Written Testimony

of

Mitch Prinstein, PhD, ABPP

Chief Science Officer

American Psychological Association

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

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Chairwoman Murray, Ranking Member Burr, and members of the Health, Education, Labor, and Pensions Committee, thank you for the opportunity to testify today on the on-going mental health and substance use disorder challenges facing Americans. I am Dr. Mitch Prinstein, Chief Science Officer at the American Psychological Association (APA). APA is the nation's largest scientific and professional organization representing the discipline and profession of psychology, with more than 133,000 members and affiliates who are clinicians, researchers, educators, consultants, and students. Through the application of psychological science and practice, our association's mission is to have a positive impact on critical societal issues.

The COVID-19 pandemic has placed an enormous strain on individuals, families, and communities. Beyond the very real physical ramifications of the virus, the effects of social isolation, disrupted routines, loss of jobs and income, and grief associated with the death of a loved one have caused significant distress and trauma, which typically have downstream effects on mental health. During the pandemic, about four in 10 adults have reported symptoms of anxiety or depressive disorder, an increase from the one in 10 adults who reported these symptoms from January to June 2019.[1] Data also shows a surge in emergency department visits attributable to a mental health crisis, suicide attempts, and in drug

[1] Panchal, N., et al. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. (2021). Retrieved from: https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

overdoses during the COVID pandemic.[2] Additionally, there have been significant increases in unhealthy behaviors, such as eating disorders, sleep disruptions, alcohol consumption, and illicit drug use.[3] [4] [5] [6] Given these factors, it is likely that the pandemic's mental and physical health impact will be present for generations to come.

To be clear, the need for greater investment in behavioral health care predated COVID-19. According to results from SAMHSA's 2019 National Survey on Drug Use and Health, 26% of U.S. adults with any mental illness had unmet mental health needs during the previous year, and over 47% of those with serious mental illness report having unmet needs.[7] However, the pandemic has significantly increased the need for services. A recent APA survey of psychologists shows increased demand across all treatment areas, including anxiety, depression, and trauma-and stress-related disorders.[8] Rates of substance use also grew during COVID-19. According to the Centers for Disease Control (CDC), between June 2020 and June 2021, approximately 100,000 people in the U.S. died from an overdose, which is a substantial increase from the previous year.[9]

One of the more alarming trends exacerbated by the pandemic is the impact on youth mental health, including among children who did not previously exhibit symptoms of a behavioral health disorder.[10] The mental health of children is frequently tied to the overall health, safety, and stability of

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[2] Holland, K. M., Jones, C., Vivolo-Kantor, A. M., et al. (2021). Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic. *JAMA Psychiatry, 78*(4), 372–379. doi:10.1001/jamapsychiatry.2020.4402

[3] University of Minnesota Medical School. (2021, April 12). COVID-19 pandemic has been linked with six unhealthy eating behaviors: Study shows a slight increase in eating disorders, one of the deadliest psychiatric health concerns. *ScienceDaily*. Retrieved from www.sciencedaily.com/releases/2021/04/210412114740.htm

[4] Bean, S. R., Khawaja, I. S., Ventimiglia, J. B., & Khan, S. S. (2021, December 1). COVID-somnia: Sleep Disruptions Associated with the COVID-19 Pandemic. *Psychiatric Annals 51*(12), 566-571. https://doi.org/10.3928/00485713-20211109-01

[5] Julien, J., Ayer, T., Tapper, E. B., Barbosa, C., Dowd, W. N., & Chhatwal, J. (2021, December 8). Effect of increased alcohol consumption during COVID-19 pandemic on alcohol-associated liver disease: A modeling study. *Hepatology.* https://doi.org/10.1002/hep.32272

[6] National Institute on Drug Abuse. (2021, December 20). *COVID-19 & Substance Use.* National Institutes of Health. https://nida.nih.gov/drug-topics/comorbidity/covid-19-substance-use

[7] Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm

[8] American Psychological Association (2021). *Worsening mental health crisis pressures psychologist workforce*. 2021 COVID-19 Practitioner Survey. Retrieved from: https://www.apa.org/pubs/reports/practitioner/covid-19-2021.

[9] National Center for Health Statistics. (2022). *Provisional Monthly National and State-Level Drug Overdose Death Counts*. Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

[10] Osgood, K., Sheldon-Dean, H., & Kimball, H. (2021). *2021 Children's Mental Health Report: The Impact of the COVID-19 Pandemic on Children's Mental Health*. Child Mind Institute. Retrieved from: http://wvspa.org/resources/CMHR-2021-FINAL.pdf

their surroundings. 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.[11] Recent data show that nearly 10% of U.S. children lived with someone who was mentally ill or severely depressed.[12] Furthermore, since the start of the pandemic, over 167,000 children have lost a parent or caregiver to the virus.[13] This kind of profound loss can have significant impacts on the mental health of children, leading to anxiety, depression, trauma, and stress-related conditions.

