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Statement for House Labor-HHS-Education Appropriations Subcommittee
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Chairman Aderholt, Ranking Member DeLauro and Members of the Subcommittee: On behalf of the National Alliance on Mental Illness (NAMI), we wish to express our gratitude for Congress's historic and bipartisan investments in mental health services in recent years. NAMI is dedicated to building better lives for the millions of people affected by mental illness. NAMI is a voice for youth, veterans and service members, individuals experiencing homelessness and justice system involvement, family caregivers, and anyone impacted by mental health conditions. What connects us is the shared hope of new and innovative treatments, improved access to mental health care, and support through recovery. As you consider spending levels for Fiscal Year (FY) 2024, I appreciate the opportunity to discuss major areas of need within mental health care that this Subcommittee has the opportunity to address.

The focus on mental health by leaders in both parties is transforming mental health services across the country at a time when this is more urgent than ever. Nearly 1 in 3 teen girls contemplated suicide in 2021.ⁱ Nearly 60 percent of teen girls had persistent feelings of hopelessness.ⁱⁱ An astounding 160 million Americans live in mental health provider shortage areasⁱⁱⁱ, and mental health is the nation's top health care concern.^{iv} As the organization that represents individuals affected by mental illness and their loved ones, we look forward to

working with you in the year ahead to ensure that investments in mental health remain at the top of our nation's priority list.

While these numbers are stark, we know that the unprecedented leadership by Congress on this issue is making a difference – accelerating access to mental health services in every community. As an example, with the bipartisan passage and recent nationwide launch of the 988 Suicide & Crisis Lifeline, Congress has invested in a future where any person in crisis can get the help they need. In just the first six months, the Lifeline saw a more than 36 percent increase in calls, texts and chats over the same period the previous year, translating to more than 2.1 million people getting connected to crisis care at the moment they need it most.^v The bold goal that 988 should become as commonplace to Americans to get help in a mental health crisis as 911 is for any person in a physical health crisis will only be achieved by continued Congressional leadership in sustaining these critical investments over time. As more people become aware of 988, more will reach out for help. In FY 2024, an estimated 9 million individuals will reach out to the trained crisis counselors of 988 for lifesaving help.

NAMI urges the Subcommittee to invest in the 988 Suicide & Crisis Lifeline and a crisis continuum of care. The 988 number represents a once-in-a-generation opportunity to fundamentally reimagine how we support people experiencing a mental health crisis, particularly as we ensure that 988 serves as an entry point to a continuum of crisis services. A fully developed crisis response system must be responsive to anyone, anywhere, at any time, through 24/7 local call centers, mobile crisis teams staffed by mental health professionals, and crisis stabilization options that connect people to follow-up care.

We urge Congress to use its power of the purse, as well as its broad oversight and legislative authorities, to ensure all communities can appropriately respond to people in mental health and suicidal crisis by robustly funding the Lifeline to meet growing demand and incentivizing the rapid expansion of associated crisis response services. Within these priorities, we request:

9-8-8 Suicide & Crisis Lifeline, Health and Human Services; Substance Abuse and Mental Health Services Administration (SAMHSA)

- Funding Request for FY 2024: \$836 million for operations of 988 at local call centers and national back up centers to ensure capacity to meet the anticipated increase in demand to 9 million contacts and to support broad public awareness efforts.

Mental Health Crisis Response Partnership Pilot Program, Health and Human Services; Substance Abuse and Mental Health Services Administration (SAMHSA)

- Funding Request for FY 2024: \$100 million to expand the availability of mental health crisis services via mobile crisis response for individuals who need more support than can be provided via 988 calls, texts or chats.

NAMI also urges the Subcommittee to continue efforts to address the youth mental health crisis affecting so many of our children. Our children are struggling and calling out for help. Congress must answer the call. A significant challenge is the severe shortage of youth-serving mental health providers. The Pediatric Mental Health Care Access (PMHCA) program promotes behavioral health integration into pediatric primary care by funding state or regional networks of pediatric mental health teams. These teams provide teleconsultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions and substance use disorders. This is an important opportunity to address children's mental health needs in a place they often visit for their well-

child visits: pediatricians' offices. These consultations provide pediatricians with the confidence and knowledge to directly diagnose and treat many of the more common mental health conditions they see in children, alleviating the chronic workforce shortages in the mental health community. NAMI urges the Subcommittee to prioritize the following:

Pediatric Mental Health Care Access Program, Health and Human Services; Health Resources and Services Administration (HRSA)

- Funding Request for FY 2024: \$14 million to expand capacity of the PMHCA program to reach more pediatricians providing frontline care to children.

The mental health needs across the country are as diverse as the people who make up our communities. **We urge this Subcommittee to support access to a range of mental health services by increasing overall funding for the Community Mental Health Services Block Grant (MHBG).** Since 1992, the MHBG has helped expand the nation's mental health infrastructure by providing funding for community-based mental health services to all states and territories. There is no more urgent a time than now to invest in this critical safety net to help states meet the unprecedented demand for mental health services. The MHBG will give our states the flexibility to respond to our mental health crisis in the best way that addresses the needs in their community. Specifically, NAMI requests the following investment:

Community Mental Health Services Block Grant, Health and Human Services; Substance Abuse and Mental Health Services Administration (SAMHSA)

- Funding Request for FY 2024: \$1.653 billion to address the growing demand for mental health services and doubling the set-aside for crisis services to 10%.

Finally, we must also look to the future and invest in research for improved understanding

and treatment of mental illness to alleviate this mental health crisis. The National Institute of Mental Health's (NIMH) mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Without adequate funding for research at NIMH, we are sacrificing the cures of tomorrow. Therefore, NAMI urges this Subcommittee to increase funding for NIMH to improve precision medicine in the mental health space and spur the development of more effective treatment options for serious mental illness and continue to perform its life-altering and lifesaving research.

National Institute of Mental Health (NIMH), Health and Human Services; National Institute of Health, National Institute of Mental Health (NIMH)

- Funding Request for FY 2024: \$2.54 billion for continued research related to youth mental health, the mental health impacts of COVID-19 and to accelerate research on precision psychiatry and enhance precision mental health care.

As you set our nation's budget priorities for FY 2024, we urge you to continue to make mental health care one of those key national priorities. Members of the Appropriations Committee on both sides of the aisle have made unprecedented investments in mental health, substance use, and suicide prevention over the last several years. We look forward to continuing our partnership working with Congress to fight our country's ongoing mental health crisis. Thank you for your continued leadership in transforming mental health care in America.

ⁱ Centers for Disease Control and Prevention. 13 Feb 2023. "U.S. Teen Girls Experiencing Increased Sadness and Violence." <https://www.cdc.gov/media/releases/2023/p0213-yrbs.html>.

ⁱⁱ Ibid.

ⁱⁱⁱ Health Resources and Services Administration. 21 March 2023. "Health Workforce Shortage Areas." <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

^{iv} Ipsos. 26 Sept 2022. "Mental health replaces COVID as the top health concern among Americans." <https://www.ipsos.com/en-us/news-polls/mental-health-top-healthcare-concern-us-global-survey>.

^v Substance Abuse and Mental Health Services Administration. 988 Lifeline Performance Metrics. <https://www.samhsa.gov/find-help/988/performance-metrics>.