

February 20, 2022

The Honorable Ron Wyden  
Chairman  
U.S. Senate Finance Committee  
Washington, DC

The Honorable Mike Crapo  
Ranking Member  
U.S. Senate Finance Committee  
Washington, DC

**Re: Full Committee Hearing: Protecting Youth Mental Health: Identifying Youth Mental Health: Part II – Identifying and Addressing Barriers to Care**

On behalf of the Mental Health Liaison Group (MHLG), we submit this statement for the record for the U.S. Senate Finance Committee hearing entitled “Youth Mental Health: Part I – An Advisory and Call to Action.” MHLG is a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, payers, and other stakeholders committed to strengthening Americans’ access to mental health and addiction care. We strongly support the committee’s continued attention to addressing the needs of individuals with mental health and substance use disorders, including among children and adolescents. We are grateful for your leadership in convening this bipartisan hearing at a critical moment for our nation’s youth.

Significant unmet child and adolescent behavioral health needs existed nationwide, even prior to COVID-19.<sup>1</sup> Since 2007, suicide rates among children aged 10 and older have climbed significantly each year, making suicide the second most common cause of death among adolescents before the pandemic.<sup>2</sup> COVID-19 has only exacerbated these trends, including among children who did not previously exhibit symptoms of a behavioral health disorder.<sup>3</sup> This led to the American Academy of Pediatrics, the Children’s Hospital Association, and the American Academy of Child and Adolescent Psychiatry to declare a national state of emergency on children’s mental health, last fall.<sup>4</sup> This was followed by a December 2021 U.S. Surgeon General advisory calling for a unified national response to the mental health challenges young people are facing.<sup>5</sup> Considering the rarity of such advisories, this further underscores the need for action to help stem the long-term impacts of the pandemic on the mental health and well-being

<sup>1</sup> Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901-H.pdf>; Substance Abuse and Mental Health Services Administration. (2017b). Age and gender-based populations.

<sup>2</sup> Centers for Disease Control and Prevention. (2020). National Vital Statistics Reports. State Suicide Rates Among Adolescents and Young Adults Aged 10–24: United States, 2000–2018. Retrieved from: <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-11-508.pdf>.

<sup>3</sup> Osgood, K., Sheldon-Dean, H., & Kimball, H. (2021). 2021 Children’s Mental Health Report: What we know about the COVID-19 pandemic’s impact on children’s mental health — and what we don’t know. Child Mind Institute. Retrieved from: <http://wvspa.org/resources/CMHR-2021-FINAL.pdf>.

<sup>4</sup> American Academy of Pediatrics. (October 2021). AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Retrieved from: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

<sup>5</sup> Office of the U.S. Surgeon General. (December 2021). Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory. Retrieved from: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

of children and adolescents. We applaud you for inviting the Surgeon General to speak before the committee to discuss the steps which can be taken to promote child and adolescent mental health and improve their access to care.

The stakes of untreated mental and behavioral health symptoms for children and adolescents are exceptionally high, both on an individual and societal level. Failing to detect and address early indicators of a mental or behavioral health disorder can have profound consequences on the overall trajectory of a child's life, including a greater likelihood of difficulties with learning, addiction to substances, lower employment prospects, and involvement with the criminal justice system.<sup>6</sup>

The mental health of children is frequently tied to the overall health, safety, and stability of their surroundings. The social isolation, upheaval, and disrupted routines brought on by COVID-19, has placed considerable stress on children and their families, which typically has a downstream effect on their mental health. Ongoing national surveys of households with young children have found high levels of childhood hunger, emotional distress among parents, and frequent disruptions in child-care services.<sup>7</sup> Even before COVID-19, nearly 10% of U.S. children lived with someone who was mentally ill or severely depressed.<sup>8</sup> Furthermore, since the start of the pandemic, over 167,000 children have lost a parent or caregiver to the virus.<sup>9</sup> This kind of profound loss can have significant impacts on the mental health of many children, leading to anxiety, depression, trauma, and stress-related conditions.

