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MENU OF SOLUTIONS TO ADVANCE MENTAL HEALTH AND WELL-BEING

Evidence-Based Interventions on the Clinical to Community Continuum



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INTRODUCTION

This document was created to provide a menu of solutions that address three main areas of mental health and well-being for children, adolescents, adults and families, which align with Well Being Trust's strategic goals:

GOAL 1: Increase access to mental health and services related to overall well-being

GOAL 2: Reduce suffering related to depression, anxiety and social isolation

GOAL 3: Decrease addiction and substance use while promoting recovery

The menu is drawn from pre-existing registries containing the highest level of evidence and organized by the three focus areas with interventions falling on the clinical to community continuum. This continuum ranges from upstream to address the social determinants of health that influence mental health and well-being, through policy decisions and community investment to address determinants, to mental health promotion, primary, secondary, and tertiary prevention for those at risk, and into practice where we identify and treat individuals with mental health and substance use needs. By selecting from a variety of solutions across the care continuum that are integrated, connected and complement one another, a more comprehensive approach to overall well-being emerges- targeting individuals throughout their lifespan within the context of family and community.

PURPOSE

The purpose of this menu of solutions is to guide organizations towards choosing an intervention that is both in line with their goals to improve health in their community, and has evidence which supports the interventions effectiveness to address one or more of the focus areas. This menu is not intended to be an exhaustive nor prescriptive list, but rather expected to be a living document when more evidence emerges related to new and existing interventions.

CONSIDERATIONS FOR PREVENTION

In our journey to better address mental health and substance use, we inevitably will need to turn our attention "**upstream**." Prevention is a necessity, and often forgotten component of good health care delivery. Throughout this document, and in the proposed menu of solutions, we ask that the user consider ways to apply prevention, and all the various permutations it presents. A complete breakdown of the various types of prevention is found in the **Appendix**. To this end, while prevention is noted as an intervention approach for interventions included in the menu, each solution has the ability to include some component of prevention within it. In fact, it is encouraged that users think of how the application of a prevention lens can strengthen the overall approach to the particular issue being addressed (e.g., depression in primary care).

CONSIDERATIONS FOR DIVERSITY

It is recommended by leading public health organizations that interventions are **culturally and linguistically appropriate**, for a given individual or community to address **growing diversity**, the persistent **health disparities in our nation** and health and behavioral health equity through design, implementation, service delivery and evaluation. Health equity is the attainment of the highest health for all people (**U.S. DHHS Office of Minority Health**; **Healthy People 2020**).

Due to the diversity and regional variation among the communities for which these solutions will be applied, this menu doesn't seek to document the specific needs or considerations for an individual or communities' race/ethnicity, religious or cultural beliefs, nationality, sexual orientation, gender identity, socioeconomic status, health literacy, or other factors that promote or prevent equity.

In order for solutions to be effective, they must be appropriately tailored to the unique needs and characteristics of the community in which it is being implemented. We expect all users to discuss the unique experiences of their target communities, and how their chosen solution is, or will be adapted to best meet their diverse needs. To inform this process, it is encouraged to use community engaged and participatory approaches, including partnerships and coalitions to address health disparities and community needs from a community perspective (**MDPI; 2015**) to produce more equitable and just solutions.

Resources to provide equitable mental health care for diverse populations can be found in the **Appendix**.

GOAL 1: Increase access to mental health and services related to overall well-being

