

ATTITUDES: Decreased social distance from people with mental disorders.

want to risk doing the ‘wrong’ thing. Mental Health First Aid teaches participants that it’s okay not to have all the answers and increases their comfort level.”

To date, the National Council has partnered with the Australian founders as well as the state governments in Maryland and Missouri to ensure that we have a clear, evidence-based and unified Mental Health First Aid curriculum in the United States. In addition, the National Council has created and refined the instructor training program, tracked community engagement, and partnered with the University of Maryland and SAMHSA to evaluate the fidelity of the U.S. program to that of the Australian original. And, the National Council provides ongoing support to MHFA program sites and instructors through individual consultation, a technical assistance website and an instructors listserve. This spring, the national MHFA E-News monthly newsletter was launched to provide updates, share successes, and keep the momentum going.

“It’s important that we continue our relationship with the instructors,” Rosenberg continues. “We’re identifying new ways to share learnings and outcomes from across the



also presented at a mental health unit as an inpatient for a few days but has since discontinued regular counselling.

How relations changed: I now have a little more understanding but I feel there is still an underlying serious problem and I find it difficult to know how to best handle potentially explosive situations.

Longer term effects on the person: There was a temporary effect for the good. He may also be more willing to seek help in the future if needed now he has experienced what the mental health unit can offer.

How the [MHFA] course has changed you: I am somewhat more understanding and make more allowance for irrational behavior, etc, but it is still not always easy.

Anything else: I am very pleased I did the course and it has made me aware not only of the problems people have due to mental health, but of the help that is available if only the person will seek it.”

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Experiences in applying skills learned in a mental health first aid training course: a qualitative study of participants’ stories. *Jorm, Kitchener, Mugford.* 09 November 2005. *BMC Psychiatry* 2005, 5:43 doi:10.1186/1471-244X-5-43. <http://www.biomedcentral.com/1471-244X/5/43>



An Effective Early Intervention

Most of us assume mental illness is something that only affects others and believe it won’t affect our family or friends. The truth is that mental health problems are more common than heart disease, lung disease, and cancer combined. Mental health issues affect all of society in some way, shape, or form. It’s estimated that one in four Americans will have a diagnosable mental disorder at some point in their lives.

It is extremely likely you will encounter someone in your family, workplace, school, church, or community who lives with a diagnosed mental disorder. In addition, you will encounter others who are experiencing distress or facing a mental health challenge that may require support and assistance, but not medical intervention.

Just as in the case of a physical illness, a person may move from being well to developing mental health problems, which may progress to a diagnosable mental disorder, and then on to recovery. Different types of interventions are appropriate for these states of mental health. For the person who is well or with mild symptoms, prevention programs are appropriate. For the person who is moving toward a mental disorder, early intervention approaches can be used. For a person who is very unwell with a mental disorder, a range of treatment and support approaches are available to assist the person in the recovery process.

Early intervention programs target people with men-

tal health problems and those who are developing mental disorders. They aim to prevent problems from becoming more serious and reduce the likelihood of secondary effects such as job loss, dropping out of school, relationship breakup, and drug and alcohol problems. Many people have a long delay between developing a mental disorder and receiving appropriate treatment and support. The longer the delay in getting help, the more difficult recovery can be. It is important that people get support from family, friends, and work colleagues during this time. People are more likely to seek help if someone close to them suggests it. It is during this early intervention phase that Mental Health First Aid can play an important role.

A study in Australia asked trained Mental Health First Aiders if they had experienced a post-training situation where someone appeared to have a mental health problem and how they had been able to help. Here’s a sample story that a respondent shared.

“The situation: The man concerned was experiencing severe depression and anxiety due to marriage/family break-up and child custody problems.

What you did: I persuaded him to seek counselling. I tried to listen and advise and I also gave essential financial assistance.

Effects on that person: He did seek counselling and



country and connecting to common needs, such as supplemental programs and standardized evaluation tools.”

Recognizing that the popularity of Mental Health First Aid also increases the need for significant support, capacity and branding, Rosenberg emphasizes that the National Council is in this for the long haul. She calls the pilot’s success “both fulfilling and a little intimidating.” Perhaps a bit like eating an elephant.

BRING IT TO YOUR COMMUNITY

Learn more about Mental Health First Aid at www.MentalHealthFirstAid.org.

To find out about bringing the program to your community, please contact Susan Partain at SusanP@thenationalcouncil.org or 202.684.7457 ext. 232.



Mental Health First Aid Certification & 12-Hour Program

Mental Health First Aid USA runs a 5-day instructor training program to certify trainers from community-based organizations that then offer the public 12-hour Mental Health First Aid program to target audiences in their local area. Each Mental Health First Aid site develops individualized plans to reach their communities, but all deliver the core 12-hour program and each participating site undergoes tight credentialing to guarantee fidelity to the original, tested model, while also maintaining the flexibility necessary to reach its unique citizens’ needs and demographics. Sites receive significant support from the National Council for ongoing implementation of Mental Health First Aid through individual consulting, national tracking and monitoring, continuous networking with other sites and instructors, teaching materials, tips and resources for funding and marketing, and more.

