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National Alliance on Mental Illness (NAMI)
House Labor-HHS-Education Appropriations Subcommittee
Outside Witness Testimony Regarding Funding for the
Substance Abuse and Mental Health Services Administration (SAMHSA) &
National Institute of Mental Health (NIMH)**

April 9, 2025

On behalf of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, I submit this testimony on behalf of the nearly one in four Americans that experience mental illness and the 84.5 million adults who had a mental illness and/or substance use disorder in the last yearⁱ. These statistics are more than numbers; they represent people who are our nation's veterans, young people embarking on their education and careers, seniors, and working Americans. These numbers represent our mothers, fathers, brothers, sisters, and children. On behalf of these individuals, we submit our Fiscal Year 2026 funding requests for the 988 Suicide and Crisis Lifeline and the Community Mental Health Services Block Grant within the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH) within the National Institutes of Health.

Together, with the support of this Subcommittee led by Chairman Aderholt and Ranking Member DeLauro, we have seen a national commitment in recent years to address the mental health needs of America. You have established this focus on mental health by robustly funding various mental health priorities, including the 988 Suicide and Crisis Lifeline, the Community Mental Health Services Block Grant, and NIMH. You have sustained critical investments in these programs in both Fiscal Year 2024 and Fiscal Year 2025, but we fear that these critical programs are at risk due to the Administration's announced downsizing and reorganization plans at the U.S. Department of Health and Human Services and related public health agencies and programs.

NAMI supports every effort to ensure that the hard-won investments in our nation's mental health system are used most effectively, and NAMI fully supports efforts to eliminate waste, fraud, and abuse in all federal programs. As the nation's largest grassroots mental health organization, NAMI's network of 650+ state and local affiliate organizations work on

the frontlines, side-by-side with government partners at all levels – federal, state, and local. We are committed to helping ensure that every dollar of these much-needed investments is used in the most effective and accountable manner possible, and we believe results should be measured in how our nation is able to better meet the needs of people experiencing mental illness.

NAMI supports the Administration's commitment to addressing chronic disease in America, chief among them our nation's mental health crisis. The truth is we can never make America healthy without meeting the mental health needs of our fellow citizens, and we can't do that with *less* – less funding, less services, less collaboration, less research, or less national leadership on mental health and substance use care.

That is why, for Fiscal Year 2026, NAMI respectfully requests a small increase, equal to the Senate LHHS Appropriations-passed Fiscal Year 2025 amounts, for mental health services. As a nation, we will be unable to fully address chronic disease without further increased investments in mental health and substance use programs. In particular, NAMI requests the following:

- **\$539.6 million for the 988 Suicide and Crisis Lifeline.** The 988 Lifeline was signed into law by President Trump in October 2020, and since the July 2022 launch of 988, more than 14.5 million calls, texts, and chats have been received by this nationwide network. Another 2 million contacts were made to 988 and routed to the Veterans Crisis Line, operated by the Department of Veterans' Affairs. Ongoing funding of 988 will support the technology and infrastructure needs of this life-saving resource, state and local call center capacity, and national back-up centers to ensure we can answer every call, text, or chat. This is vital to meet the ever-increasing demand as more people learn about this life-saving lifeline, made possible by bipartisan support in Congress over the last five years.
- **\$1.042 billion for the Community Mental Health Services Block Grant**, including a doubling of the current 5% set-aside for mental health crisis to a 10% set-aside. This funding helps meet the needs of people with severe mental illness and is fundamental to supporting state mental health programs. Additionally, the set-aside is critical to building out the actual services that are necessary to respond to people struggling with serious mental illness.
- **\$2.642 billion for the National Institute of Mental Health (NIMH).** NIMH's research is fundamental to transforming the understanding and treatment of serious mental illness through clinical research, paving the way for prevention, early intervention, recovery, and new treatment options for mental illness and substance misuse. These discoveries will be critical to reducing the rates of chronic disease and disability, suicide rates, and overdose deaths.

Finally, as you consider these funding requests, we respectfully request that you carefully consider what less support for mental health services and programs would mean for your constituents. Without continuation of the bipartisan investments made to fund the 988 Suicide and Crisis Lifeline, our neighbors, friends, and family members in crisis will lose this effective and vital lifeline for quality mental health or substance use care during a crisis. This will lead to more individuals flooding our already overcrowded emergency rooms, more individuals with a mental illness or substance use disorder ending up in our correctional system, and, tragically, more Americans unnecessarily dying.

Likewise, without further investments in the Community Mental Health Services Block Grant program, our communities will be unable to address the significant challenges facing individuals with serious mental illness. The services funded by the block grant help keep people well, reducing the likelihood they will cycle into crisis, and will only be more critical if other policy changes move forward that impact people's access to health insurance.

Finally, to fully address chronic diseases, we need a better understanding of the brain, what causes or worsens mental illness, and strategies and treatments that improve outcomes. At a time of national commitment to addressing chronic disease, it is imperative that we double down on our commitment to improving research related to mental illness, suicide, and substance use. The work of NIMH is pivotal in addressing our nation's most pressing chronic disease: mental illness.

Chairman Aderholt, Ranking Member DeLauro, and Members of the Subcommittee, NAMI urges you to continue your bipartisan investments in proven programs that address severe, chronic, and, far too often, life-threatening mental illnesses that impact our families, friends, and neighbors in every corner of our nation – and in each of your districts and states. We also respectfully request that you work together to ensure that any proposed or planned changes, or changes that are already underway, to our nation's public health programs do not disrupt, delay, or reverse our nation's great progress and commitment to addressing our mental health crisis.

Thank you.

¹ Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>.