
Children's Hospital Association Statement for the Record

U.S. Senate Committee on Health, Education, Labor & Pensions, Subcommittee on Primary Health and Retirement Security

“A Crisis in Mental Health and Substance Use Disorder Care: Closing Gaps in Access by Bringing Care and Prevention to Communities.”

May 17, 2023

On behalf of the nation's children's hospitals and the children and families we serve, thank you for holding this hearing, “A Crisis in Mental Health and Substance Abuse Disorder Care: Closing Gaps in Access by Bringing Care and Prevention to Communities.” We appreciate your leadership on this issue and look forward to working together to ensure that federal programs are tailored to meet the unique needs of children, adolescents and the pediatric provider community proudly committed to serving them. We appreciate the work Congress has done to date to address the national children's mental health crisis; however, more federal support and attention is urgently needed to meaningfully impact the troubling trajectory for our nation's children.

Children's Hospital Association represents more than 220 children's hospitals nationwide, dedicated to the health and well-being of our nation's children through innovations in the quality, cost, and delivery of care. Children's hospitals serve as a vital safety net for all children across the country regardless of insurance status, including those that are uninsured, underinsured and enrolled in Medicaid, the single largest payer of mental health services for children. As essential providers dedicated to providing the highest quality pediatric care, children's hospitals look forward to working with you to address the crisis in mental health facing America's children.

Prior to the pandemic, trends in child and adolescent mental health were worrying, as mental health symptoms increased among children, and many did not receive needed care. The stressors of the pandemic on families and children have worsened these trends significantly. Concerning evidence of the crisis:

- 1 in 5 children and adolescents experience a mental health condition in a given year.¹
- In 2021, 29% of teens reported experiencing poor mental health, while 4 in 10 reported feeling persistent sadness or hopelessness. Teen girls were twice as likely (57%) to report persistent sadness.²
- 1 in 5 high school students contemplated suicide and 1 in 10 attempted suicide one or more times.³
- Suicide is the second leading cause of death for youth and young adults between the ages of 10 and 24.⁴

¹ “[What is Children's Mental Health?](#),” Centers for Disease Control and Prevention, April 2019

² “[Youth Risk Behavior Survey Data Summary & Trends Report](#),” Centers for Disease Control and Prevention, February 2023.

³ “[Youth Risk Behavior Survey Data Summary & Trends Report](#),” Centers for Disease Control and Prevention, February 2023.

⁴ “[Facts about Suicide](#),” Centers for Disease Control and Prevention

An increased demand for mental health services across the continuum of care for children, but particularly for children in crisis, has stressed already inadequate and under-resourced systems, leaving far too many children waiting for needed mental and behavioral health care, frequently “boarding” in emergency departments until an appropriate placement becomes available. As compared to pre-pandemic, 84% of hospitals report boarding more children and youth and 75% report longer boarding stays.⁵ As we emerge from the public health emergency, the troubling trends continue with large numbers of children and youth languishing in hospital emergency departments waiting for access to needed care.

This crisis in boarding is also reflection of inadequacies within our nation’s pediatric mental health system, which is fragmented and insufficiently supported, too often resulting in delayed care. For many children, their mental health conditions can be managed with less intensive treatment, such as outpatient therapy and medication management through primary care, yet children’s mental health conditions often go unidentified and untreated. Nearly 60% of children and youth with major depression are not receiving care and it is common for several years to pass between when symptoms first appear and treatment begins.⁶ To prevent the children’s mental health crisis from continuing we need to do a better job of providing access to needed services across the continuum of care, beginning as early as possible and ideally before children reach a point of crisis.

As you consider changes to existing programs and contemplate new initiatives, it is critical to examine how these changes affect the pediatric population. The importance of investing in services and supports that promote timely access to necessary pediatric mental health care cannot be overstated. Current federal programs are essential and yet remain insufficient to meet the severity of this compounding national crisis in children’s mental health. We look forward to partnering with you as you work to implement programmatic improvements and address the continued mental, emotional, and behavioral health needs of children across the country.

As the Senate HELP Committee moves forward, we urge you to prioritize:

- Creating new programs and investments meeting the needs of children and youth.
- Refining existing programs and increasing support to ensure that they are intentionally designed to meet the unique needs of children and adolescents and ensure access to services as early as possible.
- Increasing and targeting investments to support the recruitment, training, retention, and professional development of a diverse clinical and non-clinical pediatric workforce.