Increases in demand for pediatric inpatient mental health services are also a particularly concerning indicator. 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.[14] In recent months, children's hospitals have reported their highest number of children "boarding" in hospital emergency departments awaiting treatment.[15] During 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.[16] Faced with such data, in December 2021, the U.S. Surgeon General issued an advisory calling for a unified national response to the mental health challenges young people are facing.[17] Considering the rarity of

[11] Center for Translational Neuroscience. (2021). *RAPID-EC Fact Sheet: Still in Uncertain Times; Still Facing Hunger*. University of Oregon. Retrieved from: https://www.uorapidresponse.com/our-research/still-in-uncertain-times-still-facing-hunger; Center for Translational Neuroscience. (2021). *RAPID-EC Fact Sheet: Emotional Distress On the Rise for Parents … Again.* University of Oregon. Retrieved from: https://www.uorapidresponse.com/emotional-distress-on-rise-again?utm_medium=email&utm_source=email_link&utm_content=baby_monitor_11042021&utm_campaign=Q1_2022_Policy+Center_Resources

[12] Ullmann, H., Weeks, J. D., Madans, J. H. (2021). *Disparities in stressful life events among children aged 5–17 years*. National Center for Health Statistics. https://dx.doi.org/10.15620/cdc:109052

[13] 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.

[14] Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., Holland, K. M. (2020). Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *Morbidity and Mortality Weekly Report, 69*(45), 1675-1680. http://dx.doi.org/10.15585/mmwr.mm6945a3

[15] Children's Hospital Association. (n.d.). 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

[16] Children's Hospital Association. (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

[17] Office of the U.S. Surgeon General. (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

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 of children and adolescents.

Furthermore, the burdens of the pandemic have not been proportionately borne by race and ethnicity. People of color are at a higher risk of infection, hospitalization, and death from the virus as compared to their White counterparts.[18] The pandemic has also shone a light on the historic disparities in access to behavioral health care among populations of color, which has further harmed their mental well-being since the start of this crisis.[19] This includes children and adolescents. Rates of suicide, which have traditionally been high predominantly among White and Native American kids, have risen sharply among Black and African American youth.[20] 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.[21] Additionally, young people within other marginalized populations, including those who identify as LGBTQ+ and children with developmental and physical disabilities, have been disproportionately impacted.[22]

Even on their own, these data are striking, but taken in aggregate, they could not provide a clearer picture: action is urgently needed. The COVID-19 pandemic continues to be incredibly challenging on an individual and societal level, but it has provided us an opportunity to reevaluate how we deliver mental health services. APA applauds Congress for the COVID-relief funding that has been enacted since March 2020. Congress' swift action was critical to addressing the crisis we were facing and continue to face. However, investments in mental health care cannot just be reactive and made solely on an emergency basis. Consistent, steady, sustainable support is necessary to meet the challenges and growing demand

[18] Centers for Disease Control and Prevention. (2021). Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html
[19] McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., et al. (2021). Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *Morbidity and Mortality Weekly Report, 70*(5), 162–166. http://dx.doi.org/10.15585/mmwr.mm7005a3
[20] Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2021). Black Youth Suicide: Investigation of Current Trends and Precipitating Circumstances. *Journal of the American Academy of Child & Adolescent Psychiatry*. https://doi.org/10.1016/j.jaac.2021.08.021
[21] 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.
[22] Morning Consult & the Trevor Project. (2021). Issues Impacting LGBTQ Youth. Retrieved from: https://www.thetrevorproject.org/wp-content/uploads/2021/12/TrevorProject_Public_Final-1.pdf

that will continue to arise in the future. We must start the hard work of rebuilding our public health and preparedness and response system now. We cannot afford to wait until the next crisis occurs.

Further, APA supports the recent introduction of the PREVENT Pandemics Act discussion draft, which addresses critical gaps in the way our public health infrastructure responds to pandemics and other public emergencies, particularly as it relates to the roles and responsibilities of the Substance Abuse & Mental Health Services Administration (SAMHSA). However, this is also not enough. APA is hopeful and optimistic that this Committee will also consider comprehensive legislation reflective of the fact that mental health is integral to overall health. As such, APA offers the following recommendations focused on (1) Strengthening the Mental Health Care Workforce; (2) Improving Access to Mental Health Care for Children and Youth; (3) Promoting Integration of Primary Care and Behavioral Health; (4) Continuation of Evidence-Based Mental Health Programs; (5) Ensuring Parity for Behavioral and Physical Health Care; and (6) Investing in Youth Mental Health Research.

Strengthening the Mental Health Care Workforce

A strong mental health workforce is critical to combating the long-term impact of the pandemic and remedying longstanding access gaps. Nationwide, even before COVID-19, the U.S. was facing a serious shortage of mental and behavioral health providers, including psychologists, with every state having documented mental health professionals shortage areas.[23] By 2030, these shortages are projected to worsen significantly,[24] [25] with rural communities facing major challenges in recruiting licensed mental and behavioral health care professionals.[26] Despite the need for these services, there are multiple barriers

[23] Bureau of Health Workforce. (2019). *Designated Health Professional Shortage Area Statistics.* Health Resources and Services Administration; U.S. Department of Health and Human Services. Retrieved from https://data.hrsa.gov/hdw/Tools/MapToolQuick.aspx?mapName=HPSAMH. Health Resources and Services Administration. (n.d.). Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling, and School Psychologists. Retrieved from: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/psychologists-2018.pdf

[24] Health Resources and Services Administration. (n.d.). Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling, and School Psychologists. Retrieved from: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/psychologists-2018.pdf

[25] Bureau of Labor Statistics. Occupational Outlook Handbook, Psychologists. U.S. Department of Labor. Retrieved from https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm

[26] Rural Health Information Hub. (2021). *Rural Mental Health.* RHIhub. https://www.ruralhealthinfo.org/topics/mental-health

to educating and training psychologists, including the cost of attending graduate school, which most students are increasingly financing by taking on debt.

