November 2, 2021

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention

Dear Director Walensky:

The undersigned mental health, health equity, and public health stakeholders applaud your leadership during this unprecedented time of related pandemics – COVID-19 and the behavioral health crisis of mental health conditions, substance use, and suicide. We request the opportunity to meet with you and discuss how the CDC can build on its outstanding current work to address the mental health needs of the nation, especially with respect to youth.

As the White House recently recognized in its Fact Sheet on Improving Access and Care for Youth Mental Health and Substance Use Conditions, even prior to the COVID-19 pandemic, adolescents in the United States began to experience greater rates of mental health problems. In 2019, data from the National Survey on Drug Use and Health indicated that 16 percent of youth ages 12-17 reported experiencing a past-year major depressive episode (MDE), compared to 8 percent in 2009 – double the previous rate. Deaths by suicide among youth increased over 30 percent between 2014 and 2017. These numbers mask the racial and ethnic disparities documented elsewhere. Black, Indigenous, and People of Color (BIPOC) children are less likely than white youth to receive treatment for their depression, including inpatient treatment, though are no less likely to have major depressive disorder. COVID-19 worsened these alarming trends among youth and adolescents. From March to October of 2020, CDC data indicates children’s visits to the emergency room for mental health conditions increased 31 percent for those 12-17 years old and 24 percent for children ages 5 to 11 compared to the same period in 2019.

To address this growing crisis in the mental health and children and youth, a public health approach will be necessary. CDC offers some of the most important programming for preventing and mitigating children’s mental health challenges. The National Center for Chronic Disease Prevention and Health Promotion funds state education agencies to implement whole-school frameworks to address child and family health, with a growing focus on emotional wellbeing. The National Center for Injury Prevention and Control supports public health departments to develop strategies to prevent adverse childhood experiences (ACEs) and self-harm. The National Center on Birth Defects and Developmental Disabilities supports important work on ADHD, Tourette’s Syndrome, and overall healthcare reform for children’s mental health. CDC also conducts critical surveillance and research that informs the nation’s work.

This important work can be expanded and coordinated through a national strategy and coordinating hub. For example, the Healthy Schools program is only reaching 16 states; many more states and local education agencies, especially those serving the most youth, could benefit from CDC support and assistance. In addition, new initiatives will be needed, especially in
reaching underserved youth. The recent revelations about social media’s impact on youth mental health highlight the importance of developing initiatives taking a public health approach to social media and its potential and challenges.

The undersigned would appreciate the opportunity to meet with you to discuss a proposal for a national strategy and a coordinating hub on prevention of youth mental health problems within CDC that can work with other HHS agencies. The Senate Appropriations Labor HHS Subcommittee noted the importance of this coordination and strategy in their recent FY 22 report and we would welcome a discussion to inform CDC’s leadership in considering next steps, including developing a coherent and evidence-based strategy, coordination of existing efforts, targeted expansions of programs that will be critical to organizing a public health approach to youth mental health, and needed resources. Over time, this strategy should encompass the needs of all individuals across developmental stages, including early childhood when many opportunities for prevention of adolescent mental health problems emerge, but CDC’s surveillance data highlight the particular urgency for youth. CDC has existing programming that can be expanded and coordinated to make a difference for this population.

Thank you for your time and consideration and we look forward to hearing from you.

Sincerely,

Mental Health America
American Foundation for Suicide Prevention
Center for Law and Social Policy
The Children's Partnership
Eating Disorders Coalition
Inseparable
Kennedy Forum
National Alliance on Mental Illness
National Association of Peer Supporters
Trust for America’s Health
Well Being Trust