

**Testimony to the Senate Health, Human Services, and Medicaid Committee**

**November 13, 2019**

**Robert T. Ammerman, PhD, Professor of Pediatrics, Division of Behavioral Medicine and Clinical Psychology,  
Cincinnati Children's Hospital Medical Center**

Good morning Chairman Burke, Vice Chair Huffman, and Ranking Member Antonio. My name is Dr. Robert T. Ammerman and I am here today to testify in support of House Bill 12. I am the Scientific Director for Every Child Succeeds and a Professor of Pediatrics at Cincinnati Children's Hospital Medical Center. Thank you for allowing me the opportunity to talk to you today about the critical issue of preventing mental health problems in children. There has been a dramatic increase in behavioral and emotional health problems in children and adolescents in Ohio and nationally. This problem has reached epidemic proportions. Consider these statistics:

- 17.1 million children have or have had a mental health disorder.
- Each year, 20% of children experience a mental health disorder.
- Most adult mental disorders have onset in childhood: 50% of all psychiatric disorder have onset before age 14.
- The median age for onset of anxiety disorders is 6 years, for attention-deficit hyperactivity disorder it is 11 years, for mood disorder (such as depression) it is 13 years, and for substance disorders it is 15 year.
- Mental health problems in children and adults cost the nation \$273 billion.

And, the problem is getting worse. A recent study found that, from 2005-2017, rates of major depression increased 52% among children aged 12-17 years and 63% among young adults aged 18-25. Suicide has also increased, and it is now the second leading cause of death among persons 10-24 years of age.

The impact of mental health problems in children is devastating. In addition to suffering and distress, children with mental health problems typically have poor academic achievement, problems with peers, and family maladjustment. They are at greater risk for drug addiction, school dropout, and delinquency. These problems extend into adulthood, resulting in lower employment, lower lifetime wages, unstable housing, unplanned pregnancies, and strained family relationships.

Our response to this epidemic has been to focus our resources on providing treatment after mental health disorders and emerged and become entrenched. Treatment is expensive, and only modestly effective. For many mental health disorders, treatment is required across the lifespan. In addition to inpatient and outpatient psychiatric and behavioral treatment costs, other sectors provide expensive services to children and adults with mental health disorders. These include special education, juvenile detention and prison, drug abuse rehabilitation, and disability. Our mental healthcare system focuses almost exclusively on treatment that is provided after mental health problems reach a level of severity requiring acute intervention. Such an allocation of resources does nothing to

reverse the trends of increasing prevalence of mental health problems. In the absence of a new approach, we can expect that the costs of mental health problems, and the scale of the challenge, will continue to grow.

We need to focus on preventing behavioral and emotional problems before they become mental health disorders. Preventing mental health disorders is cost-effective, particularly when it is focused on young children who are in formative stages of social, emotional, and behavioral development. It is well-established that young children develop optimally, and are emotionally and behaviorally healthy, when they have the following:

- Warm, sensitive, and nurturing parenting
- A safe and supportive home and neighborhood
- A stimulating environment with learning materials and exposure to diverse words
- A stable and consistent home environment

Prevention strategies that support these elements lead to well-adjusted children who are on track developmentally; function effectively in home, school, and with friends; and lead fulfilling lives.

The last 20 years has seen the development and testing of numerous prevention programs, differing in content, targeted ages and areas of functioning, and setting. Reviews of these programs conclude that most of these programs are efficacious, although maximum impact is associated with a few key features:

- ✓ Clear targets for behavioral health promotion, balancing universal and targeted approaches
- ✓ Implementation in settings that are anchors for children and families (e.g., schools, pediatric clinics)
- ✓ Linkages between interventions to increase synergy and optimize outcomes
- ✓ Coordination between systems and professionals working with children and families
- ✓ Fidelity to intervention models and proper implementation

When prevention programs have been offered, they are typically standalone efforts that are disconnected from existing resources. They are short-lived and result in improvements that are temporary. What is needed is a system of prevention programs that are linked, integrated into pre-existing entities, and leveraging other resources to optimize efficiency, impact, and outcomes.