



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

October 20, 2023

The Honorable Bill Cassidy
Ranking Member
Health, Education, Labor and Pensions Committee
Constitution Ave. and 1st St. NE
Dirksen Senate Office Building, Room 455
Washington, DC 20510-1806

Dear Ranking Member Cassidy:

The American Psychological Association Services, Inc. (APA Services) appreciates the opportunity to comment on the modernization of the U.S. Centers for Disease Control and Prevention (CDC). APA Services is the companion organization of the American Psychological Association, which is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 146,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. This request represents a step in the right direction towards ensuring that stakeholders across a diverse array of disciplines are represented in any changes to legislation governing the work of the CDC.

For decades, psychologist-researchers played a vital role in the understanding of policy implementation and broader organizational and personal safety. As with other areas of science, psychologists bring a unique perspective to analyzing and recommending improvements to disease treatment and prevention policies. This perspective provides meaningful assistance to those seeking to understand and advocate for the adoption of new policies.

We offer the following suggestions and resources to aid those looking to create a draft legislative action associated with this RFI; in doing so, we ask you to keep in mind the role of psychological science in behavioral change, the value of mental and behavioral health and seek to capitalize on the advantages offered by psychological science. Without the use of behavioral science, many of the challenges facing the country will be left inadequately addressed.

Continuous review and improvement require openness to change at all levels within the organization. How do successful organizations foster this openness? How might these strategies be applied to CDC?

- Achieving a level of openness to change and growth within an organization often involves ensuring that individual employees have the ability to thrive. As with other healthy workplace practices, it is important to center employee mental health and wellbeing alongside the



organization's mission.¹ This is true across nonprofits, public, and governmental organizations like the CDC. Supportive supervisors, valuing individuals' contributions, maintaining positive interpersonal relationships and civility, and ensuring individual actors see how their contribution is furthering the organization's mission are all hallmarks of a healthy workplace capable of growth and change. The CDC should pursue these characteristics across their workplace to achieve positive change.

- As was recently highlighted by the U.S. Surgeon General's *Workplace Mental Health & Well-Being* report, the centering of and support of employee mental health is essential to organizational success.² APA's *Striving for Mental Health in the Workplace* initiative, launched in May 2022, found employees with high levels of stress are more likely to miss work or to show lower engagement and commitment while at work, which can negatively affect an organization's bottom line and openness to change.³ This initiative lays out several ways organizational leaders can take action to improve employee mental health and foster an environment of inclusion and change. These actions would be broadly applicable to the CDC's workforce. The CDC (and other government agencies looking to improve their effectiveness and worker satisfaction) should consider implementing the tenets of APA's workplace initiative.

In your view, how effectively does CDC currently leverage outside entities to bring new ideas and capabilities to its organization, such as using off-the-shelf commercial solutions instead of commissioning custom-built systems? How could this be improved?

- CDC currently works closely with outside partners, including APA, to develop and distribute research, inform policies, and improve processes aimed at furthering their mission. One example is the CDC's recently-announced scientific guidance regarding flu, COVID, and RSV vaccines, which incorporated input from psychologists and APA.⁴ Another is the shared-decision-making and motivational interviewing strategies that APA developed for the CDC during the pandemic that are now central strategies for routine vaccine rollout in the United States.⁵ Because of this partnership, and the authority of CDC in this space, the

¹ (2022). Apa.org. <https://www.apa.org/news/podcasts/speaking-of-psychology/psychologically-healthy-workplace>;

Kelloway, E. K. (2017). Mental health in the workplace: Towards evidence-based practice. *Canadian Psychology/Psychologie Canadienne*, 58(1), 1–6. <https://doi.org/10.1037/cap0000084>.

² *Workplace Mental Health & Well-Being — Current Priorities of the U.S. Surgeon General*. (n.d.). Wwww.hhs.gov. <https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html>.

³ American Psychological Association. (2023). *Striving for mental health excellence in the workplace*. <https://www.apa.org/topics/healthy-workplaces/mental-health>.

⁴ Webinar Tuesday, September 19, 2023 - Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults. (2023, September 19). Emergency.cdc.gov. https://emergency.cdc.gov/coca/calls/2023/callinfo_091923.asp.

