

May 11, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, U.S. Capitol
Washington, DC 20515

The Honorable Frank Pallone
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
House Energy and Commerce Committee
2322 Rayburn House Office Building
Washington, DC 20515

Dear Members of Congress,

On behalf of the Mental Health Liaison Group and the below education groups, we ask that you include suicide prevention and youth mental health policies and funding within the next COVID-19 relief package. As the country continues to respond to the outbreak of COVID-19 pandemic, legislative solutions must prioritize the public's mental health and mitigate any potential suicide risks that will be stressed by the social, economic, and health consequences of this unprecedented public crisis. The United States was experiencing rising suicide rates and increasing incidence of mental health conditions before the onset of the pandemic, and the mental health effects of COVID-19 will be profound.

People living with mental health conditions are experiencing worsening symptoms and individuals may develop new mental health problems in response to fear, self-isolation, and physical distancing. Increased unemployment and financial stressors are well-identified risk factors for suicide, as are domestic violence, alcohol consumption, increased proximity to lethal means, and unsafe media messaging, all likely to worsen as the pandemic progresses.

Despite suggestions that mental health crises and suicide rates will worsen, this is not inevitable.¹ By making our nation's mental health an urgent consideration we can address previous and present concerns and look ahead to effectively mitigate future needs beyond the crisis at hand.

We must support our nation's system of supportive crisis response services, fortify our healthcare systems to adequately respond to self-harm, and prepare schools to address the mental health needs of children upon their return. We urge you to incorporate suicide prevention provisions in the next coronavirus response package aimed at addressing these mental health challenges associated with the fallout effects of COVID-19, including:

Improving the National Suicide Prevention Lifeline (Lifeline):

- 1) Inclusion of H.R.4194/S.2661 – the National Suicide Hotline Designation Act:** We ask that you enact the *National Suicide Hotline Designation Act* to designate 9-8-8 as the three-digit phone number for the National Suicide Prevention Lifeline (Lifeline) and empower State authority over fees to support local crisis call centers as they respond to rising call volume. This hotline will be critical to ensuring that individuals

¹ [Suicide Risk and Prevention During the COVID-19 Pandemic](#) (April 21, 2020)

affected by the COVID crisis and social distancing can have easy to remember access to help and additional funding sources for needed crisis services.

- 2) **Inclusion of H.R.4564 – the Suicide Prevention Lifeline Improvement Act:** We ask that you include the *Suicide Prevention Lifeline Improvement Act* to ensure the provision of high-quality service through the National Suicide Prevention Lifeline (Lifeline). This legislation would increase funding for the Lifeline, and well as develop strategies to assure quality services, evidence-based care, data sharing, and innovative technology programs. Effective and timely responses to rising call volumes will make crisis services more readily available to people in distress.
- 3) **Inclusion of H.R.4585 – the Campaign to Prevent Suicide Act:** We ask that you include the *Campaign to Prevent Suicide Act* to raise awareness of suicide prevention resources and cultivate more effective messaging on how to prevent suicide. This legislation would develop a public education campaign and promote best practices to enhance suicide prevention discourse.
- 4) **Increase Appropriations by \$61M for the National Suicide Prevention Lifeline (Lifeline):** With demand for suicide prevention and mental health crisis services provided by the Lifeline increasing, we ask that you appropriate further funding for the Lifeline to ensure Americans can quickly receive the help they need. We request an additional \$61M dollars from the current \$19M Lifeline funding level, totaling \$80M, to respond to increased crisis call volume and build out crisis chat capacity.

Provide Emergency Departments Suicide Screening and Assessment Tools:

- 1) **Inclusion of H.R.4861/S.3006 – the Effective Suicide Screening and Assessment in the Emergency Department Act:** We ask that you consider the *Effective Suicide Screening and Assessment in the Emergency Department Act* to assist emergency departments to develop better suicide risk protocols through the Department of Health and Human Services. The emergency department is often the place within the health care system that provides care for patients with suicide-risk factors, with approximately 10 percent of emergency department patients presenting suicidal ideations. 39% of patients visiting an Emergency Department following a suicide attempt will go on to reattempt suicide within a year. This legislation will provide training to emergency health care providers, establish policies to improve identification and treatment of individuals at high risk, employ additional behavioral health professionals, and improve access to care for patients.
- 2) **Inclusion of H.R.5619/S.3198 – the Suicide Prevention Act:** We ask that you consider the *Suicide Prevention Act* to assist the Centers for Disease Control and Prevention (CDC) in working with State and local health departments to better track incidences of self-harm. Data collected would be more immediately available, allowing State, local health departments, and community organizations to recognize trends early and intervene. Improving self-harm surveillance in emergency departments is essential for monitoring and applying preventive strategies.

