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Fellowship Capstone | Policy Brief

Mandated Mental Health Screenings

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I. Executive summary

Youth mental health has become a pressing public health concern in the United States, with increasing rates of anxiety, depression, and suicide among adolescents. The Centers for Disease Control and Prevention (2026) reports that "suicide is a leading cause of death among youth and adults in the U.S.," underscoring the urgency of early identification and intervention. This brief will address the growing concern of mental health and outline a policy implementation to confront growing mental health concerns and suicide rates.

II. Overview

This policy brief addresses the need to require early intervention mental health screening in primary care settings as a standard component of pediatric care. The core issue is that many mental health conditions begin before age 18, yet frequently go undetected until symptoms become severe.

A. Relevance

Youth mental health is a major and growing public health issue in the United States. Most mental health conditions begin before age 18, yet many cases go undiagnosed. McGorry and Mei (2018) state that "early intervention… is a key for not only preventing the progression of mental disorders, but also for reducing mortality and long-term morbidity." Even when symptoms begin to emerge, adolescents fail to receive sufficient care due to systemic barriers such as resource allocation and financial limitations. To address these structural shortcomings, it's crucial to make mental health an elevated priority in both healthcare systems and society.

III. History

The historical stigma around mental health continues to persist despite its growing awareness. Prior to proper technology and research, mental health was depicted as personal weakness or moral

failing. This particular view was emphasized around mental health in men seeing as men were culturally conditioned to suppress emotional vulnerability and uphold masculine stereotypes. For most of the twentieth century, those suffering from poor mental health were institutionalized, alienated, and disregarded. Those who did seek help were treated with little to no evidence-based treatment. With the rise in mental health conditions and growing public attention to the issue, research has become a key priority in efforts to reduce stigma and improve awareness. However, despite these advances, stigma surrounding mental health remains deeply embedded in society. It also continues to disproportionately affect minority and low-income communities, where limited access to affordable care, fewer community-based resources, and longstanding distrust in medical institutions create significant barriers to both information and treatment.

A. Current Stances

Nevertheless, there has been a gradual reduction of mental health stigma over recent years signalling a promising cultural shift toward recognizing its significance. Mental health is now recognized by medical and public health organizations as a core part of healthcare. Awareness of youth mental health issues has also increased due to rising rates of anxiety, depression, and suicide. However, while increasing awareness and shifting attitudes are important, they are not alone able to create change. Most primary care settings still lack standardized, universal mental health screening for children and adolescents, failing to provide early detection of potential mental health issues. As a result, the widespread absence of required mental health screenings in primary care settings significantly contributes to inadequate treatment and diagnosis in adolescents. Implementing systemic screening measures would strengthen early detection, improve trust in healthcare systems, and support more effective long-term treatment outcomes.

IV. Policy Problem

A. Stakeholders

A wide range of stakeholders are affected by the lack of standardized mental health screening in youth primary care. Youth and families are the most directly impacted, as early identification of mental health concerns can significantly improve long-term outcomes by enabling timely intervention and reducing the severity of symptoms. Pediatricians and primary care providers are central to implementation, as they would be responsible for administering screenings and coordinating referrals.

Mental health professionals and insurance providers are also key stakeholders, as increased screening would likely lead to higher referral rates and greater demand for accessible outpatient

services. Government and public health agencies play a critical role in creating guidelines, funding prevention initiatives, and ensuring monitoring of youth mental health services.

B. Risks of Indifference

Failing to implement universal mental health screening in primary care carries significant and far-reaching consequences. Without standardized early detection, many young people with emerging mental health conditions remain unidentified until symptoms worsen, often resulting in increased reliance on emergency services and crisis hospitalization. This lack of early intervention contributes to the continued rise in youth suicide and severe mental health crises, particularly among adolescents who may experience prolonged distress without appropriate support.

C. Nonpartisan Reasoning

This policy is fundamentally nonpartisan because it is grounded in widely accepted public health and medical principles rather than political ideology. Universal mental health screening in pediatric care aligns with established prevention-based approaches already used in healthcare, such as screenings for vision, hearing, and developmental milestones. Additionally, the policy focuses on strengthening existing healthcare infrastructure by integrating mental health screening into routine pediatric visits instead of creating an entirely new system. It also centers on improving child and adolescent well-being, a goal that is shared across political perspectives. Ensuring early detection and intervention for mental health concerns reflects a commitment to reducing preventable harm and supporting healthier long-term outcomes for youth.

