

Mental Health / Substance Abuse Potential Strategy Listing

Listed below are potential activities / strategies for discussion by the Mental Health / Substance Abuse work group. Note: not all strategies listed below are exclusively mental health or exclusively substance abuse; there is crossover between the two as well as into other preventable health issues.

Potential Strategy	Time Delineation (short, medium, long-range)	Level of Intervention*	Criteria for Selecting Strategy
Mental Health			
1. Create a resource directory listing the current range of public/private services for substance abuse, mental health and services that will serve those with both coexisting issues (could include public, private, faith-based, and voluntary efforts). Purpose: To inform community residents about and help locate programs & services and inform the MH/SA Work Group about what already exists, where the gaps are, & other potential partners/collaborators and help guide development of community action plan.	Short-range	C	Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: ?
2. Provide community education & training to gatekeepers and peer leaders to recognize risk factor and signs/symptoms of anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior; provide intervention skills; and educate on referral procedures for people potentially at risk. Gatekeepers might include school staff (administration, teachers, nurses, etc.), health care providers, religious and spiritual leaders, civic leaders, police, recreation staff, etc.	Medium-range	I	Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Programs for the Prevention of Suicide Among Adolescents and Young Adults</i> http://www.cdc.gov/mmwr/preview/mmwrhtml/00031525.htm <i>The Air Force Suicide Prevention Program</i> http://www.e-publishing.af.mil/pubfiles/af/44/afpam44-160/afpam44-160.pdf
3. Implement a broad based anti-stigma campaign to create awareness, reduce stigma and discrimination against people with mental illnesses, and promote help-seeking behavior.	Medium-range	C	Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: * Evidence based programs/resources: <i>Statewide Family Networks Technical Assistance Center Training Brief: Stigma Resources</i> http://www.tacenter.net/library/documents/StigmaTrainingBrief8-30-05.doc

			<p><i>President's New Freedom Commission on Mental Health</i> http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm <i>Mental Health: A Report of the Surgeon General—Executive Summary</i> http://www.surgeongeneral.gov/library/mentalhealth/summary.html <i>Breaking the Silence Tool Kit</i> http://www.btslessonplans.org/revised_bts_toolkit.pdf OpenMindsOpenDoors initiative (Pennsylvania) http://www.openmindsopendoors.com <i>Children's Mental Health Matters Campaign</i> http://www.nmha.org/children/children_mh_matters/index.cfm Website: SAMHSA Resource Center to Address Discrimination and Stigma Associated With Mental Illness http://www.adscenter.org/memoranda/index.htm</p>
4. Implement community-wide awareness / education campaign for perinatal depression.	Medium-range	C	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: * Evidence based programs/resources: <i>Speak Up When You're Down</i> Awareness Campaign (New Jersey) http://www.state.nj.us/health/fhs/ppd/home.shtml <i>Speak Up When You're Down</i> Awareness Campaign (Washington) http://www.wcpcan.wa.gov/ppd/home.htm</p>
5. Promote screening of adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up (note: the evidence is insufficient to recommend for or against routine screening of children or adolescents for depression in primary care settings).	Medium to Long-range	E	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Guide to Clinical Preventive Services, U.S. Preventive Services Task Force</i> http://www.ahrq.gov/clinic/3rduspstf/depression/depsum1.htm#Abstract</p>

<p>6. Promote the consistent administration of patient screening for perinatal depression by local health care providers (recommended at the beginning and midway through pregnancies, as well as during the 2-month, 4-month and 6 month well-baby visits).</p>	<p>Medium to Long-range</p>	<p>E</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Detection of Postpartum Depressive Symptoms by Screening at Well-Child Visits</i>, American Academy of Pediatrics. http://www.wcpcan.wa.gov/ppd/docs/Detection%20of%20PPD%20Well%20Child%20Visits.pdf <i>Interventions for Postpartum Depression</i> http://www.wcpcan.wa.gov/ppd/docs/BPG_Post_Partum_Depression.pdf <i>The Effectiveness of Various Postpartum Depression Treatments and the Impact of Antidepressant Drugs on Nursing Infants</i>, Journal of the American Board of Family Practice http://www.wcpcan.wa.gov/ppd/docs/Effectiveness%20of%20PPD%20Treatments.pdf</p>
<p>7. Implement universal prevention programs for youth to reach populations other than those a greatest risk (age range?).</p>	<p>Long-range</p>		<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: National Mental Health Association Effective Prevention Programs http://www.nmha.org/children/prevent/effective.cfm Effective Substance Abuse and Mental Health Programs for Every Community http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list</p>
<p>8. Implement universal screening for anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior among youth in schools, doctors' offices, clinics, youth groups, shelters, faith-based settings or other youth-serving organizations and settings.</p>	<p>Long-range</p>		<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>TeenScreen</i> Program, Columbia University http://www.teenscreen.org/</p>

