

The **UNITED STATES SENATE**
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FOR IMMEDIATE RELEASE

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Wyden Statement at Finance Committee Hearing on Protecting Youth Mental Health: Identifying and Addressing Barriers to Care

As Prepared for Delivery

During this morning's hearing on the youth mental health epidemic, the committee has an opportunity to build on last week's excellent discussion with Surgeon General, Dr. Murthy.

Last Tuesday, Dr. Murthy told us that mental health problems often show up first when people are young, but the average delay between the onset of mental health symptoms and the beginning of treatment is 11 years. Those are, in his words, "11 long, confusing, isolating, and painful years."

That is a figure worth a thousand words, but more than anything it says that our approach to mental health care is severely out of whack, and it's failing our young people from the very beginning.

First, mental health care must start much earlier. Earlier screenings. Earlier interventions. Earlier discussions with primary care doctors. There's also a big need to step up our mental health efforts in schools and in the community.

Those are also places where trained professionals can spot symptoms right from the outset and refer young people to a psychiatrist when necessary. The challenge is, school counselors are overwhelmed, community-based programs are too few, and referrals are inconsistent. Mental health care simply isn't starting early enough, and it's not reaching young people where they are, particularly kids in rural areas.

Number two, the country must have better crisis care. The 11-year treatment gap is a sign that young people are struggling, going without the treatment they need, and heading down a path toward crisis. The fact is, the system too often fails them when they're in crisis too.

The pandemic has driven a shocking increase in self-harm among young people. Suicide attempts among teen girls resulting in hospitalizations recently jumped more than 50 percent. Far too many of these young people in distress are spending days or weeks boarded in emergency departments. For the bulk of that time, they're probably alone. Imagine feeling a sense of extreme isolation clashing with the chaos and commotion of the emergency department buzzing outside your door.

Just yesterday I spoke with a group of Oregon health care providers and physicians who are concerned that in many of these situations, young people who wind up in emergency rooms aren't even seeing practitioners with the right training in mental health.

The emergency room is no place for a kid in crisis to spend day after day after day, but it's all too common. Young people deserve better.

Third, solving these challenges is going to require creativity from the public and private sector. The Children's Health Insurance Program and Medicaid, which is the largest single payer of mental health care for young people, can help spark new solutions. These efforts will be essential to make sure mental health is treated with the same consistency and focus given to physical health.

Bottom line, you cannot have mental health business as usual because business as usual is failing too many young people at every point— from the first sign of symptoms to the most critical moments of crisis. There's a lot for the committee to discuss today on these issues.

We're fortunate to be joined by an excellent panel who I'll introduce shortly. Again, I want to thank Senators Carper and Cassidy for heading up our efforts on youth mental health. Next, I'll turn to Senator Crapo for his opening remarks.

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