SENATE BILL 1836 | SEN. JULIA KIRT

Screening for mental health conditions in routine primary care visits

HEALTHY MINDS POLICY INITIATIVE

Too often, mental health conditions like depression or anxiety go undetected — and therefore untreated. Primary care visits are key opportunities for detection of these conditions: using simple, brief questions, primary care providers can identify mental health symptoms in patients early, as part of a routine health appointment.

SB 1836 would require doctors, physician assistants, and advanced practice nurses to screen patients for mental health conditions **at routine primary care appointments at least once a year**, presenting opportunities to detect symptoms early and connect patients to care.

How screenings benefit patients and providers

- When patients are regularly and universally screened, **mental health symptoms get caught early, and providers have crucial opportunities to intervene** when a patient is depressed, suicidal, or otherwise needs mental health support
- Early intervention can keep patients' conditions from worsening, which prevents needing more costly care
- Many mental health conditions can be treated in the primary care settings patients are already familiar with
- Where behavioral health providers are scarce — especially in rural counties — integrating mental health into primary care can fill workforce gaps

Requiring use of evidence-based mental health screenings

- SB 1836 would require providers to use an evidence-based, validated mental health screening instrument, approved by their respective licensing boards, to screen patient for mental health conditions during or before a routine primary care visit at least once a year
- The bill does not specify which mental health screening instrument providers must use, leaving it up to licensure boards and providers
- SB 1836 would apply only to physicians (medical doctors, or MDs, and doctors of osteopathy, or DOs), physician assistants (PAs), and advanced practice registered nurses (APRNs)

More than 40%

of Oklahomans who died by suicide and had a known behavioral condition weren't receiving treatment when they died[1] — showing missed opportunities to detect suicidality and intervene

38%

of individuals who attempted suicide had a health care visit in the week before their death, and 64% had a health care visit in the month before their attempt, according to a national study[2]

1: Healthy Minds' 2025 suicide report, based on Oklahoma Violent Death Reporting System data from 2013–2022

2: Ahmedani, B. K., et. al. (2015). Racial/Ethnic differences in health care visits made before suicide attempt across the United States. Medical Care, 53(5), 430–435.

Maintaining licensure boards' authority

- SB 1836 lets each relevant licensure board use its own discretion to set standards for which screening instruments providers may use and allows boards to develop any educational materials needed to ensure successful use of the screening tools
- Some common screening tools include, but aren't limited to, the Patient Health Questionnaire-9 (PHQ-9), or the Generalized Anxiety Disorder-7 (GAD-7)
- Licensure boards may also collaborate with one another to develop rules and educational materials