Prepare and Provide Tools for Increased Student Mental Health and Suicidal Ideations:

- 1) **Inclusion (S. 2492/H.R.2599 suicide prevention provisions) – the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2019 (STANDUP Act):** We ask that you consider the student suicide prevention provisions from the Senate counterpart to the *STANDUP Act* to encourage implementation of school policies for student suicide prevention training and provide training and technical

assistance on student suicide prevention from SAMHSA. With suicide being the second-leading cause of death for youth and community risk factors increasing youth anxiety, providing our students with the tools to prevent suicide both virtually and in-person will help to decrease the risk factors of suicide.

- 2) **Inclusion of H.R.1109/S.1122 – the Mental Health Services for Students Act:** We ask that you consider the *Mental Health Services for Students Act* to provide funding for public schools across the country to partner with local mental health professionals to establish on-site mental health care services for students. This legislation will provide \$200,000,000 in competitive grants of up to \$2 million each. It expands the scope of the Project Advancing Wellness and Resilience Education (AWARE) program by providing on-site licensed mental health professionals in schools across the country. Funding will be distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA), which will set guidelines and measure the outcomes of the funded programs.

Increase Funding for Suicide Prevention Infrastructure and Services:

- 1) **Fully fund the National Suicide Prevention Lifeline at \$80 million:** We ask that you consider a \$61 million increase in funding to the National Suicide Prevention Lifeline (Lifeline) to respond to crisis call volume and build out online crisis chat capacity. The Lifeline is the public's mental health safety net, providing easy access to mental health and suicide prevention services that reduce risk factors exacerbated by isolation, anxiety and stress.
- 2) **Increase funding to the Centers for Disease Control and Prevention by \$20 million to expand surveillance of self-harm:** We ask that you make additional funding available to utilize syndromic surveillance of self-harm and suicidal ideation in emergency departments. Emergency departments are ideal settings for surveillance and intervention, due to 39% of individuals who die by suicide making an Emergency Department visit in the year prior to their death. Data collected would be more readily available to inform prevention strategies at the local level.
- 3) **Increase the SAMHSA Mental Health Block Grant funding by \$105 million to provide a 15% set-aside dedicated to crisis response services:** We ask that you consider designating additional funding in the Mental Health Block Grant to fund crisis services and divert individuals from jails and emergency departments. These funds would enable States to implement evidence-based crisis care programs, including high-tech crisis call centers, mobile crisis outreach, and crisis stabilization programs which have been shown to be highly effective in improving care and reducing costs.
- 4) **Provide at least \$102 million in FY 2021 for SAMHSA's Project AWARE:** We ask that you consider making monies available that improves community partnerships and trains school personnel to support a multifaceted approach for addressing the mental and behavioral health needs of students. This program can provide crucial supports for racial and ethnic minority youth and youth who are at a greater risk of suicide, strengthening families and enhancing protective factors for children.

Thank you for considering the public's mental health needs that will be impacted by the COVID-19 crisis. We appreciate your leadership during these challenging times and are ready to assist in responding to this major public health threat.

Sincerely,

2020 Mom
American Academy of Pediatrics
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychological Association
American School Counselor Association*
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Association of Latino Administrators and Superintendents*
Boys Town*
Center for Community Resilience*
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists
Committee for Children*
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
EDGE Consulting Partners*
Education Development Center*
Education Reform Now*
Emergency Nurses Association

Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
Mental Health America
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health & Developmental Disability Directors
National Association of Elementary School Principals*
National Association of School Psychologists
National Association of Secondary School Principals*
National Association of Social Workers
National Association of State Mental Health Program Directors
National Black Justice Coalition*
National Eating Disorders Association
National Federation of Families for Children's Mental Health
National League for Nursing
National Network of Public Health Institutes*
National Register of Health Service Psychologists
New Leaders*
Postpartum Support International
Residential Eating Disorders Consortium
Sandy Hook Promise
School Social Work Association of America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Trust for America's Health
Well Being Trust*

*Not a MHLG Member