



Statement for the Record
On behalf of the National Alliance on Mental Illness (NAMI)
to the Finance Committee
United States Senate
“Protecting Youth Mental Health: Part I - An Advisory and Call to Action”

February 8, 2022

Chairman Wyden, Ranking Member Crapo and distinguished members of the Committee, the National Alliance on Mental Illness (NAMI) would like to offer this Statement for the Record on your hearing, “Protecting Youth Mental Health: Part I - An Advisory and Call to Action.” NAMI is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The communities we serve and advocate for are as diverse as our nation. NAMI is a voice for youth and adolescents, veterans and service members, individuals involved with the criminal justice system, those experiencing homelessness, family caregivers and all people who are impacted by mental illness. We are all connected by the shared hope of new and innovative treatments, improved health care coverage and support through recovery.

Youth Mental Health: A Crisis

Childhood and adolescence are critical periods for mental health, and there is strong research that links the mental, social, and emotional health of students to their academic achievement. Undiagnosed, untreated, or inadequately treated mental illnesses can significantly interfere with a student’s ability to learn, grow, and develop.

Yet, our nation’s children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. As U.S. Surgeon General Vivek Murthy identified in the 2021 U.S. Surgeon General’s Advisory, “[Protecting Youth Mental Health](#),” our nation’s youth are dealing with a devastating mental health crisis. Even prior to COVID-19, the need for more mental health care for youth and young adults was great, as we faced shortages of mental health professionals across the country. From 2007 to 2018, there was a [60% increase](#) in the rate of suicide among 10- to 24-year-olds, making it the second leading cause of death for this age group.

The COVID-19 pandemic has worsened the ongoing children’s mental health crisis and increased the fragility of the mental health safety net system for children and adolescents. There is growing evidence that the mental health of children and youth is deteriorating in our current environment. More than [half of adults \(53%\)](#) with children in their household say they are concerned about the

mental state of their children. Between April and October 2020, hospital emergency departments saw a sharp [rise](#) in the share of total visits that were from children with mental health-related emergencies. Additionally, at points during the pandemic, an astounding 25% of 18-24 years old [surveyed](#) reported experiencing suicidal ideation related to the pandemic in the past 30 days. These stressors are particularly evident for Latino, Black, Asian American & Pacific Islander, and American Indian & Alaskan Native youth who experience depression and suicidal ideation at higher rates.

Put bluntly, there is a national emergency in children's mental health. We greatly appreciate this Committee recognizing this urgent need and working to expand access to mental health care for our nation's youth and young adults.

Prevention, Early Identification, and Early Intervention

Roughly [half](#) of lifetime cases of mental illness begin by age 14 and nearly three quarters begin by age 24. Early intervention is essential because the earlier people get help, the better the outcomes. Yet, too often, health care professionals, child-care workers, and teachers lack specialized knowledge to identify and treat the early signs of mental health conditions. Equally problematic, there are extensive barriers to accessing mental health care once a need has been identified – particularly in underserved communities. It is critical to focus on promoting greater awareness and early identification of mental health conditions in youth and young adults.

NAMI encourages the Committee to consider these opportunities to increase access to prevention, early identification and early intervention services within the Committee's jurisdiction:

- Allow states the option to provide Medicaid coverage to young adults experiencing early psychosis, supporting critical access to early treatment through Coordinated Specialty Care, an effective early treatment model that improves outcomes and saves lives.
- Incentivize screening for behavioral health symptoms at well-child visits and other early intervention services necessary to address needs early.
- Provide incentives to ensure more children can access services through Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. EPSDT provides children with protections to ensure early identification and medically necessary treatment for those with or at risk of mental health conditions. Of all children eligible for an initial or periodic screening through EPSDT, less than [60](#) percent received one, highlighting the need to encourage providers to complete the screenings.

School-Based Mental Health Services

Mental health symptoms can affect success at school, yet too few students get the help they need to thrive. Since children spend much of their time in educational settings, schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are. Schools also mitigate barriers to care such as lack of transportation, scheduling conflicts and stigma, as school-based mental health services can help students access needed services during the school day. Children and youth with more serious mental health needs can be

referred to school-linked mental health services that connect youth and families to more intensive resources in the community.

To support the increased need for comprehensive mental health services and the availability of school-based mental health professionals and partnerships in the community that support students' access to care, it is vital to provide robust federal investments. Such investments will help schools recruit and retain well-trained, highly qualified mental health professionals and bolster capacity to provide comprehensive mental, behavioral, and academic interventions and supports.

