

# United States Senate

WASHINGTON, DC 20510

April 16, 2020

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Chuck Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Richard Shelby  
Chairman  
United States Senate Committee on  
Appropriations  
Washington, DC 20510

The Honorable Patrick Leahy  
Vice Chairman  
United States Senate Committee on  
Appropriations  
Washington, DC 20510

Dear Leader McConnell, Leader Schumer, Chairman Shelby, and Vice Chairman Leahy:

We are writing to urge you to make a substantial investment in mental and behavioral health in the Phase IV COVID-19 relief package. As COVID-19 takes its toll on the physical health of hundreds of thousands of Americans, we must immediately address and plan for the short-, medium-, and long-term impacts of this pandemic on our nation's collective mental health. A recent poll by the Kaiser Family Foundation shows that 45 percent of adults say the pandemic has already affected their mental health, with 19 percent saying it has had a major impact.<sup>1</sup>

In these unprecedented times, Congress must especially address the needs of particularly vulnerable individuals during the outbreak, including –

- individuals with mental illness, including the 5.3 million people with mental illness who are uninsured;<sup>2</sup>
- individuals with substance use disorder (SUD), who may experience difficulties with relapse and recovery in isolation and are at additional risk for contracting COVID-19;
- health care workers, first responders, and other essential workers on the frontlines of the pandemic;
- educators, school administrators, and school support staff dealing with the sense of loss and frustration that comes with a rapid shifting to remote learning with little time to prepare and often limited access to resources for online learning;
- individuals who have lost loved ones to COVID-19, are recovering from the virus themselves, and/or are experiencing trauma;
- children and students navigating the uncertainty and instability that comes with living through a pandemic;
- older adults, including those experiencing cognitive decline or dementia; and

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<sup>1</sup> Kirzinger, A. et al. (2020, April 2). KFF Health Tracking Poll – Early April 2020: The Impact of Coronavirus on Life in America. *Kaiser Family Foundation*. <https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>

<sup>2</sup> Mental Health America. (2019). The State of Mental Health In America. *MHA*. [https://mhanational.org/sites/default/files/2019%20MH%20in%20America%20Final\\_0.pdf](https://mhanational.org/sites/default/files/2019%20MH%20in%20America%20Final_0.pdf)

- individuals who have lost their jobs or are experiencing financial hardship due to the economic impacts of the pandemic, including the 6.6 million people who applied for unemployment insurance in the first week of April alone.<sup>3</sup>

Many Americans have been coping with mental illness and addiction long before the pandemic, and they are especially vulnerable during this time. According to the National Alliance on Mental Illness (NAMI), one in five U.S. adults experience mental illness, one in 25 adults experience serious mental illness, and 17 percent of youth aged 6 to 17 experience a mental health disorder.<sup>4</sup> Additionally, 19.7 million Americans aged 12 and older battled a SUD in 2017. In the same year, an estimated 8.5 million adults aged 18 and over, or 3.4 percent of all adults, experienced a co-occurring mental health disorder and SUD.<sup>5</sup>

The pandemic may also exacerbate existing disparities in the mental health care system in the U.S. For individuals in marginalized communities, including racial and ethnic minority groups, mental health challenges are often compounded by systemic disparities such as insufficient access to resources and services, stigma surrounding mental illness, and lack of access to culturally-competent mental health care. Statistics show that 25 percent of Asian adults, 31 percent of black adults, 33 percent of Hispanic adults, and 32 percent of adults of multiracial descent that have a mental health diagnosis received treatment or counseling in the past year - compared to 49 percent of white adults.<sup>6</sup> Moreover, our behavioral health workforce was experiencing a shortage prior to the onset of the COVID-19 outbreak.<sup>7</sup> Failure to invest resources into both our mental health and SUD services and our behavioral health workforce risks aggravating these gaps.

We appreciate that the Coronavirus Aid, Relief, and Economic Security (CARES) Act included \$425 million for the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the extension of community mental health services demonstration projects to two more states. However, these funds will be insufficient to address the mental health crisis brought on by this public health emergency. In light of the severity of this pandemic on mental and behavioral health, we make a substantial investment in this area and incorporate the following recommendations in the forthcoming Phase IV COVID-19 relief package:

1. **Increase funding for the expansion of the Community Mental Health Services Block Grant (MHBG) programs.** The MHBG is administered by SAMHSA's Center for Mental Health Services, and provides grants to states and territories to carry out plans for providing comprehensive community mental health services. Grantees have the flexibility to use funds for both new programs or to supplement

<sup>3</sup> Department of Labor. (2020, April 9). News Release: Unemployment Insurance Weekly Claims. *DOL*. <https://www.dol.gov/ui/data.pdf>

<sup>4</sup> National Alliance on Mental Illness. (2019, September). Mental Health by the Numbers. *NAMI*. <https://www.nami.org/learn-more/mental-health-by-the-numbers>

<sup>5</sup> Bose, J. et al. (2018, September). Results from the 2017 National Survey on Drug Use and Health. *Substance Abuse and Mental Health Services Administration*. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

<sup>6</sup> National Alliance on Mental Illness. (2019). Mental Health Care Matters. *NAMI*. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Mental-Health-Care-Matters-FINAL.pdf>

