THE SAMHSA APPROACH TO BUILDING RESILIENCE

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SAMHSA’s Mission

“Building Resilience and Facilitating Recovery”

Resilience is Not an immutable trait of an individual.
It is Not a pull-yourself-up-by-your-bootstraps phenomenon.
It varies over time, from one situation to another, and from one domain to another.
Resilient adaptation to adversity comes about as a result of our own personal competences interacting with helpful people and other resources in the environment.

Environmental Resources

Caring Adults
Pro-Social Friends
Good Schools
Safe Neighborhoods
A Stable and Supportive workplace
Health Care that is Competent and Affordable

Individual Traits

• Good problem-solving skills
• A proactive coping style
• Capacity to understand different points of view

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It is the interaction between individual traits and environmental resources that promotes resilience and healthy development.

The IOM Report
*Reducing Risks for Mental Disorders*

Health promotion is not driven by an emphasis on illness, but rather by a focus on the enhancement of well-being. It is provided to individuals, groups, or large populations to enhance competence, self esteem, and a sense of well being rather than to intervene to prevent psychological or social problems or mental disorders (Mrazek & Haggerty, 1994, p. 27).

Australian Mental Health Initiative

Mental health promotion needs to be seen in two contexts: promoting positive mental health and preventing the development of mental health problems and disorders. These two contexts are inextricably linked...to the extent that initiatives aiming to promote positive mental health will also impact upon the prevention of mental health problems and disorders. Similarly, initiatives aiming to prevent mental health problems and disorders will also impact upon promoting positive mental health (Scanlon et al., 1997, p. 7).

Prevention & Resilience

Luckily, although not specifically designed to increase resilience, most prevention programs logically or intuitively focus on increasing protective mechanisms. Many of these protective mechanisms are synonymous with resilience mechanisms. Hence, increasing research findings about resilience building processes should better inform prevention program design and increase program effectiveness (Kumpfer, 1999).
Defining Resilience
Achieving the Promise: Transforming Mental Health Care In America

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses - and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

Defining Resilience Cont’d

1. There has been a significant threat to the individual. This threat is usually either high-risk status or exposure to severe adversity or trauma. These are more pathogenic when severe adversity or trauma is superimposed on a person of high-risk status.

2. The quality of adaptation or development is good. That is, the child is behaving in a competent manner (Masten & Coatsworth, 1998).

SAMHSA’s National Registry of Effective Programs

• Identifies, evaluates and helps disseminate evidence-based promotion and prevention programs.

• Started by CSAP in 1998 for substance abuse prevention programs.

• Being adapted to include:
  - Substance abuse and mental health treatment programs
  - Programs for co-occurring disorders
  - Programs to promote mental health and prevent mental and behavioral disorders.

Grant Programs

Safe Schools/Healthy Students
Interdepartmental Grant Program
Youth Violence Prevention Grant Program
Targeted Capacity Expansion: Prevention & Early Intervention Grant Program

The SAMHSA Strategic Prevention Framework

1. Prevention is an ordered set of steps taken to promote individual, family, and community resistance to mental and behavioral disorders, support recovery, and prevent relapse.

2. Prevention is prevention.

3. Common risk and protective factors exist for many mental and substance use disorders, and good prevention focuses on these common factors that can be altered.

4. Resilience is built by successful promotion and prevention programs that develop assets in individuals, families, and communities.

5. Systems of prevention services work better than service silos.

6. Common assessment tools, outcomes, and data sets across service systems can promote accountability and assess effectiveness of prevention efforts.

A Five-Step Process

1. Profile population needs, resources, and readiness to address the problems and gaps in service;

2. Develop a comprehensive strategic plan;

3. Mobilize and/or build capacity to address needs;

4. Implement evidence-based, resilience-building prevention programs; and

5. Monitor process, evaluate effectiveness, sustain effective programs, and improve or replace those that fail.
The great danger I see in the idea of resilience is in expecting children to overcome deprivation and danger on their own. There is no magic here; resilient children have been protected by the actions of adults, by good nurturing, by their assets, and by opportunities to succeed. We cannot stand by as the infrastructure for child development collapses in this nation, expecting miracles.

Dr. Ann Masten