Intervention	Description	Setting(s)	Age Group/Family[2]	Intervention Approach[3]	Source(s) of Evidence
Integrating Behavioral Health Treatment into Primary Care:[1] **Collaborative Care for the Management of Depressive Disorders**	A multicomponent, healthcare system-level intervention using case managers to link primary care providers, patients, and mental health specialists. Designed to 1) improve the routine screening and diagnosis of depressive disorders; 2) increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders; and 3) improve clinical and community support for active patient engagement in treatment goal setting and self-management.	Primary Care	Children Adolescents Adults	Practice Policy	**The Community Guide** **Healthy People 2020**
Mental Health Benefits Legislation	Involves changing regulations for mental health insurance coverage to improve financial protection, increase access to and use of MH services including substance use services. Moving toward parity for mental health coverage is a key element.	Legislative	Children Adolescents Adults	Policy	**The Community Guide** **Healthy People 2020**
School Based Health Centers	Provide health services to students, pre-K through 12th grade, and may be offered on-site (school-based centers) or off-site (school-linked centers). SBHCs are often established in schools that serve predominantly low-income communities.	Schools Community	Children Adolescents	Practice Prevention	**The Community Guide**
Rental Assistance Programs	Tenant-based rental assistance programs provide vouchers or direct cash assistance to allow low-income families more housing options than they could afford by themselves. This assistance is designed to allow families to move to safer neighborhoods.	Schools Community Primary Care Clinical	Adults Families	Investment Policy Prevention	**The Community Guide**
Early Childhood Intervention Programs	Center-based early childhood education programs (ECE) aim to improve the cognitive or social development of children ages 3 and 4 years. Many ECE programs target children from low-income families.	Schools Community	Children (Pre-K)	Practice Prevention Policy Investment	**The Community Guide**
High School Completion Programs	Aim to increase the likelihood that students receive either a high school diploma or a general educational development (GED) diploma. These programs take many forms and may be delivered in schools or other community settings.	Schools Community	Adults Adolescents	Policy Prevention Investment	**The Community Guide**
Physical Exercise for the Family	Family-based interventions actively engage families to increase physical activity among children by combining activities to build family support with health education.	Schools Community Primary Care Clinical	Children Adolescents Adults Families	Policy Investment Prevention	**The Community Guide**
Obesity Prevention and Control: Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children	Behavioral interventions that aim to reduce recreational (i.e., neither school-related nor work-related) sedentary screen time teach behavior change self-management skills to initiate or maintain behavior change.	Clinical Community	Children Adolescents	Practice Prevention	**The Community Guide**

GOAL 2: Reduce suffering related to depression, anxiety and social isolation

Intervention	Description	Setting(s)	Age Group/ Family[2]	Intervention Approach[3]	Source(s) of Evidence
Behavioral Activation for Depression	Behavioral Activation (BA) seeks to increase the patient's contact with sources of reward by helping them get more active and, in so doing, improve one's life context.	Clinical Community Primary Care	Children Adolescents Adults	Practice	**APA Society of Clinical Psychology Div. 12**
Cognitive Behavioral Therapy (CBT) for Generalized Anxiety	The cognitive therapy techniques focus on modifying the catastrophic thinking patterns and beliefs that worrying is serving a useful function (termed cognitive restructuring). The behavioral techniques include relaxation training, scheduling specific 'worry time' as well as planning pleasurable activities, and controlled exposure to thoughts and situations that are being avoided.	Clinical Community	Children Adolescents Adults	Practice	**APA Society of Clinical Psychology Div. 12**
Cognitive Behavioral Therapy (CBT) for anxiety, depression, behavior problems, post-traumatic stress, substance abuse in youth	Focuses on teaching youth and/or their parents' specific skills. CBT differs from other therapy approaches by focusing on the ways that a child or adolescent's thoughts, emotions, and behaviors are interconnected, and how they each affect one another.	Clinical Community Primary Care	Children Adolescents	Practice	**PracticeWise**
Screening for Depression in people aged 12 and older in Primary Care Settings	Children and adolescents with Major Depressive Disorder typically have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Screening for MDD should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	Primary Care	Adolescents Adults	Practice Policy Prevention	**USPSTF**
Step Up (Strategies and Tools Embrace Prevention with Upstream Programs)	A social and emotional–learning-based curriculum for middle school students, ages 11 to 14, aimed at promoting positive mental health, building emotional competence, and creating a safe school climate.	Schools Community Clinical	Children Adolescents	Prevention	**SAMHSA NREPP**
Attachment-Based Family Therapy (ABFT)	A 16-week treatment for youths ages 12-24 who have experienced depression, suicidal thoughts, suicide attempts, or trauma. ABFT addresses the problems that emerge when processes such as family conflict, detachment, harsh criticism, or traumas (e.g., abandonment, neglect, abuse) rupture the secure base of family life, denying youths the normative developmental protective context.	Clinical Community	Adolescents Adults Families	Practice	**SAMHSA NREPP**
Interventions to Reduce Depression and Social Isolation among Older Adults: Home-Based Depression Care Management	The Community Preventive Services Task Force recommends depression care management at home for older adults with depression on the basis of strong evidence of effectiveness in improving short-term depression outcomes.	Clinical Community	Older adults	Practice	**The Community Guide**

