

**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery  
of**

**Subcommittee on Oversight and Investigations Chair Diana DeGette**

***Hearing on “Americans in Need: Responding to the National Mental Health Crisis”***

**February 17, 2022**

The nation has faced growing mental health challenges for years—a crisis amplified by the COVID-19 pandemic.

Today’s hearing is an opportunity for the Subcommittee to continue its bipartisan history of examining ways to support Americans’ mental health—a topic this Subcommittee has prioritized under the leadership of both parties for years preceding the pandemic.

Now more than ever it is crucial that we better understand the drivers behind the mental health crisis facing Americans and explore what more must be done to further our shared goal of supporting their mental health and well-being.

One in five U.S. adults, and one in six youth, will experience a mental health illness each year. Over the course of the pandemic, in fact, an estimated 125 million Americans struggled with mental health issues such as anxiety, depression, and other mental health illnesses. These statistics are alarming.

It is clear that the COVID-19 pandemic has increased the mental health challenges that we face as a country. Those whose lives have been more disrupted by COVID-19 have also suffered more severe mental health consequences.

Just as communities of color have been disproportionately impacted by the COVID-19 virus itself, so too have people of color experienced disproportionate rates of mental health challenges. People with disabilities are experiencing mental distress nearly five times as often as adults without disabilities.

And essential workers on the frontline of the pandemic, including the health care workers like those in hospitals in Colorado and around the country, are experiencing burnout and reporting their own increased mental health struggles.

This Committee and Congress have already taken steps to address the surging mental health needs through COVID-19 relief packages and other critical legislation. But our work is not finished.

The situation is particularly urgent because the nation’s children are not immune to this crisis. As this Subcommittee heard from experts last fall in our hearing exploring the impacts of COVID-19 on youth, children are facing a range of increasing stressors.

This is all too evident by the staggering increase of behavioral health visits to emergency departments by children last year. In 2021 at Children's Hospital Colorado, for instance, 70 percent more children came to the ER due to a mental health crisis than during the same period in 2019.

There are a range of reasons behind the increasing crisis among children and adults. But we know that online content plays a part. We are spending more time online—for better and for worse. The potential harms of social media, online misinformation, and cyber bullying are real threats.

But there are also real opportunities to connect with resources and peers in moments of need.

This has been evident over the past two years as physical distancing has been necessary to protect our physical health—virtual connection proved critical to protecting our emotional well-being. More must be done to understand these potential benefits while mitigating these potential harms.

Virtual tools also proved essential for Americans to access mental health care.

Telehealth counseling and health care enabled millions of people to connect with providers at a time when the demand for services surged.

Yet we know that access to mental health services remains an ongoing hurdle for far too many people—particularly children and other vulnerable or marginalized communities.

Stigma, high costs or limited coverage, and other systemic inequities all pose barriers to care. Further, workforce shortages across the mental health field have been exacerbated by the demands and pressures on these frontline workers. The psychiatric workforce alone within the mental health professional workforce in the United States, for instance, is only meeting an estimated 28 percent of the total population need for psychiatrists.

Hospital Emergency Departments have experienced dramatic spikes in the hospitalization of pediatric patients for mental health reasons.

Too often the lack of early screening and integrated health care results in kids and adults only accessing care at points of emergency crisis.

This is why resources like the National Suicide Prevention Lifeline are so crucial. While efforts are underway to prepare for the expected increase of calls and text with the launch of the new "988" three-digit dialing code this summer, anyone struggling today can get help by calling 1-800-273-8255 or visiting the Lifeline website at [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org).

I look forward to hearing about other resources from the witnesses joining us today, as well as strategies to destigmatize discussions on mental health and emotional well-being.

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By better understanding the drivers behind the growing mental health epidemic across the country, we can take more effective action to improve Americans' lives. We must work to ensure that all Americans have access to the mental health services and care they need to support their lifelong health and well-being.