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Statement for House Labor-HHS-Education Appropriations Subcommittee
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Chairwoman DeLauro, Ranking Member Cole, and Members of the Subcommittee, on behalf of the National Alliance on Mental Illness (NAMI), thank you for your focus and support of mental health. As the nation's largest grassroots mental health organization representing people with mental health conditions and their families, I applaud your continued bipartisan commitment to transforming our nation's mental health system and addressing the urgent needs of Americans amidst our ongoing mental health crisis. The mental health challenges we face as a country have grown exponentially due to the COVID-19 pandemic. Our country is at a breaking point, and if we don't invest, we will collectively pay the price for years—even decades—to come.

NAMI is dedicated to building better lives for the millions of people affected by mental illness. NAMI is a voice for youth, veterans and service members, individuals experiencing homelessness and justice system involvement, family caregivers, and anyone impacted by mental health conditions. As you consider spending levels for Fiscal Year 2023, I appreciate the opportunity to discuss NAMI's priorities to address our country's mental health emergency.

First, we must address the youth mental health crisis. Our children are struggling. For decades we have seen our nation's collective mental health decline and the COVID-19 pandemic has stretched America's already-fragmented mental health system even further. We see the impact every day with our neighbors and friends, within our own families and, most profoundly, with our nation's children. There are unprecedented numbers of children experiencing anxiety, depression, and suicidal thoughts. More than [half](#) of parents express concern over their children's mental well-being – something we hear daily from parents coming to NAMI for help. The

Surgent General issued a rare [public advisory](#) in 2021 warning about a “devastating” mental health crisis facing America’s children. Our nation’s leading youth medical organizations declared a [national emergency](#) in children’s mental health. America’s children are calling out for help. Congress must answer the call.

Since children spend much of their productive time in educational settings, schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are. Investments in school-based mental health services are critically necessary to support children’s mental health. And it is truly an investment – funding that will help avoid more serious and tragic outcomes, including suicidal ideation and death by suicide. For these reasons, NAMI urges this Subcommittee to include the President’s proposed \$1 billion request for the School-Based Mental Health Services Grant Program to vastly increase the number of counselors, nurses, school psychologists, social workers, and other health professionals in schools in a FY23 appropriations package.

Another significant problem for youth mental health is a severe shortage of mental health providers, particularly those who treat children and youth. To address this challenge, NAMI urges this Subcommittee to include \$14 million for the Pediatric Mental Health Care Access (PMHCA) program. PMHCA promotes behavioral health integration into pediatric primary care by funding state or regional networks of pediatric mental health teams. These teams provide teleconsultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions and substance use disorders. This is an important opportunity to address children’s mental health needs in a place they often visit for their well-child visits: pediatricians’ offices. These consultations provide pediatricians with the confidence and knowledge to directly diagnose and treat many of

the more common mental health conditions they see in children, alleviating the chronic workforce shortages in the mental health community.

Sadly, our nation's mental health crisis does not end with our children. Nearly 2 in 5 adults struggled with mental health issues in 2020, compared to about 1 in 5 adults before the pandemic. While our goal is to help children and adults as early as possible when they experience symptoms of a mental health condition, we know that too many people experience mental health, suicide or substance use crises. Unfortunately, they often do not receive a mental health response. **NAMI urges this Subcommittee to leverage our once-in-a-generation opportunity to reimagine the way our nation responds to people in a mental health crisis.**

Thanks to your leadership, we will have nationwide availability of 988, the new three-digit number to access the National Suicide Prevention Lifeline, in July. Trained crisis counselors will answer 988 contacts, providing de-escalation and mental health interventions and ideally coordinate connections to additional services and help in their community.

While the establishment of 988 is a great step forward to help people more easily access help, it's only the first step. A fully developed crisis response system must be responsive to anyone, anywhere, at any time through 24/7 local call centers, mobile response teams staffed by mental health professionals, and crisis stabilization services that connect people to follow-up care. Unfortunately, this full continuum is not available in most communities today. Currently, the nationwide network of call centers relies on a patchwork of inadequate funding, leaving insufficient capacity to meet current needs, let alone the anticipated increase in demand after 988 is available. There is a growing availability of mobile crisis teams, but demand still far outstrips supply, particularly for children. There is a dearth of crisis stabilization programs nationwide and widespread shortages of behavioral health professionals to staff crisis response services.

We deeply appreciate this Committee's leadership in providing funding to states for 988 and crisis services as part of the American Rescue Plan's Fiscal Recovery Funds and FY22 appropriations. While these resources provide critical funding to help implement important infrastructure, we know that future demand will only increase, putting more strain on this system. We also must recognize that significantly more resources will be needed to implement a complete 988 crisis system. We urge Congress to use its power of the purse, as well as its broad oversight and legislative authorities, to ensure all communities can appropriately respond to people in mental health and suicidal crisis by robustly funding the Lifeline, including local call centers, and associated crisis response services.

We thank this Subcommittee for including \$10 million for a new Mental Health Crisis Response Pilot Partnership grant program in FY22 to support communities in developing crisis services. While this federal support will help, more is needed. We urge you to include an additional \$100 million in FY23 to build communities' capacity to respond to mental health crises through the creation of mobile crisis teams. Expanding the availability of these teams through this grant program will reduce our dependence on the high-cost and ineffective status quo response to behavioral health emergencies: the overuse of law enforcement and emergency departments. We also urge this Subcommittee to include funding for a public awareness campaign, estimated by SAMHSA in a report to Congress to cost \$100-\$225 million, to make people aware of the lifesaving services available through 988 that Congress has made possible.

The mental health needs across the country are as diverse as the people who make up our communities. **We urge this Subcommittee to support access to a range of mental health services by increasing overall funding for the Community Mental Health Services Block**

Grant (MHBG). Since 1992, the MHBG has helped expand the nation's mental health infrastructure by providing funding for community-based mental health services to all states and territories. The block grant's flexibility and stability have made it vital in its support of public mental health systems, serving 8 million individuals in 2021. There is no more urgent a time than now to invest in this critical safety net to help states meet the unprecedented demand for mental health services. We urge you to include the President's request for a historic \$1.7 billion investment in the MHBG, coupled with a doubling of the evidence-based crisis care set-aside from 5 percent to 10 percent and establishing a 10 percent set-aside for prevention and early intervention. The MHBG will give our communities the flexibility to respond to our nation's mental health crisis in the way that addresses the needs in their community.

Finally, while we focus on today's urgent needs, we must also look to the future and invest in research for improved understanding and treatment of mental illness. We cannot lose focus on the need to adequately fund the National Institute of Mental Health (NIMH). NIMH's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Without adequate funding for research at NIMH, we are sacrificing the cures of tomorrow. Therefore, NAMI urges this Subcommittee to fund NIMH at \$2.248 billion for FY23, a five percent increase similar to other Institutes at NIH. This will enable the NIMH to better develop more effective treatment options for serious mental illness and continue to perform its life-altering and lifesaving research.

Thank you for this opportunity and the leadership you have demonstrated in advancing mental health. NAMI looks forward to working with the Committee to turn this breaking point into a defining moment where we change the paradigm of the way we treat people with mental illness.