

I am writing in support of S.F. 2134, 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 Senators sponsoring this important legislation.

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