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Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health & Human Services
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Submitted electronically via Email

RE: 2023-2026 National Health Security Strategy

To Whom It May Concern –

The American Psychological Association (APA) appreciates the opportunity to comment on the 2023-2026 National Health Security Strategy (NHSS) request for information. This request represents a step in the right direction towards ensuring that stakeholders across disciplines are represented in future efforts to identify and respond to future health emergencies. APA is the largest scientific and professional organization representing psychology in the U.S., numbering over 133,000 researchers, educators, clinicians, consultants, and students. Psychologists and other mental and behavioral health professionals play a vital role in a comprehensive response to public health emergencies and must be considered when developing strategic plans for preparation and response.

What are the most critical national health security threats and public health and medical preparedness, response, and recovery challenges that warrant increased attention over the next five years?

COVID-19

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 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.

Children's Mental Health

One of the more alarming current trends is the impact of the COVID-19 pandemic on youth mental health, including among children who did not previously exhibit symptoms of a behavioral health disorder.⁷ The mental health of children is frequently tied to the overall health, safety, and stability of 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.⁸ Recent data show that nearly 10% of U.S. children lived with someone who was mentally ill or severely depressed.⁹ Furthermore, since the start of the pandemic, over 167,000 children have lost a parent or caregiver to the virus.¹⁰ This kind of profound loss can have significant impacts on the mental health of children, leading to anxiety, depression, trauma, and stress-related conditions that can last into adulthood.

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

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/>

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>

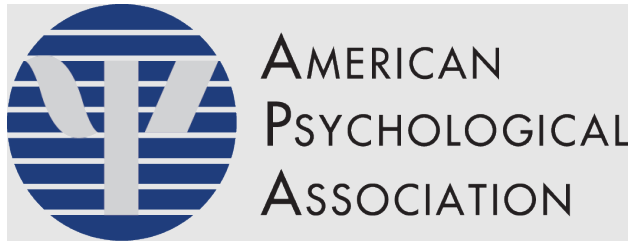
⁷ Osgood, K., Sheldon-Dean, H., & Kimball, H. (2021). *2021 Children's Mental Health Report: The Impact of the COVID-19 Pandemic on Children's Mental Health*. Child Mind Institute. Retrieved from: <http://wvspa.org/resources/CMHR-2021-FINAL.pdf>

⁸ 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

⁹ 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>

¹⁰ 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.



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.¹¹ In recent months, children's hospitals have reported their highest number of children "boarding" in hospital emergency departments awaiting treatment.¹² 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 2019.¹³ 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.¹⁴ Considering the rarity of 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.

Mental Health Inequities

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.¹⁵ 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.¹⁶ 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.¹⁷ 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.¹⁸ Additionally, young people within other

¹¹ 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>

¹² 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

¹³ 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

¹⁴ 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>

¹⁵ 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>

¹⁶ 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>

¹⁷ 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>

¹⁸ 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.



marginalized populations, including those who identify as LGBTQ+ and children with developmental and physical disabilities, have been disproportionately impacted.¹⁹

In addition, health inequities can influence both the prevalence and risk of chronic behavioral health conditions emerging in certain communities, a community's ability to access health care, health care providers' ability to offer care suited to that community's needs, and the overall outcomes. These outcomes are influenced by the social determinates of health (SDOH) which include economic stability, education, health care systems, neighborhood, physical environment, and one's social and community context.²⁰ Efforts to address chronic behavioral health conditions – such as depression, substance abuse, eating disorders, bipolar disorder, obsessive compulsive disorder, and post-traumatic stress disorder – without adequate attention to the social determinates of health that influence health outcomes have limited effectiveness as they do not take into account social needs (e.g., food insecurity, insufficient housing, lack of transportation, and underemployment) that interfere with optimal engagement in healthy behaviors and active treatment and therapy.⁶

Population health

Many of today's key population health issues - including vaccination, climate change, addiction, violence, and trauma - involve important psychological components. Research shows, along with experience of the COVID-19 pandemic, that planning for these issues must be considered in public health preparedness and national security planning.

A population health approach focuses on improving the health, health equity, safety, and wellbeing of entire populations, including individuals within those populations. This approach is supported by a multidisciplinary science base from psychology as well as sociology, cultural anthropology, medicine, economics, education, and other disciplines. Population health aims to address the cultural, economic, systemic, historical, environmental, and occupational contexts that influence health status, wellbeing, and functioning across the lifespan. Its ultimate goal is equitable human flourishing.

APA affirms that an individual's health cannot be considered in isolation from the relationships, communities, and societies to which they belong. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks,

¹⁹ 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

²⁰ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2030). *Healthy People 2030*. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



income, racism and discrimination of other historically minoritized groups, social connectedness, and stigma; these often exist systemically and structurally, outside of individuals. To advance population health, a biopsychosocial perspective is important across the lifespan, and across the communities and settings where people live, work, learn, and play.