⁵ Centers for Disease Control and Prevention. (2021, January 14). *Effective COVID-19 vaccine conversations with patients* | CDC. Wwww.cdc.gov. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>.



information was widely adopted by healthcare agencies and providers across the country. It also positively impacts countries around the world who rely on this guidance. While these examples demonstrate recent successful opportunities for engagement and partnership between private organizations and the CDC, there is certainly more that can be done to solicit feedback and involvement from organizational partners like APA. We also recommend that CDC work more closely with other governmental agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services to further their ability to prevent and respond to emergencies.

- CDC working more broadly with SAMHSA is critical. Coordination with CDC is important to integrate and learn from the tremendous impact of public health emergencies on behavioral health and the importance of integrating mental health, suicide prevention, and substance use disorders into a federal response. COVID-19, as an example of a public health emergency, and the mental health and substance use crises in this country are “compounding crises” and must be addressed together.⁶
- We further recommend CDC to work with SAMHSA to develop an integrated approach to whole health in a pandemic in each agency’s strategic plan. It is critical that social determinants of health take into account the effect of these drivers on mental health. CDC currently works to promote mental health in programs affecting critical sectors, such as education and employment, that have been particularly affected by COVID-19 and would be implicated in future pandemics. CDC’s National Institute for Occupational Safety and Health has prioritized mental health in its Total Worker Health program. CDC’s Healthy Schools program, which provides extensive technical assistance to state education agencies on mental health services, has been a prominent request from the states and its expansion would likely result in positive outcomes. The agency’s Division of Adolescent and School Health, which supports local education agencies, included a strategic imperative in its latest strategic plan to “support schools to make resilience, well-being, and good mental health ubiquitous and equitable.”
- CDC also collects data and develops population-level prevention approaches to drivers of mortality, including suicide and overdoses, which are vital to ensuring the HHS Secretary and others responsible for coordination are fully informed about ongoing crises that may hinder effective responses. The National Center for Health Statistics collects much of the data in behavioral health and has tracked changes resulting from the pandemic. The National Center for Injury Prevention and Control works on suicide and overdose prevention. All of these programs are relevant to a public health emergency response and should be considered

⁶ Panchal, N., Saunders, H., & 2023. (2023, March 20). The Implications of COVID-19 for Mental Health and Substance Use. KFF. <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.



in addressing future pandemics. During the pandemic, it was also discovered that there are hundreds of government surveys and data sets in existence that either overlap each other, are outdated, or need to be considered for sunset. C should also work with SAMHSA on its role to facilitate addressing mental health within their areas of expertise. For example, SAMHSA works with the Centers for Medicare and Medicaid Services (CMS) on financing behavioral healthcare and with the Health Resources and Services Administration (HRSA) on expanding the behavioral health workforce. SAMHSA is not tasked with these agencies' responsibilities, but instead, brings its expertise to ensure a comprehensive approach in each agency and could do the same within CDC. Similarly, a public health response to pandemics must integrate behavioral and physical health and should require close collaboration between HHS, SAMHSA, and CDC, with both agencies informing the strategic planning of the other agencies.

What role does in-person work play in achieving organizational change? How can workers be incentivized to return to work?

- Psychological science finds that telework can improve employee productivity, creativity and morale and in-person work, while potentially valuable, must be carefully considered when attempting to not decrease workers' overall satisfaction and wellbeing. In-person work is often required at the cost of the benefits of a more flexible workplace.⁷ Those who work in hybrid or remote arrangements are often more likely to be satisfied with the how, when, and where they do their work. In a recent survey by APA, we found that 85% of hybrid workers and 89% of remote workers were satisfied with how they do their work, compared to 77% for those who work in person.⁸ In the same survey, remote workers reported being slightly more likely to have enough flexibility at work to be able to keep their work life and personal life balance (75%) than hybrid (67%) or in-person workers (66%). Further, those ages 18–25 are more likely to agree that they do not have enough flexibility at work to be able to keep their work life and personal life in balance compared with those in older generations (41% vs. 26% of workers 44–57, 28% of workers 58–64, and 24% of workers 65+). This data is important to consider when encouraging workers to return to a fully in-person workplace. Worker morale and wellbeing within the CDC is essential to high performance and retention and any new worker location policies should consider the potential negative impacts prior to forcing a return to all in-person work.

