Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Develop a review on the health and economic benefits of participating in physical fitness/health promotion programs.	OASH–ODPHP	Ongoing
Review the current NCHS survey forms to identify questions useful for monitoring the precise patterns of the American population.	OASH–NCHS, ODPHP	Ongoing
Develop data collection systems to include physical fitness as a reportable item; design evaluation plans for elderly fitness programs.	OHDS–AOA	Ongoing
Collect studies to examine the effects of cardiovascular risk reduction programs on the work performance of program participants.	NIH–NHLBI	FY 1982
Support research efforts examining the level of awareness of exercise necessary to promote effective cardiorespiratory activity in the elderly.	OHDS–AOA	FY 1982
Support basic and applied research examining the role of exercise in reducing the risk of developing cardiovascular diseases.	NIH–NHLBI	Ongoing
Support research on the motivational and behavioral aspects of participation in exercise programs.	ADAMHA–NIMH	Ongoing
Work with WBGH to develop strategies to evaluate worksite health promotion programs.	OASH–ODPHP	Ongoing
Develop, implement and evaluate the demonstration health promotion program for DHHS employees in the Southwest complex of Washington, D.C.	OASH–ODPHP, PCPFS	Ongoing

Control of Stress and Violent Behavior

SUMMARY OF THE PROBLEM .....

Stress is an inevitable part of life in today's society. Some stress may be beneficial and can lead to improved productivity. Unless suitably managed, however, stress may contribute to physiological and psychological dysfunctions such as depression, fatigue, obesity, coronary heart disease, suicide, or violence. The impact of stress on the Nation's physical and mental health may be considerable. Tens of thousands of premature deaths annually are consequences of suicide and homicide. It is extimated that 2,000 deaths to children and up to four million injuries inflicted by abusing parents occur each year partially as a result of stress.

Recent years have focused a considerable amount of public and professional interest upon the relationship between stress and physical and mental health. Scientific inquiry has demonstrated various associations between stress and health and disease and has provided evidence that stressful factors can be assessed. Much remains, however, to be elucidated about vulnerability to stress and its control. Some groups such as teenagers, the elderly, and the economically disadvantaged appear to be more vulnerable to stress, and the public in general has limited information about what can be done to reduce stress. There is a clear need to investigate the psychological, environmental, and biological interactions which link stress to health disorders.

Priority objectives

To provide a measure of progress, national objectives have been established as quantifiable goals designed to improve health, reduce risk factors, increase awareness, and improve protection and surveillance. Of the 14 stress and violent behavior control goals listed in "Objectives for the Nation," the 10 identified as priorities for the Federal effort are listed below.

Improved health status

- By 1990, the death rate from homicide among black males ages 15 to 24 should be reduced to below 60 per 100,000. (In 1978, the homicide rate for this group was 72.5 per 100,000.)

- By 1990, injuries and deaths of children inflicted by abusing parents should be reduced by at least 25 percent. (Reliable baseline data unavailable; estimates vary from 200,000 to 4 million cases of child abuse occurring each year in this country.)

- By 1990, the rate of suicide among people 15 to 24 should be below 11 per 100,000. (In 1978, the suicide rate for this age group was 12.4 per 100,000.)

Increased public-professional awareness

- By 1990, the proportion of the population over the age of 15 which can identify an appropriate community agency to assist in coping with a stressful situation should be greater than 50 percent. (Baseline data unavailable.)

- By 1990, the proportion of young people ages 15 to 24 who can identify an accessible suicide prevention "hotline" should be greater than 60 percent. (Baseline data unavailable.)

- By 1990, the proportion of the primary care physicians who take a careful history related to personal stress and psychological coping skills should be greater than 60 percent. (Baseline data unavailable.)

Improved services-protection

- By 1990, to reduce the gap in mental health services, the number of persons reached by mutual support or self-help groups should double from 1978 baseline figures. (In 1978, estimates ranged from 2.5 to 5 million, depending on the definition of such groups.)