The term “population health” may have different connotations in various contexts, but for its own activities, APA recognizes population health as a multi-tiered approach that includes: 1) universal provision of preventative tools and health promotion for all people, families, and communities; 2) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and 3) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress. Future health security frameworks should be devised using a population health perspective.²¹

Climate Change

Our climate is changing at an unprecedented and alarming rate with profound impacts on human life. Climate change-fueled acute disaster events are causing deleterious impacts on human health and must be considered when planning for future health emergencies. Longer term climate change leads to temperature-related illness and mortality, spread of vector-borne disease, respiratory issues and allergic response, compromised fetal and child development, and threats to water and food supply and safety — among other impacts.

There is growing recognition that climate change can have negative impacts on social relationships, mental health, and brain development.²² These impacts are generally tied to the effects of heat, disasters, and disease and are often greatest among groups that also face other challenges, including communities of color and communities that are economically disadvantaged. While the destructive impacts of climate change will be felt by everyone, the burdens will fall heavily on those oppressed by historic and present day social, economic, and political power dynamics. No group is homogenous, however those who are economically disadvantaged, from communities of color, are indigenous, children, older, or women, have disabilities or pre-existing mental health conditions, or are outdoor workers may be more prone to mental health difficulties as climate change exacerbates preexisting vulnerabilities. Structural and systemic racism, discrimination, disinvestment, and other challenges coupled with high

²¹ American Psychological Association. (2022, February). *Psychology's Role in Advancing Population Health*.

²² Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, DC: American Psychological Association and ecoAmerica. (<https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf>)



exposure to climate impacts can lead to: stress, anxiety, depression, mood disorders, PTSD, mental illness, suicide, neurological complications, behavioral problems, cognitive deficits, reduced memory, academic performance, and IQ, violence, crime, higher exposure to violence and crime, and higher rates of incarceration. Some medications used to treat mental illness make people more susceptible to the effects of heat. The impacts of climate change on mental health can seem overwhelming, however solutions are accessible and abundant. Individuals, families, practitioners, policymakers, community and human service organizations, and communicators can all help to build individual and community-wide resilience with shared responsibility, and to bring about solutions to climate change in order to protect mental health and well-being.

In partnership with ecoAmerica, APA has documented these impacts in two major reports, the first of which served as an important source for the 2016 U.S. Climate and Health Assessment.²³ An updated report was recently released in early 2022.²⁴ Also, APA is collaborating with other U.S. health organizations to design and advocate for public health policies and programs that will strengthen community-based psychological resilience in the face of climate change, in order to prevent negative mental health consequences and to facilitate early interventions when needed.²⁵ Findings from these reports are important in planning a comprehensive response to future health emergencies caused by climate change.

What medium-term and long-term (i.e., over next five years) actions should be taken to mitigate these challenges at the federal government and/or state, local, tribal, and territorial level?

Strengthening the Mental Health Care Workforce

A strong mental health workforce is critical to combating the long-term impact of health emergencies and remedying longstanding access gaps. Nationwide, even before the COVID-19 pandemic, the U.S. was facing a serious shortage of mental and behavioral health providers, including psychologists, with every state having documented mental health professionals

²³ Clayton, S., Manning, C. M., & Hodge, C. (2014). *Beyond storms and droughts: The psychological impacts of climate change*. Washington, DC: American Psychological Association and ecoAmerica. (https://ecoamerica.org/wp-content/uploads/2014/06/eA_Beyond_Storms_and_Droughts_Psych_Impacts_of_Climate_Change.pdf); Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, DC: American Psychological Association and ecoAmerica. (<https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf>)

²⁴ American Psychological Association (2022). *Addressing the Climate Crisis: An Action Plan for Psychologists*. Washington, DC: <https://www.apa.org/news/press/releases/2022/02/psychology-climate-change>.

²⁵ Belkin, G. (2020). Leadership for the social climate. *New England Journal of Medicine*, 382, 1975-1977. (<https://www.nejm.org/doi/full/10.1056/NEJMp2001507>)



shortage areas.²⁶ By 2030, these shortages are projected to worsen significantly,^{27 28} with rural communities facing major challenges in recruiting licensed mental and behavioral health care professionals.²⁹

Before the COVID-19 pandemic, there was a projected shortage of over 13,000 psychologists by 2030.³⁰ With the rising mental and behavioral health needs, this shortage is expected to grow significantly. Increased funding and efforts of programs 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 anticipated mental health needs of the entire nation.