How might CDC's mission, strategic goals, and objectives be refined to better reflect and enable these core functions?

⁷ Abrams, Z. (2019, October 1). The future of remote work. *Monitor on Psychology*, 50(9).
<https://www.apa.org/monitor/2019/10/cover-remote-work>

⁸ American Psychological Association. (2023). 2023 Work in America Survey: Workplaces as engines of psychological health and well-being. <https://www.apa.org/pubs/reports/work-in-america/2023-workplace-health-well-being>



- We continue to ask that CDC, as well as other relevant public and mental health agencies, consider a population health approach to pandemic and disaster planning. A population health approach focuses on improving the health, health equity, safety, and wellbeing of entire populations, including individuals within those populations. This approach is supported by a multidisciplinary science base from psychology as well as sociology, cultural anthropology, medicine, economics, education, and other disciplines. Population health aims to address the cultural, economic, systemic, historical, environmental, and occupational contexts that influence health status, wellbeing, and functioning across the lifespan. Its ultimate goal is equitable human flourishing.
- The term “population health” may have different connotations in various contexts, but for its own activities, APA recognizes population health as a multi-tiered approach that includes: 1) universal provision of preventative tools and health promotion for all people, families, and communities; 2) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and 3) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress. Future public health emergency frameworks should be devised using a population health perspective.⁹
- APA Services affirms that an individual’s health cannot be considered in isolation from the relationships, communities, and societies to which they belong. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks, income, racism and discrimination of other historically minoritized groups, social connectedness, and stigma; these often exist systemically and structurally, outside of individuals. To advance population health, a biopsychosocial perspective is important across the lifespan, and across the communities and settings where people live, work, learn, and play.
- To achieve health equity for rural and frontier populations, APA Services recommends taking a population health approach that also recognizes the cultural and geographic diversity of rural and frontier populations, including African Americans, Native American/American Indian, Latinx, Hispanic, veterans, women, farmers, LGBTQ populations, ranchers, migrants, individuals with disabilities and those living in resource-limited areas with declining population density. While the prevalence of mental health disorders is similar to populations in urban settings, rural and frontier communities face unique barriers to care that have been classified broadly in terms of accessibility, availability, acceptability, affordability and stigma, and a robust research agenda should seek to address each of these barriers.¹⁰
- Access to psychologists in rural and frontier communities is of particular concern. Of the 734 U.S. counties that were entirely rural, the vast majority (93.6%) had no records of licensed psychologists, about 2.4% had one to four licensed psychologists, and 4.0% had five or more

⁹ American Psychological Association. (2022, February). *Psychology's Role in Advancing Population Health*.

¹⁰ Juntunen, C.L., & Quincer, M.A. (2017). Underserved rural communities: Challenges and opportunities for improved practice. In J.M. Casas, L.A. Suzuki, C.M. Alexander & M.A. Jackson (Eds) *Handbook of Multicultural Counseling* (4th edition) (pp. 447-456). Thousand Oaks, CA: Sage Publications.



licensed psychologists.¹¹ Research and collaboration is needed on specific effective and innovative recruitment strategies for rural mental health providers, including a focus on cultural competence in rural populations.

- There is growing recognition that climate change can have negative impacts on social relationships, mental health, and brain development.¹² These impacts are generally tied to the effects of heat, disasters, and disease and are often greatest among groups that also face other challenges, including communities of color and communities that are economically disadvantaged. There is more CDC and other health agencies can do to address these issues. While the destructive impacts of climate change will be felt by everyone, the burdens will fall heavily on those oppressed by historic and present day social, economic, and political power dynamics. No group is homogenous, however those who are economically disadvantaged, from communities of color, are indigenous, children, older, or women, have disabilities or pre-existing mental health conditions, or are outdoor workers may be more prone to mental health difficulties as climate change exacerbates pre-existing vulnerabilities. Structural and systemic racism, discrimination, disinvestment, and other challenges coupled with high exposure to climate impacts can lead to stress, anxiety, depression, mood disorders, PTSD, mental illness, suicide, neurological complications, behavioral problems, cognitive deficits, reduced memory, lower academic performance and IQ, violence, crime, higher exposure to violence and crime, and higher rates of incarceration. Some medications used to treat mental illness make people more susceptible to the effects of heat. The impacts of climate change on mental health can seem overwhelming, but solutions are accessible and abundant. Individuals, families, practitioners, policymakers, community and human service organizations, and communicators can all help build individual and community-wide resilience with shared responsibility, and to bring about solutions to climate change to protect mental health and well-being. APA documented these impacts in two major reports, the first of which served as an important source for the 2016 U.S. Climate and Health Assessment.¹³ An updated report was recently released in early 2022.¹⁴ Also, APA is collaborating with other U.S. health organizations to design and advocate for public health policies and programs that will strengthen community-based psychological resilience in the face of climate change, in order to prevent negative mental health consequences

