

February 17, 2023

Every day at Washburn Center for Children, we lead our communities with compassionate mental health care – and always start with a story. I'll begin there as I write in support of the proposal by the Mental Health Legislative Network (**Family-Centered Children's Mental Health Bill HF1198/SF1174**).

***11-year-old Rosie is finally emerging from a series of mental health crises. Following days and nights in the hospital for a depressive episode that put her life in danger, she was discharged to return home with mom and dad. Not even a month after this first week-long ER stay, Rosie relapsed into another crisis at school and had to return to another nearby hospital. You might wonder, "Why did the first hospital stay not help Rosie recover? Why didn't the second?" It's not a simple answer.***

This children's mental health crisis is intensifying. Demand is not diminishing. Children and families are living in the stark reality of a long-standing underinvestment in children's' mental health. There is no age, no income level, no neighborhood, no school, no community of faith that is untouched by this. Our children are looking to us to create more stable, healthier and lasting outcomes for their mental health.

Untreated mental health is having a devastating effect on every Minnesota community. These are just a few of the data that are an urgent call to invest, more and without delay.

- Nationally, 15.08% of youth (12-17) suffered at least one major depressive episode (MDE) in the past year. **In Minnesota that's up to 70,000 youth. Imagine the population of Maple Grove, Blaine or Lakeville living with a debilitating health condition.**
- Nationally, 27.2% of youth with severe depression receive some consistent treatment (7-25+ visits in a year). **Minnesota that was 35.9%. That means 64% are not getting consistent treatment.**
- E.R. visits for children's mental health more than doubled between 2016 and 2020. Recent research found that around 25% of those without a follow-up visit had to re-visit the ER within six months.
- Suicide is the second leading cause of death in youth ages 10-24. Our ERs are flooded.

**Yet there is hope.** Kids like Rosie who receive specialized mental health support post-E.R. are less likely to relapse into crisis. It's proven that early intervention changes a child's developmental journey and positive outcomes. We know from research that for every \$1 invested in mental health care, up to \$6 or more are saved in health, education, juvenile justice and lost productivity.

As a child-centered, community based mental health agency, our team witnesses and responds to cases like Rosie's every day. We are meeting kids where they are – assessing and treating youth across a continuum that stretches from toddlers through teens, from crisis through everyday mental health. Our youngest clients age 0 to 10 find support in specialized therapeutic classrooms, elementary and middle-school-aged kids have our therapists placed right in their schools, and our oldest teens can access tailored outpatient and DBT group resources. **However, we can not do this important, generation-altering work without financial support.**

As the CEO of Washburn Center for Children, I can say our full passion, energy and mission is driving to create this with you and all of our partners in the Mental Health Legislative Network – and caregivers who are united in nurturing generations to come. **I urge you to take positive action for our communities here in the Twin Cities by supporting Family-Centered Children's Mental Health Bill HF1198/SF1174.**



Craig Warren  
Chief Executive Officer, Washburn Center for Children