Doctoral psychologists graduate with an average student debt load of between $95,000 and $160,000 from their graduate degrees alone, and close to half of doctoral-level psychologists rely on loans or their own funds to pay for graduate school, which takes on average 5-6 years to complete.[27] Data show that psychology graduate students have difficulties affording health care, are concerned about being able to afford completing their training requirements, and have difficulties focusing on their studies as a result of trying to make ends meet.[28] At the same time, student loan-related actions taken by the federal government over the last decade have disproportionately impacted graduate students. This includes the imposition of higher interest rates and multiple loan origination fees, as well as the elimination of subsidized federal loans.[29] These factors further increase the cost of federal borrowing, particularly when financing graduate education.

Furthermore, as a result of a variety of factors, including lack of generational wealth, students of color, first-generation, and lower socioeconomic status students tend to borrow significantly more, both for their undergraduate and postbaccalaureate degrees.[30] This is true across all fields, but data show that low-income students and students of color working toward doctoral psychology degrees also disproportionately rely on student loans.[31] The prospect of adding further debt often serves as a disincentive to pursuing advanced degrees. Higher student loan debt further impedes workforce diversity, including in mental and behavioral health care fields, where demand for representative, culturally

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[27] Doran, J., Kraha, A., Marks, L., Ameen, E. & El-Ghoroury, N. (2016). Graduate Debt in Psychology: A Quantitative Analysis. *Training and Education in Professional Psychology, 10*(1), 3-13.
[28] Lantz, M. M. (2013). Uncovering the graduate student economic landscape: A difficult but necessary dialogue. *Society of Counseling Psychology Newsletter, 34*, 22–23. Retrieved from http://www.div17.org/wp-content/uploads/SCP17-2013-9.pdf
[29] U.S. Department of Education. (n.d.). *Federal Interest Rates and Fees*. Federal Student Aid. Retrieved from: https://studentaid.gov/understand-aid/types/loans/interest-rates
[30] Miller, B. (2019, December 2). The Continued Student Loan Crisis for Black Borrowers. *Center for American Progress*. Retrieved from: https://www.americanprogress.org/issues/education-postsecondary/reports/2019/12/02/477929/continued-student-loan-crisis-black-borrowers/
[31] Wilcox, M. M., Barbaro-Kukade, L., Pietrantonio, K. R., Franks, D. N., & Davis, B. L. (2021). It takes money to make money: Inequity in psychology graduate student borrowing and financial stressors. *Training and Education in Professional Psychology, 15*(1), 2–17. https://doi.org/10.1037/tep0000294

competent providers is high.[32] Finally, research shows that debt also impacts career choice by, for example, reducing the probability that qualified professionals will enter public service careers.[33]

To incentivize qualified providers to pursue careers delivering care to underserved populations, APA encourages the passage of the bipartisan **Mental Health Professionals Workforce Shortage Loan Repayment Act (S. 1578)**, which authorizes a new student loan repayment program for mental health care professionals who commit to working in an area lacking accessible care.

Additionally, to help decrease the reliance on student loans and eradicate some of the barriers obstructing the growth and diversification of this critical workforce, Congress must invest in programs that fund the education and training of future mental health care providers. Unlike physicians, doctoral-level psychologists are not eligible for Medicare-funded residency programs, which provides billions of dollars to support the expansion of the physician workforce through Graduate Medical Education or GME. In addition, although clinical psychology interns go through a training process similar to psychiatry residents, services provided by trainees under the supervision of a licensed psychologist are not reimbursable under Medicare; despite trainees having an average of 500-700 hours of direct patient experience It is policies like these that inhibit the expansion of the mental and behavioral health workforce. Before the COVID-19 pandemic, there was a projected shortage of over 13,000 psychologists by 2030.[34] With the rising mental and behavioral health needs associated with COVID-19, this shortage is expected to grow significantly. Increased funding to the programs below administered by the Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) is essential to maintain a steady pipeline of trained psychologists to meet the

[32] Sullivan, L., Meschede, T., Shapiro, T., & Escobar, F. (September 2019). *Stalling Dreams: How Student Debt is Disrupting Life Chances and Widening the Racial Wealth Gap*. Institute on Assets and Social Policy, Heller School for Social Policy and Management at Brandeis University. Retrieved from: https://heller.brandeis.edu/iere/pdfs/racial-wealth-equity/racial-wealth-gap/stallingdreams-how-student-debt-is-disrupting-lifechances.pdf

[33] Choi, Y. (2014). Debt and college students' life transitions: The effect of educational debt on career choice in America. *Journal of Student Financial Aid, 44*(1), 3. Retrieved from https://ir.library.louisville.edu/cgi/viewcontent.cgi?article=1050&context=jsfa

[34] American Psychological Association. (2018). *A Summary of Psychologist Workforce Projections: Addressing Supply and Demand from 2015-2030*. Retrieved from https://www.apa.org/workforce/publications/supply-demand/summary.pdf

anticipated mental health needs of the entire nation. APA calls for the expeditious reauthorization of the following programs, which are set to expire at the end of Fiscal Year (FY) 2022:

The **Graduate Psychology Education Program (GPE)** is the nation's primary federal program dedicated solely to the education and training of doctoral-level psychologists. GPE provides grants to accredited psychology doctoral, internship and postdoctoral training programs to support the interprofessional training of psychology graduate students while also providing mental and behavioral health services to underserved populations in rural and urban communities. APA urges the Committee to reauthorize this important program at $50 million per year, a robust increase commensurate with the scale of mental health and substance use disorder needs and the dangerous shortage in the workforce.

