

February 12, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader Schumer, Minority Leader McCarthy, and Minority Leader McConnell:

As the 117th Congress considers additional COVID-19 response funding, we strongly urge inclusion of an additional \$16 million to expand the Pediatric Mental Health Care Access Program at the Health Resources and Services Administration (HRSA) to all states, D.C., and the territories. We thank you for the annual appropriations of \$10 million for this program which has enabled HRSA to fund 21 states but the tremendous toll the pandemic is having on child and adolescent mental health necessitates urgent action by Congress to expand successful models for increasing access to mental health services for children. Additional annual funding of \$16 million will enable HRSA to reach all states, D.C., and the territories.

Congress's investment in the HRSA Pediatric Mental Health Care Access Program is paying off. A recent RAND study found that 12.3% of children in states with programs such as the ones funded under this HRSA program had received behavioral health services while only 9.5% of children in states without such programs received these services.ⁱ The study's authors concluded that federal investments to substantially expand child psychiatric telephone consultation programs could significantly increase the number of children receiving mental health services. Programs funded by HRSA have increased pediatric provider capacity to screen, refer, or treat children's mental health, increased screening, incorporated health equity, and supported quality improvement.

According to the Centers for Disease Control and Prevention (CDC), between April and October 2020, hospital emergency departments saw a rise in the share of total visits that were from children for mental health needs.ⁱⁱ The COVID-19 pandemic has created profound challenges for communities, families, and individuals, leading to a range of emotional and behavioral responses due to the uncertainty, duration, need for quarantine, and loss of family members or loved ones during the pandemic. Studies have found higher rates of anxiety, depression, and post-traumatic symptoms among children, especially among young people of color.ⁱⁱⁱ One study found significantly higher rates of suicide-related behaviors appear to have corresponded with times when COVID-19 stressors and community responses (e.g., stay-at-home orders and school closures) were heightened, indicating that youth experienced elevated distress during these periods.^{iv}

A recent Kaiser Family Foundation poll revealed that 45% of adults feel that their mental health is worse due to the isolation, anxiety, and economic uncertainty caused by the pandemic. Children are highly affected by family and community conditions and can be at increased risk of experiencing family adversity such as child abuse and neglect and related mental health problems when parents are under high stress.

Research shows pervasive shortages of child and adolescent mental/behavioral health specialists throughout the US. To reduce this severe access barrier, integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous

treatment. The HRSA Pediatric Mental Health Care Access Program is an effective investment in enhancing mental health care for children.

Pre-pandemic, the rate of suicide among those aged 10 to 24 increased nearly 60% between 2007 and 2018, making it the second leading cause of death in this population. Given the extent to which the pandemic has exacerbated the existing need for increased child and adolescent behavioral health care, we urge you to include \$16 million in additional annual funding for HRSA to expand access to this program to all states, D.C., and the territories. We look forward to working with you to deliver this critical funding for child mental health in the forthcoming COVID-19 response package.

Sincerely,

American Academy of Pediatrics
American Academy of Pediatrics, CA Chapter 3
American Association of Child and Adolescent Psychiatry
American College of Obstetricians and Gynecologists
American Foundation for Suicide Prevention
American Muslim Health Professionals
American Psychoanalytic Association (APsaA)
Association of Children's Residential Centers (ACRC)
Association of Maternal & Child Health Programs
Children's Hospital Association
Children's Wisconsin
Clinical Social Work Association
Eating Disorders Coalition for Research, Policy & Action
Family Voices
First Focus Campaign for Children
Illinois Chapter, American Academy of Pediatrics
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Network of Child Psychiatry Access Programs
New Jersey Association of Mental Health and Addiction Agencies, Inc.
Society for Adolescent Health and Medicine
The National Alliance to Advance Adolescent Health
Virginia Mental Health Access Program (VMAP)
ZERO TO THREE

cc: The Honorable Patty Murray
The Honorable Rosa DeLauro
The Honorable Roy Blunt
The Honorable Tom Cole
The Honorable Richard Burr
The Honorable Frank Pallone
The Honorable Cathy McMorris Rodgers
The Honorable Jim McGovern

ⁱ <https://www.rand.org/news/press/2019/07/15.html>

ⁱⁱ https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm#F1_down

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7481176/pdf/main.pdf>

^{iv} <https://www.aappublications.org/news/2020/12/16/pediatricssuicidestudy121620>