

Where We Stand:

NAMI believes that public policies and practices should promote greater awareness and early identification of mental health conditions. NAMI supports public policies and laws that promote voluntary universal mental health screenings and linkages to mental health care to improve long-term health outcomes.

Why We Care:

Nearly [half](#) of all lifetime mental health conditions begin by age 14, and 75% by age 24. Research shows that early identification and treatment of mental health conditions improves long-term health outcomes, such as [better functioning](#) and [fewer hospitalizations](#). Yet, on average, there is an [11-year gap](#) between onset of the first symptoms of mental illness and receiving treatment for a mental health condition. While many mental health conditions emerge in adolescence, others may arise later in life or be triggered by life events such as trauma or pregnancy. This makes early identification important across all age groups.

Universal mental health screenings are [brief](#), [standardized tools](#) that are offered to everyone in a target population, not only to people showing symptoms. Universal screening refers to offering, not mandating, opportunities for screening across all settings. Screenings do not diagnose mental health conditions; instead, they are used to [identify possible symptoms early](#) and connect individuals to follow-up care. Screenings may also reduce stigma by encouraging conversations about mental health. Mental health screenings are [cost effective](#) and help close treatment gaps by identifying symptoms early, allowing for better connection to timely care.

Mental health screenings are a critical component of preventive health services covered by most health insurance. The [U.S. Preventive Services Task Force](#) (USPSTF) recommends anxiety screenings for individuals ages 8 to 64 and depression screenings for individuals ages 12 and older. The [American College of Obstetricians and Gynecologists](#) (ACOG) also recommends all perinatal women should be screened for mental health conditions, which is required or recommended in most states. Additionally, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) [benefit](#) also requires beneficiaries under age 21 to receive regular mental health screenings.

Screenings can take place across a variety of settings, including doctor's offices, in schools, within the criminal justice system, and in the community. [Health care providers](#) often conduct screenings and can be critical resources to connect to mental health care. For example, obstetrics offices provide mental health screenings during well-woman and perinatal visits. Schools can also play a key role in supporting early identification, by identifying students who are struggling and might not otherwise have been reached, connecting them to resources and timely interventions.

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While screenings are important tools for identifying potential mental health conditions, they are only the first step in ensuring people get necessary care. Following a positive screening result, individuals should receive a clear explanation of results and connections to [follow-up care](#), such as further assessment, psychoeducation, and therapeutic services. Providing clear referral pathways and timely connections to services can build trust and encourage further engagement in treatment.

Universal mental health screenings across various health care and community settings promote earlier identification of mental health conditions, reduce stigma surrounding mental illness, and ensure more people receive the care they need to support better long-term outcomes and recovery.

To learn more about NAMI's work on this issue, visit
www.nami.org/Advocacy/Policy-Priorities