GOAL 3: Decrease addiction and substance use while promoting recovery

Intervention	Description	Setting(s)	Age Group/ Family[2]	Intervention Approach[3]	Source(s) of Evidence
Lifeskills Training (LST)	A classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use.	Schools	Adolescents	Prevention	**Blueprints Programs**
Alcohol Screening and Brief Intervention in Primary Care	The USPSTF recommends that clinicians screen people 18 or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	Primary Care	Adults	Practice Prevention	**Healthy People 2020** **USPSTF**
Tobacco Screening and Brief Intervention in Primary Care	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	Primary Care	Adults	Practice Prevention	**Healthy People 2020** **USPSTF**
Multisystemic Therapy (MST)	A family-focused evidence-based intervention for youth with significant antisocial behaviors, delinquency, and substance problems. MST appraises these behaviors within the larger context of multiple systems of influence, including multiple social-ecological factors such as individual, family, peer, school, and community influences.	School Clinical Community	Adolescents Families	Practice	**Blueprints Programs**
Behavioral Couples Therapy for Alcohol Use Disorders	An outpatient treatment for individuals with alcohol use disorders and their intimate partners. ABCT is based on four assumptions: (1) intimate partner behaviors and couple interactions can be triggers for drinking; (2) intimate partners can reward abstinence; (3) a positive intimate relationship is a key source of motivation to change drinking behavior; and (4) reducing relationship distress lessens risk for relapse.	Clinical Community	Adults Couples Families	Practice	**APA Society of Clinical Society, Div. 12**
CBT paired with MET and/or Family-based Behavioral Treatment	Motivational enhancement therapy (MET) is a type of evidence-based therapy that motivates adolescents internally to change their behavior. When MET is paired with group-based CBT, it is effective in changing an adolescent's behavior towards drug and alcohol abuse.	Clinical Community Primary Care	Adolescents	Practice	**APA Society of Clinical Child & Adolescent, Div. 53**
Individual and **Group** CBT: Reducing Psychological Harm from Traumatic Events Among Children and Adolescents	Cognitive-behavioral therapy (CBT) is used to reduce psychological harm among children and adolescents who have psychological symptoms resulting from exposure to traumatic events. Therapists administer CBT individually or in a group, and treatment may be accompanied by therapy sessions for or with parents.	Clinical Community	Children Adolescents	Practice	**The Community Guide**

APPENDIX

Sources for Evidence-Based Interventions

Interventions in this inventory were selected from among the highest level of evidence of each source.

David Sackett's definition for Evidence-Based Practice (EBP) was applied to the selection of interventions: "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

1. The Community Guide

Interventions: Community/Population Based; Prevention; Policy

Topics: Mental Health, Physical Activity, Nutrition, Obesity, Adolescent Health, Tobacco, Excessive Alcohol Consumption, Violence, Health Communications

Established by DHHS, the Community Preventative Services Taskforce (CPST) produces recommendations, reviews, other findings and evidence gaps based on rigorous, replicable systematic reviews of scientific literature that aim to promote community health by improving behaviors, services, programs or policies.

Highest Level of Evidence: Recommended

Categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

2. American Psychological Association Society of Clinical Psychology, Division 12

Interventions: Clinical/Psychological Treatments (based on mental health diagnosis, eat disorder diagnosis, substance use and alcohol use disorders)

APA Society of Clinical Psychology focuses on the integration of clinical psychological science and practice in education, research, application, advocacy and public policy, attending to the importance of diversity. The organization provides up to date information about effective treatments for psychological diagnoses.

Highest Level of Evidence: Strong research support

Labeled "strong" if criteria are met for what Chambless et al. (1998) termed "well-established" treatments - well-designed studies conducted by independent investigators must converge to support a treatment's efficacy.

3. American Psychological Association, Society of Clinical Child & Adolescent Psychology, Division 53

Interventions: Clinical/Psychological; Children, Adolescents and Families

This Division of the APA aims to advance clinical child and adolescent psychology through scientific inquiry, training and practice to improve the welfare and mental health of children, youth, and families. The registry for evidence-based approaches to mental health are based on the best available science.

Highest Level of Evidence: Level One

Level One treatments have the strongest research support with at least two thorough scientific studies, such as large-scale randomized controlled trials, showing that the treatment is more effective in treating children or adolescents' symptoms, compared to some other treatment or a pill placebo.

4. Blueprints Programs

Interventions: Community/School/Family Based Programs; Prevention; At-Risk Children and Adolescents

Provides a registry of evidence-based positive youth development programs to promote the health and well-being of children and teens. Blueprints programs are family, school, and community-based and target all levels of need.