Additionally, the COVID-19 pandemic has not been a short-term event. As we move into the third year of this emergency, it is essential to recognize that the pandemic has impacted children for multiple years of their social, emotional, and cognitive development, allowing challenges and adversities to compound. Parents continue to report being more concerned about their children's social and emotional development and well-being than they were prior to the pandemic,<sup>10</sup> and recent data show increased behavioral concerns among students who are having difficulties transitioning back from remote to in-person learning.<sup>11</sup>

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<sup>6</sup> Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. Bethesda, MD: Child Trends; National Collaborative on Education and Health. (2015). Brief on chronic absenteeism and school health. Chicago, IL: Healthy Schools Campaign.

<sup>7</sup> Center for Translational Neuroscience. November 2021. Still in Uncertain Times; Still Facing Hunger. RAPID-EC Fact Sheet. Eugene, OR: University of Oregon; Center for Translational Neuroscience. November 2021. Emotional Distress On the Rise for Parents ... Again. RAPID-EC Fact Sheet. Eugene, OR: University of Oregon; Center for Translational Neuroscience. November 2021. Child Care Shortages Weigh Heavily on Parents and Providers. RAPID-EC Fact Sheet. Eugene, OR: University of Oregon.

<sup>8</sup> Ullmann H, Weeks JD, Madans JH. Disparities in stressful life events among children aged 5–17 years: United States, 2019. NCHS Data Brief, no 416. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:109052external> icon.

<sup>9</sup> Treglia, D., Cutuli, J. J., Arasteh, K., J. Bridgeland, J.M., Edson, G., Phillips, S., Balakrishna, A. (2021). Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them. COVID Collaborative.

<sup>10</sup> Kwanghee Jung and W. Steven Barnett. 2021. Impacts of the Pandemic on Young Children and Their Parents: Initial Findings from NIEER's May-June 2021 Preschool Learning Activities Survey. New Brunswick, N.J.: National Institute for Early Education Research

<sup>11</sup> Kurtz, H. (January 12, 2022). Threats of Student Violence and Misbehavior Are Rising, Many School Leaders Report. Education Week. Retrieved from: <https://www.edweek.org/leadership/threats-of-student-violence-and-misbehavior-are-rising-many-school-leaders-report/2022/01>.

Youth within marginalized populations, including racial and ethnic minority children and adolescents, those who identify as LGBTQ+, and children with developmental and physical disabilities, disproportionately have experienced some of the most severe consequences of the pandemic. Black and Hispanic children lost a parent or a caregiver at more than two times the rate of White children, while American Indian, Alaska Native, and Native Hawaiian and Pacific Islander children lost caregivers at nearly four times that rate.<sup>12</sup> Two thirds of LGBTQ+ teens and young adults report that the combination of COVID-19 and recent state actions targeting transgender youth participation in school sports, has negatively impacted their mental health.<sup>13</sup> At the same time, young people from these communities faced significant barriers accessing behavioral health services, even before the pandemic.<sup>14</sup>

Increases in demand for pediatric inpatient mental health services are also a concerning indicator of the growing crisis in child and adolescent mental health. Between April and October 2020, the proportion of children between the ages of 5 and 11 and adolescents ages 12 to 17 visiting an emergency room due to a mental health crisis, increased by 24% and 31%, respectively.<sup>15</sup> Moreover, due to the lack of alternative placement options, hospitals are boarding a growing number of children awaiting treatment in their emergency departments. In recent months, several children's hospitals reported boarding their highest number of children at one time and for longer stays before they could be discharged to an appropriate alternate care setting.<sup>16</sup> In the first three quarters of 2021, children's hospitals reported a 14% increase in mental health related emergencies and a 42% increase in cases of self-injury and suicide, compared to the same time period in 2019.<sup>17</sup> Shortages of mental and behavioral health professionals, including those specifically trained to treat young people,<sup>18</sup> further exacerbate insufficient capacity to provide needed care and support more effective integration of services.

Taken individually, these data are striking, but in aggregate, they further illuminate the urgent need for action. In November, MHLG [responded](#) to

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<sup>12</sup> Treglia, D., Cutuli, J. J., Arasteh, K., J. Bridgeland, J.M., Edson, G., Phillips, S., Balakrishna, A. (2021). Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them. COVID Collaborative.