The **Minority Fellowship Program (MFP)** serves a dual purpose to both increase the number of minority mental health professionals and increase access to mental health services in underserved areas. It provides funding for the training, career development and mentoring of mental and behavioral health professionals to work with ethnic minorities. The program focuses on training students, postdoctoral fellows and residents to be culturally and linguistically competent to adequately address the needs of minorities in underserved areas. It funds trainees in psychology, nursing, social work, psychiatry, addiction counseling, professional counseling and marriage and family therapy.

Decades of psychological research has shown that minority youth report less use of mental health services than non-Hispanic white youth.[35] However, strong barriers for ethnic minorities to access mental health services continue to persist. These include a lack of bilingual providers and lack of culturally competent care. Therefore, the MFP is essential to ensure there are culturally competent behavioral health professionals, as they are a key component to improving health care outcomes for underserved communities. With the shortage of qualified minority psychologists to address the needs of minority populations, the importance of MFP is all the more important.

[35] Marrast, L., Himmelstein, D. U., & Woolhandler, S. (2016). Racial and ethnic disparities in mental health care for children and young adults: A national study. *International Journal of Health Services, 46*(4), 810-824.

The **Behavioral Health Workforce Education and Training (BHWET) Program** supports pre-degree clinical internships and field placements for a broad array of behavioral health professionals, including doctoral-level psychology students, master's-level social workers, school social workers, professional and school counselors, psychiatric mental health nurse practitioners, marriage and family therapists, and occupational therapists. The program is also a key source of support for other mental health training programs and substance use disorder prevention efforts. Preserving this program is key to reaching underserved populations, as well as meeting the needs of patients wherever they are on the spectrum of mental health needs, from mobile crisis services for those with need for immediate intervention to early screening and prevention services for those who may be experiencing minor symptoms of a behavioral health disorder.

The **Integrated Substance Use Disorder Training Program (ISTP)** expands the number of nurse practitioners, physician assistants, health service psychologists, and/or social workers trained to provide mental health and substance use disorder (SUD), including opioid use disorder (OUD) services in underserved community-based settings that integrate primary care, mental health, and SUD services.

Improving Access to Mental Health Care for Children and Youth

Significant unmet child and adolescent behavioral health needs existed nationwide, even prior to COVID-19.[36] [37] Suicide rates among children aged 10 and older have also climbed significantly each year since 2007, making it the second most common cause of death among adolescents before the pandemic.[38] The stakes of untreated mental and behavioral health symptoms for children and adolescents are exceptionally high. 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

[36] 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

[37] Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions.* Substance Abuse and Mental Health Services Administration.

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

of difficulties with learning, addiction to substances, lower employment prospects, and involvement with the criminal justice system.[39]

Even before COVID-19, many young people were already prolific users of social media. Throughout the pandemic, however, for many this became the only means of retaining a sense of connection to their peers and communities. Yet psychological science suggests a darker side to young people's engagement with social media, with results suggesting risks that far exceed the findings revealed in recent months from social media employees themselves. Note that the brain undergoes significant changes at pubertal outset, and emerging research suggests that digital media change neural activation and brain development in long-term and potentially permanent ways. In addition, research demonstrates that youth are highly susceptible to peer influence on social media, they are exposed to more frequent and more severe discrimination online, many teens consume content that actually promotes maladaptive and dangerous behaviors (e.g., cutting, fasting, purging), and like adults, they are prey to mis/disinformation campaigns on social media platforms.[40] [41]

To support a multi-tiered, population health approach, which includes continued clinical care through a more traditional "acute care" model for those experiencing behavioral health disorders, as well as mitigation strategies, such as early detection and intervention, for those at-risk of behavioral health conditions,[42] **APA strongly urges the reauthorization of several pediatric mental health programs:**

Programs for Children with a Serious Emotional Disturbance provide funds to government entities to deliver comprehensive community-based mental health services to children, youth, and young adults who have a serious emotional disturbance. These programs serve vulnerable, high-risk populations,

[39] Sacks, V., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity*. Child Trends. Retrieved from: https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity; National Collaborative on Education and Health. (2015). *Brief on chronic absenteeism and school health*. Healthy Schools Campaign.
[40] Sherman, L. E., Payton, A. A., Hernandez, L. M., Greenfield, P. M., & Dapretto, M. (2016). The power of the "like" in adolescence. *Psychological Science*, 27(7), 1027–1035. http://doi.org/10.1177/0956797616645673
[41] S Nesi, J., Telzer, E. H., Prinstein, M. J. (in production). Handbook of Adolescent Digital Media Use and Mental Health. Accepted for Publication, Cambridge University Press.
[42] Evans, A. C., & Bufka, L. F. (2020). The Critical Need for a Population Health Approach: Addressing the Nation's Behavioral Health During the COVID-19 Pandemic and Beyond. *Preventing Chronic Disease, 17.* http://dx.doi.org/10.5888/pcd17.200261

and have shown to significantly improve the mental, social, and emotional functioning of children and adolescents with severe emotional disturbances through effective evidence-based services.[43]

Pediatric Mental Health Care Access Grants promote behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs. Data show that psychological factors substantially influence physical health outcomes and efforts to address physical health needs are less likely to be effective without similar attention to behavioral health conditions.[44] [45] As such, to maximize the likelihood of a successful intervention, integrating children's physical and behavioral health care is critical. Reauthorizing the Pediatric Mental Health Care Access Grants program would further support the coordination between physicians and behavioral health providers.

