



MEMORANDUM

February 14, 2022

To: Subcommittee on Oversight and Investigations Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Hearing on “Americans in Need: Responding to the National Mental Health Crisis”

On **Thursday, February 17, 2022, at 11:30 a.m. (EST), in the John D. Dingell Room, 2123 of the Rayburn House Office Building, and via Cisco WebEx online video conferencing**, the Subcommittee on Oversight and Investigations will hold a hearing entitled, **“Americans in Need: Responding to the National Mental Health Crisis.”** The hearing will examine the growing mental health crisis in the United States.

I. BACKGROUND

Americans are experiencing a mental health crisis that predates the emergence of the coronavirus disease of 2019 (COVID-19), which has been further exacerbated by the pandemic.¹ More than 50 percent of Americans will be diagnosed with a mental illness or disorder in their lifetime.² Data from the Centers for Disease Control and Prevention (CDC) show that in June 2020, American adults reported elevated levels of any mental illness (AMI) including anxiety, depression, and suicidal ideation.³

Children and teens have experienced major increases in mental health symptoms, with nearly one in five experiencing a mental health disorder.⁴ Among youth ages 10 and older, the national suicide rate increased by more than 25 percent since 1999, nearly doubling in some

¹ Kaiser Family Foundation, *The implications of COVID-19 for mental health and substance use* (Feb. 10, 2021).

² Centers for Disease Control and Prevention, *About Mental Health* (www.cdc.gov/mentalhealth/learn/index.htm) (accessed Feb. 7, 2022).

³ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020* (Aug. 14, 2020).

⁴ Surgeon General, *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory* (Dec. 7, 2021).

states.⁵ Further, some communities or populations face disproportionate rates of adverse mental health symptoms, and people of color, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Intersex (LGBTQI+) individuals, people living in poverty, and those in urban areas continuing to face challenges accessing mental health services and culturally competent care.⁶

II. IMPACTS OF COVID-19 ON A PRE-EXISTING CRISIS

Since 2020, behavioral health markers have demonstrated a decline in Americas' mental health and wellbeing.⁷ An August 2020 CDC report in the *Morbidity and Mortality Weekly Report (MMWR)*, showed that among American adults surveyed in June 2020, more than 40 percent reported struggling with at least one mental or behavioral health condition in the initial months of the COVID-19 pandemic.⁸ Younger adults, racial and ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.⁹ While declines in mental health have been observed among every demographic group, those who have experienced a disproportionate share of pandemic disruptions appear to have experienced more significant mental health challenges.¹⁰

A. Behavioral Trends

Since reaching record highs in 2019, rates of anxiety, depression, and suicidal behaviors have all reached concerning new heights. A 2020 survey of adults found 25.5 percent of respondents had experienced anxiety and 24.3 percent experienced depressive symptoms, representing an increase of three and four times respectively compared to responses in 2019.¹¹

⁵ Centers for Disease Control and Prevention, *Supplementary Table. Trends in Suicide Rates among Persons ≥ 10 Years of Age, by State and Sex, National Vital Statistics System, 1999 – 2016* (June 8, 2018) (<https://stacks.cdc.gov/view/cdc/53785>).

⁶ Centers for Disease Control and Prevention, *Racial and Ethnic Disparities in Men's Use of Mental Health Treatments* (June 2015) (NCHS Data Brief No. 206); National Alliance on Mental Illness, *Identity and Cultural Dimensions: LGBTQI* (www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI) (accessed Feb. 7, 2022); Centers for Disease Control and Prevention, *Mental Health Treatment Among Adults: United States, 2019* (Sept. 2020) (NCHS Data Brief No. 380).

⁷ Kaiser Family Foundation, *The implications of COVID-19 for mental health and substance use* (Feb. 10, 2021).

⁸ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020* (Aug. 14, 2020).

⁹ *Id.*

¹⁰ *Id.*

¹¹ See note 8.