Improved surveillance-evaluation systems

- By 1985, surveys should show what percentage of the U.S. population perceives stress as adversely affecting their health, and what proportion of these are trying to use appropriate stress control techniques.

- By 1990, the existing knowledge base through scientific inquiry about stress effects and stress management should be greatly enlarged.

- By 1990, the reliability of data on the incidence and prevalence of child abuse and other forms of family violence should be greatly increased.

State and local health and mental health organizations in the public and private sectors share primary responsibility for ensuring that the population is provided with the programs and services necessary to achieve the control of stress and violent behavior objectives. Currently, Federal, State and local health and mental health programs address the priority objectives through a variety of education and service activities. Thus, the selection of priority objectives in stress and violent behavior was based on the existing level of program activity combined with the potential for improving morbidity and mortality profiles.

Role of the Federal Government

A pluralistic process involving public and private participants from many sectors and backgrounds is necessary if the stress and violent behavior objectives are to be achieved by 1990. The role of the Federal Government in this process is to lead, catalyze, and provide strategic support. In assuming this role the DHHS will:

- Provide technical assistance and consultation to State and local governments and private sector agencies in the development of a comprehensive system of mental health care;

- Develop and maintain liaison with and enlist support of organizations important to achieving the stress and violent behavior objectives;

- Develop prevention strategies to include research on the prevention of mental illness, suicide, and homicide; and

- Produce and disseminate information on the prevention of young black male homicide, child abuse and neglect, and suicide.

The tables on the following pages identify, by objective, the activities supported by the Department of Health and Human Services that contribute toward achievement of the stress and violent behavior priority objectives. Included within the tables are activities undertaken jointly by Federal agencies, State and local governments, and private sector organizations. Continuation activities and those planned for Fiscal Year 1982 and beyond are listed in the tables.

Coordination

Achievement of the objectives will require the development of activities which supplement and complement those of the Federal government. State and local health/education associations could develop and sponsor public information campaigns designed to increase the public's knowledge of what can be done to deal with stress effectively. Similarly, business and industry could design and implement programs to reduce environmental factors associated with occupational stress. Activities which affect high risk populations are also necessary. For example, community programs could offer services for abusive and neglectful parents, especially in economically deprived populations.

The range of possible activities contributing toward achievement of the stress and violent behavior objectives has been described in "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" and "Promoting Health/Preventing Disease: Objectives for the Nation." The Department of Health and Human Services will support those activities that are consistent with the Federal role of leading, catalyzing, and providing strategic support. State, local and private organizations will supplement this effort through activities that are compatible with their organizational mandate and available resources.

Summary of Federal efforts

The DHHS efforts listed below are necessary for the achievement of the stress and violent behavior objectives by 1990. Most are already underway, and it is anticipated that some will extend through 1990. Those yet to be initiated but anticipated for Fiscal Year 1982 and beyond are noted with an asterisk (*). The ability to engage in these efforts is contingent upon the availability of Federal fiscal and manpower resources. Those Federal efforts ascertained to produce the most progress toward achievement of the stress and violent behavior objectives will receive first priority for the allocation of resources.

Education and information measures

- Cooperation with State and local agencies to develop and sponsor public information campaigns to inform the general public of mental health and stress-related problems and where to seek services to assist with such problems;

- *Development and distribution of a state-of-the-art monograph on the effects of mutual support and self-help groups on mental health;

- Dissemination of informational material on the experiences of model stress management and service delivery programs;

- Encouragement of expansion of medical school education programs in departments of psychiatry which are designed to teach medical students skills in stress recognition and management;

- *Sponsorship of a conference involving experts in stress to discuss the significance of the relationship between physical activity and stress; and

- *Sponsorship of a conference on stress relating to pressures on teens to become sexually active.

Grants to States and service delivery measures

- Provision of grants to States to report and investigate incidents of child abuse, provide protective and treatment services, sponsor parental self-help organizations, and distribute information to the public to increase their awareness of the problem of child abuse.