Additionally, the Committee should consider the **Pursuing Equity in Mental Health Act (S.1795)**, which authorizes funding to support research on Black youth suicide, improve the pipeline of culturally competent providers, build outreach programs that reduce stigma, and develop a training program for providers to effectively manage disparities.

Schools also play a critical role in providing health care to many children, particularly as they can be key to both early detection and intervention efforts. In fact, in many communities, they are an essential—and often the only—source of meeting the physical and mental health needs of students and families. While some school districts leverage Medicaid funds to stretch scarce resources and create school-based mental health programs, shortages of school-based behavioral health professionals continue to persist.[46]

Improving the behavioral health and emotional well-being of all students, including by instituting evidence-based comprehensive behavioral health systems in schools, can help mitigate the impacts of

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[43] Substance Abuse and Mental Health Services Administration. (2017). *The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program: 2017 Report to Congress.* Retrieved from: https://store.samhsa.gov/sites/default/files/d7/priv/cmhi-2017rtc.pdf

[44] Slavich, G. M., & Cole, S. W. (2013). The emerging field of human social genomics. *Clinical Psychological Science, 1*(3), 331–348. https://doi.org/10.1177/2167702613478594

[45] Australian Institute of Health and Welfare. (2012). Comorbidity of mental disorders and physical conditions 2007. Retrieved from: https://www.aihw.gov.au/getmedia/05a9c315-7576-4c3f-aa2a9ccb14964c3e/10953.pdf

[46] National Association of School Psychologists. (2017). *Shortages in school psychology: Challenges to meeting the growing needs of U.S. students and schools.* Retrieved from: https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-psychology/shortages-in-school-psychology-resource-guide

pandemic-related learning loss,[47] and reduce the frequency and severity of mental health and substance use disorders.[48] Such a holistic approach provides a full complement of supports and services that establish multi-tier interventions and promotes positive school environments. They are built on collaborations between students, parents, families, community health partners, school districts, and school professionals, such as administrators, educators, and specialized instructional support personnel, including school psychologists.

Instead of employing resources only when a child experiences a crisis, our behavioral health system must focus resources earlier in life and address the factors that lead to such experiences. Oftentimes, this can be achieved in school-based settings, with the partnership and engagement of parents and families. Schools must receive more support to address these needs by increasing and retaining a highly trained workforce of diverse, culturally competent school-based mental health professionals. **APA urges the Committee to pass the following legislation that would increase access to school-based mental health services:**

The **Mental Health Services for Students Act (S. 1841)**, which would build partnerships between local educational agencies, tribal schools, and community-based organizations to provide school-based mental health care for students and training for the entire school community to help identify early warning signs of a crisis and prevent its escalation.

The **Comprehensive Mental Health in Schools Pilot Program Act (S. 2730)**, which would provide resources for low-income schools to develop a holistic approach to student well-being by building, implementing, and evaluating comprehensive school-based mental health programs. Integrating evidence-based, culturally competent social and emotional learning programs and trauma-informed approaches to teaching and student well-being help foster positive school climates and develop skills such as motivation

[47] Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2020, December 8). COVID-19 and learning loss—disparities grow and students need help. *McKinsey & Company*. https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help

[48] American Psychological Association. (2020). *APA's Guide to Schooling and Distance Learning During COVID-19*. Retrieved from: https://www.apa.org/ed/schools/teaching-learning/recommendations-starting-school-covid-19.pdf

and engagement, problem-solving, emotional intelligence, resilience, agency, and relationship building.[49] Such universal programs also help address student behavioral challenges by implementing positive, non-punitive, restorative measures rather than retributive and exclusionary practices.[50]

The **Increasing Access to Mental Health in Schools Act (S. 1811)** would expand mental health services in low-income schools by increasing the number of school-based mental health professionals, including psychologists. This bill would provide schools with the ability to build long-term capacity to equitably address the mental and behavioral well-being of their students, which can have significantly positive impacts on their academic development and future success.

To further understand the implications of COVID-19 on the education of students, in terms of both their academic achievement and social and emotional development, **Congress should invest in increased research and data collection through the Institute of Education Sciences (IES).** IES supports research, reports data, and produces evidence-based resources to help improve educational outcomes for all students. Currently, IES is able to fund only one in ten grant applications it receives. Additionally, stronger collaboration and partnerships should be encouraged between the Department of Education, the Department of Health and Human Services, and the Substance Abuse and Mental Health Services Administration with respect to data collection efforts.

Finally, young people of college age face unique challenges when it comes to their mental health. A recent survey of college students finds that a large majority are experiencing emotional distress or anxiety due to the pandemic.[51] Future economic insecurity resulting from the pandemic is among the top

[49] Coalition for Psychology in Schools and Education. (2015). Top 20 principles from psychology for preK–12 teaching and learning. *American Psychological Association*. Retrieved from https://www.apa.org/ed/schools/teaching-learning/top-twenty-principles.pdf
[50] Reyes, C., & Gilliam, W. (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. *Development and Psychopathology*, *33*(2), 634-646. doi:10.1017/S0954579420001790
[51] TimelyMD (2022). College Students More Concerned About COVID-19 Than Ever, New Survey by TimelyMD Finds. Retrieved from: https://timely.md/college-students-more-concerned-about-covid-19-than-ever/.

