UW-led group launches plan to reduce youth problems by 20 percent in a decade

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A national coalition of experts that includes two University of Washington researchers has a bold plan to reduce behavioral health problems such as violence and depression among young people across the country by 20 percent in a decade.

And their proposal rests on one simple principle: prevention.

The group's paper, recently published on the National Academy of Medicine website, recommends implementing evidence-based prevention programs on a national scale to reduce a host of problems ranging from drinking to delinquent behavior, anxiety and risky driving. It notes that treatment, lost productivity and crime related to behavioral health problems among young people cost an estimated $247 billion a year.

Lead author David Hawkins, founding director of the Social Development Research Group, an organization within the UW School of Social Work, said the typical approach to addressing behavioral health problems among young people has been to step in only after they take hold.

"So much of what we do is to wait until there are big problems, then we start intervening," he said. "As consumers of programs that are costing public money, we need to ask, 'What's the scientific evidence that this works?'"

Hawkins has seen that evidence firsthand. Communities That Care, the community-level prevention system developed by Hawkins and Social Development Research Group co-founder Richard Catalano, a co-author on the paper, has been shown to cut smoking and alcohol use among young people by more than 30 percent, and overall juvenile crime by 25 percent. The paper highlights other prevention initiatives that have helped prevent sexual behavior, self-injury, anxiety, unwanted pregnancy, violence and other youth problems.

The paper sets two overarching goals: to cut behavioral health problems among young people by 20 percent in the next decade, and also reduce the disproportionately higher rates of those problems among disadvantaged youth by the same amount. It lays out seven steps for achieving those targets, ranging from investing 10 percent of all public funds spent on young people in effective prevention programs to creating strategies to develop a new cadre of prevention workers.

The coalition, which has more than 60 members from a range of disciplines, has started forming committees to address the seven goals. One group, for example, is putting together curricula to train prevention workers, while another is working with state leaders to develop systems to promote and implement effective prevention programs.

Hawkins acknowledges that the success of the effort will rely on buy-in from states and organizations across the country. He hopes the initiative can garner endorsement from a few high-profile leaders, and ideally, a foundation or corporation that could help cover implementation costs.

"What we're trying to do is build interest and enthusiasm," he said. "We're saying, 'Look, we need to work together across disciplines and organizations to really take these things to scale."

The paper's 19 authors include experts from some of the nation's leading

[social work](#), medical and research institutions. Their proposal is part of the inaugural Grand Challenges for Social Work Initiative, a project by the American Academy of Social Work & Social Welfare that aims to engage practitioners in coming up with "ambitious yet achievable" goals for addressing social issues. The 12 preliminary proposals selected by the academy focus on topics including ending racial injustice, reducing mass incarceration and stopping family violence.

The roots of the coalition's paper can be traced back to 1980, when one of Hawkins' UW social work colleagues decided to see how many randomized experiments there had been in the U.S. aimed at preventing delinquent behavior. There were just nine, he discovered, and none had proven that delinquency could be curbed. Back then, Hawkins said, efforts to address problem behaviors in young people primarily involved "people sitting around a table" thinking about what might work, then doing it.

"There was no evidence that you could prevent delinquency in America before kids get involved with the justice system," he said.

That began to change in the 1980s and '90s, Catalano said, as prevention science emerged along with an increase in randomized, controlled trials of prevention programs. An online registry run by the University of Colorado Boulder now lists more than 50 evidence-based youth development programs aimed at promoting positive behaviors and discouraging negatives ones, and the Obama administration has invested in programs focused on preventing teen pregnancy and providing home visits for first-time, high-risk mothers.

Organizations have started commercializing effective interventions and making them more available to providers, Catalano said, and a focus on evidence-based programs is increasing at various levels of government and in philanthropy.

"The market is starting to grow up," he said. "The purveyor organizations are coming online, and federal and state agencies are starting to say, 'We want evidence-based programs.'"

There has been progress in reducing problems such as teen pregnancy and youth violence, Hawkins said, but in other areas such as infant mortality, children living in poverty and mental disorders among young people, the U.S. lags behind other countries. Proven prevention programs are the most effective way to improve those statistics, Hawkins said.

"I don't think the general public really knows we have this knowledge that would allow us to say we could reduce rates of these problems by 20 percent in a 10-year period of time," he said. "That's a pretty bold statement."

Provided by University of Washington

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