Technical assistance and cooperative measures

- Provision of technical assistance in the design and implementation of materials and service delivery programs to reduce stress and its consequences;

- *Distribution of materials to State and local agencies describing the national stress and violent behavior objectives and encouraging them to support activities which will contribute toward achievement of the objectives;

- Provision of technical assistance to State health and mental health officers in the development of plans for State-sponsored activities directed at reducing the incidence of young black male homicide deaths;

- *Encouragement of private foundations to sponsor State-level conferences to discuss, identify, and implement ways of achieving a more effective mix of private sector and governmental efforts in child abuse prevention; and

- Encouragement of private sector organizations to continue and expand their efforts to reduce the incidence of child abuse.

Research and surveillance measures

- Support for studies which examine the way in which stressful situations affect neurochemical processes and the way in which these processes mediate resultant behaviorial responses;

- Support for studies to determine how non-psychiatric physicians diagnose, treat, and refer patients with emotional disorders;

- *Conduct of studies into causes and consequences of early sexual activity and childbearing;

- *Convening of an expert committee to plan surveys to assess the percentage of the U.S. population that perceives their health to be adversely affected by stress and to determine the techniques most often used to reduce stress; and

- Convening of a workshop to examine the significance of the findings of stress-related research.

DHHS Cooperating Agencies

Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) *(DHHS Lead Agency)*
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- National Institute of Mental Health (NIMH)

Centers for Disease Control (CDC)
- Center for Health Promotion and Education (CHPE)
- National Institute for Occupational Safety and Health (NIOSH)

Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)
- National Heart, Lung and Blood Institute (NHLBI)

Office of the Assistant Secretary for Health (OASH)
- National Center for Health Services Research (NCHSR)
- National Center for Health Statistics (NCHS)
- Office of Adolescent Pregnancy Programs (OAPP)
- Office of Disease Prevention and Health Promotion (ODPHP)

Office of Human Development Services (OHDS)
- National Center on Child Abuse and Neglect (NCCAN)

Non-DHHS Cooperating Agencies (Partial List)

Federal agencies

Department of Defense (DOD)

Department of Education (ED)
- National Center for Educational Statistics (NCES)

Department of Justice (DOJ)
- National Institute of Justice (NIJ)

Non-Federal agencies

Association of State and Territorial Health Officers (ASTHO)

Community Mental Health Centers (CMHC)

National Academy of Sciences (NAS)

National Mental Health Association (NMHA)

State health departments (SHD)

State mental health departments (SMHD)

Control of Stress and Violent Behavior Priority Objectives Implementation Plan

Objective: By 1990, the death rate from homicide among black males ages 15 to 24 should be reduced to below 60 per 100,000.

Priority: High.

Baseline data: In 1978, the homicide rate for this group was 72.5 per 100,000.

Data source: Police-reported data on homicides (FBI), National Vital Statistics Registry (NCHS), Comparative homicide study data (NIJ).

Implementation Step	*Responsible DHHS Agencies*	*Year to be Initiated*
Education and Information Measures		
Develop public information materials designed to increase the public's awareness of the extent and significance of the black male homicide problem.	ADAMHA–NIMH	FY 1983
Techical Assistance/Cooperative Measures		
Provide technical assistance to State health and mental health offices in the development of plans for State-sponsored activities directed at reducing the incidence of young black male homicide deaths.	ADAMHA–NIMH	FY 1984

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Encourage private foundations to expand research activities concerned with techniques of reducing the incidence of homicide.	ADAMHA–NIMH	FY 1982
Research and Surveillance Measures		
Initiate efforts via the Violence Epidemiology Initiative to assess the risk factors involved in homicide and other forms of personal violence.	CDC–CHPE, EPO	FY 1982
Sponsor research on psychosocial costs of homicide to families and relatives of homicide victims.	ADAMHA–NIMH	Ongoing
Sponsor research on relationships of alcohol and drugs to black homicide.	ADAMHA–NIAAA, NIDA	FY 1982
Sponsor research to develop improved baseline data on black homicide as a basis for evaluation of future prevention efforts.	ADAMHA–NIMH; CDC	FY 1982
Prepare and distribute a surveillance report on black homicide.	ADAMHA–NIMH; CDC	FY 1982

Objective: By 1990, injuries and deaths to children inflicted by abusing parents should be reduced by at least 25 percent.

