

Meadows Mental Health Policy Institute

Michele R. Guzmán, PhD—Testimony on House Bill 1600, March 14, 2017

- **Mental health screening utilizing a standardized tool should be covered annually.**
 - **Approximately half of all mental illnesses begin by age 14,ⁱ making early detection and intervention critical.** Nationally, in a given year, as many as **one in five children** experience a mental disorderⁱⁱ and **two in five adolescents** have a diagnosable mental health or substance use condition.ⁱⁱⁱ
 - The American Academy of Pediatrics recommends **annual mental health screenings** for children and young adults ages 11-21.^{iv}
 - In Texas, **mental health screening using a validated, standardized screening tool recognized by Texas Health Steps is only required once for all Medicaid clients ages 12-18 and its designated procedure codes are limited to once per lifetime.**
- **Once per lifetime screening is not sufficient.**
 - Our **brains are not fully developed** until our **early 20s**.
 - Adolescents do not have the same ability to make decisions and apply previously learned information to solve problems.
 - Adolescents are “egocentric” at this developmental stage, meaning they focus on themselves and what others think of them and often cannot consider or grasp the viewpoints of others accurately.
 - Taken together, these attributes can make it difficult for teens to cope with the ups and downs of adolescence.
 - Because adolescents are vulnerable in this manner, **screening** for mental health issues **once** between ages 12-19 is **simply not sufficient**.
 - We need to support providers in being able to use **an appropriate screening tool annually** to catch **emerging mental health issues** before they derail a young person from functioning to the best of their ability and potential.
 - Adolescents may not be brought in to see a mental health professional until **a crisis has occurred** or their **functioning is significantly impaired**. Allowing a pediatrician to screen annually with an approved tool will support **early intervention**, since teens are much more likely to come in for a regular checkup or other physical health issue.

ⁱ Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005, July). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 6, 593-602. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15939837>.

ⁱⁱ Centers for Disease Control and Prevention. (n.d.). *Children’s mental health: New report*. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/documents/CMH-feature20130514.pdf>.

ⁱⁱⁱ Kessler, R.C. et al. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication-Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 372-380.

^{iv} American Academy of Pediatrics. (2014). 2014 recommendations for pediatric preventive health care. *Pediatrics*, 133, 568. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/133/3/568.full.pdf>.