New Tailored Investments to Meaningfully Address the Crisis

Within HHS, there are several programs that focus on mental health broadly and some that focus on children specifically. These are important programs that play a role in meeting children’s needs, but more is desperately needed. There are a number of programs that aim to improve children’s access to evidence-based treatment for mental health conditions, yet they do not go far enough to address the widespread and unmet needs of children. Both the creation of new initiatives and enhancements to existing programs will be needed to adequately address the growing crisis in child and adolescent mental health.

⁵ Leyenaar J, Freyleue S, Bordonga A, et al., “Frequency and Duration of Boarding for Pediatric Mental Health Conditions at Acute Care Hospitals in the US,” JAMA: Vol 326, No. 22, 2021.

⁶ [“The State of Mental Health In America,”](#) Mental Health America, 2023.

At the core of a strong pediatric mental health care delivery system is a strong, interconnected network of pediatric health providers and supportive services that are available to deliver high-quality, developmentally appropriate mental and behavioral health care. Building a strong system of care starts with ensuring that children are able to access services in the settings where they are such as: early learning and childcare settings, schools, their pediatrician's office, community settings and emergency departments. A truly comprehensive approach must include the full continuum of clinical and non-clinical health services and supports that encompass promotion and prevention, early intervention and treatment. In too many communities, there are few local options for children in need of mental health treatment and investment is urgently needed to scale up services and support for the pediatric population.

Given the workforce shortages within pediatric mental health professions, the importance of innovative approaches to utilizing our current workforce, such as through integrated care, and support for enhanced care coordination are paramount. When children's and adolescents' mental health needs are significant enough to require services outside of schools and community-based outpatient settings, it is critical that they are delivered in appropriate settings designed for them and staffed by professionals with pediatric expertise. Children's hospitals have seen a growing demand for inpatient psychiatric care, as well as step down levels of care including partial hospitalization, day hospitals and intensive outpatient services. Unfortunately, there are too few of these services designed specifically for children, adolescents, and young adults, which results in significant delays in care and contributes to mental health boarding.

While investing in upstream mental health promotion, prevention, early identification and intervention for children is critical, including to prevent conditions from worsening to the point of crisis, we also need to ensure that there are appropriate treatment options across the full continuum of care for children and adolescents who need them. We urge Congress to provide resources to support efforts to scale up inpatient care capacity, including costs associated with the conversion of general beds to accommodate mental health patients, as well as to support the development of intermediate levels of care such as partial hospitalization, day programs, intensive outpatient services and crisis response and stabilization services which are designed to support families and divert children from emergency departments.

To better support the continuum of care, we strongly support legislation introduced last year by Sens. Casey and Cassidy entitled, Health Care Capacity for Pediatric Mental Health Act of 2022. The bill focused on children and would improve access to community-based services and supports, support training to enhance the workforce and invest in mental health infrastructure. Similar bipartisan legislation has been introduced in the House this year, H.R. 2412, the *Helping Children Cope Act*, which would provide grants to children's hospitals and other providers to increase their capacity to provide pediatric mental health services such as those described above. We would like to see policies like these enacted this year to address the serious gaps children and youth experience when attempting to access mental health services. We understand it is challenging to create new programs and dedicate spending but the level of the crisis and longstanding impacts for children and families and our nation warrant the new dedicated investments.

Refining Existing Programs to Better Work for Children and Youth

The Community Mental Health Services Block Grant. The Community Mental Health Services Block Grant, frequently called the Mental Health Block Grant, supports state mental health agencies to provide comprehensive

community mental health services and investments in evidence-based prevention for adults with severe mental illness or children with serious emotional disturbances (SED). The parameters of the funding as currently written focus on children with SED, making it difficult to spread funds to broader activities, such as evidence-based prevention efforts or mental health services for children whose needs do not reach the threshold of a serious emotional disturbance or have not yet been diagnosed. We strongly support a set-aside within this block grant for prevention and early intervention, to ensure that these federal dollars can be used by states to expand early intervention and prevention services, especially with children and teens. A similar provision was included in the *Mental Health Reform Reauthorization Act of 2022*, led by Senators Cassidy and Murphy last Congress, and received bipartisan support.