Priority: High.

Baseline data: Reliable baseline data are unavailable; estimates vary from 200,000 to 4 million cases occuring annually in this country.

Data source: WESTAT Survey.

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Education and Information Measures		
Develop new public information material to assist States and private sector organizations to take increased leadership roles in reducing child abuse and neglect.	OHDS–NCCAN	FY 1982
Compile and distribute a catalog identifying and describing the Federal programs related to child abuse and neglect.	OHDS–NCCAN	Ongoing
Grants to States and Service Delivery Measures		
Provide grants to States to report and investigate incidents of child abuse, provide protective and treatment services, sponsor parental self-help organizations, distribute information to the public to increase its awareness of the problem of child abuse, and address special needs of teen parents and their infants.	OHDS–NCCAN	Ongoing
Technical Assistance/Cooperative Measures		
Encourage private sector organizations to continue and expand their efforts to reduce the incidence of child abuse. Current efforts include multi-disciplinary case consultation, 24-hour hotlines, parent self-help groups, public awareness activities, and hospital and school prevention/intervention programs.	OHDS–NCCAN	Ongoing
Convene a national conference to review progress in the area of reducing child abuse and neglect and recommend future action strategies.	OHDS–NCCAN	FY 1983
Encourage private foundations to develop plans intended to increase the involvement by private sector organizations in child abuse prevention efforts at State and local levels.	OHDS–NCCAN	FY 1982

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Encourage private foundations to assess the effectiveness of various types of existing private sector child abuse and neglect programs such as parent aides, parent self-help groups, hospital and school programs, and parent education programs.	OHDS–NCCAN	FY 1982
Work with States and Department of Education to design protocols for teachers to deal with suspected cases of child abuse.	OHDS–NCCAN	Ongoing
Research and Surveillance Measures		
Support efforts via the Violence Epidemiology Initiative to assess the risk factors associated with child abuse.	CDC–CHPE; OHDS–NCCAN	FY 1982
Support research and demonstration activities aimed at developing and testing new primary and secondary approaches to child abuse prevention	ADAMHA–NIMH; OHDS–NCCAN	FY 1982
Support evaluation research studies to validate program designs and measure the efficiency of specific approaches to prevent child abuse and neglect.	OHDS–NCCAN	FY 1982

Objective: By 1990, the rate of suicide among people 15 to 24 should be below 11 per 100,000.

Priority: High.

Baseline data: In 1978, the suicide rate for 15- to 24-year-olds was 12.4 per 100,000.

Data source: National Mortality Statistics (NCHS).

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Education and Information Measures		
Distribute information to State and local health and mental health agencies on methods of suicide prevention.	ADAMHA–NIMH, NIDA, NIAAA	Ongoing
Publish and distribute proceedings of the conference on suicide among blacks.	ADAMHA–NIMH	FY 1982
Prepare and publish a bibliography on research in suicide prevention (1971-1980).	ADAMHA–NIMH	Ongoing
Technical Assistance/Cooperative Measures		
Cooperate with State and local agencies to develop and/or provide suicide prevention services for high risk individuals.	ADAMHA–NIMH	Ongoing
Convene conferences of experts to recommend to the Government and private foundations the research and prevention activities which should be supported in the future.	ADAMHA–NIMH, NIDA, NIAAA	Ongoing
Research and Surveillance Measures		
Support efforts via the Violence Epidemiology Initiative to assess risk factors associated with suicide.	CDC–CHPE	FY 1982
Prepare and distribute a surveillance report on suicide.	ADAMHA–NIMH; CDC–CHPE	FY 1982

Objective: By 1990, the proportion of the population over the age of 15 which can identify an appropriate community agency to assist in coping with a stressful situation should be greater than 50 percent; the proportion of young people ages 15 to 24 who can identify an accessible suicide prevention "hotline" should be greater than 60 percent.

Priority: Medium.

Baseline data: Not currently available.