¹¹ American Psychological Association. (2016). County-Level Analysis of U.S. Licensed Psychologists and Health Indicators. <https://www.apa.org/workforce/publications/15-county-analysis>

¹² Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, DC: American Psychological Association and ecoAmerica. (<https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf>)

¹³ Clayton, S., Manning, C. M., & Hodge, C. (2014). *Beyond storms and droughts: The psychological impacts of climate change*. Washington, DC: American Psychological Association and ecoAmerica. (https://ecoamerica.org/wp-content/uploads/2014/06/eA_Beyond_Storms_and_Droughts_Psych_Impacts_of_Climate_Change.pdf); Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, DC: American Psychological Association and ecoAmerica. (<https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf>)

¹⁴ American Psychological Association (2022). *Addressing the Climate Crisis: An Action Plan for Psychologists*. Washington, DC: <https://www.apa.org/news/press/releases/2022/02/psychology-climate-change>.



and to facilitate early interventions when needed.¹⁵ Findings from these reports are important in planning a comprehensive response to future health emergencies caused by climate change.

- CDC must also continue to take steps to consider and integrate mental and physical health inequities in emergency response. To date, CDC's heavy focus on medical preparedness and recovery has resulted in overlooking mental health early in the response. For example, physicians, nurses, first responders and other essential critical health care workers, including clinical psychologists and researchers, faced their own mental health challenges during the pandemic. The mental health of the physical and mental health workforce must be addressed prior to any emergency and prevention strategies put in place. As with the COVID-19 pandemic, people of color and persons with disabilities are often at a higher risk of infection, hospitalization, and death as compared to their White counterparts.¹⁶ The pandemic has also shone a light on the historic disparities in access to behavioral health care among populations of color, which has further harmed their mental well-being since the start of this crisis.¹⁷ This includes children and adolescents. Rates of suicide, which have traditionally been higher among White and Native American children, have risen sharply among Black and African American youth.¹⁸ Black and Hispanic children lost a parent or a caregiver at more than two times the rate of White children, while American Indian, Alaska Native, and Native Hawaiian and Pacific Islander children lost caregivers at nearly four times that rate.¹⁹ Additionally, young people within other marginalized populations, including those who identify as LGBTQ+ and children with developmental and physical disabilities, are disproportionately impacted.²⁰
- In addition, health inequities can influence both the prevalence and risk of chronic behavioral health conditions emerging in certain communities, a community's ability to access health care, health care providers' ability to offer care suited to that community's needs, and the overall outcomes. These outcomes are influenced by social determinants of health (SDOH), which include economic stability, education, health care systems, neighborhood, physical environment, and one's social and community context.²¹ Efforts to address chronic behavioral health conditions – such as depression, substance abuse, eating disorders, bipolar disorder, obsessive

¹⁵ Belkin, G. (2020). Leadership for the social climate. *New England Journal of Medicine*, 382, 1975-1977. (<https://www.nejm.org/doi/full/10.1056/NEJMp2001507>)

¹⁶ Centers for Disease Control and Prevention. (2021). Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

¹⁷ McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., et al. (2021). Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *Morbidity and Mortality Weekly Report*, 70(5), 162–166. <http://dx.doi.org/10.15585/mmwr.mm7005a3>

¹⁸ Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2021). Black Youth Suicide: Investigation of Current Trends and Precipitating Circumstances. *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://doi.org/10.1016/j.jaac.2021.08.021>

¹⁹ Treglia, D., Cutuli, J. J., Arasteh, K., J. Bridgeland, J.M., Edson, G., Phillips, S., & Balakrishna, A. (2021). *Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them*. COVID Collaborative.

