**American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children's Hospital Association (CHA) Statement for the Record**

**U.S. Senate Committee on Health, Education, Labor, and Pensions**

***Mental Health and Substance Use Disorders: Responding to the Growing Crisis***

**February 1, 2022**

The American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children's Hospital Association (CHA), together representing more than 77,000 pediatric physicians, residents, and medical students, and more than 220 children's hospitals, thanks the Senate HELP Committee for holding this hearing, *Mental Health and Substance Use Disorders: Responding to the Growing Crisis*, focused on this critical issue for children, families, the pediatric health care workforce, and our entire nation.

The challenges facing children's mental, emotional and behavioral health are so dire that our three associations, on behalf of the members we represent, declared a national emergency in child and adolescent mental health last fall. We call on this committee to join us in recognizing the magnitude of the situation and advance meaningful and transformational solutions to address it. We strongly encourage the committee to put forward tailored and dedicated policies and support for children to better address their emotional, mental, and behavioral health needs.

Our organizations welcome the Surgeon General's new advisory on youth mental health and we hope it will encourage further, bold action by the administration such as a **federal emergency declaration in children's mental health**.

The COVID-19 pandemic continues to take a serious toll on children's mental health as young people face ongoing social isolation, uncertainty, fear, and grief. Even before the pandemic, mental health challenges facing children were of great concern, and COVID-19 has only exacerbated them. Despite sizable federal funds allocated to address mental health in multiple COVID-19 relief packages, pediatric providers report they are unable to access such funds due to very broad funding goals spread across multiple populations and the lack of specific designated funding to improve mental health care for children in their own practices and other health care settings. If thoughtfully designed and targeted to reach pediatric health care providers across settings, funding could be used to support the entire continuum of care for pediatric mental health and ensure our children and families can access care when and where they need it. Pediatric practices could use funding to hire or contract with behavioral health specialists, including child and adolescent psychiatrists, to provide integrated care, among other proven interventions to expand access to child and adolescent mental health care. Federal investments could support administrative and technical assistance for primary care clinics, schools, and other related settings wishing to provide or bolster their current offerings of integrated behavioral health services, but the steep administrative start-up costs can significantly hinder the implementation of integrated behavioral health services. It could also be used to bolster care settings and supports in the community for children with more intensive mental health needs, such as day programs or intensive outpatient programs.

The statistics illustrate an alarming picture for our children. Prior to the pandemic, almost half of children with mental health disorders did not receive care they needed.[1] This is not limited to one state or one community—children in states across the country face the same challenges accessing the mental health care necessary to address their needs.[2] Children's mental health conditions are common. One in five children and adolescents experience a mental health disorder in a given year[3] and 50% of all mental illness begins before age 14.[4] For children needing treatment, it takes, on average, 11 years after the first symptoms appear before getting that treatment.[5] Significant investments are needed now to better support and sustain the full continuum of care necessary for children's mental health. These investments will significantly impact our children and our country for the better as we avoid more serious and costly outcomes later—including suicidal ideation and death by suicide.

Although the trends in pediatric mental health noted above were concerning before the COVID-19 emergency, demand over the past 18 months for pediatric inpatient mental health services, partial hospitalization, step-down programs, and other levels of crisis care has risen significantly. Between March and October of 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24% for children ages 5-11 and 31% for children ages 12-17.[6] In the first three quarters of 2021, children's hospitals reported emergency room visits for self-injury and suicide attempts or ideation in children ages 5-18 at a 42% higher rate than during the same time period in 2019.[7] There was also a more than 50% increase in emergency department visits for suspected suicide attempts among girls ages 12-17 in early 2021 as compared to the same period in 2019.[8]

The challenges and limitations of the current mental health care system are affecting all children, but the pandemic has exacerbated and highlighted existing disparities in mental health outcomes and access to high-quality mental health care services for children of color. In 2019, the Congressional Black Caucus found that the rate of death by suicide was growing at a faster rate among black children and adolescents and that black children were more than twice as likely to die by suicide before age 13 than their white peers.[9] Studies of Latino communities have found higher reported rates of depression symptoms and thoughts of suicide among Latino youth, but comparatively lower rates of mental health care utilization. As the Senate HELP Committee weighs recommendations to promote children's mental health and strengthen access to care, the needs of children from racial and ethnic minoritized communities and the added barriers they frequently face must be addressed.