Support for Children’s Mental Health Workforce. Congress must address the urgent need to relieve pressure on the existing pediatric mental health workforce, as well as invest in its long-term expansion across disciplines to meet the ongoing and growing mental health needs of our children. Pediatric mental health workforce shortages are persistent and projected to increase over time. Nationally, there are approximately 10,500⁷ practicing child and adolescent psychiatrists and only 5.4 clinical child and adolescent psychologists per 100,000 children 18 years of age and younger, far fewer than needed to meet the existing and increasing demand.⁸ Shortages also exist for other vital pediatric mental health specialties critical to improving early identification and intervention for children with mental health needs. Additionally, racial and ethnic minority providers are under-represented across many mental health professions, which can be an added burden on racial and ethnic minority communities who already face inequitable access to care. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children’s mental health needs now and into the future.

Congress can take several immediate steps to address the current and ongoing mental health workforce shortage.

Loan forgiveness for pediatric mental health providers. Existing loan forgiveness programs can be difficult for pediatric specialty providers to access. We support robust funding for the Pediatric Subspecialty Loan Repayment Program, which would provide loan forgiveness for pediatric subspecialists, including mental health providers practicing in underserved areas. While we were glad to see the program received increased funding in FY23, we strongly encourage a larger investment of at least \$30 million, to support the pediatric subspecialty workforce and improve longstanding shortages. Additionally, we support S. 462, the *Mental Health Professionals Workforce Shortage Loan Repayment Program Act*, a bipartisan bill which would extend loan repayment to mental health providers across a wider array of mental health professional fields, who serve in areas with shortages of mental health professionals. We look forward to working with you to identify realistic and effective immediate solutions to support and retain a diverse national pediatric mental health workforce.

Children’s Hospitals Graduate Medical Education (CHGME) program. Pediatricians build strong relationships with families and can play a critical role in identifying children with mental and behavioral health needs earlier, before more serious issues emerge. The CHGME program supports the training of more than half of the nation’s pediatric physician workforce and is essential to the continued access of children to needed pediatric specialists, including developmental pediatricians and child adolescent psychiatrists. However, CHGME represents only 2% of the total federal spending on GME. These funding shortfalls must be financed by children’s hospitals’

⁷ [Workforce Maps by State \(aacap.org\)](https://www.aacap.org), American Academy of Child and Adolescent Psychiatry.

⁸ [“Supply of Child and Adolescent Behavioral Health Providers.”](#) University of Michigan Behavioral Health Workforce Research Center. July, 2020.

child-patient care operations and are a key contributor to the overall pediatric workforce shortage. We appreciated the FY 2023 funding level but would encourage Congress to consider a higher overall appropriations level for FY 2024 to reduce the growing and unsustainable gap between other federally funded training programs and CHGME and a bipartisan reauthorization of the program this year supporting the existing goals to secure the future pediatric physician workforce.

Project AWARE. SAMHSA's Project AWARE – Advancing Wellness and Resiliency in Education, supports partnerships between State Mental Health Agencies and State Educational Agencies to expand programs which improve mental wellness and mental health awareness in schools. The program provides funding to develop school-based mental health programs and training for school-based professionals. Given the increased need for early intervention services, and the effectiveness of the existing program we support the Mental Health Services for Students Act, led by Senator Tina Smith and Rep. Grace Napolitano in the 117th Congress. This legislation would provide competitive grants for local education agencies to bring in on-site mental health professionals, improving children's access to mental health services at schools across the country. School partnerships with local mental health providers, including children's hospitals, facilitate early identification and intervention to improve mental health outcomes for school-aged children and teens.

Pediatric Mental Health Care Access Grants. The Pediatric Mental Health Care Access program is administered through HRSA with the goal of improving access to quality health care services through supporting the development of pediatric mental health care telehealth access programs or support existing programs. We were pleased to see the program reauthorized in the Bipartisan Safer Communities Act last year and we look forward to seeing how the program's expansion into more sites, including emergency departments and schools, progresses. Integrated care, including through telehealth consultation supported by this program, can improve identification of mental and behavioral health needs in children and streamline connections to care. While this program provides critical support to pediatricians, enabling them to treat some mental health conditions within primary care, we know that greater investment is needed in pediatric care integration. Integrating mental health with primary care, including through colocation of mental health providers, has been shown to substantially expand access to mental health professionals and increase children's utilization of behavioral health services.

Thank you again for your commitment to improving the mental and behavioral health care delivery system for children and adults. Children's hospitals and their affiliated providers stand ready to partner with you as you continue your work. Children need your help now.

With questions or for more information on Children's Hospital Association's mental health policy recommendations, please contact Vice President of Policy, [Aimee Ossman](#), or Director of Federal Affairs, [Cynthia Whitney](#).