



Statement on
Make America Healthy
Again Commission

AAPP Statement

AAPP believes that the Executive Order establishing the [Make America Healthy Again Commission](#), threatens to worsen health outcomes and reignite stigma toward individuals living with psychiatric disorders, including substance use disorders. Current well-established, evidence-based guidelines support that access to effective mental health treatments, including psychotropic medications, is essential for these vulnerable youth and adults living with psychiatric disorders.

Psychotropic medications, including antidepressants, antipsychotics, mood stabilizers, and stimulants have been extensively studied in children, adolescents, and adults and are FDA-approved for a variety of psychiatric disorders. They are associated with improved outcomes, including reductions in suicide, increased quality of life, and improved short- and long-term functioning.

Psychotropic medications are essential treatment options for individuals with psychiatric disorders, including substance use disorders. Landmark trials, treatment guidelines, and regulatory standards play a critical role in supporting evidence-based use of psychotropic medications. Collaborative decision making with patients, caregivers, and their mental health treatment team is essential and involves careful review of short- and long-term benefits, risks, treatment goals, target symptoms, and expected duration of treatment.

Stigma associated with having a psychiatric disorder and/or with taking a psychotropic medication leads many people to avoid seeking treatment. For example, among adolescents with depression and suicidal thoughts, less than half receive any treatment. In 2021 a national state of emergency in children's mental health was declared as a result of rising rates of suicide and emergency department visits related to suicide and other mental health crises. This crisis has been and continues to be fueled by stigma, lack of access to mental health resources, and workforce shortages.



Stigma

Many people do not seek treatment for their psychiatric disorder, and this has been associated with the stigma associated with having a psychiatric disorder. For example, among adolescents with depression and suicidal thoughts, fewer than 47% received any treatment. Among all adolescents with major depressive disorder, only about 40% received any treatment (pharmacotherapy or psychotherapy) (Lu et al., 2023). In 2021 a national state of emergency in children's mental health was declared because of rising rates of suicide and emergency department visits related to suicide and other mental health crises (AAP 2021; SAMSHA 2020; Yard et al., 2021). This crisis has been and continues to be fueled by stigma, lack of access to mental health resources, and workforce shortages. Access to effective treatments, including psychotropic medications, aids in decreasing the stigma associated with psychiatric disorders.

Antidepressants

Antidepressants, including selective serotonin reuptake inhibitors (SSRIs), are essential pharmacologic treatment options for individuals with moderate to severe symptoms of depression, anxiety, trauma, and/or obsessive-compulsive disorders, ideally in combination with evidence-based psychotherapy (Bandelow et al., 2023a; Bandelow et al., 2023b; Cheung et al., 2018; Zuckerbrot et al., 2018; Walter et al., 2020; Walter et al., 2023). Depression is the leading cause of suicide and suicide is the second-leading cause of death among youth and young adults ages 10-24 (Bachmann 2018; CDC 2024; Soumerai et al., 2024). Landmark studies across multiple decades demonstrate a reduction in suicidal events among youth and young adults treated with an antidepressant (Olson et al., 2003; Grunebaum et al., 2004; March et al., 2004; Bridge et al., 2008; Brent, et al., 2009; Ginsburg et al., 2018; Vitiello et al., 2011; Kagan et al., 2021; Soumerai et al., 2025). When depression and anxiety are not effectively treated in childhood with an antidepressant, symptoms may become more severe, difficult to treat, and more likely to be associated with chronic mental health and/or physical health comorbidities as an adult (Walter et al., 2020; Walter et al., 2023). Common antidepressant side effects, including dry mouth, headache, and stomach upset, are generally transient and improve when antidepressants are administered with food. Starting at low doses and titrating slowly minimizes the risk for antidepressant-induced activation, which is more common among youth (Stutzman 2021).

The 2004 boxed warning for emergence of new-onset suicidal thoughts/behaviors has had significant unintended consequences among children, adolescents, and young adults (<25 years) including: 1) reductions in antidepressant prescribing, 2) reductions in physician visits for depression, 3) reductions in depression diagnoses, 4) reductions in psychotherapy visits, and 5) increased rates of death by suicide (Kurian et al., 2007; Libby et al., 2007; Valuck et al., 2007; Bridge et al., 2008; Libby et al., 2009; Clarke et al., 2012; Parkinson et al., 2012; Lu et al., 2014; Carson et al., 2017; Lu et al., 2020; Soumerai et al., 2025). Thoughtful psychoeducation regarding the antidepressant black box warning, acknowledgement that the benefits of antidepressant use far outweigh the risks, and access to antidepressants are essential.

Treatment with an antidepressant: 1) improves academic, social, and developmental functioning, 2) reduces likelihood for interpersonal difficulties, 3) decreases the severity of co-occurring psychiatric disorders (e.g., ADHD, substance use disorder, eating disorder), 4) decreases suicidal ideation and behaviors, and 5) decreases rates of suicide (Olson et al., 2003; Grunebaum et al., 2004; March et al., 2004; Bridge et al., 2008; Brent, et al., 2009; Ginsburg et al., 2018; Vitiello et al., 2011; Kagan et al., 2021; Soumerai et al., 2025)



