

April 6, 2022

Chair Patty Murray
Senate Health, Education, Labor & Pensions
Committee
U.S. Senate
Washington, DC 20510

Ranking Member Richard Burr
Senate Health, Education, Labor & Pensions
Committee
U.S. Senate
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of the Well Being Working Group (WBWG), we applaud your efforts to craft bipartisan proposals to improve and expand federal mental health and substance use disorder programs. Composed of around 40 diverse organizations, the WBWG coalition supports population-level strategies that bolster mental health and well-being and prevent the onset of substance misuse and other mental health challenges through improvements to social, physical, and economic conditions in communities. Drawing from the expertise of multiple sectors—including public health, substance misuse, suicide prevention, economic mobility, social services, and community-based organizations—members of the WBWG share a commitment to elevating strategies that prioritize primary prevention and health equity.

As the U.S. Surgeon General recently noted, addressing the mental health impacts of the COVID-19 pandemic will require “an all-of-society effort...in how we view and prioritize mental health,” including policies that promote resilience and remove economic and social barriers that impact mental health outcomes. As you develop proposals to address the mental health crisis in our nation, we urge you to focus on primary prevention strategies, which promote protective factors in communities that can mitigate stressors contributing to rising rates of substance misuse and self-harm. These strategies include preventing adverse childhood experiences (ACEs), expanding substance use prevention, mental health, and resiliency programs in schools, bolstering crisis intervention programs, and promoting social connection through peer support and other services. Primary prevention can complement investments in treatment and recovery services and relieve pressure on emergency healthcare providers and post-crisis intervention programs.

The WBWG also strongly urges the Committee to remove barriers to mental health access by addressing root causes of health inequities, particularly those stemming from structural racism. Equity-focused efforts include promoting linguistically and culturally responsive health services, leveraging non-traditional partners to reach underserved populations, and establishing community-based initiatives to integrate social services with mental health treatment. Programs centered in health and racial equity can help address rising rates of suicide among Black youth, for example, and the disproportionate impact of the COVID-19 pandemic on communities of color in general. Provisions of the forthcoming **Health Equity and Accountability Act (HEAA)**, for example, focus on eliminating mental health inequities by expanding coverage and access to supports, services, and treatment across community settings; funding research into gaps in care and services; developing outreach, education, and training strategies; and strengthening the workforce.

In addition to the HEAA, the following bills, which the House of Representatives passed in May 2021, would help advance primary prevention and racial equity in mental health care services and curb rising rates of deaths from suicide, drug overdose, and alcohol use disorder:

- **Pursuing Equity in Mental Health Act, S. 1795 (Sens. Menendez, Cortez Masto, and Booker).** This bill addresses rising suicide rates and mental health disorders among Black youth by funding the development of culturally appropriate mental health training, supporting research into mental and physical health disparities based in race and ethnicity, expanding efforts to diversify the behavioral health workforce, and establishing health care teams serving communities of color and other underserved communities.
- **Mental Health Services for Students Act, S. 1841 (Sen. Smith).** Through Project AWARE at the Substance Abuse and Mental Health Services Administration, this bill would fund partnerships between schools and community-based organizations to increase access to on-site mental health care in schools and train teachers and other community leaders to recognize and address mental health crises among students.
- **Effective Suicide Screening and Assessment in the Emergency Department Act, S. 467 (Sens. Murkowski and King).** In response to rising rates of suicide-related visits to emergency departments among youth over the past 15 years, this bill would provide funding for these departments to develop suicide risk protocols and connect patients to coordinated mental health services after discharge. Emergency departments could also use provided funds to strengthen their workforce dedicated to treating individuals at risk of suicide.

As you consider these bills and other legislation, the WBWG can provide technical assistance, research and analysis, connections to patients and on-the-ground work in communities, expert testimony, and policy recommendations. In general, the diverse membership of the WBWG can share perspectives on strategies to support mental health at the community level and treat addiction and other issues through integrated systems of care and population-specific approaches.

Again, the WBWG applauds your efforts to address the unprecedented mental health challenges facing our country, and we would welcome the opportunity to share our expertise with you and your staff in the months ahead. Please reach out to Brandon Reavis, Senior Government Relations Manager at Trust for America's Health, at breavis@tfah.org with any questions or requests.

Sincerely,

American Foundation for Suicide Prevention
Depression and Bipolar Support Alliance
The Kennedy Forum
Prevention Institute

American Public Health Association
Inseparable
Mental Health America
Public Health Foundation

Safe States Alliance
Social Current

Sandy Hook Promise
Trust for America's Health