



State Council on Child Abuse and Neglect (SCCAN)

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SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) “to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs.”

TESTIMONY IN SUPPORT OF HB666 with Amendments:

WORKGROUP ON SCREENING RELATED TO ADVERSE CHILDHOOD EXPERIENCES

****SUPPORT WITH AMENDMENTS****

TO: Hon. Shane Pendergrass, Chair, and members of the House Health and Government Operations Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)
Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)

DATE: February 26, 2020

SCCAN supports HB 666, Workgroup on Screening Related to Adverse Childhood Experiences. This bill would create a workgroup to do the following:

- (1) “Update, improve, and develop screening tools that primary care providers can use in a primary care setting to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience” (ACE)
- (2) “Submit the screening tools to the Maryland Department of Health”
- (3) “Recommend changes to the physical examination form that the State Department of Education requires of all new students entering a public school, including requiring that a physical exam include an assessment of trauma.”
- (4) “Study and make recommendations on the actions a primary care provider should take after screening a minor for a mental health disorder that may be caused by or related to an adverse childhood experience and finding that the minor shows signs of trauma.”

There is no doubt that adverse childhood experiences (ACEs) have short and long-term physical and mental health consequences, as evidenced by the Centers for Disease Control’s Adverse Childhood Experiences (ACEs) study, as well as a number of confirmatory studies.¹ Maternal depression increases

¹ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>. Merrick M, et al. Unpacking the impact of adverse childhood experiences on adult mental health. Child Abuse Negl. 2017;69:10-19.

the risk that their children will exhibit aggressive behavior, peer conflict, hyperactivity and inattention, and be diagnosed with depression, anxiety, and conduct disorder.² Adolescents of parents who use substances show high rates of psychopathology such as depression, anxiety and substance use. A recent study found that parental substance use was associated with children's hospitalization for both somatic and psychiatric conditions.³ There is substantial evidence linking children's exposure to IPV with a wide range of serious consequences, including emotional, behavioral, physical, social, and academic problems.⁴ During childhood and adolescence, victims of child sexual abuse may exhibit anxiety, social withdrawal, school failure, depression, self-injury, suicide attempts, eating disorders, risky sexual behavior, and teen pregnancy.^{5,6}

Given this potential for mental health issues related to ACEs, as well as the high rate of mental health disorders among today's children – with about 1 in 5 U.S. children meeting diagnostic criteria for a mental health or substance abuse disorder with impaired functioning, screening for mental health disorders is good clinical practice and is considered standard of care for depression, anxiety, ADHD, substance abuse, and other mental health conditions.⁷ SCCAN therefore supports the need for screening for mental health disorders, including those that may be the result of ACEs.

However, SCCAN recommends making several changes to the bill, which are as follows:

Kerker BD, et al. Adverse Childhood Experiences and mental health, chronic medical conditions, and development in young children. *Academic Pediatrics*. 2015;15:510-517.

²Glasheen C, et al. Exposure to maternal pre-and postnatal depression and anxiety symptoms: risk for major depression, anxiety disorders, and conduct disorder in adolescent offspring. *Dev Psychopathol*. 2013;25:1045-1063.

Lieb R, et al. Parental major depression and the risk of depression and other mental disorders in offspring: a prospective-longitudinal community study. *Arch Gen Psychiatry*. 2002;59:365-374.

Fletcher RJ, et al. The effects of early paternal depression on children's development. *Med J Aust*. 2011;195:685-689.

³Raitasalo K. Parental substance abuse and risks to children's safety, health and psychological development. *Drugs Educ Prev Policy*. 2017;24:17-22.

⁴Widom CS, et al. Child abuse and neglect and intimate partner violence victimization and perpetration: a prospective investigation. *Child Abuse Negl*. 2014;38:650-663.

⁵Trickett PK, Noll JG, Putnam FW. The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development & Psychopathology*. 2011;23:453-476.

⁶Homma Y, Wang N Saewyc E, Kishor N. The relationship between sexual abuse & risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health*. 2012;51:18-24.

Sanci L, Coffey C, Olsson C, Reid S, Carlin JB, Patton G. Child sexual abuse & eating disorders in females. *Arch Pediatr Adolesc Med*. 2008;162:261-267.

Pallitto CC, Murillo V. Abuse as a risk factor for adolescent pregnancy in El Salvador. *J Adolescent Health*. 2008;42:580-586.

Mills R, Alati R, O'Callaghan M. Child maltreatment and adolescent mental health problems in a large birth cohort. *Child Abuse & Neglect*. 2013;37:292-302.

⁷Zuckerbrot, et al. Guidelines for Adolescent Depression in Primary Care (GLAD-PC). *Pediatrics*. 2018;141:e20174081.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/About-Us.aspx>

- (1) SCCAN recommends adding representatives from SCCAN and from several primary care organizations, including the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American Academy of Family Physicians, and the Mid-Atlantic Association of Community Health Centers. SCCAN, partnering with The Family Tree, has been a state leader in helping to educate professionals about ACEs, and Maryland Essentials for Childhood, the prevention workgroup of SCCAN has been actively engaged in efforts to track and prevent ACEs. The other three organizations represent a large portion of the primary care providers for children in the state of Maryland.
- (5) SCCAN recommends that the MSDE physical exam form requires an assessment of mental health disorders *that may be related to trauma*, rather than an *assessment of trauma*, as currently drafted. As written, the screening tools that will be identified by the task force will identify mental health disorders that may be related to trauma, rather than screening tools that just identify trauma (and therefore potentially not the sequelae of trauma). The language for the two requirements should be consistent
- (2) We recommend enhancement of the final requirement of the bill, “to study and make recommendations a primary care provider should take...” It is impossible to make recommendations about what a primary care provider should do for children with mental health disorders related to ACEs without knowing what resources are available in their community and what resources are lacking. Therefore, we recommend that the workgroup also be tasked with identifying available resources, identifying counties that lack adequate resources, and making recommendations to the general assembly, the governor and the Maryland Department of Health regarding how to improve access to mental health resources.

For these reasons, we urge a favorable committee report and passage of House Bill 666 with the proposed amendments.