The pandemic has struck at the well-being and stability of families. As reported in *Pediatrics* in October of 2021, more than 140,000 children in the United States lost a primary or secondary caregiver, with youth of color disproportionately impacted. The emotional impact of losing a parent or caregiver,

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[1] Daniel G. Whitney and Mark D. Peterson, "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics* 173, no. 4 (2019): 389-391, doi:10.1001/jamapediatrics.2018.5399.
[2] Ibid.
[3] Centers for Disease Control and Prevention (CDC), "Key Findings: Children's Mental Health Report," March 22, 2021.
[4] Substance Abuse and Mental Health Services Administration (SAMHSA), Adolescent Mental Health Service Use and Reasons for Using Services in Specialty, Educational, and General Medicaid Settings, March 5, 2016.
[5] National Alliance on Mental Illness, "Mental Health Screening," accessed on Nov. 10, 2021.
[6] Centers for Disease Control and Prevention, Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020, Nov. 13, 2020.
[7] Analysis of Children's Hospital Association PHIS database, n=38 children's hospitals.
[8] Centers for Disease Control and Prevention, 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.
[9] Congressional Black Caucus, Ring the Alarm: the Crisis of Black Youth Suicide in America, Dec. 17, 2019.

including trauma and grief, is often compounded with loss of material stability and economic hardship and an increased risk of poor educational and long-term mental health consequences. We are already witnessing this in our pediatric practices, schools, and communities where the number of young people with depression, anxiety, trauma, loneliness, and suicidality are all increasing. We must identify strategies to meet these challenges through innovation and action, using state, local, and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment. We need to ensure these strategies are focused on children and youth and their unique needs, considering their social and community context and resources.

We are grateful for the leadership of Senator Murphy and Senator Cassidy for creating and championing the highly successful Health Resources and Services Administration (HRSA) Pediatric Mental Health Care Access (PMHCA) Program *(42 U.S.C. §254c-19)*. Thanks to their leadership, 45 states, D.C., tribal organizations, and territories have received a grant from HRSA to create or expand their programs. Integrating mental health with primary care has been shown to substantially expand access to subspecialist physicians, such as child and adolescent psychiatrists, while boosting a pediatric provider's knowledge of mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early interventions and continuous treatment.

The HRSA PMHCA is an effective investment in enhancing mental health care for children. A recent RAND study found that 12.3% of children in states with programs such as the ones funded under this HRSA program had received behavioral health services while only 9.5% of children in states without such programs received these services.[10] The study's authors concluded that federal investments to substantially expand child psychiatric telephone consultation programs could significantly increase the number of children receiving mental health services. Programs funded by HRSA have increased pediatric provider capacity to screen, refer, or treat children's mental health, increased screening, incorporated health equity, and supported quality improvement.

Across HRSA and SAMHSA, there are some effective programs that aim to improve children's access to evidence-based treatment for mental health conditions, yet they do not go far enough to address the widespread unmet needs of children. SAMHSA Children's Mental Health Initiative provides funds to public entities to support children with serious emotional disturbance. Over the program's more than 30 years, it has demonstrated the value of investing in and implementing systems of care services and supports by showing improved outcomes for children and families served. Other programs with a strong evidence-base, such as the National Child Traumatic Stress Initiative and Project AWARE, make a significant impact in the communities that they serve. However, we know that too many children in America with mental health needs go unidentified and others struggle to access the care they need to treat mental health needs. Now is the time for Congress to explore how the reach of these effective initiatives might be expanded to reach more children and fill in gaps in the pediatric continuum of mental health care.

[10] https://www.rand.org/news/press/2019/07/15.html

We appreciate the Senate HELP Committee's recognition of the mental health crisis that is emerging in the country, and as you continue your work on this issue, we urge you to pay particular attention to children and their unique needs. As you work to develop legislative solutions, we ask you to advance the following policy priorities that will result in improved access to mental health services for children from promotion and prevention through needed treatments:

- **Reauthorize the HRSA Pediatric Mental Health Care Access Program for five years at a level that allows HRSA to maintain all existing grantees and permits them to expand the scope of services offered including in schools and emergency departments.** At present, most programs are serving pediatric primary care sites. However, many states have expressed an interest in expanding the services provided by the HRSA program to schools and emergency departments. These are critically important sites for enhancing the availability of pediatric mental health team consultations. With additional resources, programs can operate for longer hours, engage more mental health providers through the call lines, and serve additional sites where children actively seek mental health care, such as schools.
- **Ensure SAMHSA funding adequately prioritizes children and the continuum of their needs.** Tackling the pediatric mental health crisis requires a comprehensive approach that addresses the full continuum of healthy mental development and includes promotion and prevention, early intervention, and treatment as well as crisis response. To do this, we must ensure that children are able to access care in the settings where they are: early learning and childcare settings, schools, their pediatrician's office, community settings, and emergency departments. Programs and grants with a broader population focus, such as the Community Mental Health Services Block Grant, should be examined to ensure funds both can be and are utilized to expand access to mental health services for children, including in early childhood and before a mental health condition is diagnosed. This is especially important given the severe shortage of pediatric mental health professionals, which is impeding access to care for children. Training and education of medical and mental health providers on trauma-informed care and the prevention, recognition, and treatment of childhood trauma is critically important given the strong association between childhood adversity and poor mental health outcomes.
- **Increase investments to support the recruitment, training, mentorship, retention, and professional development of a diverse clinical and non-clinical pediatric workforce, including funding for minority fellowship programs for mental health physician specialists.** Currently, there are dire shortages of minority mental health providers that have only gotten worse due to the pandemic. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children's mental health needs now and into the future. As HRSA workforce programs come up for reauthorization in this Congress and the next, we encourage you to explore means of expanding and strengthening them to bolster the pediatric health care workforce, including authorizing higher funding levels and working with appropriators to ensure those levels are enacted. We further encourage Congress to consult with health care providers across a range of disciplines to identify persistent challenges as well as opportunities to enhance workforce development efforts.
- **Address low Medicaid payment rates for pediatric mental health services, ways to better support coordination and integration of care, and access to services in schools.** Low payment rates weaken provider engagement and participation in the Medicaid program and directly relate to the mental health workforce shortages and access challenges for children. At the same

time, there is a benefit to better coordination and integration of care for children with mental health needs that is not supported consistently under Medicaid. This coordination results in demonstratable improvements in the health and well-being of children and their families. Children need to access services where they are, including in schools. Better assistance and technical guidance for schools to be reimbursed for health services delivered to Medicaid eligible and enrolled students will help address issues more effectively. Close to 40 million children receive their health insurance coverage through Medicaid and would be positively affected by advancement of these policies.

- **Direct CMS to review how EPSDT is implemented in states to support access to prevention and early intervention services, as well as developmentally appropriate mental health services across the continuum of care and provide guidance to states on Medicaid payment for evidence-based mental health services for children that promotes integrated care.** The EPSDT benefit is tailored to children's unique needs and provides an important opportunity to support early identification even before diagnosis. We can do a better job of implementing this benefit more consistently for children to ensure they receive care as early as possible and at every point along the continuum if needed.
- **Dedicate support for the pediatric mental health system and infrastructure, which is currently woefully underfunded.** Support should focus on building a strong community-based system to address children's mental health needs across a wide array of settings, such as pediatricians' offices, early childhood educational programs, schools, outpatient individual or family therapy, intensive outpatient services, inpatient care when warranted, and through telehealth.
- **Facilitate access to mental health services through telehealth.** Throughout the COVID-19 pandemic, greater state and federal regulatory flexibilities have increased the availability and convenience of telehealth services for children and families. Psychiatry continues to rely on telehealth at a far greater rate than any other physician specialty. Congress should extend these flexibilities past the COVID-19 public health emergency, including coverage for audio-only services and lifting originating site restrictions and geographic limitations.
- **Ensure strong implementation, oversight, and proactive enforcement of the Mental Health Parity and Addiction Equity Act.** It is unacceptable that payers and plan administrators are failing to cover needed mental health and substance use disorder care by creating barriers to in-network mental health care, limited provider networks, and establishing non-qualitative treatment limits, not otherwise seen in medical and surgical benefits. In addition, public and private payers routinely exclude payment for mental health services provided by a primary care provider. Congress should work to remove payment barriers that hinder access to mental health services in the primary care setting.

Our organizations and our pediatricians, child and adolescent psychiatrists, and children's hospital members are ready and eager to partner with you to advance policies that can make measurable improvements in children's lives. Please call on us and our members as you develop these important policy improvements to stem the tide of the national emergency for children's mental health. Children need your help now.