Highest Level of Evidence: Model Plus

Meets the standards of 1) Evaluation Quality: A minimum of (a) two high quality randomized control trials or (b) one high quality randomized control trial plus one high quality quasi-experimental evaluation, AND a positive intervention impact is sustained for a minimum of 12 months after the program intervention ends. 2) Independent Replication: In at least one high quality study demonstrating desired outcomes, authorship, data collection, and analysis has been conducted by a researcher who is neither a current or past member of the program developer's research team and who has no financial interest in the program.

5. PracticeWise

Interventions: Clinical/Psychosocial; Children

Topics: Anxious or Avoidant Behaviors, Attention and Hyperactivity Behaviors, Autism Spectrum Disorders, Depressive and Withdrawn Behaviors, Disruptive Behaviors, Mania, Substance Use, Suicidality, Traumatic Stress

PracticeWise provides an online searchable database online to access summaries of the best and most current scientific research to improve children's mental health. The **Menu of Evidence-Based Psychosocial Interventions for Youth** is a report intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions.

Highest Level of Evidence: Level I - Best Support

At least 2 randomized trials demonstrating efficacy in one or more of the following ways: Superior to pill placebo, psychological placebo, or another treatment. Equivalent to all other groups representing at least one level 1 or level 2 treatment in a study with adequate statistical power (30 participants per group on average) that showed significant pre-study to post-study change in the index group as well as the group(s) being tied. Ties of treatments that have previously qualified only through ties are ineligible. Experiments must be conducted with treatment manuals. Effects must have been demonstrated by at least 2 different investigator teams.

6. SAMHSA NREPP: SAMHSA's National Registry of Evidence-Based Programs and Practices

Interventions: Prevention; Treatment; Screening; Adolescents & Children

This **evidence-based repository** and review system is designed to provide the public with reliable information on mental health and substance use interventions. The programs' effects on individual outcomes have been independently assessed and rated by certified NREPP reviewers. Interventions can be filtered by "Programs with Effective Outcomes."

Highest Level of Evidence: Effective

The evaluation evidence has strong methodological rigor, and the short-term effect favors the intervention group and the size of the effect is substantial. The evidence class for each reported effect is based on a combination of evidence score and effect class. The Evidence score is based on the rigor and fidelity dimensions and is rated as strong, sufficient, or **inconclusive**. The Effect class is based on the confidence interval of the effect size: a favorable effect class is when the confidence interval lies completely within the favorable range (greater than .10).

7. US Preventative Services Task Force

Interventions: Clinical; Prevention; Screening; Counseling; Preventative Medication

Topics: **Development and Behavior, Mental Health Conditions and Substance Abuse**

The U.S. Preventive Services Task Force (USPSTR) is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.

High Certainty

The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.

8. Bree Collaborative

Reports and Recommendations for: **Behavioral Health Integration; Opioid Use Disorder Treatment; Pediatric Psychotropic Use**

The Dr. Robert Bree Collaborative (Bree) was established in 2011 by the Washington State Legislature "...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State." Resources are categorized by topic area, with a workgroup made up of experts, including physicians, specializing in the topic that identify and analyze evidence-based best practices to improve quality and reduce variation in practice patterns. These are published in reports by topic area.

9. Systematic Reviews

A systematic review summarizes the results of available carefully designed healthcare studies (controlled trials) and provides a high level of evidence on the effectiveness. These reviews are complicated and depend largely on what clinical trials are available, how they were carried out (the quality of the trials) and the health outcomes that were measured. Review authors pool numerical data about effects of the treatment through a process called meta-analyses. Then authors assess the evidence for any benefits or harms from those treatments. In this way, systematic reviews are able to summarize the existing clinical research on a topic.

Other Recommended Sources for Systematic Reviews: **Commonwealth Fund; Millbank Memorial Fund; Cochrane Review; National Institute of Mental Health; Healthy People 2020**

RESOURCES TO PROVIDE EQUITABLE MENTAL HEALTH CARE

Culturally and Linguistically Appropriate Services

Think Cultural Health - U.S. Department of Health and Human Services Office of Minority Health

This website features information on CLAS Standards, continuing education opportunities and resource library that includes scientific papers, reports, and briefs related to behavioral health, health disparities, health equity, and health literacy.

Enhancing the Delivery of Health Care: Eliminating Health Disparities through Culturally and Linguistically Centered Integrated Health Care Hogg Foundation for Mental Health & OMH

Health Disparities

HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care

Reducing Health and Health Care Disparities: Implementation Lessons and Best Practices for Health Care Organizations - Robert Wood Johnson Foundation

Eliminating Behavioral Health Disparities and Improving Outcomes for Racial and Ethnic Minority Populations - Psychiatric Services

Health Disparities - SAMHSA

This website includes **resources** related to addressing mental health disparities, cultural competence for medical professionals, reports and data and resources to address health disparities among different populations.