Data source: Periodic Surveys (NIMH).

Implementation Step	*Responsible DHHS Agencies*	*Year to be Initiated*
Education and Information Measures		
Cooperate with State and local agencies to develop and/or sponsor public information campaigns to inform the general public of mental health and stress-related problems and where to seek services to assist with such problems.	ADAMHA–NIMH, NIDA, NIAAA	FY 1982
Sponsor a conference on stress relating to pressures on teens to become sexually active.	OASH–OAPP	FY 1982
Technical Assistance/Cooperative Measures		
Provide technical assistance to the States in the development of a comprehensive statewide mental health system of care with special outreach capabilities for young people.	ADAMHA–NIMH	FY 1982
Assist States and localities to design and implement consultation/education programs to inform the public of community agencies providing stress-related services.	ADAMHA–NIMH; OHDS–ACYF, AOA	FY 1982
Cooperate with the National Mental Health Association (NMHA) and patient advocacy organizations in the development of programs designed to fight stigma, minimize barriers to receiving care, and expand community-based services.	ADAMHA–NIMH	FY 1982
Research and Surveillance Measures		
Conduct studies into causes and consequences of early sexual activity and childbearing.	OASH–OAPP	FY 1982

Objective: By 1990, the proportion of the primary care physicians who take a careful history related to personal stress and psychological coping skills should be greater than 60 percent.

Priority: High.

Baseline data: Not currently available.

Data source: Periodic Surveys (NIMH).

Implementation Step	*Responsible DHHS Agencies*	*Year to be Initiated*
Education and Information Measures		
Publish and distribute the document "Mental Disorder and Primary Medical Care: An Analytic Review of the Literature" to increase professionals' awareness of the problems involved in diagnosing and treating patients with mental health problems.	ADAMHA–NIMH	Ongoing
Support educational resource centers in 10 universities to train students in occupational medicine and nursing, industrial hygiene and work safety, including stress-related material.	CDC–NIOSH	Ongoing

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Initiate contacts with medical schools and residency programs to encourage the development of model curricula to teach physicians how to deal with stress-related problems experienced by their patients.	ADAMHA–NIMH	FY 1982
Encourage expansion of medical school education programs in departments of psychiatry which are designed to teach medical students skills in stress recognition and management.	ADAMHA–NIMH	FY 1982
Technical Assistance/Cooperative Measures		
Sponsor a conference involving experts in stress to discuss the significance of the relationship between physical activity and stress.	ADAMHA–NIMH	FY 1983
Encourage Medical Specialty Boards to examine candidates on stress recognition and management.	ADAMHA–NIMH	Ongoing
Research and Surveillance Measures		
Support studies to determine how non-psychiatric physicians diagnose, treat and refer patients with emotional disorders.	ADAMHA–NIMH	Ongoing

Objective: By 1990, to reduce the gap in mental health services, the number of persons reached by mutual support on self-help groups should double from 1978 base-line figures.

Priority: High.

Baseline data: In 1978, estimates ranged from 2.5 to 5 million, depending on the definition of such groups.

Data source: Grantee annual progress reports (NIMH), Site visit reports (NIMH).

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Education and Information Measures		
Develop and distribute a state-of-the-art monograph on the effects of mutual support.	ADAMHA–NIMH	FY 1983
Technical Assistance/Cooperative Measures		
Work with States and localities to stimulate the formation of self-help groups and publicize their availability.	ADAMHA–NIMH	FY 1982
Work with professional societies to encourage fostering of self-help groups.	ADAMHA–NIMH	FY 1982
Research and Evaluation Measures		
Support studies which examine the forms of support women receive following a miscarriage.	ADAMHA–NIMH	Ongoing
Support the evaluation of a support group network project involving Chicago teachers designed to alleviate mental and emotional disturbances associated with the stress of teaching in an urban setting.	ADAMHA–NIMH	Ongoing
Support a study to examine the responses of the elderly to, and their use of, social support networks.	ADAMHA–NIMH; OHDS–AOA	Ongoing
Support an investigation of the characteristics of social disintegration among the elderly caused by such events as the change and loss of social support.	ADAMHA–NIMH; OASH–NCHSR	Ongoing

