

**Testimony of Dr. Olga Acosta Price, Director and Associate Professor
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I want to **thank** Congresswoman Napolitano for inviting me to participate in this discussion about children’s mental health in the US, and for her **leadership** in raising awareness about this often under reported and undiscussed issue.

I often end my presentations with a favorite quote from Lynne Friedli, a British researcher who has worked to build public mental health policy and practice across the world. Today I am choosing to preface my remarks with her point, as it is critical to underscoring the importance of **promoting emotional well-being as a universal, public health strategy.**

Friedli says, “**Everyone has mental health needs, whether or not they have a mental illness, just as everyone has physical health needs, whether or not they are sick.**” In other words, mental health issues affect **every family and every community.** Yet our policies, programs and strategies remain **weak, outdated, and underfunded.** And this is especially true than when it comes to supporting children.

Let’s look first at some **illuminating** data. On May 17, 2013 the CDC published a report, *Mental Health Surveillance Among Children.* The authors confirm previously cited prevalence estimates that approximately 20% of US children experience a mental health problem in any given year.

From 1997-2010 the rate of hospital stays among children for mood disorders increased by 80%. And, perhaps most concerning, **suicide was the second leading cause of death among 12-17 years olds in 2010.** The financial costs of mental illness are tremendous, estimated at \$247 billion a year, and the human costs are immeasurable.

Tom Insel, the director of the National Institute of Mental Health, has said, “mental illness is the chronic disorder of young people.” What he is referring to is research demonstrating that acute psychiatric symptoms are typically present early in childhood (as early as age 14) and persist into adulthood. Yet, of those affected by a debilitating mental health condition **only about 1 in 5 youth receives treatment.**

A recent report published by our Center for Health and Health Care in Schools at the School of Public Health and Health Services at GW in which we studied children’s mental health services in 11 states found **systems of care that are flawed and insufficient to meet these growing demands.**

The **disparities in access to care**, especially for our most vulnerable populations, can be widely **attributed to stigma and the limited access to quality services.** Lack of insurance coverage as well as to severe shortages of child-trained mental health providers exacerbate the situation.

But...we did find some ‘bright spots’ in approaches to prevention, early intervention and treatment of children’s mental health. And **often these promising models have a common theme – integration of mental health services with schools.**

When youth receive help for emerging or acute mental health problems, they are more likely to receive that support in schools than anywhere else. Studies have also shown that youth who receive school-based counseling are less likely to use other specialized and costly services.

So, if we hope to address the troubling trends in mental health, schools must be invited to play a meaningful role in any system of care where young people are the focus. Evidence indicates that school-based interventions are a part of effective place-based solutions for any health condition that impacts children and adolescents. School-connected care makes available a full continuum of prevention, early intervention, and treatment services for children’s physical health, oral health, and mental health needs.

In particular, **school-based programs** that target teaching skills, such as emotional regulation, impulse control, and empathy, **not only yield positive mental health benefits, but also improvements in academic performance.** Other studies, such as the Adverse Childhood Experiences (ACE) study from the CDC, suggest that **we might even add improvements in physical health** to the growing list of benefits associated with school-based mental health programs.

The ACE study is the largest investigation ever conducted to assess the link between early traumatic events and poor adult health outcomes (including substance use and suicide, as well as heart problems and autoimmune diseases). It brings to light some bad news. More adults in this country have experienced childhood adversity and toxic stress than those who have not, and the long-term consequences of this exposure are profound.

However, there is also good news – if we identify problems early we can reverse, or at least mitigate, the negative outcomes. Schools and the adults within them are a part of the answer.

Developing solutions for addressing children’s mental health needs by only focusing on children and strengthening their competencies will only take us so far. Taking full advantage of the opportunities present in schools means **we must also equip parents and the adults they interact with in the school environment with the interpersonal and emotional skills they need to promote environments conducive to learning.**

As noted earlier, there are critical shortages in trained, professional mental health service providers, particularly in rural areas. We will not curb the demand for services if we focus solely on creating a robust clinical workforce or on improving access to treatment services. We need educators to be part of the solution.

Teachers report they feel unprepared to deal with the many challenges that students face in and out of school that impact their ability to learn. **To build teacher competence in this arena, we must look at our teacher preparation and education leadership**

programs. Including information on child development and social-emotional learning, positive discipline, and how to create healthy school climates would expand the capabilities of new educators by promoting skills that would allow them to respond to children's developmental and learning needs.

A complimentary strategy would build on the strengths inherent in schools, like implementing proven screening and early identification approaches; scaling up training programs that raise awareness and teach warning signs; strengthening linkages to specialists within and outside of the school walls; spreading school-wide practices focused on improving school climate; and revising policies so they do not punish those with disabilities or who lack necessary life skills.

Additionally, it is no longer sufficient that we argue for the need to implement effective programs. We must also ensure that effective intervention strategies are sustained. With support from the Robert Wood Johnson Foundation, the Center for Health and Health Care in Schools is investigating the factors that promote sustainability of school-connected programs and practices. From this work we aim to **assess how our health and education policies, practices, and funding streams can be better integrated to improve the odds for achieving positive health and academic outcomes**, especially for those most vulnerable in our communities.

Drexel University Professor Dr. Sandra Bloom has written extensively about the crisis in social service systems in this nation, and she argues, "You can't make transformation happen, but you can set the conditions for transformation to occur."

In order to help bring about this needed transformation we must be critical consumers of the emerging sciences, support the implementation of proven programs and practices, share our knowledge of the benefits of placed-based, early interventions - **such as those conducted in schools** - and advocate for their integration into organizations and child-serving systems so that we may one day realize a country full of 'bright spots' that pave the way for many bright futures.