

February 4, 2022

The Honorable Patty Murray
Chair
Health, Education, Labor and Pensions
Committee
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Health, Education, Labor and Pensions
Committee
217 Russell Senate Office Building
Washington DC 20510

Dear Chair Murray and Ranking Member Burr:

Thank you for developing the draft PREVENT Pandemics Act and providing an opportunity for input into the final bill. We are leading mental health, suicide prevention, and substance use organizations writing to provide recommendations for strengthening the integration of public health and behavioral health in the draft legislation.

First, we applaud you for including mental health and substance use in section 112 of the bill. We appreciate the efforts to support access to mental health and substance use services during a public health emergency. We agree that response to a pandemic 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, it is critical for the bill to direct the Centers for Disease Control and Prevention (CDC) to integrate and learn from the tremendous impact of COVID-19 on behavioral health and the importance of integrating mental health, suicide prevention, and substance use into a pandemic response. As witnesses testified before your committee recently, COVID-19 and the mental health and substance use crises in this country are "compounding crises" and must be addressed together. Accordingly, we seek a second part of the mental health section that clarifies that public health is defined throughout the bill as physical and behavioral health.

We also seek to ensure that social determinants of health take into account the effect of these determinants on behavioral health. We fully support the inclusion of Sec. 201, which establishes a grant program to support evidence-based and evidence-informed projects to reduce health disparities and improve health outcomes. As the American Psychological Association has written, there is a critical need for adoption of a population health framework that recognizes the inextricable link between physical and mental health in order to achieve national health equity goals.¹ Population health interventions carefully consider social determinants of health and how they contribute to adverse health outcomes in diverse populations. Social determinants of health

¹ Evans AC, Bufka LF. *The Critical Need for a Population Health Approach: Addressing the Nation's Behavioral Health During the COVID-19 Pandemic and Beyond*. Prev Chronic Dis 2020;17:200261. DOI: <http://dx.doi.org/10.5888/pcd17.200261>

can exacerbate pre-existing physical and mental vulnerabilities, create stressors and result in negative mental health outcomes.

We further recommend requiring CDC to work with SAMHSA to develop an integrated approach to whole health in a pandemic in each agency's strategic plan. Moreover, the bill should include express references to behavioral health in CDC strategic planning, data collection, workforce development, outreach efforts, and other aspects of readiness throughout the bill.

Effect of COVID-19 on the Nation's Behavioral Health

Throughout the pandemic, data collected by the CDC and other agencies have indicated that mental health and addiction has worsened. For example, in the first year after the pandemic, over 30% of adults in the U.S. reported symptoms of anxiety and/or depression, up from 11% pre-pandemic. Opioid and other substance use has also worsened. Deaths due to drug overdoses increased by nearly 30% from 2019 to 2020 and the most recent data from CDC indicated that annual overdose deaths exceeded 100,000 individuals in 2021, an almost 30% increase from the year before.

Mental Health America has an online screening program on its website providing real-time data on the pandemic. Its data confirms the toll of the pandemic on youth, which now make up 40% of screeners, up from 33% pre-pandemic. MHA's [report](#) indicates high rates of depression, anxiety, loneliness and grief have been experienced during the pandemic with a disproportionate impact on youth, LGBTQ individuals and people of color. The Surgeon General recently issued an [advisory](#) on protecting youth mental health that noted the exacerbating effects of COVID-19 and the American Academy of Pediatrics, American Academy of Adolescent and Child Psychiatry and the Children's Hospital Association have [declared](#) a national emergency in children's mental health, citing the serious impact of the COVID-19 pandemic on top of existing challenges.

Physical Health Impact of COVID-19 on People with Mental Health Conditions

Another important impact of COVID-19 is increased mortality and morbidity for people who have schizophrenia and mood disorders. International research, including two comprehensive meta-analyses, confirms that those with schizophrenia and mood disorders are more at risk for severe illness and mortality from COVID-19. A study published in the Journal of the American Medical Association found that individuals with a diagnosis of schizophrenia were 2.7 times as likely to die from COVID-19 as others without this condition, and schizophrenia ranked "second behind age in strength of an association among all demographic and medical risk factors examined in this sample."²

Throughout the pandemic, mental health advocates urged CDC to be more proactive in addressing the needs of individuals with mental illness. Multiple letters urged classification of schizophrenia and mood disorders as high-risk conditions, but it took over 6 months from the

² Katlyn Nemani et al., *Association of Psychiatric Disorders With Mortality Among Patients With COVID-19*, J. Amer. Med. Ass'n, at E1, <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2775179>.

first letter and multiple follow-up communications for the list to be updated. Advocates also raised several other issues that will be important to consider in any future pandemic, including outreach for vaccinations and reduction in census in psychiatric facilities and jails and prisons, given the disproportionate number of people in jails and prisons with mental health conditions. As this bill seeks to incorporate the lessons from COVID-19 into future pandemic response, it is critical that mental health is integrated into pandemic response and the needs of people with mental health conditions are included.

Why CDC's Behavioral Health Programs Should Be Included in the 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 pandemic response and should be considered in the strategic plan for addressing future pandemics.