Toward Culturally Centered Integrative Care for Addressing Mental Health Disparities among Ethnic Minorities - Morehouse School of Medicine

Health Equity

What Works Promoting Health Equity: Evidence-Based Interventions for your Community - The Community Guide. This guide provides key findings related to interventions that promote health equity.

Behavioral Health Equity - SAMHSA

[1]RESOURCES FOR INTEGRATING BEHAVIORAL HEALTH TREATMENT INTO PRIMARY CARE

Make Health Whole

Core Competencies for Behavioral Health Providers Working in Primary Care

Systematic Reviews

Ratzliff, A., Phillips, K. E., Sugarman, J. R. Unutzer, J. & Wagner, E. H. (2015). **Practical Approaches for Achieving Integrated Behavioral Health Care in Primary Care Settings.** American Journal of Medical Quality, 32(2): 117-121

Kelly, B.J., Perkins, D. A., Fuller, J.D. & Parker, S. M. (2011). **Shared care in mental illness: A rapid review to inform implementation.** International Journal of Mental Health Systems, 5(31)

National Institute of Mental Health (NIMH)

Integrated Care

AHRQ

AHRQ Academy of Integrating Behavioral Health into Primary Care

Literature Collection

SAMHSA

SAMHSA-HRSA Center for Integrated Health Solutions: Integrating Behavioral into Primary Care

Behavioral Health Care Integration Resources

Millbank Memorial Fund

Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness

Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers

Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015

Commonwealth Fund

In Focus: Integrating Behavioral Health and Primary Care

ENDNOTES

[2]Intervention Approaches Defined

Practice: For the purposes of this inventory, practice is defined as 1) case identification (i.e., screening) and 2) standard treatment for a known condition, which includes interventions to reduce the likelihood of future reoccurring disorders. **(National Research Council and Institute of Medicine)**

Prevention: A complementary approach in which services are offered to the general population or to people who are identified as being at risk for a disorder, and they receive services with the expectation that the likelihood of a future disorder will be reduced. **Gordon (1983)** proposed an alternative threefold classification of prevention based on the costs and benefits of delivering the intervention to the targeted population-part of the **Behavioral Health Continuum of Care Model. (National Research Council and Institute of Medicine; World Health Organization)**

- **Universal prevention** includes strategies that can be offered to the full population, based on the evidence that it is likely to provide some benefit to all (reduce the probability of disorder)
- **Selective prevention** refers to strategies that are targeted to subpopulations identified as being at elevated risk for a disorder
- **Indicated prevention** includes strategies that are targeted to individuals who are identified (or individually screened) as having an increased vulnerability for a disorder based on some individual assessment but who are currently asymptomatic

Note: Prevention and treatment are necessary and complementary components of a comprehensive approach to the mental, emotional, and behavioral health.

Health Promotion: Characterized by a focus on well-being rather than prevention of illness and disorder, although it may also decrease the likelihood of disorder. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity. Examples include: Programs based in schools, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving. **(World Health Organization)**

Policy: Policy interventions are those that focus on legal, legislative or otherwise formal institutional or environmental changes that produce a desired behavior change among certain stakeholders, increase social/political support, and/or create supportive environments with the intention of improving the health or well-being of individuals or a population.

Investment: Investments refer specifically to community investments intended to achieve social and environmental benefits, particularly in underserved communities where conventional market activity does not fully meet community needs. For the purpose of this inventory, these investments promote whole health and wellness and can range from affordable housing, urban planning, food security, economic development, infrastructure and public safety. **(Kresege Foundation)**

[3]Age Group and Family Defined

Children: For the purpose of this menu, children are defined as 12 years old and under

Adolescents: While age is a convenient way to define adolescence, it is only one characteristic that delineates development and can be defined and recognized differently between cultures and over time. For the purpose of this menu, adolescence is between 12 and 18 years old. However, for some of the interventions both children and adolescents could benefit from the intervention regardless of the age group designated.

Adults: Ages 18 to 60 years old

Older Adults: Adults 60 years or older

Family: A unit that includes at least one child and one caregiver that may or may not be the child's biological parent

Couples: Two people in a relationship, domestic partnership or marriage

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