V. Tried Policy

Project LAUNCH

An American federal program aimed at addressing the problem of late mental health detection began in September of 2008 known as Project LAUNCH, however now seems inactive as of 2020. Project LAUNCH was a federal grant program authorized under Section 520A of the Public Health Service Act in Massachusetts. Project LAUNCH focused on integrating early childhood mental health screenings, consultations in primary care, and family support services. Results have shown "that the LAUNCH intervention improved social and emotional health for children and caregivers" (Molnar, 2018). Although Project LAUNCH demonstrated positive outcomes in strengthening early detection and coordinating services, it was designed as a time-limited pilot grant initiative and concluded its federal funding cycle in 2020.

Youth StepCare

Australia implemented a comparable initiative through Youth StepCare, a digital

pre-appointment mental health screening system integrated into primary care settings. The program was designed to identify symptoms of depression and anxiety prior to clinical visits, enabling providers to better tailor consultations and respond more effectively to patient needs. Findings indicated that Youth StepCare was both feasible to implement and clinically useful, with improved detection rates of mental health concerns in young patients. Importantly, the program also demonstrated that early, systematic screening can reduce missed cases during standard appointments. These outcomes highlight the effectiveness of embedding mental health screening into routine primary care workflows, reinforcing the potential value of similar standardized screening policies in other healthcare systems.

Headspace

Similarly, Australia established Headspace, a national youth mental health system serving individuals aged 12–25. It operates through a network of physical, community-based centers that provide in-person clinical services, including counseling, psychology, and general practitioner support, while also offering online and telephone-based assistance to increase accessibility. Headspace emphasizes early intervention and low-barrier access to care by embedding mental health services within community and school-linked settings, reducing obstacles such as cost, stigma, and difficulty navigating traditional healthcare systems. Since its establishment in 2006, the model has focused on integrating prevention and early support into routine youth services, improving both early identification of mental health concerns and pathways to treatment.

VI. Policy Option

Mandated Universal Annual Screening in Primary Care

Primary care systems should implement mandatory annual mental health screenings for all children and adolescents during routine pediatric visits. This policy would standardize early identification of mental health conditions by embedding screening directly into existing preventive care appointments rather than treating it as an optional or reactive process.

Validated clinical instruments such as the Patient Health Questionnaire for Adolescents (PHQ-A) and the Generalized Anxiety Disorder 7-item scale (GAD-7) should be adopted as standardized tools across primary care settings. These instruments are brief, evidence-based, and designed for efficient administration within routine visits, making them practical for universal implementation.

Secondly, these screenings should be implemented as a separate, standardized component of the visit to improve accuracy and

consistency. If the screening is held at the very end of the meetings or the person taking the test is simply being watched the whole time, they are more likely to fill in answers that aren't necessarily true for the sake of completing the test faster. It's important that these surveys are prioritized and held at a point during the visit in which the child isn't stressed or compelled to finish quickly.

All screening tests should be stored, whether that be physically or digitally, within the patient's file to ensure that old tests can be compared to new results if necessary. This enables clinicians to identify changes over time, distinguish between transient distress and persistent conditions, and make more informed diagnostic decisions based on trend data. Mental health looks different for each person and it's crucial to be able to compare results as opposed to simply basing answers off of numbers or the results of others.

Finally, implementation must include clearly defined referral pathways for positive or elevated screenings. Primary care providers should be equipped with standardized protocols for referral to behavioral health specialists, along with care coordination procedures such as follow-up appointments, progress monitoring, and communication between providers. Integrating these steps into routine care ensures that identified concerns are consistently connected to appropriate treatment services.

VII. Conclusions

Youth mental health issues often begin early but are frequently undetected due to inconsistent screening. Failure to properly detect and diagnose these issues affects the nation as a whole. Rising rates of anxiety, depression, and suicide highlight the need for early intervention.

Implementing annual screenings into primary care will lessen the need for crisis intervention and target issues early on to ensure they don't worsen. Mental health is now widely recognised as essential to overall health and wellbeing, but primary care screening remains unimplemented.

Bringing these screenings into primary care will not only ensure more of those diagnosed receive help, but it will also reduce the stigma around mental health and ensure that it is treated as a medical issue as opposed to a minor setback never to be properly dealt with. Implementing this policy gives legitimacy to mental health diagnoses and increases awareness.

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