More recent surveys by CDC found that 32 percent of adults reported symptoms of anxiety or depression in December 2021, with more than four in ten adults ages 18–29 reporting the same.¹² Just as marginalized communities have experienced physical health inequities due COVID-19, these communities have experienced a disproportionate share of mental health declines throughout the pandemic. Further, LGBTQI+ individuals report that the pandemic negatively impacted their mental health more widely and severely than their non-LGBTQI+ peers.¹³

B. Health Care and Other Frontline Workers

Among frontline workers, those in health care have continuously experienced COVID-19 and related workforce challenges, such as staff shortages and extended shifts, since the beginning of the pandemic. An estimated 62 percent of frontline health care workers say their mental health has been negatively impacted by the pandemic, with at least four in ten reporting strained relationships with family members and coworkers.¹⁴ Approximately 31 percent of health care workers have considered no longer working in health care because of the pandemic, while 18 percent have quit and left the health care industry.¹⁵

The pandemic's impact on frontline worker's mental health extends beyond just those on the frontlines of the health care system. Essential workers who could not work from home during the pandemic report experiencing mental distress, higher rates of substance use, and suicidal ideation at disproportionately high rates compared to nonessential workers during the pandemic.¹⁶ For example, 22 percent of essential workers reported seriously considering suicide in the last 30 days, compared to eight percent of non-essential workers.¹⁷ Moreover, because many essential workers are low-wage and disproportionately people of color, communities of color have been more exposed to pandemic-related traumas and stressors in the workplace.¹⁸

¹² Centers for Disease Control and Prevention, *Anxiety and Depression: Household Pulse Survey* (www.cdc.gov/nchs/covid19/pulse/mental-health.htm) (accessed Feb. 7, 2022).

¹³ Kaiser Family Foundation, *The Impact of the COVID-19 Pandemic on LGBT+ People's Mental Health* (Aug. 27, 2021).

¹⁴ Kaiser Family Foundation, *KFF/Post Survey Reveals the Serious Mental Health Challenges Facing Frontline Health Care Workers a Year into the COVID-19 Pandemic* (Apr. 6, 2021).

¹⁵ *Nearly 1 in 5 Health Care Workers Have Quit Their Jobs During the Pandemic*, Morning Consult (Oct. 4, 2021) (morningconsult.com/2021/10/04/health-care-workers-series-part-2-workforce/).

¹⁶ Kaiser Family Foundation, *Both Remote and On-Site Workers are Grappling with Serious Mental Health Consequences of COVID-19* (Dec. 22, 2020).

¹⁷ *Id.*

¹⁸ Center for Economic and Policy Research, *A Basic Demographic Profile of Workers in Frontline Industries* (Apr. 2020) (www.eeoc.gov/sites/default/files/2021-04/4-28-21%20Meeting%20-%2005%20Ramirez%20-%20Supporting%20Materials.pdf).

C. Substance Use

Pandemic stressors have precipitated a substantial increase in substance use, while reinforcing substance use as a coping mechanism among new and pre-pandemic substance users.¹⁹ Since 2019, drug overdose deaths have risen significantly; rising by 31 percent to a high of 91,799 in 2020 compared to 2019.²⁰ While fentanyl related overdose deaths accounted for more than half of overdose deaths in 2020, prescription opioids, methamphetamine, and benzodiazepines have all been linked to a substantially larger number of overdose deaths than in preceding years.²¹ Prior to 2020, approximately 95,000 people died each year from alcohol-related causes in the United States. According to a recent American Psychological Association survey, nearly one in four adults consumed more alcohol to cope with pandemic-related stress.²² Additionally, there is a strong prevalence of comorbidity between those who experience substance use disorders and mental health disorders like anxiety and depression.²³ Nearly 50 percent of individuals who develop a mental health disorder will also experience a substance use disorder, and vice versa.²⁴

III. CHILDREN'S MENTAL HEALTH EMERGENCY

On December 7, 2021, the Surgeon General issued an advisory on the impact that COVID-19 has had on the ongoing children's mental health crisis, noting that the pandemic has intensified the acuity of the children's mental health crisis.²⁵ As of December 2021, more than 167,000 youth under age 18, and disproportionately youth of color, in the United States had lost a caregiver to COVID-19.²⁶ Based on a December 2021 study, for every four deaths due to COVID-19, one child experiences the loss of a parent or caregiver.²⁷ Other pandemic-related

¹⁹ Andrew H. Rogers, et al., *Psychological factors associated with substance use initiation during the COVID-19 pandemic*, Elsevier Public Health Collection (Aug. 2020).

²⁰ Centers for Disease Control and Prevention, *Drug Overdose Deaths in the United States, 1999-2020* (Dec. 2021) (NCHS Data Brief No. 428).

²¹ National Institute on Drug Abuse, *Trends & Statistics: Overdose Death Rates* (Jan. 20, 2022) (<https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>) (figure 2).

²² American Psychological Association, *One year on: Unhealthy weight gains, increased drinking reported by Americans coping with pandemic stress* (Mar. 11, 2021) (press release).