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.^{31 32} 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.³³ 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 of difficulties with learning, addiction to substances, lower employment prospects, and involvement with the criminal justice system.³⁴

Schools 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

²⁶ 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>

²⁷ 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>

²⁸ 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>

²⁹ Rural Health Information Hub. (2021). *Rural Mental Health*. RHHub. <https://www.ruralhealthinfo.org/topics/mental-health>

³⁰ 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>

³¹ 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>

³² 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.

³³ 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>

³⁴ 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.



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.³⁵

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 pandemic-related learning loss,³⁶ and reduce the frequency and severity of mental health and substance use disorders.³⁷ 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, or a public health emergency has been declared, we must address the factors that lead to such experiences earlier in life, including by ensuring that our behavioral health system is focused on prevention, early detection, and early intervention. 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 both by increasing and retaining a highly skilled workforce of diverse, culturally competent school-based mental health professionals, as well as providing more training to teachers on incorporating social and emotional competencies into classroom curriculum. This would help build critical skills such as resiliency, motivation and engagement, problem-solving, emotional intelligence, agency, and relationship building.

Investing in Youth Mental Health Research

Mental health issues, particularly for young people, affect their entire trajectory of life,³⁸ bringing struggles with education, employment, and close relationships. Mental disorders drain our economy through lost productivity and preventable utilization of the healthcare system and

³⁵ 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>

³⁶ 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>

³⁷ 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>

³⁸ 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.



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. Additionally, the Institute of Education Sciences (IES) supports research, reports data, and produces evidence-based resources to help improve educational outcomes for all students. 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, with the number increasing during a public health emergency. 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 ensure that children are developing with far fewer risks of mental health difficulties in the decades to come.³⁹

What public health and medical preparedness, response, and recovery opportunities or promising practices should be capitalized on over the next five years?

APA agrees that response to a public health emergency should be part of the Assistant Secretary for Mental Health's duties and the Substance Abuse and Mental Health Administration's (SAMHSA) strategic plan. In addition to SAMHSA, however, coordination with the Centers for Disease Control and Prevention (CDC) is critical. Coordination with CDC is important to integrate and learn from the tremendous impact of public health emergencies on behavioral health and the importance of integrating mental health, suicide prevention, and substance use disorders into a federal response. COVID-19, as an example of a public health emergency, and the mental health and substance use crises in this country are "compounding crises" and must be addressed together.

³⁹ 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>



We further recommend CDC to work with SAMHSA to develop an integrated approach to whole health in a pandemic in each agency's strategic plan. CDC currently works to promote mental health in programs affecting critical sectors, such as education and employment, that have been particularly affected by COVID-19 and would be implicated in future pandemics. CDC's National Institute for Occupational Safety and Health has prioritized mental health in its Total Worker Health program. CDC's Healthy Schools program provides extensive technical assistance to state education agencies and mental health has been a prominent request from the states. The agency's Division of Adolescent and School Health, which supports local education agencies, included a strategic imperative in its latest strategic plan to "support schools to make resilience, well-being, and good mental health ubiquitous and equitable."

CDC also collects data and develops population-level prevention approaches to drivers of mortality, including suicide and overdoses. The National Center for Health Statistics collects much of the data in behavioral health and has tracked changes from the pandemic. The National Center for Injury Prevention and Control works on suicide and overdose prevention. All of these programs are relevant to a public health emergency response and should be considered in the strategic plan for addressing future pandemics.

SAMHSA has an important role in working with other agencies to facilitate addressing mental health within their areas of expertise. For example, SAMHSA works with the Centers for Medicare and Medicaid Services (CMS) on financing behavioral healthcare and with the Health Resource Services Administration (HRSA) on expanding the behavioral health workforce. SAMHSA is not tasked with these agencies' responsibilities, but instead, brings its expertise to ensure a comprehensive approach in each agency. Similarly, a public health response to pandemics must integrate behavioral and physical health and should require close collaboration between SAMHSA and CDC with both agencies informing the strategic planning of the other agency. SAMHSA's greatest value is its expertise in mental health and addiction systems and treatment. CDC also has a critical role to play in bringing the preventive, public health, and population-level perspectives to addressing the crisis. SAMHSA's role in mental health could be bolstered by better coordination with the public health expertise of CDC. In fact, CDC detailed an expert in public health campaigns recently to SAMHSA to help with communication around the new crisis hotline because it recognized that public health communication is not its area of expertise. Accordingly, these agencies should work together on their respective strategic plans so CDC's plan will integrate mental health and addiction into public health and SAMHSA's and HHS's broader plan can better respond to the need for mental health and addiction services during a pandemic with a broader range of strategies and evidence.



Along with SAMHSA, the Department of Education also funds several key programs that provide school-based mental health services and address the social and emotional needs of students. Greater coordination between these two agencies, including with respect to data collection efforts, would help increase the effectiveness of their programs and their ability to holistically provide care for young people in our nation's schools.