Substance Abuse			
<p>9. Implement a mass media campaign so that the community is exposed to messages regarding the harms of underage alcohol use, the importance of conversations between parents and their children, and ways to increase public disapproval of underage drinking.</p>	<p>Medium-range</p>	<p>C</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: * Evidence based programs/resources: <i>Community How To Guides On Underage Drinking Prevention</i> http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4_Prevention.html#Strategies</p>
<p>10. Implement a highly visible "social norm" campaign to reduce the social acceptance of underage drinking and send the message that alcohol use is not an acceptable or normative behavior of among youth (targeting youth, parents and community).</p>	<p>Medium-range</p>	<p>C</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: * Evidence based programs/resources: DeKalb and Sycamore High Schools http://www.socialnorms.org/CaseStudies/dcpinter.php Evanston Township High School http://www.socialnorms.org/CaseStudies/evanston.php <i>The Social Norms Marketing Approach</i> http://www2.potsdam.edu/hansondj/YouthIssues/1070562840.html <i>Community How To Guides On Underage Drinking Prevention</i> http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4_Prevention.html Alcohol Free Children – Strategies That Work http://www.alcoholfreechildren.org/gs/pubs/html/Prev.htm#3</p>
<p>11. Implement strong parental / family component to complement existing youth substance abuse prevention education programs (to increase level of involvement, encourage to participate in community efforts to prevent underage drinking and encourage/teach parent child communication at home).</p>	<p>Medium-range</p>	<p>I</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Teasing Apart a Multiple Component Approach to Adolescent Alcohol Prevention: What Worked in Project Northland?</i>, Prevention Science http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&list_uids=16752097&cmd=Retrieve&dopt=Citation&indexed=google</p>

<p>12. Strengthen existing mentoring programs and provide opportunities for youth to contribute to the community.</p>	<p>Medium-range</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Community How To Guides On Underage Drinking Prevention</i> http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html</p>
<p>13. Partner with law enforcement and local retailers to reduce youth access to alcohol.</p>	<p>Medium-range</p>	<p>M</p> <p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Community How To Guides On Underage Drinking Prevention</i> http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html <i>SAMHSA Report to Congress: A Comprehensive Plan for Preventing and Reducing Underage Drinking</i> http://www.stopalcoholabuse.gov/media/underagedrinking/pdf/underagerpttocongress.pdf <i>Strategies To Reduce Underage Alcohol Use, OJJDP</i> http://www.udetc.org/documents/strategies.pdf#search=%22evidence%20and%20effectiveness%20and%20underage%20drinking%20and%20law%20enforcement%20and%20retailers%22 <i>Alcohol Free Children – Strategies That Work</i> http://www.alcoholfreechildren.org/gs/pubs/html/Prev.htm#3</p>
<p>14. Promote screening and counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings (note: the evidence is insufficient to recommend for or against screening and counseling interventions to reduce alcohol misuse by adolescents in primary care settings).</p>	<p>Medium to Long-range</p>	<p>E</p> <p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: <i>Guide to Clinical Preventive Services, U.S. Preventive Services Task Force</i> http://www.ahrq.gov/clinic/3rduspstf/alcohol/alcomissum.htm</p>

<p>15. Implement universal substance abuse prevention programs for youth to reach populations other than those a greatest risk (age range?).</p>	<p>Long-range</p>	<p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: Effective Substance Abuse and Mental Health Programs for Every Community http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list Midwestern Prevention Project http://www.colorado.edu/cspv/blueprints/model/programs/details/MPPdetails.html Project Northland http://www.modelprograms.samhsa.gov/pdfs/Details/Project%20North.pdf</p>
<p>16. Implement multicomponent, community-based, community driven initiatives that include neighborhood initiatives, youth initiatives with peer leadership, treatment initiatives and family resource initiatives (see http://www.fight-back.org/).</p>	<p>Long-range</p>	<p>M</p> <p>Documentation of unmet need: Measurable objectives/outcomes: Expected community engagement: Possible resources: Current initiatives: Estimated cost to implement (H/M/L): Constraints: Evidence based programs/resources: Note: Initiatives with multiple components in multiple settings are more effective. Communities That Care Community Planning System http://ncadi.samhsa.gov/features/ctc/ Effective Substance Abuse and Mental Health Programs for Every Community http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list Midwestern Prevention Project http://www.colorado.edu/cspv/blueprints/model/programs/details/MPPdetails.html Project Northland http://www.modelprograms.samhsa.gov/pdfs/Details/Project%20North.pdf</p>

* Community wide campaigns are most effective when implemented with other components. There is evidence that targeted, well-executed health mass media campaigns can have small-to-moderate effects not only on health knowledge, beliefs, and attitudes, but on behaviors as well, which can translate into major public health impact given the wide reach of mass media. Such impact can only be achieved, however, if principles of effective campaign design are carefully followed (Noar, SM. *A 10-year retrospective of research in health mass media campaigns: where do we go from here?* Journal of Health Communication. 2006;11(1):21-42).

** Spectrum of Prevention Level of Intervention: P = Policy & Legislation; M = Mobilizing Neighborhoods & Communities; O = Organizational Practices; N = Networks & Coalitions; E = Educating Providers; C = Community Education; I = Individual Knowledge & Skills

Spectrum of Prevention overview: <http://www.cchealth.org/topics/prevention/spectrum.php>