<sup>7</sup> Pellitt, S. (2018, December 13). New Federal Analysis of Behavioral Health Care Workforce Released. *National Council for Behavioral Health*. <https://www.thenationalcouncil.org/capitol-connector/2018/12/new-federal-analysis-of-behavioral-health-care-workforce-released/>

- current activities to support mental health, targeting both adults with serious mental illness and children with serious emotional disturbances. An increase in funding for MHBG will allow states to respond to the needs of individuals experiencing mental illness during the COVID-19 outbreak.
2. **Expand the National Child Traumatic Stress Initiative (NCTSI) and support for the National Child Traumatic Stress Network (NCTSN)**, focusing on efforts to address the trauma experienced by children in the wake of the pandemic. The initiative and its accompanying network provide several tools and resources to help children, their families, and first responders navigate the traumatic stress of this pandemic. These include a psychological first aid kit for responders to provide early intervention to children, adolescents, adults, and families impacted by traumatic events, a guide for parents and caregivers for coping with COVID-19, activities for children and adolescents amidst the outbreak, a disaster distress helpline, and ongoing research through the Center for the Study of Traumatic Stress to improve interventions and care during the pandemic.
  3. **Increase funding for mental and behavioral health training and education programs at the Health Resources and Services Administration (HRSA)** that train new providers to enter the field, support current providers to improve their practice, and fund opportunities for education. The mental and behavioral health workforce was strained to meet the needs of Americans before this pandemic. As more people feel the stress and strain, the demand for services will grow. Programs at HRSA, such as the Behavioral Health Workforce Education and Training Program, expand and develop the substance abuse and behavioral health workforce.
  4. **Increase funding for the Substance Abuse Prevention and Treatment Block Grant (SBG) programs.** These critical SAMHSA funds provide funding directly to states to address the substance use disorder and substance abuse needs of their citizens through prevention, treatment, and recovery. The added stress of the pandemic coupled with the realities of social isolation can exacerbate challenges for those already struggling with addiction or those relying on self-medication with substances. This funding will support those in recovery in maintaining their sobriety while preventing the development of more substance use disorders and substance misuse.
  5. **Increase funding for the Centers for Disease Control and Prevention (CDC) suicide prevention programs.** While the CARES Act allocated \$50 million of the funds provided to SAMHSA for suicide prevention, additional funding is necessary to address the crisis. The CDC supports suicide prevention programs in a number of ways, including through data surveillance through the National Violent Death Reporting System (NVDRS) and technical support for states and communities to use this data to inform suicide prevention programs. Bolstering funding for these efforts can help states and communities target their prevention programs to vulnerable groups both during and after the pandemic.
  6. **Assist behavioral health providers with the paradigm shift to telehealth.** Providers may be struggling to adapt to online visits without sacrificing the personal connection to patients, while juggling various licensing rules, their own well-being,

and an influx of patients, all while confronting disparities in telehealth access across states during this crisis.<sup>8</sup>

Thank you for your consideration of this request. We look forward to working with you to support the mental and socioemotional wellbeing of Americans throughout this global crisis.

Sincerely,

/s/ Tim Kaine

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Tim Kaine  
United States Senator

/s/ Michael F. Bennet

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Michael F. Bennet  
United States Senator

/s/ Tammy Baldwin

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Tammy Baldwin  
United States Senator

/s/ Jacky Rosen

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Jacky Rosen  
United States Senator

/s/ Edward J. Markey

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Edward J. Markey  
United States Senator

/s/ Benjamin L. Cardin

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Benjamin L. Cardin  
United States Senator

/s/ Angus S. King, Jr.

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Angus S. King, Jr.  
United States Senator

/s/ Sheldon Whitehouse

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Sheldon Whitehouse  
United States Senator

/s/ Jeanne Shaheen

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Jeanne Shaheen  
United States Senator

/s/ Jack Reed

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Jack Reed  
United States Senator

/s/ Kamala D. Harris

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Kamala D. Harris  
United States Senator

/s/ Margaret Wood Hassan

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Margaret Wood Hassan  
United States Senator

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<sup>8</sup> Federation of State Medical Boards. (2020, April 9). States Modifying Licensure Requirements/Renewals for Physicians in Response to COVID-19. *FSMB*. <https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirements-covid-19.pdf>

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/s/ Richard Blumenthal

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Richard Blumenthal  
United States Senator

/s/ Catherine Cortez Masto

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Catherine Cortez Masto  
United States Senator

/s/ Cory A. Booker

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Cory A. Booker  
United States Senator

/s/ Christopher S. Murphy

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Christopher S. Murphy  
United States Senator

/s/ Tina Smith

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Tina Smith  
United States Senator

/s/ Robert P. Casey, Jr.

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Robert P. Casey, Jr.  
United States Senator

/s/ Amy Klobuchar

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Amy Klobuchar  
United States Senator

/s/ Brian Schatz

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Brian Schatz  
United States Senator

Cc:

The Honorable Roy Blunt, Chairman, Subcommittee on Labor, Health and Human Services, and  
Education, United States Senate Appropriations Committee

The Honorable Patty Murray, Ranking Member, Subcommittee on Labor, Health and Human  
Services, and Education, United States Senate Appropriations Committee