The interactive 12-hour program can be conducted as one 2-day seminar, two 1-day events, or four 3-hour sessions. Mental Health First Aid certification must be renewed every three years, and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

Knowledge and skills serve us well in navigating an emergency, and can potentially prevent a medical emergency through early intervention. Mental Health First Aid aims to do both – teach members of the

public how to respond in a mental health emergency, and offer support to someone who appears to be in emotional distress.

Mental Health First Aid offers education on signs and symptoms of a variety of diagnosable mental disorders. It describes, in detail, how a “Mental Health First Aider” can assume a helpful role when encountering a distressed individual, the program is not used to diagnose or to replace a therapist. Mental Health First Aid recognizes that just as with physical health, people may use many effective alternative and complementary strategies to recover from mental health challenges.

Specifically, Mental Health First Aid participants learn:

- >> The potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, eating disorders, substance use disorders, and self-injury

Who Can Be A Mental Health First Aider

From policymakers to the general public, a broad array of audiences is interested in Mental Health First Aid. To date, the following groups have received training in the USA

- >> Educators/School administrators
- >> Employers
- >> Faith communities
- >> Homeless shelters
- >> Hospitals and primary care health centers
- >> Law enforcement/other first responders
- >> Mental health authorities
- >> Nursing homes
- >> Policymakers
- >> Substance abuse professionals
- >> Families and caring citizens

- >> An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities
- >> A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care
- >> The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem.





COMMUNITY OUTREACH

The National Council has certified instructors from more than 180 organizations in the USA. Here's a snapshot of where some of our pilot sites are with rolling the program out in their communities.

BERT NASH CENTER

Partnering with the Chamber of Commerce was just the first step in launching Mental Health First Aid in Lawrence, Kansas. The group had the program added to the curriculum of the Chamber's Leadership Lawrence program, reaching diverse community leaders from the fields of business, academics, and finance. The Center also launched a comprehensive public outreach program, certified additional MHFA instructors and their efforts were recently featured on Kansas Public Radio.

COMMUNITY COUNSELING CENTERS OF CHICAGO (C4)

Since certifying two instructors in February 2008, C4 has trained more than 100 community members throughout Chicago in Mental Health First Aid, focusing their efforts on training a variety of community members including employees, volunteers at homeless shelters, and substance abuse and addictions groups. Partnering with fellow pilot site North Central Behavioral Health, C4 certified six additional instructors in December 2008 to expand their MHFA offerings in the Chicago area in 2009.

GATEWAY HEALTHCARE

From partnering with law enforcement to reaching employers, Gateway has made tremendous headway in certifying a large number of key groups throughout Rhode Island as Mental Health First Aiders. Since last April, their partnership with the Rhode Island Municipal Police Academy has certified more than 100 officers from all over the state, including members of security forces from colleges and universities. Gateway also secured support of their community programs through Blue Cross Blue Shield of Rhode Island. Blue Cross recently featured the program in their quarterly magazine to all of their members and stakeholders across the state.

NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS

In their first six months, NCBHS made incredible headway in improving understanding of mental health among Illinois residents, certifying more than 130 Mental Health First Aiders, including hospital personnel, educators, and members of the general public. In December 2008, NCBHS certified six additional instructors to enable expansion of their program even further in 2009.

IOWA DEPARTMENT OF HUMAN SERVICES, DIVISION OF MENTAL HEALTH

Iowa holds the distinction of the only state to have its mental health commissioner certified as a MHFA instructor. After that initiation, Iowa formed a strategic plan to reach 7,500 state residents with MHFA in a single year. So far, they are well on their way, hosting two statewide instructor training programs that included the National Guard, emergency services, higher education, and nursing in addition to mental health and addictions professionals.

SEMINOLE

Not content to merely serve their own community, Seminole took the lead in creating a comprehensive Mental Health First Aid initiative across the state of Florida. Last fall, the agency hosted an instructor training of 24 additional instructors to expand efforts.