²⁰ Morning Consult & the Trevor Project. (2021). Issues Impacting LGBTQ Youth. Retrieved from: https://www.thetrevorproject.org/wp-content/uploads/2021/12/TrevorProject_Public_Final-1.pdf

²¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2030). *Healthy People 2030*. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



compulsive disorder, and post-traumatic stress disorder – without adequate attention to the SDOH that influence health outcomes have limited effectiveness as they do not take into account social needs (e.g., food insecurity, insufficient housing, lack of transportation, and underemployment) that interfere with optional engagement in healthy behaviors and active treatment and therapy.⁶

- These inequities must be considered when revising preparedness plans and determining appropriate levels of care and coordination. Response to future pandemics, and other mental and physical health disasters must ensure appropriate consideration for populations already experiencing disproportionate levels of undertreatment.
- When considering how best to prepare for the next public health emergency and how best to realign CDC's focus, it is increasingly important to understand how misinformation affects people's understanding of the COVID-19 public health crisis and their decision making. The World Health Organization has declared we are experiencing an "infodemic that continues to undermine the global response and jeopardizes measures to control the pandemic".²² This infodemic is exemplified by an overabundance of both online and offline information and co-evolved with the COVID-19 epidemic; to improve communication, equal consideration should be given to the health and information aspects.²³ Misinformation is dangerous; without being able to believe the information being shared, people may opt not to use all available tools to improve their safety and the safety of the larger community.
- Psychological research suggests several methods for countering misinformation as general warnings have proven ineffective.²⁴ One method is to debunk incorrect information once it's been shared; however, a more effective method of "prebunking", inoculating people against the misinformation "virus" in the first place has been developed, which involves distributing truthful, science-based information from reputable sources that counter known misinformation. Another method for reducing people's willingness to believe misinformation is to help them deliberate and think about the information.²⁵ Data suggest that people share information on social media without giving much thought to its accuracy, but, when prompted, in a lab setting, to assess the validity of an unrelated headline, participants were then more discerning in what information they would share. Further evidence supporting the theory that helping people to slow down and deliberate about the information they are consuming is research that found people are

²² World Health Organization, (2020) *Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation*, <https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation>

²³ Gallotti, R., Valle, F., Castaldo, N. *et al.* Assessing the risks of 'infodemics' in response to COVID-19 epidemics. *Nat Hum Behav* 4, 1285–1293 (2020). <https://doi.org/10.1038/s41562-020-00994-6>

²⁴ Greene CM, Murphy G. Quantifying the effects of fake news on behavior: Evidence from a study of COVID-19 misinformation. *J Exp Psychol Appl*. 2021 Dec;27(4):773-784. doi: 10.1037/xap0000371. Epub 2021 Jun 10. PMID: 34110860.

²⁵ Bao, H., Cao, B., Xiong, Y., Tang, W., 2020. Digital Media's Role in the COVID-19 Pandemic. *JMIR mHealth and uHealth* 8, e20156.. doi:10.2196/20156.



more susceptible to misinformation when they fail to carefully consider the information, regardless of whether it aligns with their political beliefs.²⁶ Additionally, morality plays a significant role in people's acceptance of corrective information (pointing out what is untrue) and tailoring messages correcting COVID-19 misconceptions to connect with the morality of the recipients helps them receive the information.²⁷ Narrative methods for disseminating information may be more effective in influencing actual health attitudes and behaviors.²⁸ This is supported by another research group who found that using people-centered, first-person narratives with emotional language may help communicate pro-vaccine messages, by using narrative stories to personalize the issue.²⁹

- Further research is needed to understand the complex interactions between demographic factors such as age and misinformation. To connect with the broadest possible audience, public health authorities must work to build relationships with trusted, influential stakeholders and media companies to reach culturally and linguistically diverse groups.³⁰

What other policies should Congress consider, aside from those that have already been enacted?