²³ National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders Research Report* (April 2020).

²⁴ *Id.*

²⁵ Department of Health and Human Services, *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic* (Dec. 7, 2021) (press release).

²⁶ COVID Collaborative, *Hidden Pain: Children who lost a parent or caregiver to COVID-19 and what the nation can do to help them* (Dec. 2021).

²⁷ *Id.*; Susan Hillis, et al., *COVID-19–Associated Orphanhood and Caregiver Death in the United States*, Pediatrics (Dec. 2021).

factors, such as mitigation efforts—including physical distancing—implemented to slow the spread of and contain COVID-19, have also played a role children’s mental health.²⁸ Rates of youth depression and anxiety have risen since the start of the pandemic, and children with existing mental health disorders such as attention deficit hyperactivity disorder have experienced more acute symptoms.²⁹ In early 2021, emergency department visits for suspected suicide attempts were 50.6 percent higher for adolescent girls and 3.7 percent for adolescent boys compared to the same period in 2019.³⁰

While rates of suicide-related behaviors have been rising for all youth, Black youth and girls have experienced a particularly concerning increase. Since 1991, suicide attempts by Black youth have increased by 79.7 percent—more than any other racial or ethnic group.³¹ Similarly, American Indian and Alaskan Native youth are experiencing increases in suicide-related behaviors, with estimates that more than 25 percent of American Indian and Alaskan Native youth have attempted suicide.³²

IV. THE ROLE OF ONLINE CONTENT

Online content plays a complex role in the ongoing mental health crisis, affecting different consumers in an array of positive and negative ways. Since the beginning of the pandemic, Americans’ time online has risen substantially.³³ For some, video chats and message boards have helped people safely connect with their support networks throughout necessary public health closures.³⁴ Researchers have found that this type of engagement by users can promote good mental health and meaningful social interactions.³⁵

²⁸ See note 4; American Academy of Pediatrics, *AAP, AACAP, CHA Declare National Emergency in Children’s Mental Health* (Oct. 19, 2021) (press release).

²⁹ Surgeon General, *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory* (Dec. 7, 2021).

³⁰ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021* (June 18, 2021).

³¹ Yunyu Xiao, et al., *Temporal Trends in Suicidal Ideation and Attempts Among US Adolescents by Sex and Race/Ethnicity, 1991-2019* (June 14, 2021).

³² *Id.*

³³ Pew Research Center, *How the internet and technology shaped Americans’ personal experiences amid COVID-19* (Sept. 1, 2021); *The Virus Changed the Changed the Way We Internet*, *The New York Times* (Apr. 7, 2020).

³⁴ *The Virus Changed the Changed the Way We Internet*, *The New York Times* (Apr. 7, 2020).

³⁵ Nazish Imran, et al., *Mental health considerations for children & adolescents in COVID-19 Pandemic*, *Pakistan Journal of Medical Sciences* (May 2020); Andrea Fiorillo and

On the other hand, other forms of screentime and digital content may lead to demonstrable harm.³⁶ As stated in the Surgeon General Youth Mental Health Advisory, researchers posit that “digital technologies can expose children to bullying...and lead to depression, anxiety, and self-harm.”³⁷ While most websites about suicide are aimed at prevention and intervention, media has drawn attention to sites that promote the opposite and have been linked to deaths by suicide.³⁸

V. CHALLENGES TO PREVENTION, CARE, AND SERVICES ACCESS

Barriers to accessing mental health services to prevent or treat a mental health concern—such as stigma, prohibitive costs, lack of coverage, and workforce shortages—affect people from every demographic group in disparate ways. Only a fraction of people with mental health concerns receive treatment.³⁹ Some groups receive care at even lower rates. Black Americans, American Indian and Alaskan Natives, other communities of color, and LGBTQI+ people face additional stigmas, discrimination, and other systemic barriers to accessing adequate mental health care.⁴⁰ For example, Black adults are more likely than White adults to report persistent emotional distress, but only one in three Black adults who need mental health care receive it.⁴¹

Philip Gorwood, *The consequences of the COVID-19 pandemic on mental health and implications for clinical practice*, *European Psychiatry* (2020).

³⁶ *Facebook Knows Instagram Is Toxic for Teen Girls, Company Documents Show*, *The Wall Street Journal* (Sept. 14, 2021); *Where the Despairing Log On, and Learn Ways to Die*, *The New York Times* (Dec. 9, 2021).

³⁷ Surgeon General, *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory* (Dec. 7, 2021).

