



Prevention Planning in Mental Health

edited by

Jared
Hermalin

Jonathan A.
Morell

SAGE STUDIES IN
COMMUNITY
MENTAL HEALTH 9

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Volume 9, Sage Studies in Community Mental Health



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SAGE STUDIES IN COMMUNITY MENTAL HEALTH

Series Editor

RICHARD H. PRICE

Community Psychology Program, University of Michigan

SAGE STUDIES IN COMMUNITY MENTAL HEALTH is a book series consisting of both single-authored and co-authored monographs and concisely edited collections of original articles which deal with issues and themes of current concern in the community mental health and related fields. Drawing from research in a variety of disciplines, the series seeks to link the work of the scholar and practitioner in this field, as well as advance the state of current knowledge in community mental health.

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Series Editor's Preface

Interest in prevention has been expanding rapidly in recent years. In mental health, as in other fields, professionals are eager to identify viable prevention models and implement them in a wide range of community settings. Developing effective prevention programs is an important and exciting new challenge in the field of mental health. Furthermore, the field of prevention is now on the threshold of moving from hopeful statements about the possibility of prevention in mental health to the less glamorous, but ultimately more important, task of generating sound evidence for the effectiveness of a wide range of different programs. This volume makes an important contribution to the move in that second critical stage in the development of preventive intervention in the field of mental health.

This volume is addressed to the planning of preventive programs. It begins by focusing on the conceptual and organizational activities that are critical to the sound implementation of effective prevention programs. In the opening chapter a general conceptual model for planning preventive programs describes the major functions of planning: need analysis, program justification, consensus building, and the development of information and evaluation systems. But there are unique opportunities and problems associated with planning prevention programs. The planning process must take into account the fact that prevention programs are targeted to masses of individuals or populations, that timing is a critical factor in developing effective preventive interventions, requiring that we think in terms of extending time frames, and that mental health is not

a neutral term, but one that is viewed differently by different constituencies of program recipients and sanctioners.

The editors have chosen their chapters well, addressing a wide range of arenas for prevention planning, sometimes focusing on vulnerable populations such as the aging, and in other cases focusing on settings including schools and the workplace. The chapters range from local to large-scale efforts at the federal level and also consider both formal organizational settings, such as the workplace, and less formal settings such as self-help groups. Each of these topical areas represents an important set of opportunities for the planning, development, and the implementation of prevention programs.

For the interested planner, the chapters in this volume have other desirable features. Each begins with a conceptual model in which the planning process is framed. At the same time, each chapter discusses numerous practical and concrete steps that are important to the successful implementation of any prevention program.

I am pleased to recommend this volume not only to mental health experts who are interested in the planning function but also to planners who are interested in mental health. It will be used by a wide range of professionals including nurses, social workers, psychologists, and sociologists. This book marks another step in transforming prevention efforts in mental health from a hope into a reality.

—*Richard H. Price*
University of Michigan

Chapter 1

PLANNING IN PREVENTION *Implications from a* *General Model*

JONATHAN A. MORELL

Each chapter in this book describes specific issues relevant to developing different types of prevention programs in mental health. As an introduction to those specifics, this chapter will address the interaction between generic aspects of planning and certain unique characteristics of prevention. This is an approach I have used successfully in analyzing the evaluation of prevention programs in mental health (Morell 1981). I am pleased to have this opportunity to extend my analysis to the more general activity of program planning.

Any planning process involves a set of discrete skills that must be applied whether one is working on prevention in mental health, a suspension bridge, or a research study. The case of prevention in mental health, however, has unique characteristics that make it difficult to apply those generic planning skills. The purpose of this chapter is to demonstrate that this is the case, and to sensitize readers to anticipate difficulties. I will present this case in three parts: (1) a discussion of the generic aspects of planning, (2) an explanation of the unique characteristics of

prevention in mental health, and (3) a demonstration of the interaction between the general aspects of planning and the unique aspects of prevention.

THE NATURE OF PLANNING

Planners must, to some degree at least, exercise five sets of skills: need analysis, program justification, consensus building, program design, and information systems and evaluation.

Need Analysis

Need for a program is no guarantee of funding, nor may it even be the determining factor in a funding decision. Too many other factors intervene—value disagreements as to what constitutes need, differing views as to what needs are most important, institutional arrangements that are more conducive to some types of activities than others, and regulations governing the use of money for specific purposes. “Need” in some absolute sense may pale into insignificance in the face of these other factors. On the other hand, no program will ever begin unless a sympathetic party is convinced of the need for it. Nor can a program make it over the hurdles of funding and implementation without an ongoing ability to demonstrate need.

Need must be demonstrated on three levels. The first is in terms of the number of individuals who may receive a service. The second is the importance of the service to those who receive it. The third is the impact of the service on people and institutions involved with service recipients. As an example, consider the case of a health promotion program. There may be many people who can avoid health problems through such programs. The problems they avoid may be serious. Participation in the program may raise a company’s productivity and decrease its health benefit costs. It is hard to imagine instituting a health promotion program unless a good case can be made for its need on each of these three levels.

Program Justification

Related to the assessment of need is the necessity of proposing a meaningful estimate of advantage. Although money is a favorite metric for such estimates, most people would agree that it is by no means the only metric. Cost effectiveness analysis, for instance, assumes the possibility of comparisons of output to effort without necessarily attaching a dollar value to the output. Values clarification efforts assume that one can determine what is important in personal or ethical terms. In this regard planners need two skills. The first is to ascertain what language of program justification will be salient to various groups. The second is to provide justification in the proper terms.

Consensus Building

Any new program faces the challenge of finding a way to fit into established organizational and cultural procedures. One aspect of the problem relates to agreement concerning what should be done to a specific population. Consider the development of a new vaccine for a previously unpreventable communicable disease. That development takes place against a social backdrop that includes

- general agreement that disease is not just an individual problem but, rather, a social problem because of its harmful effects when transmitted throughout the population;
- a set of professionals trained and willing to manufacture and administer the vaccine;
- a set of policymakers generally inclined to believe that vaccination is cost effective and free of significant health hazards;
- a population generally sympathetic to beliefs that biological scientists can develop and test effective drugs.

Contrast the vaccine case with an effort to institute social competency training in school systems or in children's psychological clinics.