March 8, 2022

The Honorable Miriam E. Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Assistant Secretary Delphin-Rittmon:

As the leaders of the Committee on Energy and Commerce, which has jurisdiction over the key federal departments and agencies who play a critical role in mental health research and care, we write to request information regarding the Administration’s efforts to address the increased levels of mental health issues in the United States, particularly given the impact of the coronavirus disease of 2019 (COVID-19) pandemic. This letter builds off the Committee’s oversight of both mental health issues and the COVID-19 pandemic.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health—including mental health—of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness in America’s communities.1

According to data from the 2019 National Health Interview Survey, 11.2 percent of adults aged 18 and over had regular feelings of worry, nervousness, or anxiety; and 4.7 percent of adults aged 18 and over had regular feelings of depression.2 Data from the Centers for Disease Control and Prevention (CDC) show that American adults in June 2020 reported elevated levels of adverse mental health conditions, substance use, and suicidal ideation.3 This

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1 Substance Abuse and Mental Health Services Administration, About Us (www.samhsa.gov/about-us) (accessed Mar. 8, 2022).
3 Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United
same data from June 2020 found that the prevalence of symptoms of anxiety was approximately three times those reported in the second quarter of 2019, and the prevalence of depression was approximately four times that reported in the second quarter of 2019. Additional studies and reports have emerged that show concerning trends with respect to our nation’s mental health with some populations, including children and people of color, facing a disproportionate increase in mental health conditions. Furthermore, a recent Government Accountability Office (GAO) report noted that the COVID-19 pandemic has increased social isolation and stress, which have affected the behavioral health of many Americans. Specifically, data in the report suggests higher rates of anxiety and depression symptoms, and more substance use among adults as a result.

Since the emergence of COVID-19, Congress has provided a range of resources to combat the virus and help Americans face the ongoing challenges of the pandemic. Through multiple COVID-19 relief packages and emergency supplemental funding, Congress has supported the development and distribution of countermeasures and other medical supplies, the enhanced resiliency of public health systems and workforce, and the reopening of schools. As of November 2021, $8 billion in COVID-19 relief funding had been awarded for behavioral health initiatives at HHS and the Federal Emergency Management Agency.

The mental health and well-being of Americans remains a top priority, and we are concerned about the impact that the COVID-19 pandemic has had on increased levels of distress, anxiety, and suicide-related behaviors. Accordingly, please respond to the following questions by March 22, 2022:

1. What information and data has SAMHSA collected or have access to regarding any changes in our nation’s mental health in 2020 and 2021 as compared to 2019, including changes in levels of anxiety, depression, suicide attempts, emergency department visits for mental health needs, and suicide?

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4 Id.


7 Id.

a. How do these trends differ, if at all, by age and other demographics?

2. Please specify, where known or evidence indicates, what, if any, associated events or causes are contributing to the changing mental health symptoms and conditions in Americans, including the death of parents, caregivers, and other family and loved ones due to COVID-19 as well as the role of school closures on school staff and children’s mental health.

3. Has SAMHSA analyzed, or participated in other agency’s efforts to analyze any mental health impacts, including potential benefits, of the range of COVID-19 prevention measures implemented by states and communities during the COVID-19 pandemic?
   a. If so, does SAMHSA have access to information or data regarding how these impacts differed among states with varying degrees of COVID-19 prevention efforts? If yes, please provide such data.

4. What, if any, involvement has SAMHSA had in development and implementation of the nation’s COVID-19 pandemic response and prevention efforts?
   a. What, if any, input did SAMHSA provide to CDC in the development of CDC’s “Guidance for COVID-19 Prevention in K–12 Schools” that was released in February 2021?
   b. What, if any, input did SAMHSA provide to CDC in the development of CDC’s additional guidance for COVID-19 prevention in K–12 schools, including masking?
   c. How, if at all, has SAMHSA been consulted or included in the development of any CDC guidance to reduce transmission and/or increase vaccination uptake? Please describe any involvement.
   d. How, if at all, has SAMHSA been consulted or included in the development of CDC’s June 2021 interim guidance on post-COVID conditions that was designed to assist health care professionals in evaluating and caring for patients with post-COVID conditions? Please describe any involvement and specify what information and data the agency is relying on as input for this guidance.
   e. What, if any, involvement did SAMHSA have in the November 2020, “Coping-19 Campaign,” which was launched by the Ad Council in partnership with CDC to address mental health, stressors, and personal experiences onset by COVID-19?
   f. Do SAMHSA or other agencies within the Administration have ongoing campaigns to help address mental health during the pandemic? If so, please describe these campaigns, including which departments and agencies are involved and the nature of the campaigns.
g. What, if any, involvement did SAMHSA have in the development of the Surgeon General’s Advisory on Protecting Youth Mental Health, including the recommendations that were included in the Surgeon General’s Advisory? Please specify if the agency is helping to implement any of the Advisory’s recommendations.

5. Is SAMHSA conducting, collaborating, or funding studies, including longitudinal studies, that can track the mental health impact of the pandemic, including mitigation efforts that were put in place during the COVID-19 pandemic? If so, please describe these studies.

6. Is SAMHSA conducting, collaborating, or funding any studies or analysis regarding long COVID, particularly for individuals who have reported post-COVID mental health needs? If so, please describe these studies.

7. Has the COVID-19 pandemic impacted the availability and accessibility of mental health professionals for patients seeking care?
   a. Has expanded telehealth access helped to fill treatment gaps in mental health services? If so, how?

8. What tools and resources are SAMHSA providing or coordinating with other agencies to provide to our frontline health workers who have experienced increased levels of stress and trauma during the COVID-19 pandemic?

9. Has SAMHSA assessed the work practices for frontline health care workers that have contributed to stress and trauma to better manage workers’ adverse mental health status during future emergency responses? If not, is SAMHSA aware of another agency’s efforts to identify this information?

10. The federal government has awarded billions in COVID-19 relief funding for behavioral health to states and territories to address the nation’s mental illness and addiction crisis, which has worsened during the COVID-19 pandemic. Please provide a list of any of this funding administered through SAMHSA that has been awarded, including when it was awarded, allocated, or distributed; the recipient; and the purpose for the funding.
   a. Are the recipients of the funding required to report what they are doing with these funds? If so, please provide an accounting of the activities supported by those funds.
   b. How are the grant recipients utilizing these funds?
   c. Please provide a list of any other funding that has been allocated or distributed by SAMHSA for the purpose of addressing the nation’s mental health since January

9 Id.
27, 2020, including the amount, when it was allocated or distributed, the recipient, and the purpose for the funding.

11. In addition to funding, what tools and resources is SAMHSA providing to support the needs of Americans experiencing mental health challenges as the nation continues to face the COVID-19 pandemic?

   a. What coordination, if any, is SAMHSA engaged in with the Health Resources and Services Administration regarding addressing the mental health workforce shortage?

12. SAMHSA is required to participate in the Interagency Working Group on College Mental Health under the 21st Century Cures Act. Please provide information on when the group has met and any resources made available by the working group.

If you have any questions, please contact Jesseca Boyer with the Majority Committee staff and Brittany Havens or Kristen Shatynski with the Minority Committee staff. Thank you for your attention to this matter.

Sincerely,

Frank Pallone, Jr.
Chairman

Cathy McMorris Rodgers
Ranking Member

Anna G. Eshoo
Chairwoman
Subcommittee on Health

Brett Guthrie
Ranking Member
Subcommittee on Health

Diane DeGette
Chair
Subcommittee on Oversight and Investigations

H. Morgan Griffith
Ranking Member
Subcommittee on Oversight and Investigations