- Strengthen the Mental Health Care Workforce
 - A strong mental health workforce is critical to combating the long-term impacts of health emergencies and remedying longstanding access gaps. Nationwide, even before the COVID-19 pandemic, the U.S. was facing a serious shortage of mental and behavioral health providers, including psychologists, with every state having documented mental health professionals shortage areas.³¹ By 2030, these shortages are projected to worsen

²⁶ Bago, B., Rand, D. G., & Pennycook, G. (2020). Fake news, fast and slow: Deliberation reduces belief in false (but not true) news headlines. *Journal of Experimental Psychology: General*, 149(8), 1608–1613. <https://doi.org/10.1037/xge0000729>

²⁷ Trevors, G., & Duffy, M. C. (2020). Correcting COVID-19 Misconceptions Requires Caution. *Educational Researcher*, 49(7), 538–542. <https://doi.org/10.3102/0013189X20953825>

²⁸ Gesser-Edelsburg A. Using Narrative Evidence to Convey Health Information on Social Media: The Case of COVID-19. *J Med Internet Res*. 2021 Mar 15;23(3):e24948. doi: 10.2196/24948. PMID: 33674257; PMCID: PMC7962859.

²⁹ Germani, F., Biller-Andorno, N., 2021. The anti-vaccination infodemic on social media: A behavioral analysis. *PLOS ONE* 16, e0247642.. doi:10.1371/journal.pone.0247642.

³⁰ Pickles K, Cvejic E, Nickel B, Copp T, Bonner C, Leask J, Ayre J, Batcup C, Cornell S, Dakin T, Dodd R, Isautier J, McCaffery K COVID-19 Misinformation Trends in Australia: Prospective Longitudinal National Survey *J Med Internet Res* 2021;23(1):e23805, URL: <https://www.jmir.org/2021/1/e23805>, DOI: 10.2196/23805.

³¹ Bureau of Health Workforce. (2019). *Designated Health Professional Shortage Area Statistics*. Health Resources and Services Administration; U.S. Department of Health and Human Services. Retrieved from <https://data.hrsa.gov/hdw/Tools/MapToolQuick.aspx?mapName=HPSAMH>.
Health Resources and Services Administration. (n.d.). Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling, and School Psychologists. Retrieved from: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/psychologists-2018.pdf>



- significantly,^{32 33} with rural communities facing major challenges in recruiting and retaining licensed mental and behavioral health care professionals.³⁴ Increased funding and coordination of efforts of programs administered by the Health Resources and Services Administration (HRSA) and SAMHSA is essential to maintain a steady stream of trained psychologists to meet the anticipated mental health needs of the entire nation.
- Improve Access to Mental Health Care for Children and Youth
 - Significant unmet child and adolescent behavioral health needs exist nationwide.^{35 36} Suicide rates among children aged 10 and older have also climbed significantly each year since 2007, making it the second most common cause of death among adolescents before the pandemic.³⁷ The stakes of untreated mental and behavioral health symptoms for children and adolescents are exceptionally high. Failing to detect and address early indicators of a mental or behavioral health disorder can have profound consequences on the overall trajectory of a child's life, including a greater likelihood of difficulties with learning, addiction to substances, lower employment prospects, and involvement with the criminal justice system.³⁸
 - Schools play a critical role in providing health care to many children, particularly as they can be key to both early detection and intervention efforts. In fact, in many communities, they are an essential—and often the only—source of meeting the physical and mental health needs of students and families. While some school districts leverage Medicaid funds to stretch scarce resources and create school-based mental health programs, shortages of school-based behavioral health professionals continue to persist.³⁹

³² Health Resources and Services Administration. (n.d.). Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling, and School Psychologists. Retrieved from: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/psychologists-2018.pdf>

³³ Bureau of Labor Statistics. Occupational Outlook Handbook, Psychologists. U.S. Department of Labor. Retrieved from <https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm>

³⁴ Rural Health Information Hub. (2021). *Rural Mental Health*. RHIhub. <https://www.ruralhealthinfo.org/topics/mental-health>

³⁵ Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901-H.pdf>

³⁶ Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Methodological summary and definitions*. Substance Abuse and Mental Health Services Administration.