³⁸ *Where the Despairing Log On, and Learn Ways to Die*, *The New York Times* (Dec. 9, 2021).

³⁹ Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (Oct. 2021) (PEP21-07-01-003).

⁴⁰ National Alliance on Mental Illness, *Identity and Cultural Dimensions: Black/African American* (www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American) (accessed Feb. 7, 2022); Kaiser Family Foundation, *The Impact of the COVID-19 Pandemic on LGBT+ People’s Mental Health* (Aug. 27, 2021); Substance Abuse and Mental Health Services Administration, *Racial/Ethnic Differences in Mental Health Service Use among Adults* (Feb. 2015) (SMA-15-4906); Mental Health America, *Native And Indigenous Communities And Mental Health* (www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health) (accessed Feb. 7, 2022).

⁴¹ National Alliance on Mental Illness, *Identity and Cultural Dimensions: Black/African American* (www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American) (accessed Feb. 7, 2022).

Many children also face barriers to accessing mental health care. A majority of children who have mental health concerns serious enough to require treatment do not receive treatment.⁴² Moreover, a majority of children who do receive care drop out before receiving adequate treatment, primarily due to the high costs associated with mental health care.⁴³ Additionally, more clinicians that specialize in pediatric mental health are needed than are available, and the number of clinicians available has historically declined over time as the need has increased.⁴⁴

VI. FEDERAL ACTION

Congress has provided funds specifically to support activities to address the nation's behavioral health needs during the pandemic through the Coronavirus Aid, Relief, and Economic Security Act, the Consolidated Appropriations Act, 2021, and the American Rescue Plan Act of 2021.⁴⁵ As of September 2021, more than \$8 billion of this COVID-19 relief funding has been awarded, primarily through grant programs intended to serve populations deemed to be at higher risk of mental health needs.⁴⁶ Additionally, in May 2021, the House of Representatives (House) passed nine bills that would support the mental and behavioral health needs of students; further address inequities in mental health services; give health care providers and emergency departments the support they need to respond to suicidal behavior and mental health concerns; and legislation to support access and awareness of the National Suicide Prevention Lifeline and its transition to the new 988 number.⁴⁷ Further, in December 2021, H.R. 1667, the Dr. Lorna Breen Health Care Provider Protection Act, which establishes grants and requirements to improve mental and behavioral health among health care providers, also passed the House. These bills have yet to pass the Senate.

The Build Back Better Act, which passed the House in November 2021, would provide \$175 million for Substance Abuse and Mental Health Services Administration (SAMHSA) programs including for the Minority Fellowship Program, the Recovery Community Services

⁴² Lindsay A. Bornheimer, et al., *Barriers to Service Utilization and Child Mental Health Treatment Attendance Among Poverty-Affected Families*, Psychiatric Services (July 9, 2018).

⁴³ *Id.*

⁴⁴ American Academy of Pediatrics and American Academy of Child & Adolescent Psychiatry, *Improving Mental Health Services in Primary Care: Reducing Administrative And Financial Barriers To Access and Collaboration* (www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/improving_mental_health_services_in_primary_care.pdf) (accessed Feb. 7, 2022); American Psychological Association, *Children's mental health is in crisis* (Jan. 1, 2022).

⁴⁵ Government Accountability Office, *Behavioral Health and COVID-19: Higher-Risk Populations and Related Federal Relief Funding* (Dec. 2021) (GAO-22-104437).

⁴⁶ *Id.*

⁴⁷ H.R. 721; H.R. 586; H.R. 1475; H.R. 1324; H.R. 1205; H.R. 1480; H.R. 2862; H.R. 2981; H.R. 2955.

Program Statewide Network Program, Project AWARE (Advancing Wellness and Resiliency in Education), National Child Traumatic Stress Network, and the new 988 number launching this summer.⁴⁸

VII. WITNESSES

The following witnesses have been invited to testify:

Lisa Fortuna, M.D., M.P.H.

American Psychiatric Association Member
Vice-Chair of Psychiatry, University of California San Francisco

Jacqueline Nesi, Ph.D.

Assistant Professor of Psychiatry and Human Behavior
Brown University

Amit Paley, M.B.A.

CEO and Executive Director
The Trevor Project

Christopher Thomas

Co-Founder
The Defensive Line

Hon. Elinore McCance-Katz, Ph.D., M.D.

Former Assistant Secretary for Mental Health and Substance Abuse

⁴⁸ H.R. 5376.