Antipsychotics and Other Mood Stabilizers

Antipsychotics are the treatment of choice in individuals with schizophrenia. At least some second-generation antipsychotics have been shown to have a neuroprotective effect (Chen & Nasrallah., 2019). Antipsychotics decrease the risk of relapse in individuals with schizophrenia and reduce rates of rehospitalization (Boyer et al., 2023; Lähteenvuo et al., 2018; Keepers et al., 2020; Lieberman et al., 2005; Lintun et al., 2021; Taipale et al., 2021; Tiihonen et al., 2017). Antipsychotics allow most people with schizophrenia to live in the community rather than spending much of their lives in psychiatric hospitals (Keepers et al., 2020; NAMI 2008). While antipsychotics are effective medications for individuals with schizophrenia, it is important that patients are monitored closely for adverse effects. First generation antipsychotics (e.g., haloperidol) are associated with extrapyramidal side effects (e.g., acute dystonic reactions) and increases in prolactin. Second-generation antipsychotics are much less likely to cause extrapyramidal side effects, but as a class are associated with weight gain, dyslipidemia, and glucose intolerance. This was particularly true with some of the early second-generation antipsychotics, but some of the newer agents have a lower risk of weight gain, dyslipidemias, and glucose intolerance (Keepers et al., 2020; Pillinger et al., 2020). Shared decision making can be used to incorporate baseline comorbidities and patient preferences for antipsychotic selection (Eliacin et al., 2015) and non-pharmacologic strategies employed first to address metabolic adverse effects (McIntyre et al., 2024).

Treatment with an Antipsychotic: 1) improves social, cognitive, occupational functioning, and quality of life, 2) has disease modifying effects on symptoms of schizophrenia including relapse prevention, neuroprotective effects, and reduction of disease severity (DeHert et al., 2015), 3) reduces severity of co-occurring psychiatric disorders (e.g., substance use disorder), 4) reduces rates of psychiatric hospitalization/rehospitalization (Patel et al., 2022; Thaman et al., 2024; Kim et al., 2020; Emsley et al., 2008; Taipale et al., 2018; Tiihonen et al., 2009; Nasrallah 2018), and 5) reduces natural- and unnatural-cause mortality, including suicide (Torniainen et al., 2015; Huang et al., 2021; Fang et al., 2022; Emsley et al., 2008; Taipale et al., 2018; Tiihonen et al., 2009; Nasrallah 2018).

Treatment with a mood stabilizer: Mood stabilizers are used to treat bipolar disorder and fall into three major categories: lithium, some antiseizure medications, and second-generation antipsychotics (Yatham et al., 2018). Lithium is considered to be a disease modifying drug as it has been shown to decrease the risk of suicide in individuals with bipolar disorders (Ghaemi, 2022). Second- generation antipsychotics have been shown to affect mood stabilization as well as decrease psychosis. In particular, some of the second-generation antipsychotics have been shown to have efficacy in treating the depressive episodes in bipolar disorder, which is the most difficult to treat phase of the illness. Again, patient preferences, comorbidities, and adverse effect profiles may be utilized to identify the best approach for the individual (Renes et al., 2024).



Stimulants

Stimulants are the most effective pharmacologic treatment for ADHD in youth and adults and an estimated 65-85% of individuals achieve a therapeutic response (Barbarese et al., 2020; Cortese et al.; 2018; Kooij et al.; 2010; NICE 2019; Wolraich et al., 2019). Short- and long-term safety of stimulants has been demonstrated in over 200 randomized controlled trials. In fact, stimulants have the best evidence for efficacy of all medications used in psychiatry. In the NIMH funded Multimodal Treatment of ADHD (MTA) study, stimulant monotherapy was superior to intensive behavioral therapy alone in children with uncomplicated ADHD (Swanson et al., 2001). Although results are mixed from epidemiological studies, there may be an increased cardiovascular risk for individuals treated with high-dose stimulants over a long period of time (Dalsgaard et al., 2014; Zhang et al., 2024). This risk is reduced with routine cardiac screening and identification of other modifiable risk factors. However, a statistical analysis of 19 studies found no association between stimulants and cardiovascular risk (Dalsgaard et al., 2014; Dopheide & Stutzman, 2024; Zhang et al, 2022; Zhang et al., 2024). Common stimulant side effects include reduced appetite, headache, stomachache, and insomnia. While concern exists among some patients and their families regarding the impact of stimulants on growth, recent literature suggests a lack of clinically significant changes in height among youth (Man 2023). Taken together, it is important to discuss the potential side effects of stimulants with patients and their families.

Treatment with a stimulant: 1) improves academic, social, and developmental functioning, 2) reduces severity of co-occurring psychiatric disorders (e.g., anxiety, depressive, and disruptive behavioral disorders) and rates of psychiatric hospitalizations, 3) decreases engagement in risky behaviors (e.g., motor vehicle accidents/speeding tickets, acquiring sexually transmitted diseases, unintended pregnancy) and rates of incarceration, 4) decreases rates of early/risky substance use and likelihood of developing a substance use disorder, and 5) reduces all-cause mortality and unnatural-cause mortality, including suicide (Blader et al., 2021; Cortese et al., 2018; Li et al., 2024; McCabe et al., 2016; Swanson et al., 2001; Taipale et al., 2024; Wolraich et al., 2019; Young et al., 2023).

Conclusion

Nothing in these comments is intended to de-emphasize the importance of evidence-based psychotherapy in the care of children and adolescents with mental disorders. In fact, NIMH funded studies have shown that the combination of appropriate pharmacotherapy and evidence-based psychotherapy are superior to either treatment alone in youth with ADHD, anxiety disorders, or major depressive disorders. Similarly, comprehensive psychosocial services in combination with appropriate pharmacotherapy are critical in assuring positive patient outcomes among adolescents with bipolar disorder or schizophrenia.

AAPP believes psychotropic medications are essential treatment options that reduce the risk for suicide, increase quality of life, and improve short- and long-term functioning for youth and adults with psychiatric disorders. A new mental health crisis among adults, or worsened mental health crisis among youth, is imminent with limited or lack of access to psychotropic medications.



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Antidepressants

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