concerns of college students,[52] further contributing to stress, anxiety, and depression.[53] [54] Campus counseling centers, which even prior to COVID-19 were the only access point to mental health care for many college students, are seeing significant increases in demand for services, without a corresponding increase in resources, whether through funding, training, or staff.[55] This care is, in part, provided by psychology interns and trainees completing their education, under the supervision of counseling center staff. One of the impacts of the pandemic on college campuses, particularly earlier in the crisis was either the limiting or outright canceling of these internships, which hamstrung the ability of counseling centers to stay operational and continue training future practitioners. APA supports the **Higher Education Mental Health Act (S. 3048)** that would establish a national commission to study mental health concerns at institutions of higher education, and **the reauthorization of the campus suicide prevention programs under the Garrett Lee Smith Memorial Act.**

Promoting Integration of Primary Care and Behavioral Health

Psychologists have long been at the forefront of developing evidence-based integrated primary care and behavioral health services. One of the leading models of integrated care is the Primary Care Behavioral Health Model (PCBH), in which primary care providers, behavioral health consultants (BHCs), and care managers work as a team, sharing the same health record systems, administrative support staff, and waiting areas, and collaborate in monitoring and managing patient progress in order to improve the management of behavioral health problems and conditions. In the PCBH model the behavioral health consultant role is often, but not always, filled by a clinical psychologist.

[52] Chegg.org. (2021). Global Student Survey. Retrieved from: https://www.chegg.com/about/wp-content/uploads/2021/02/Chegg.org-global-student-survey-2021.pdf.
[53] Walsemann, K. M., Gee, G.C., & Gentile, D. (2015). Sick of Our Loans: Student Borrowing and Mental Health of Young Adults in the United States. *Social Science and Medicine. 124*, 85-93.
[54] Marshall, G.L., Kahana, E., Gallo, W.T., Stansbury, K. L., & Thielke, S. (2020). The price of mental well-being in later life: the role of financial hardship and debt. *Aging & Mental Health, 25*(7), 1338-1344. DOI: 10.1080/13607863.2020.1758902
[55] Center for Collegiate Mental Health. (2021). Part 1 of 5: COVID-19's Impact on College Student Mental Health. *Pennsylvania State University.* Retrieved from: https://ccmh.psu.edu/index.php?option=com_dailyplanetblog&view=entry&year=2021&month=02&day=01&id=9:part-1-of-5-covid-19-s-impact-on-college-student-mental-health

The PCBH model is a truly population-based approach to integrated care, in which the goal is to improve both mental and physical health outcomes for the clinic's patients—of every age and condition--by managing behavioral health problems and bio-psychosocially influenced health conditions.[56] Generally, the BHC strives to see patients on the same day the primary care provider (PCP) requests help, ideally through a "warm hand-off," and works with the PCP to implement clinical pathways for treatment. An integrated care psychologist's day may include meeting with a parent of a child exhibiting behavioral difficulties or hyperactivity, seeing a new mother experiencing symptoms of depression, helping another patient manage chronic pain or diabetes, and working with another patient who has recently discontinued using his psychotropic medication. Both patients and providers have reported high levels of satisfaction with PCBH model services.[57] [58] From the patient's perspective, behavioral health services are seamlessly interwoven with medical care, mitigating the stigma often associated with behavioral health services.

The PCBH model is particularly well-suited to use in pediatric care. Interventions and supports to promote children's physical, behavioral, and emotional health can positively influence the long-term trajectory of their health and well-being into adulthood. Almost all children are seen in primary care, and it is estimated that one in four pediatric primary care office visits involve behavioral or mental health problems. Psychologists can be especially helpful in pediatric care because assessing behavioral and emotional issues in children is generally more difficult than in adults, and pediatric education traditionally focuses on children's physical health. In addition to improving treatment in this area, early childhood behavioral health services can help mitigate the effect of adverse social determinants of health. Ideally, integrated pediatric primary care includes a whole-family approach to services that encompasses screening and services for perinatal and maternal depression, domestic violence, and adverse childhood experiences.

[56] Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The primary care behavioral health (PCBH) model: An overview and operational definition. *Journal of Clinical Psychology in Medical Settings*, *25*(2), 109-126.
[57] Petts, R. A., Lewis, R. K., Brooks, K., McGill, S., Lovelady, T., Galvez, M., & Davis, E. (2021). Examining patient and provider experiences with integrated care at a community health clinic. *The Journal of Behavioral Health Services & Research*, 1-18.
[58] Angantyr, K., Rimner, A., Nordén, T., & Norlander, T. (2015). Primary care behavioral health model: Perspectives of outcome, client satisfaction, and gender. *Social Behavior and Personality: An International Journal*, *43*(2), 287-301.

Investing in evidence-based integrated primary and behavioral health care across multiple models would help us meet the current crisis, as more than a decade of research has shown that programs implementing the PCBH model, the collaborative care model (CoCM), and blended models of integrated care can increase access to care and achieve the health care triple aim of improving patient outcomes, increasing satisfaction with care, and reducing overall treatment costs. A comprehensive approach to supporting integrated care was just endorsed by the Primary Care Collaborative (PCC), a multi-stakeholder coalition of more than 60 clinician, patient, employer, and health care organizations committed to establishing an equitable, high value health care system based on effective primary care. PCC shared recommendations on integrating primary care and behavioral health in a letter to HHS Secretary Xavier Becerra and CMS Administrator Chiquita Brooks-LaSure, stating:

> "At present, evidence supports multiple integrated behavioral health delivery models in primary care, including the collaborative care model and the primary care behavioral health model. To maximize the number of patients that can benefit from integrated care across diverse practice settings and communities, primary care payment options must be available to support a variety of evidence-based models of integration. Payment policy that supports multiple care integration models has two additional merits. It can support the development of real-world implementation evidence across diverse populations and spur further innovation in behavioral health integration at the practice level and in practice/payer collaboration.
>
> For these reasons, PCC supports a multi-component policy approach to behavioral health integration."[59]

A concerted effort to promote evidence-based integrated primary and behavioral health is needed because unfortunately, implementation of integrated care remains limited. CMS data show that use of the Medicare behavioral health integration billing codes established by CMS in 2017 roughly doubled

[59] Primary Care Collaborative. (January 26, 2022). *The PCC sends Behavioral Health Integration Recommendation Letter to HHS/CMS* (p. 3). Retrieved from: https://www.pcpcc.org/2022/01/26/pcc-sends-behavioral-health-integration-recommendation-letter-hhscms

between 2018 and 2019, with less than a quarter of providers billing using a psychiatrist-based collaborative care model and more than 70% of providers using a PCBH or similar model of care. However, it appears that well under 1% of Medicare beneficiaries receive care through integrated care model programs.[60] Adoption of PCBH and other integrated care models is often challenging for primary care providers, as they face barriers related to physical office space, the need for improved information technology systems, management procedures, clinical staffing and policies, health records and data tracking practices, and provider education and training.

APA supports the provision of federal financial and technical assistance to aid in the expansion of integrated care, whether provided through partnerships (including state agencies) or through direct aid to primary care providers. Initiatives and incentives to promote integrated care should support implementation of not just PCBH programs, but all evidence-based models of integrated care. Because of differences in providers' patient populations and access to behavioral health providers, there is no "one-size-fits-all" approach to effective integrated primary care. APA urges Congress to continue to give primary care practices the flexibility to choose the model of integrated care that works best for their community and that which will most strongly expand access to integrated primary and behavioral health care, and improve population health.

Continuation of Evidence-Based Mental Health Programs

APA appreciates continued federal support for the Community Mental Health Services Block Grant, which provides a bedrock of support for community-based mental health screening, evaluation, and treatment programs across all states and communities. The effectiveness of any mental health system depends on its recognition of mental health as existing on a spectrum, and its ability to meet the needs of patients wherever they are on that spectrum and wherever they are in the community. Without access to crisis services, patients often find themselves languishing in emergency rooms or seeking treatment in

[60] Centers for Medicare and Medicaid Services. (2021). *Medicare Physician & Other Providers - By Provider and Service Dataset.* Retrieved from: https://data.cms.gov/provider-summary-by-type-of-service/medicare-physician-other-practitioners/medicare-physician-other-practitioners-by-provider-and-service

other inappropriate settings. **We strongly support the CAHOOTS Act (S. 764), which incentivizes state Medicaid programs to cover services provided by round-the-clock mobile crisis teams, and Rep. Bustos' Crisis Care Enhancement Act (H.R. 4305), which reserves a higher set-aside amount under the block grant for crisis services.** The increased funding for these services provided under these bills will, in addition to improving patient outcomes, increase the efficiency of states' mental health care systems and help enable national initiatives around mental health—such as the 988 National Suicide Prevention Lifeline—to reach their full potential.

Ensuring Parity for Behavioral and Physical Health Care

Enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008 promised to end insurance discrimination against individuals with mental health and substance use disorders. Unfortunately, frequent noncompliance with the law and inadequate enforcement has kept us from achieving this promise.

Just last week the U.S. Departments of Labor, Health and Human Services, and Treasury issued their latest joint report to Congress on enforcement of MHPAEA, as required under the law. Importantly, the 2022 MHPAEA enforcement report is the first since Congress established a new enforcement tool under the Consolidated Appropriations Act of 2021 (CAA): the requirement that health plans and issuers perform comparative analyses of their non-quantitative treatment limitations (NQTLs) to demonstrate their compliance with MHPAEA and provide those analyses to the agencies upon request for purposes of determining compliance. Health plans, administrators, and issuers are continuing to apply discriminatory NQTLs (such as preauthorization requirements, admission criteria for provider networks, and reimbursement rates) to mental health and substance use disorder benefits and providers in order to constrain their beneficiaries' use of services.

Most of the responsibility for enforcement has fallen to the Employee Benefits Security Administration (EBSA) within the Department of Labor (DOL), which has jurisdiction over MHPAEA

compliance for approximately 2 million health plans covering more than 136 million Americans. Out of this universe, EBSA has issued 156 letters to plans and issuers requesting comparative analyses for their NQTLs. As the report describes, none of the comparative analyses EBSA reviewed contained sufficient information upon initial receipt. EBSA subsequently obtained sufficient information for a review of NQTLs in 30 plans, and in all cases made an initial determination of non-compliance with MHPAEA.

We applaud the agencies' focus on NQTLs and its new enforcement authority, and for prioritizing review of both in-network and out-of-network reimbursement rates for mental health and substance use providers. A 2019 Milliman Research Report compared health plans' in-network reimbursement rates for behavioral health office visits as a percentage of Medicare-allowed amounts with reimbursement rates for medical/surgical office visits, and found that primary care reimbursement rates were nearly 24% higher than behavioral health visit rates. Not surprisingly, the same study found that consumers were almost five and a half times as likely to go out-of-network for behavioral health services as for medical/surgical primary care. APA frequently hears from psychologists who have chosen to stop participating in insurance plans because of low reimbursement rates and onerous administrative hassles, and this level of frustration is being exacerbated by the heavy demand for services during the pandemic.

