

I am writing in support of H.F. 2196, addressing needed changes in language describing the mental health of children and adolescents, as well as the nature of intensive services which they sometimes need.

First, it is clinically and ethically time to change the outmoded language of “emotional disturbance” to more correct language describing mental illness, which can affect children and adolescents as well as adults. The language of “disturbance” dates to a time when much less was known about disorders emerging in childhood, and change is needed because:

- “Emotional disturbance” is generic; suggests dysregulation or even aggression whether that is a presenting symptom or not; and is needlessly pejorative. It is frightening language to use to describe children and adolescents who are experiencing symptoms of illness, and it can serve as a barrier to humane interactions and access to appropriate services.
- “Emotional disturbance” has unfortunately been associated with attempts to manage children (or their behaviors) over and above efforts to understand the underlying illnesses with which they are struggling and provide appropriate treatments. A particularly unfortunate corollary of this misguided emphasis has been the attribution of “disturbance” to parenting failures, not a route typically taken when addressing childhood illnesses. A change to the terminology of mental illness should support better focus on accurate diagnosis and best possible interventions.
- While the presentation of mental illness in children and adults can be somewhat different, there is often remarkable continuity -- with the vast majority of adult illnesses showing earlier signs and symptoms. Better understanding of this continuity has allowed for earlier intervention and improved outcomes, most notably in programs like First Episode Psychosis treatment. With similar language and improved understanding of the developmental relationship between child and adult illnesses, there should be less need for a “cliff” of discontinuity between child and adult service systems.

A second important aspect of this bill changes "out of home placement" in the children's mental health act to "residential treatment and therapeutic foster care." The “out of home placement” designation was linked to the “disturbance” corollary described above, in that the home environment was easily blamed for a child's behaviors, and removal to a different environment was considered to be inherently therapeutic. With improved understanding of the nature of mental illness in children and adolescents and a better appreciation of the necessary and supportive role of families in the healing

process, it is time to designate intensive services appropriately and to design them in ways which welcome and engage families.

Thank you to the Representatives sponsoring this important legislation.

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An association of resources and advocacy for children, youth and families
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Dear Co-Chair Schomacker, Co-Chair Noor and Human Services Finance and Policy Committee Members,

AspireMN is grateful to Representative Fischer for his authorship and to this committee for hearing HF2196, we are hopeful that this language will pass in 2025 to update antiquated language that is too often confusing for families.

Children's mental health service providers have shared that for families, the terms "serious emotional disturbance" or "emotional disturbance" create confusion. School systems have categories of service for children described as "emotionally behaviorally disturbed" and this is confusingly not equivalent to the medical necessity described in the definition of "emotional disturbance." These terms are experienced as incongruent with the person-centered language of children's mental health care, where the field is increasingly using mental illness as the generalized term to describe a level of need of a child requiring mental health care.

The term mental illness is a much more accurate description of what the child is experiencing and importantly is associated with mental health care and treatment. Children's mental health symptoms can be treated – children can get better and have improved mental health experiences over their short and long-term futures. This is a far more promising trajectory for the child and family to consider than the alternative language of "emotional disturbance" that can feel like a permanent and negative label.

In this critical time it is important to pursue all possible efforts for our children's mental health system to be more accessible, responsive and affirming for children and families needing care. HF2196 takes an important step by updating the language we use to be more accurate, respectful and clear.

Thank you for your leadership.

Kirsten Anderson
Executive Director

AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.

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