<sup>13</sup> Morning Consult and the Trevor Project. (January 2021). Issues Impacting LGBTQ Youth. Retrieved from: [https://www.thetrevorproject.org/wp-content/uploads/2021/12/TrevorProject\\_Public\\_Final-1.pdf](https://www.thetrevorproject.org/wp-content/uploads/2021/12/TrevorProject_Public_Final-1.pdf).

<sup>14</sup> Austin, A., & Wagner, E. F. (2010). Treatment attrition among racial and ethnic minority youth. *Journal of Social Work Practice in the Addictions*, 10, 63-80.

<sup>15</sup> Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3external> icon

<sup>16</sup> Children's Hospital Association. Emergency Room Boarding of Kids in Mental Health Crisis. Retrieved from: [https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues\\_and\\_Advocacy/Key\\_Issues/Mental%20Health/2021/Boarding\\_fact\\_sheet\\_121421.pdf](https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues_and_Advocacy/Key_Issues/Mental%20Health/2021/Boarding_fact_sheet_121421.pdf).

<sup>17</sup> Children's Hospital Association (September 17, 2021). COVID-19 and Children's Mental Health. Retrieved from: [https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues\\_and\\_Advocacy/Key\\_Issues/Mental-Health/2021/covid\\_and\\_childrens\\_mental\\_health\\_factsheet\\_091721.pdf?la=en&hash=F201013848F9B9C97FAE16A89B01A38547C7C5C7](https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues_and_Advocacy/Key_Issues/Mental-Health/2021/covid_and_childrens_mental_health_factsheet_091721.pdf?la=en&hash=F201013848F9B9C97FAE16A89B01A38547C7C5C7).

<sup>18</sup> Ellison, K. (August 14, 2021). Children's mental health badly harmed by the pandemic. Therapy is hard to find. The Washington Post. Retrieved from: [https://www.washingtonpost.com/health/child-psychoanalyst-counselor-shortage-mental-health-crisis/2021/08/13/844a036a-f950-11eb-9c0e-97e29906a970\\_story.html](https://www.washingtonpost.com/health/child-psychoanalyst-counselor-shortage-mental-health-crisis/2021/08/13/844a036a-f950-11eb-9c0e-97e29906a970_story.html).

Chairman Wyden’s and Ranking Member Crapo’s request for policy proposals on improving mental health outcomes and addressing unmet needs, which included the following specific recommendations for improving access to coverage and care for young people and children:

- **Passing the permanent authorization of CHIP and the bipartisan Stabilize Medicaid and CHIP Coverage Act (S. 646/H.R. 1738)**, which will provide 12 months of continuous enrollment for Americans who are eligible for Medicaid and CHIP.
- **Passing the bipartisan Helping MOMS Act (H.R. 3345)** to permanently ensure that all pregnant women on Medicaid and CHIP retain their health coverage during the critical first year postpartum to address serious health inequities in maternal health.
- **Directing the Centers for Medicare & Medicaid Services (CMS) to review the early and periodic screening, diagnostic, and treatment (EPSDT) requirements** and whether they are being implemented successfully at the state level to support access to prevention, early intervention services, and developmentally appropriate services across the continuum of care.
- **Directing CMS to coordinate with the U.S. Department of Education to help the Department, states, and other stakeholders remove barriers to full participation in school-based Medicaid programs.**
- **Passing the bipartisan Telehealth Improvement for Kids’ Essential Services (TIKES) Act (S. 1798)**, which would promote access to telehealth services for children through Medicaid and CHIP and study children’s utilization of telehealth to identify barriers, opportunities, and outcomes.

The workforce shortage of mental and behavioral health clinicians existed before the pandemic, but it is now a top concern throughout the sector. The shortage of practitioners specializing in mental and behavioral health care for infants, children, and adolescents is particularly acute. MHLG therefore recommends that Congress increase investments to support the recruitment, training, retention, and professional development of a diverse clinical and non-clinical workforce, both generally and with specialized training for child and adolescent populations. This should include new incentives and opportunities to practice in rural and underserved areas, additional measures to incentivize more individuals to enter the field, and increasing reimbursement rates. Low payment rates to providers for the provision of behavioral health services heavily contribute to the workforce shortage. We therefore recommend increasing payment rates for mental and behavioral health care by **passing the Medicaid Bump Act (S. 1727/H.R. 3450)**, which proposes to raise the federal reimbursement rate for mental health and substance use disorder care under Medicaid.