When considering how best to prepare for the next public health emergency, it is increasingly important to understand how misinformation affects people's understanding of the COVID-19 public health crisis and their decision making. The World Health Organization has declared we are experiencing an "infodemic that continues to undermine the global response and jeopardizes measures to control the pandemic".⁴⁰ This infodemic is exemplified by an overabundance of both online and offline information and co-evolved with the COVID-19 epidemic; to improve communication, equal consideration should be given to the health and information aspects.⁴¹ Misinformation is dangerous; without being able to believe the information being shared, people may opt not to use all available tools to improve their safety and the safety of the larger community.

Psychological research suggests several methods for countering misinformation as general warnings have proven ineffective.⁴² One method is to debunk incorrect information once it's been shared; however, a more effective method of "prebunking" has been developed. Another method for reducing people's willingness to believe misinformation is to help them deliberate and think about the information.⁴³ Data suggest that people share information on social media without giving much thought to its accuracy, but, when prompted, in a lab setting, to assess the validity of an unrelated headline, participants were then more discerning in what information they would share. Further evidence supporting the theory that helping people to slow down and deliberate about the information they are consuming is research that found people are more susceptible to misinformation when they fail to carefully consider the information, regardless of whether it aligns with their political beliefs.⁴⁴ Additionally, morality plays a significant role in people's acceptance of corrective information (pointing out what is

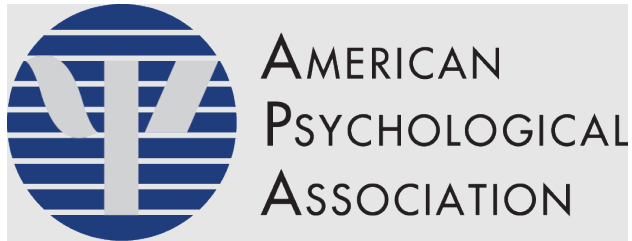
⁴⁰ World Health Organization, (2020) *Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation*, <https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation>

⁴¹ Gallotti, R., Valle, F., Castaldo, N. *et al.* Assessing the risks of 'infodemics' in response to COVID-19 epidemics. *Nat Hum Behav* 4, 1285–1293 (2020). <https://doi.org/10.1038/s41562-020-00994-6>

⁴² Greene CM, Murphy G. Quantifying the effects of fake news on behavior: Evidence from a study of COVID-19 misinformation. *J Exp Psychol Appl*. 2021 Dec;27(4):773-784. doi: 10.1037/xap0000371. Epub 2021 Jun 10. PMID: 34110860.

⁴³ Bao, H., Cao, B., Xiong, Y., Tang, W., 2020. Digital Media's Role in the COVID-19 Pandemic. *JMIR mHealth and uHealth* 8, e20156.. doi:10.2196/20156.

⁴⁴ Bago, B., Rand, D. G., & Pennycook, G. (2020). Fake news, fast and slow: Deliberation reduces belief in false (but not true) news headlines. *Journal of Experimental Psychology: General*, 149(8), 1608–1613. <https://doi.org/10.1037/xge0000729>



untrue) and tailoring messages correcting COVID-19 misconceptions to connect with the morality of the recipients helps them receive the information.⁴⁵ Narrative methods for disseminating information may be more effective in influencing actual health attitudes and behaviors.⁴⁶ This is supported by another research group who found that using people-centered, first-person narratives with emotional language may help communicate pro-vaccine messages, by using narrative stories to personalize the issue.⁴⁷

Further research is needed to understand the complex interactions between demographic factors such as age and misinformation. To reach the broadest possible audience, public health authorities must work to build relationships with trusted, influential stakeholders and media companies in order to reach culturally and linguistically diverse groups ([Pickles et al.](#), 2021).

APA again thanks you for the opportunity to comment on this policy. If APA can be of any further assistance, please contact Corbin Evans, Senior Director of Congressional and Federal Relations, at CEvans@APA.org.

A handwritten signature in black ink, appearing to read "Katherine Burnett McGuire".

Katherine Burnett McGuire, MS

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⁴⁵ Trevors, G., & Duffy, M. C. (2020). Correcting COVID-19 Misconceptions Requires Caution. *Educational Researcher*, 49(7), 538–542. <https://doi.org/10.3102/0013189X20953825>

⁴⁶ Gesser-Edelsburg A. Using Narrative Evidence to Convey Health Information on Social Media: The Case of COVID-19. *J Med Internet Res*. 2021 Mar 15;23(3):e24948. doi: 10.2196/24948. PMID: 33674257; PMCID: PMC7962859.

⁴⁷ Germani, F., Biller-Andorno, N., 2021. The anti-vaccination infodemic on social media: A behavioral analysis. *PLOS ONE* 16, e0247642.. doi:10.1371/journal.pone.0247642.