³⁷ Centers for Disease Control and Prevention. (2020). State Suicide Rates Among Adolescents and Young Adults Aged 10–24: United States, 2000–2018. *National Vital Statistics Reports*. Retrieved from: <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-11-508.pdf>

³⁸ Sacks, V., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity*. Child Trends. Retrieved from: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>;

National Collaborative on Education and Health. (2015). *Brief on chronic absenteeism and school health*. Healthy Schools Campaign.

³⁹ National Association of School Psychologists. (2017). *Shortages in school psychology: Challenges to meeting the growing needs of U.S. students and schools*. Retrieved from: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-psychology/shortages-in-school-psychology-resource-guide>



- Improving the behavioral health and emotional well-being of all students, including by instituting evidence-based comprehensive behavioral health systems in schools, can help mitigate the impacts of pandemic-related learning loss,⁴⁰ and reduce the frequency and severity of mental health and substance use disorders.⁴¹ Such a holistic approach provides a full complement of supports and services that establish multi-tier interventions and promotes positive school environments. They are built on collaborations between students, parents, families, community health partners, school districts, and school professionals, such as administrators, educators, and specialized instructional support personnel, including school psychologists.
- Instead of employing resources only when a child experiences a crisis or a public health emergency has been declared, we must address the factors that lead to such experiences earlier in life, including by ensuring that our behavioral health system is focused on prevention, early detection, and early intervention. Often, this can be achieved in school-based settings, with the partnership and engagement of parents and families. Schools must receive more support to address these needs both by increasing and retaining a highly skilled workforce of diverse, culturally competent school-based mental health professionals, as well as providing more training to teachers on incorporating social and emotional competencies into classroom curriculum. This would help build critical skills such as resiliency, motivation and engagement, problem-solving, emotional intelligence, agency, and relationship building.
- Investing in Youth Mental Health Research
 - Mental health issues, particularly for young people, affect their entire trajectory of life,⁴² bringing struggles with education, employment, and close relationships. Mental disorders drain our economy through lost productivity and preventable utilization of the healthcare system and add costs within the juvenile justice system, to say nothing of the enormous suffering, the loss, and the personal toll exacted by mental disorders. Through research funded by NIMH, NICHD and NIMHD, we have learned a great deal about how to identify those at risk and engage them in preventive programs. Additionally, the Institute of Education Sciences (IES) supports research, reports data, and produces evidence-based resources to help improve educational outcomes for all students. But there is much more to learn and to apply in order to develop interventions, target them appropriately, and treat

⁴⁰ Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2020, December 8). COVID-19 and learning loss—disparities grow and students need help. *McKinsey & Company*. <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help>

⁴¹ American Psychological Association. (2020). *APA's Guide to Schooling and Distance Learning During COVID-19*. Retrieved from: <https://www.apa.org/ed/schools/teaching-learning/recommendations-starting-school-covid-19.pdf>

⁴² Veldman, K., Reinjeveld, S. A., Ortiz, J. A., Verhulst, F. C., & Bultman, U. (2015). Mental health trajectories from childhood to young adulthood affect the educational and employment status of young adults: results from the TRAILS study. *J. Epidemiological Community Health*, 69(6). 588-593.



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- young people when prevention fails. We need research on primary prevention programs that are ready to be brought to scale, universal socio-emotional skills learning, safe social media interaction, and community-based approaches to support kids' healthy development.
- Every year, approximately 1.5 million Americans attempt to end their own lives due to suffering from mental health symptoms, with the number increasing during a public health emergency. Millions more have significant impairments in their functioning at work and in their relationships as parents and romantic partners. This is largely preventable based on psychological science that could be used to integrate mental health screening, preventions, resilience practices, and evidence-based interventions that we know can significantly reduce mental health symptoms today and ensure that children are developing with far fewer risks of mental health difficulties in the decades to come.⁴³

APA Services again thanks you for the opportunity to comment on these issues. If we can be of any further assistance, please contact Corbin Evans, Senior Director of Congressional and Federal Relations, at CEvans@APA.org.

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⁴³ Fortgang, R. G., & Nock, M. K. (2021). Ringing the Alarm on Suicide Prevention: A Call to Action. *Psychiatry*, 84(2), 192-195. <https://doi.org/10.1080/00332747.2021.1907871>