NAMI encourages the Committee to consider these opportunities to increase access to school-based mental health care, within the Committee's jurisdiction:

- Increase the ability of Medicaid to support school-based mental health services, including providing updated CMS guidance to state Medicaid programs on how Medicaid can be utilized for this purpose.
- Provide incentives to school mental health programs to build strong partnerships with School-Based Health Centers, Federally Qualified Health Centers (FQHCs), Behavioral Health Organizations (BHOs), and community-based mental health providers to ensure timely access to needed care.
- Provide incentives to ensure school-based health providers are adequately trained to recognize the mental and behavioral health needs of students and to offer culturally sensitive and responsive evidence-based services.

Child and Adolescent Mental Health Workforce

There are severe shortages of mental health professionals across almost all specialties in this country. For youth and young adults, the shortage is dire. In 2020, SAMHSA estimated that 4.5 million additional behavioral health practitioners are needed to address the needs of children with serious emotional disturbances and adults with serious mental illness, including an additional [49,000](#) child and adolescent psychiatrists.

Expanding the child and adolescent mental and behavioral health workforce, as well as increasing cultural and linguistic competence among the workforce, is critical for addressing the enormous unmet mental health needs of children, adolescents, and young adults. NAMI encourages the Committee to take action to address mental health workforce issues and consider these opportunities within the Committee's jurisdiction:

- Increase the federal reimbursement rate for mental and behavioral health care services under Medicaid through the Medicaid Bump Act (S. 1727/H.R. 3450), which would enhance the ability to recruit and retain needed mental health providers.
- Recognize peer supports workers, mental health counselors and family therapists as integral mental health practitioners, increasing the supply of providers and addressing

health disparities and barriers to access care through the Medicare Mental Health Access Improvement Act of 2021 (S. 828/H.R. 432) and the PEERS Act of 2021 (S. 2144/H.R. 2767).

- Create incentives to ensure that the workforce is diverse and culturally competent to best meet the diverse needs of children with mental health conditions.

Insurance Coverage and Access to Care

Medicaid and the Children's Health Insurance Program (CHIP), which now cover more than 37 million children, are vital sources of insurance coverage for mental health and substance use disorder services. However, beginning in [2017](#), the child uninsurance rate began to climb.

Even for people with insurance, timely access to qualified mental and behavioral health providers is often limited because cost-sharing requirements are too high, in-network provider capacity is low, access to out-of-network providers is prohibited, and essential mental and behavioral health services are often not covered. We encourage the Committee to ensure that all children and youth have comprehensive and affordable coverage for mental health care by considering these opportunities:

- Require that state Medicaid programs cover a more robust set of mental health benefits. Currently, many benefits that are critically important for people with mental health conditions are optional, including targeted case management, rehabilitation services, therapies, medication management, clinic services, licensed clinical social work services, peer supports, and stays in institutions of mental disease (IMDs) for children up to age 21.
- Ensure nationwide Medicaid expansion to address that certain low-income older adolescents in the 12 states that have not expanded Medicaid are ineligible for coverage.
- Ensure all pregnant women, children and youth enrolled in Medicaid and CHIP can maintain coverage for 12 months to reduce the risk that they will experience gaps in coverage or lose coverage altogether through provisions included in H.R. 5376, the Build Back Better Act.
- Make CHIP permanent through H.R. 1791, the Children's Health Insurance Program Permanency Act or the CHIPP Act, so that this critical program doesn't require periodic reauthorization by Congress and children's access to coverage isn't at risk.
- Make permanent the Medicaid Express Lane Eligibility option, which allows states to take various steps to streamline enrollment and eligibility renewals for children in Medicaid and CHIP, through provisions included in H.R. 5376, the Build Back Better Act.
- Provide Medicaid coverage of health care services for people 30 days prior to leaving jail or prison, which could help connect justice-involved youth and young adults to the care they will need in the community and reduce their risk of returning to jail or prison due to unmet health care needs, through the H.R. 955/S. 285, the Medicaid Reentry Act.
- Extend mental health parity protections to Medicaid fee-for-service.
- Ensure that children in foster care who have been diagnosed as having serious emotional disturbance (SED) and need specialized services delivered in facilities known as qualified residential treatment programs can access those services through S. 2689, the Ensuring Medicaid Continuity for Children in Foster Care Act of 2021.

Conclusion

Now more than ever, families and children from infancy through adulthood need access to mental health screening, diagnostics, and a full array of evidence-based therapeutic services to appropriately address their mental and behavioral health needs. NAMI would like to express our gratitude to the Chairman, Ranking Member and the Committee for your commitment to addressing the mental health needs of our nation's youth. If you would like to discuss any issue addressed in this statement, please contact Hannah Wesolowski, Chief Advocacy Officer at hwesolowski@nami.org.