

June 29, 2020

Honorable Frank Pallone, Jr.  
Chair  
House Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, DC 20515

Honorable Greg Walden  
Ranking Member  
House Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, DC 20515

Honorable Anna Eshoo  
Chair  
Health Subcommittee  
U.S. House of Representatives  
Washington, DC 20515

Honorable Michael Burgess  
Ranking Member  
Health Subcommittee  
U.S. House of Representatives  
Washington, DC 20515

Re: Hearing on “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis”

Dear Congressman Pallone, Congressman Walden, Congresswoman Eshoo, and Congressman Burgess:

I would like to submit the following information and recommendations for the record on behalf of Mental Health America in response to the June 30, 2020 Energy and Commerce Health Subcommittee hearing entitled “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.”

#### MHA’s Mission

Founded in 1909 by Clifford W. Beers, Mental Health America (MHA) is the nation’s leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of everyone. Today MHA’s programs and initiatives fulfill its mission of promoting mental health and preventing mental illness through advocacy, education, research and services. MHA’s national office and its 200+ affiliates and associates in 41 states work every day to protect the rights and dignity of individuals with lived experience and ensure that peers and their voices are integrated into all areas of the mental health system.

MHA’s work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal. During his stays in public and private institutions, MHA’s founder Clifford Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement.

#### MHA’s Before Stage 4 Philosophy

MHA’s work is guided by its Before Stage 4 (B4Stage4) philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process. When we think about diseases like cancer or heart disease, we don’t wait years to treat them. We start before Stage 4—we begin with prevention, identify symptoms, and develop a plan of action to stop and hopefully reverse the progression of the disease. Like other diseases, it is critical to address symptoms early and plan an appropriate course of action on a path towards overall health.

### Online Screening Data During COVID-19

In May 2020, more than 211,000 people took a free, anonymous online mental health screen at [www.mhascreening.org](http://www.mhascreening.org) a platform operating since 2014. The real time results from screenings continued the upward trends in mental health conditions observed by MHA – and confirmed by recent analysis from the U.S. Census Bureau – since the start of the COVID-19 pandemic. This trend is unprecedented and shows that not only is there not yet any relief from the mental health impacts of the pandemic, but that the negative impacts seem to be spreading and accelerating.

- There have been at least 88,405 additional positive depression and anxiety screening results over what had been expected (using November 2019-January 2020 average as a baseline).
- There have been 54,093 additional moderate to severe depression and more than 34,312 additional moderate to severe anxiety screening results from late February through the end of May.
- The per day number of anxiety screenings completed in May was 370% higher than in January, before coronavirus stress began. The per day number of depression screens was 394% higher in May than in January.
- These impacts on mental health are more pronounced in young people (<25): roughly 9 in 10 are screening with moderate-to-severe depression, and 8 in 10 are screening with moderate-to-severe anxiety.
- “Loneliness and isolation” is cited by the greatest percent of moderate to severe depression (73%) and anxiety (62%) screeners as contributing to mental health problems “right now.”
- In May 2020, 21,165 depression screeners reported thinking of suicide or self-harm on more than half of days to nearly every day, with 11,894 reporting these thoughts nearly every day. Before COVID19, about 4,000-5,000 people monthly reported frequent thought of suicidality or self-harm.
- Special populations are also experiencing high anxiety and depression, including LGBTQ, caregivers, students, veterans/active duty, and people with chronic health conditions.
- This isn’t just affecting people with anxiety and depression, but other mental health conditions, too. Among all psychosis screeners in May, more than 16,000 were at risk of psychosis, and the percentage at risk (73%) also increased.

The critical need for mental health reforms cannot be overstated as the leading disability worldwide continues to be depression, as people with mental illnesses are overrepresented in the U.S. prison system and jails – settings which have been unable to contain spread of COVID-19, as workforce shortages in every state limits the treatment adults and children alike can access, and as racist and xenophobic rhetoric and behaviors are on the rise. Every day our organization heartbreaking stories of individuals desperately seeking care for themselves or someone they love. It is evident by the fact that

many people get no mental health services until they reach the point of crisis—and then get too little, too late – that today’s mental health system is failing; urgent reform is needed.

### Investing in Peer Support Services

Widespread shortages of behavioral health providers across the country leave many Americans without access to needed services. Half of U.S. counties have no behavioral health clinicians. This means that individuals often go without supports that could prevent the costliest outcomes like disability, hospitalization, incarceration, and homelessness.

Peer support specialists are individuals with lived experience of mental health conditions and/or substance use disorders who use a combination of their lived experience, knowledge of systems and services, and formal training to support others in their recovery. Peer support is an evidence-based practice that has existed in behavioral health for decades. For years, peers have worked in state psychiatric hospitals, community mental health centers, and peer-run organizations. Recently, there has been rapid expansion of peer support across settings including primary care offices, emergency departments, addiction services, mobile apps, inpatient psychiatric units, peer-run respites, colleges, jails, and prisons. Wherever there is a need, peers can provide the hope, skills, and resources that move people from disability to ability.

During COVID-19, MHA’s peer-run affiliate Mental Health Association of Nebraska transitioned its weekly peer support group to a virtual platform and opened the meeting up to the public. People experiencing mental health challenges all over the world have participated in the meeting which provides a safe forum to collectively grieve and share concerns about the time, share poems, exchange stories of despair and hope, and otherwise create a virtual network of support during a highly stressful time.

Research and experience show that peer support specialists have a transformative effect on both individuals and systems. Both quantitative and qualitative evidence indicate that peer support lowers the overall cost of mental health services by reducing re-hospitalization rates and days spent in inpatient services, increasing the use of outpatient services. When working with individuals with mental health conditions, peers have been shown to reduce rates of hospitalizations and emergency department use, while improving quality of life, management of co-morbid health conditions, and engagement with services.

MHA recommends the Congress:

- Continue expanding coverage of peer services in Medicare Part A and B as was already done in Medicare Advantage,
- Expand the Behavioral Health Education and Workforce Training program under the Department of Health and Human Services to fund peer support specialist certification and faster integration into clinical settings,
- Increase funding for peer support and virtual peer support through the Substance Use and Mental Health Services Administration (SAMHSA), and

- Ensure peer support services are equipped to support black, indigenous and people of color through creation of a grant for peer workforce diversity at the Health Resources and Services Administration (HRSA).

Additional Investment

MHA also has a long history of supporting many of the bills discussed in today's hearing. For example, we are one of the leading organizations supporting school based mental health and H.R. 1109, the Mental Health Services for Students Act, as consistent with our emphasis on early intervention. We strongly encourage the committees to address mental health equity and further research and funding to prevent the increase in black youth suicide as authorized in H.R. 5469, the Pursuing Equity in Mental Health Act. We fully support suicide prevention efforts and are working to ensure enactment of H.R. 4194, the Suicide Hotline Designation Act, full funding for the Suicide Prevention and Mental Health Crisis Lifeline, and other suicide prevention and crisis care funding bills. We believe that parity enforcement needs to be significantly strengthened and the current bills – H.R. 2874 and 3165 – are a positive step toward more comprehensive enforcement. Finally, we are grateful for the significant increase in funding for the Community Mental Health Block Grant in the H.R. 6800, the HEROES Act, and urge retention of this funding in any final COVID-19 package.

Thank you for your consideration of these important recommendations to meet growing mental health needs across the country. MHA looks forward to continuing to work with the Energy and Commerce Committee and the Health Subcommittee to meet the mental health needs of the American public.

Sincerely,



Mary Giliberti  
Executive Vice President  
Mental Health America



Caren Howard  
Advocacy Manager  
Mental Health America