The 2022 MHPAEA Report describes DOL's valiant effort to enforce the law, which we commend, but it is clear stronger tools are needed. We strongly support the agency's request for the authority to assess civil monetary penalties for parity violations—for group health plan, issuers, and administrators—as would be established under legislative language included in the House-passed Build Back Better Act. Congress should enact legislation this year to provide this authority.

In addition, we support the **Parity Implementation Assistance Act (S. 1962)** to assist states in using the new enforcement authority granted under the Consolidated Appropriations Act to obtain comparative analyses and information from insurers on their implementation of MHPAEA. States have the authority, but often not the resources, to play a role in enforcing MHPAEA.

Finally, we urge the committee to approve legislation to close the loophole that allows self-funded non-federal government-sponsored health plans to opt out of complying with MHPAEA. Sadly, even after all we've experienced with the mental health effects of the pandemic and the acceleration of drug overdose deaths over the past two years, these plans covering our public servants are far more likely to claim an exemption from mental health parity requirements than for any other type of coverage requirement. It has been 14 years since Congress passed MHPAEA to end discrimination by diagnosis against those in need of mental health and substance use treatment, and now is certainly the time to do the same for government employees. Congress should also eliminate the ability of self-funded non-federal government health plans to opt out of other beneficiary protections, such as benefits described under the Newborns' and Mothers' Health Protection Act of 1996 and the Women's Health and Cancer Rights Act of 1998.

No Surprises Act

APA urges the Committee to investigate the disproportionate impact of the Interim Final Rules issued last year under the No Surprises Act on mental and behavioral health providers. APA and ten of the top mental and behavioral health organizations sent a letter to U.S. Department of Health and Human Services Secretary Xavier Becerra on January 25, 2022, requesting a stay on enforcement of requirements affecting routine mental and behavioral health service.[61] Collectively, we expressed concerns with the impact the IFRs will have on access to mental and behavioral services in communities that have long lacked access to these services. Our practitioners have a long-standing practice of being transparent about fees with their patients as is required under professional ethics codes. We have broad concerns that when CMS develops the rules for Good Faith Estimates (GFEs) for insured patients, insurers will use the information contained in the required Good Faith Estimates (GFEs) as a mechanism or justification to limit treatment beyond the scope of the GFEs. We also urge that those rules do not carry over the flawed Part I dispute resolution provisions identified in the American Medical Association (AMA) and American Hospital Association

[61] American Psychological Association letter to U.S. Department of Health and Human Services Secretary Xavier Becerra. (January 25, 2022). Retrieved from: https://votervoice.s3.amazonaws.com/groups/apaadvocacy/attachments/Sign-on%20letter%20No%20Surprises%20Act.pdf

(AHA) lawsuit. We, and other mental and behavioral organizations, welcome the opportunity to work with the Committee to ensure unnecessary administrative burdens do not take away from the ability of mental and behavioral health providers to provide their patients access to quality treatment.

Investing in Youth Mental Health Research

This is surely the year for Congress to address the growing crisis this Committee has identified by adding significant funds to NIH for an initiative to strengthen youth mental health. **APA is calling for a billion-dollar investment in this initiative: this research would pay dividends for decades.** Mental health issues, particularly for young people, affect their entire trajectory of life,[62] bringing struggles with education, employment, and close relationships. Mental disorders drain our economy through lost productivity and preventable utilization of the healthcare system and add costs within the juvenile justice system, to say nothing of the enormous suffering, the loss, and the personal toll exacted by mental disorders. Through research funded by NIMH, NICHD and NIMHD, we have learned a great deal about how to identify those at risk and engage them in preventive programs. But there is much more to learn and to apply in order to develop interventions, target them appropriately, and treat young people when prevention fails. We need research on primary prevention programs that are ready to be brought to scale, universal socio-emotional skills learning, safe social media interaction, and community-based approaches to support kids' healthy development.

Every year, approximately 1.5 million Americans attempt to end their own lives due to suffering from mental health symptoms. Millions more have significant impairments in their functioning at work and in their relationships as parents and romantic partners. This is largely preventable based on psychological science that could be used to integrate mental health screening, preventions, resilience practices, and evidence-based interventions that we know can significantly reduce mental health symptoms today, and

[62] Veldman, K., Reinjeveld, S. A., Ortiz, J. A., Verhulst, F. C., & Bultman, U. (2015). Mental health trajectories from childhood to young adulthood affect the educational and employment status of young adults: results from the TRAILS study. *J. Epidemiological Community Health, 69*(6). 588-593.

ensure that children are developing with far fewer risks of mental health difficulties in the decades to come.[63]

APA is heartened by the focus on mental health in Congress, and eager to work with this Committee and its members to develop legislation and enact the bills cited above. Your actions now can make all the difference in how many people are treated for their mental health problems and strengthened and fortified against developing problems. Together we can resolve the problems created by an inadequate mental health workforce and improve the capacity of the health care system to serve people who need immediate treatment. Our investment in mental health research now will guide improved prevention and treatment for decades to come. APA is a ready partner and looks forward to working with the Committee to put in place critical changes to our current system of care that will save lives and ensure access to care.

[63] Fortgang, R. G., & Nock, M. K. (2021). Ringing the Alarm on Suicide Prevention: A Call to Action. *Psychiatry*, *84*(2), 192-195. https://doi.org/10.1080/00332747.2021.1907871