MHLG also calls the Committee’s attention to additional measures that, while not focused specifically on children and youth, are all critical components of a comprehensive and more effective mental health system able to meet the increased need for services among children and adolescents. We therefore

recommend the following additional measures be included in any forthcoming legislative package:

- Ensuring parity in reimbursement for mental health and substance use treatment, both through Medicaid and TRICARE;
- Promoting the integration of primary and mental health care through a range of measures, including by passing the **Excellence in Mental Health and Addiction Treatment Expansion Act of 2021 (S. 2069/H.R. 4323)**; and
- Bolstering vital crisis response systems by passing the **Crisis Assistance Helping Out On The Streets (CAHOOTS) Act (S. 764/H.R. 1914)** to expand mobile response and the bipartisan **Behavioral Health Crisis Services Expansion Act (S. 1902)** to provide comprehensive support for developing and sustaining crisis services.

As necessary as these proposals are, however, many of these actions are long-term. The current crisis also requires a more immediate response. **To act expeditiously in addressing the current mental health needs of young people and meet the call to action in the Surgeon General’s advisory, Congress must also pass an FY 2022 Appropriations package, as quickly as possible.** This would be the most immediate way to increase resources for a variety of already authorized Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Education programs that provide mental health services for young people. This includes Project AWARE, the National Child Traumatic Stress Initiative, the Student Support and Academic Enrichment Grant Program, Safe Schools National Activities, and the Community Mental Health Services Block Grant, which provides care for children with serious emotional disturbances and would include a set aside for prevention and early intervention. MHLG calls on Congress to fund these programs at the highest levels possible in a final FY 2022 omnibus bill.

Once again, we applaud you for convening this crucial hearing, which recognizes the challenges facing the mental health of our youth and the potential damage that lack of action can have on an entire generation. We thank you for your continued bipartisan leadership on issues related to mental health and substance use disorders. MHLG and its members stand ready and willing to work with you in your efforts to advance policies that support the mental and behavioral health of individuals, families, and communities.

Sincerely,

2020 Mom  
 American Academy of Child & Adolescent Psychiatry  
 American Art Therapy Association  
 American Association for Psychoanalysis in Clinical Social Work  
 American Counseling Association  
 American Dance Therapy Association

American Mental Health Counselors Association  
 American Mental Health Counselors Association  
 American Occupational Therapy Association  
 American Psychological Association  
 American Foundation for Suicide Prevention  
 Anxiety and Depression Association of America  
 Association for Ambulatory Behavioral

Healthcare

- Centerstone
- Children and Adults with Attention-Deficit/Hyperactivity Disorder
- Children's Hospital Association
- CLASP
- Clinical Social Work Association
- Depression and Bipolar Support Alliance
- Depression and Bipolar Support Alliance
- Eating Disorders Coalition
- Eating Disorders Coalition for Research, Policy & Action
- Education Development Center
- Global Alliance for Behavioral Health and Social Research
- International OCD Foundation
- Jed Foundation, The
- The Jewish Federations of North America
- Maternal Mental Health Leadership Alliance
- Mental Health America
- NAADAC, the Association for Addiction Professionals
- National Alliance on Mental Illness
- National Association for Behavioral Healthcare
- National Association for Children's Behavioral Health
- National Association of Counties
- National Association of Pediatric Nurse Practitioners
- National Association of School Psychologists
- National Association of Social Workers
- National Federation of Families
- National League for Nursing
- National Register of Health Service Psychologists
- Nemours Children's Health
- Network of Jewish Human Service Agencies
- PsiAN
- Psychotherapy Action Network
- REDC Consortium
- REDC Consortium
- RI International, Inc.
- Sandy Hook Promise
- SMART Recovery
- The Kennedy Forum
- The National Alliance to Advance Adolescent Health
- The National Alliance to Advance Adolescent Health
- The Trevor Project