SAMHSA's Role in Integrating Behavioral Health Throughout HHS

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.

Legislative Recommendations

Include behavioral health as part of public health, social determinants of health and the medical response to a pandemic

Although health should include both physical and behavioral health, the United States has a long history of treating them differently. Your committee has worked on parity enforcement in recognition of that discriminatory treatment and has also recognized the stigma that relegates

behavioral health to second class status. Because of that history and stigma, it is important that the bill expressly note that every mention of public health includes behavioral and physical health and all mentions of social determinants of health include social determinants of mental health.

Also, we would strongly recommend that each place the phrase “public health and medical response” is used in the bill, it is replaced with “public health and behavioral/medical response.” The phrase is currently used in the bill to indicate that a pandemic requires both a public health and a medical response by hospitals and healthcare workers. Similarly, the pandemic requires a behavioral health response by hospitals and healthcare providers. It is well documented that emergency rooms have been overwhelmed with patients seeking behavioral healthcare and this has impacted the ability to serve those with COVID-19 and psychiatric beds were being used for COVID-19 patients, creating further shortages for acute beds. Witnesses have testified to the impact of behavioral health needs on emergency room capacity and it is critical for the CDC to assess both behavioral and physical impacts of a pandemic on the nation’s capacity to respond.

Include behavioral health in each section of the bill, including but not limited to the strategic plan, workforce, and data collection

Behavioral health should be expressly considered and included in each section of the bill so each part of CDC working on that part of pandemic response will adequately consider the behavioral health aspects of their work. For example, data collection during the pandemic has tracked the emergency room use for mental health services. As CDC reviews the data collection processes, behavioral health surveillance should be included in its review, not just the data issues involved in the physical aspects of COVID-19. The same is true of the workforce provisions, where public health agencies could better integrate a behavioral health lens across programs to increase the effectiveness of each strategy pursued. The focus on community health workers in particular brings an opportunity to expand the effectiveness of the nation’s behavioral health response. For example, there is a growing body of evidence on the effectiveness of training community health workers in brief, non-clinical behavioral health interventions to extend the impact of existing behavioral health care systems.^{3,4} In addition, individuals with lived experience of behavioral health conditions (often called peer support specialists) could be employed alongside community health workers to better respond to behavioral health needs in the community. Public health communications are another area where behavioral health should be deployed. Combating and countering misinformation and disinformation are essential to an effective response to public

³ Kola L, Kohrt BA, Hanlon C, Naslund JA, Sikander S, Balaji M, Benjet C, Cheung EY, Eaton J, Gonsalves P, Hailemariam M. *COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health*. The Lancet Psychiatry. 2021 Feb 24.

⁴ Malik K, Michelson D, Doyle AM, Weiss HA, Greco G, Sahu R, EJ J, Mathur S, Sudhir P, King M, Cuijpers P. *Effectiveness and costs associated with a lay counselor–delivered, brief problem-solving mental health intervention for adolescents in urban, low-income schools in India: 12-month outcomes of a randomized controlled trial*. PLoS medicine. 2021 Sep 28;18(9):e1003778.

health crises.⁵ We applaud Section 104 of the draft, which seeks to ensure that psychologists, who are experts in human behavior, are part of the response team agencies deploy when addressing vaccine misinformation and we would like to see other parts of the bill similarly include behavioral health. We look forward to providing the committee with suggested line edits for these sections of the bill.

Expressly require collaboration between SAMHSA and CDC to improve pandemic response

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, this legislation should require that the agencies work together on their respective strategic plans so CDC's plan will integrate mental health and addiction into public health and SAMHSA's plan can better respond to the need for mental health and addiction services during a pandemic with a broader range of strategies and evidence.

In future legislative efforts, consider the need for additional coordination and programs at CDC for mental health with a focus on youth

At the recent committee hearing, there was much discussion of the need for prevention and early intervention for mental health. CDC is the agency charged with developing prevention strategies and implementing them in public health departments, schools, workplaces and communities. Although CDC does some work in mental health in multiple sectors, it should be expanded and coordinated, especially for youth. We recommend that your committee consider additional legislation as part of its upcoming mental health package that sets forth a public health approach to the mental health crisis, particularly for youth, and expands relevant programs.

Thank you again for the opportunity to comment on this important legislation. We look forward to working with you to fully integrate behavioral health into CDC's pandemic response work and providing more detailed information, including potential legislative text, if helpful. If you have any questions, please contact Mary Giliberti, Chief Public Policy Officer for Mental Health America, at mgiliberti@mhanational.org.

Sincerely,

American Foundation for Suicide Prevention

American Psychological Association

⁵ Abrams, Zara, *Controlling the spread of misinformation Psychologists' research on misinformation may help in the fight to debunk myths surrounding COVID-19*. American Psychological Association. Vol. 52 No. 2y. 2021 March 1. <https://www.apa.org/monitor/2021/03/controlling-misinformation>

Inseparable

The Kennedy Forum

Mental Health America

National Association of Peer Supporters