Sites Trained in Mental Health First Aid by the National Council

through July 15, 2009

ALASKA

Center for Rural Health
Denali Family Services
DHSS Behavioral Health/Prevention Early Identification Services Office
State of Alaska Division of Behavioral Health

ARIZONA

Community Partnership of Southern Arizona
NAMI Phoenix

CALIFORNIA

Asian Americans for Community Involvement (Catholic Charities)
Bill Wilson Center (Catholic Charities)
Mental Health America of San Diego County

COLORADO

Arapahoe/Douglas Mental Health Network
Aurora Mental Health Center
Centennial Mental Health Center
Colorado West Regional Mental Health Center
Community Reach Center
Connections
Jefferson Center for Mental Health
Larimer Center for Mental Health
Mental Health Center of Denver
Mental Health Center Serving Boulder and Broomfield Counties
NMC Foundation, Inc
North Range Behavioral Health
Pikes Peak Mental Health
Red Cross
WICHE Mental Health Program

CONNECTICUT

Ability Beyond Disability
Bridges Milford
United Services, Inc.
Yale Department of Psychiatry

FLORIDA

American Foundation for Suicide Prevention
Circles of Care
Department of Children and Families
Florida Council for Community Mental Health
Florida Department of Children and Families



Florida Partners in Crisis
 Lakeside Behavioral Health
 Meridian Behavioral Healthcare, Inc.
 NAMI Central Florida
 Seminole Community Mental Health Center

GEORGIA

Pastoral Institute

IDAHO

DHW/Children's Mental Health
 Project ACCESS

ILLINOIS

Ben Gordon Center
 Community Counseling Centers of Chicago
 North Central Behavioral Health Systems
 Rush University

INDIANA

Behavior Services & Therapy

IOWA

Backbone Area Counseling/Community Circle of Care
 Black Hawk Grundy RSN
 Decatur County Community Services
 Department of Human Services, Mental Health/
 Disability Services
 DHS Case Management
 Humboldt County Mental Health Coalition
 Iowa Department of Public Health
 Iowa State Department of Health
 Iowa State Patrol
 Magellan Health
 MECCA
 National Guard
 Orchard Place Child Guidance Center
 Plains Area Community Mental Health Center
 Polk County Health Services
 Pottawattamie County Community Services
 SE Polk Community Schools
 St. Luke's Hospital
 Urbandale Community Schools
 Vera French Community Mental Health Center
 Winneshiek County CPC (Luther College)
 Youth and Shelter Services, Ames

KANSAS

COMCARE of Sedgwick County
 High Plains Mental Health Center
 The Bert Nash Center

KENTUCKY

Kentucky River Foothills Community Action Agency

MICHIGAN

Behavioral Health Professionals, Inc./CareLink/
 ConsumerLink
 Washtenaw Community Health Organization

MINNESOTA

African American Adoption Agency
 Belgrade Ave. United Methodist Church
 East Metro Womens Council DBT
 Family and Childrens Service
 Family Life Mental Health Center
 H.C. Child Crisis Services
 NAMI Minnesota
 Normandale College
 Northern Pines Mental Health Center
 Northwestern Mental Health center
 People Inc.
 Public Health Solutions
 RangeMental Health Center
 RSI is Residential Services, Inc.
 Snyder Health Care
 Upper Mississippi Mental Health Center
 Woodland Centers

MISSISSIPPI

Community Counseling Services
 MHA of the Capital Area

MISSOURI

Mental Health, Independence
 State of Missouri

NEBRASKA

Behavioral Health Specialists
 Region 3 Behavioral Health

NEW JERSEY

Care Plus NJ
 Greater Trenton Behavioral Healthcare

NORTH CAROLINA

Centerpoint
 Cherokee County Safe Schools Healthy Students
 Crossroads
 Cumberland County Mental Health
 Eastpointe
 Five County Mental Health Association
 Mental Health Partners
 NAMI Iredell
 North Carolina Council of Community Programs
 Piedmont Behavioral Health
 Southeastern Regional Mental Health Center
 Wake Center for Families and Children
 Western Highlands Network

NORTH DAKOTA

Department of Health and Human Services

OHIO

Ohio Association of Occupational Health Nurses

OKLAHOMA

Long Term Care Authority of Tulsa
 Oklahoma Community Mental Health Services

OREGON

Wallowa Center for Wellness

PENNSYLVANIA

Adams Hanover Counseling Services, Inc.
 Community Services Group
 Mental Health Association of the Captial Region

RHODE ISLAND

Gateway Healthcare
 Kent Center

SOUTH DAKOTA

South Dakota Division of Mental Health

TENNESSEE

ValueOptions

TEXAS

Austin Travis County MHMR
 El Paso MHMR
 MHMRA of Harris County
 Sunwest Behavioral Health Organization
 The Burke Center
 Tropical Texas Behavioral Health

VIRGINIA

AMERIGROUP Community Care
 ValueOptions

WASHINGTON

Behavioral Health Resources
 Cascade Mental Health Care
 Catholic Family & Child Service
 Central Washington Comprehensive Mental Health
 Community Psychiatric Clinic
 Compass Health
 Kitsap Mental Health
 Lower Columbia Mental Health Center
 NAVOS
 Quality Behavioral Health
 Spokane Mental Health
 Valley Cities Counseling & Consultation
 Washington Community Mental Health Council
 Youth & Family Link

WYOMING

Cloud Peak Counseling Services
 Fremont Counseling Services
 UPLIFT