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Support studies focusing on analysis of data on the delayed stress reaction of Vietnam veterans, including peer support in relation to help-seeking behavior.	ADAMHA–NIMH	Ongoing
Support a longitudinal study of the effects of stressful life events on the mental health of the elderly, including social relationships.	ADAMHA–NIMH	Ongoing
Support a study of the mediating effect of social support on the relationship between life events and illness.	ADAMHA–NIMH; OASH–NCHSR	Ongoing
Plan and convene a research planning workshop to assess the state of knowledge on the topic of mental health and social support.	ADAMHA–NIMH	FY 1982
Support studies which examine the value of mutual self-help groups in enhancing physical and mental health.	ADAMHA–NIMH; NIH–NHLBI	Ongoing

Objective: By 1985, surveys should show what percentage of the U.S. population perceives stress as adversely affecting their health, and what proportion of these are trying to use appropriate stress control techniques.

Priority: Medium.

Baseline data: Not Applicable.

Data source: Periodic Surveys (NIMH).

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Research and Surveillance Measures		
Convene an expert committee to plan surveys to assess the percentage of the U.S. population that perceive their health to be adversely affected by stress and to determine the techniques most often used to reduce stress.	ADAMHA–NIMH; OASH–ODPHP, NCHS	FY 1982

Objective: By 1990, the existing knowledge base about stress effects and stress management should be greatly enlarged through scientific inquiry.

Priority: High.

Baseline data: Not Applicable.

Data source: Not Applicable.

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Education and Information Measures		
Disseminate informational material on the experiences of model service delivery programs.	ADAMHA–NIMH	FY 1982
Support conferences to disseminate information on the effects of stress in the workplace.	CDC–NIOSH	Ongoing
Technical Assistance/Cooperative Measures		
Provide technical assistance on designing and implementing service delivery programs to reduce stress.	ADAMHA–NIMH; OHDS–AOA, ACYF	Ongoing

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Convene a workshop to examine the significance of the findings of stress-related research.	ADAMHA–NIMH	FY 1983
Work with Department of Education to provide technical assistance to State and territorial mental health authorities on the interpretation of the stress-related research literature.	ADAMHA–NIMH	FY 1982
Research and Surveillance Measures		
Fund basic and applied research projects in the areas of the psycho-physiological, biochemical and drug effects related to stress.	ADAMHA–NIMH	Ongoing
Support studies which examine the way in which stressful situations affect neurochemical processes and the way in which these processes mediate resultant behavioral responses.	ADAMHA–NIMH	Ongoing
Support/conduct studies to identify the central nervous system mechanisms by which severe stress produces general changes in the behavioral state of animals.	ADAMHA–NIMH	Ongoing
Support/conduct demonstration/evaluation studies to test the efficacy of a variety of stress management techniques offered at worksite training programs.	CDC–NIOSH	Ongoing

Objective: By 1990, the reliability of data on the incidence and prevalence of child abuse and other forms of family violence should be greatly increased.

Priority: Medium.

Baseline data: Not Applicable.

Data source: Not Applicable.

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
Technical Assistance/Cooperative Measures		
Assist States to develop data collection systems that are compatible with those of the Department of Health and Human Services.	ADAMHA–NIMH; OASH–NCHS; OHDS–NCCAN	FY 1982
Research and Surveillance Measures		
Conduct a study on the incidence and severity of child abuse.	OHDS–NCCAN	FY 1982
Convene a working conference of State authorities to develop a long-range plan to collect data pertaining to the 1990 stress and violent behavior objectives.	OASH–NCHS; OHDS–NCCAN	FY 1982
In collaboration with States, carry out epidemiologic studies and surveillance of child abuse, homicides and other personal violence to identify potential prevention measures.	CDC–CHPE	FY 1982
Develop improved trauma mortality data and risk estimation procedures for Health Risk Appraisal use.	CDC–CHPE	FY 1982