June 3, 2025

The Honorable Shelley Moore Capito Chairwoman, Subcommittee on Labor, Health and Human Services, and Education Senate Appropriations Committee S-128 The Capitol Washington, DC, 20004

The Honorable Robert Aderholt Chairman, Subcommittee on Labor, Health and Human Services, and Education 2358-B Rayburn House Office Building Washington, DC, 20515 The Honorable Tammy Baldwin Ranking Member, Subcommittee on Labor, Health and Human Services, and Education Senate Appropriations Committee S-128 The Capitol Washington, DC, 20004

The Honorable Rosa DeLauro Ranking Member, Subcommittee on Labor, Health and Human Services, and Education 2358-B Rayburn House Office Building Washington, DC, 20515

Dear Chairwoman Capito, Ranking Member Baldwin, Chairman Aderholt, and Ranking Member DeLauro,

As the 119th Congress considers their Fiscal Year 2026 Labor, Health and Human Services, and Education Budget, we, the 72 undersigned organizations who represent and support America's teenagers and young adults, and their families are writing to urge the inclusion of bipartisan no-cost report language for two programs: the 988 Suicide and Crisis Lifeline and the Garrett Lee Smith Youth Suicide Prevention Campus Grants.

In 2023, 40% of high school students reported feeling hopelessness and sadness. 9% of students attempted suicide, a national rate that increased by 12.5% over the last decade. Between 2018 and 2022, over 30,000 teens and young adults died by suicide, establishing suicide as the second leading cause of death for Americans aged 15 to 24. In 2022, Congress took action to address this epidemic by enacting 988, the Suicide and Crisis Lifeline. However, research shows that as recently as 2024, only 5% of young adults were aware of 988 and its life-saving support, compared to 15% of all adults. Thirty-seven states, including Mississippi, Tennessee, Georgia, and Connecticut, have introduced or passed laws to boost youth awareness of 988 by requiring its publication on new student identification cards. No-cost report language to publish 988 on newly-printed Student IDs and Drivers Licenses will fill gaps in the patchwork system to ensure all teens and young adults are aware of and have access to 988 services when in crisis.

Crisis services must be complemented by youth prevention and early intervention services. Tragically, among young adults with recurrent suicidal ideation or attempts, nearly 50% will not seek help. Rural and male students are even less likely to seek mental health help compared to peers. Livivii This delay not only increases risk of suicide but escalates mental health acuity and future costs to treat. Student led mental health groups, which are already an authorized use under Garrett Lee Smith campus grants, have succeeded on postsecondary, technical, and vocation school campuses in combatting treatment ambivalence, with demonstrated improvements to student treatment-seeking and informal peer mental health referral behaviors. No-cost report language will prioritize these important uses in order to prepare peers on campus and save lives.

Therefore, we urge you to include the following language:

988 Suicide and Crisis Lifeline. — The Committee continues to be concerned that suicide remains a leading cause of death amongst adolescents and young adults, however only 5% of individuals aged 18-29 were aware of the 988 Suicide and Crisis Lifeline in 2024. The

Committee directs SAMHSA to coordinate with the relevant Departments and young adult behavioral health stakeholders, such as stakeholders serving secondary school and postsecondary students to increase adolescent and young adult awareness of 988 via awareness activities, including the publication of 988 on newly-printed standard issue student identification cards and driver's licenses, as authorized under P.L. 117-328 §1103.

Garrett Lee Smith Youth Suicide Prevention Campus Grants. — The Committee recognizes that delays in youth receiving treatment leads to higher acuity levels, health care costs, and risks of suicide. Campus programs training students on primary prevention and early intervention with their classmates have been shown to improve treatment-seeking and mental health referrals. The Committee directs the Assistant Secretary to prioritize applications proposing to support student groups on campus that both educate and train students on primary prevention and intervention with their classmates at risk of experiencing mental health and substance use disorders, with the goal of increasing classmates' treatment-seeking behaviors as is authorized under P.L. 117-328 § 1423. Additionally, the Assistant Secretary shall prioritize applications that include a plan to seek input from relevant stakeholders including student-serving mental health groups on campus as authorized. The Assistant Secretary shall include in their study and annual report to Congress details on the initial effectiveness of the awarded grants prioritizing such activities and input.

We thank you for your ongoing attention to youth mental health in our country, and especially for addressing the suicide epidemic among adolescents and young adults. Including both report language requests will help prevent suicide among young Americans across the United States. Thank you for your consideration of these requests.

Sincerely,

National

Active Minds

American Academy of Pediatrics American Art Therapy Association

American Association of Child and Adolescent

Psychiatry

American Foundation for Suicide Prevention American Group Psychotherapy Association American Occupational Therapy Association

American Psychiatric Association

American Psychiatric Nurses Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral

Healthcare (AABH)

Children and Adults with Attention-Deficit/Hyperactivity Disorder Clinical Social Work Association

Depression and Bipolar Support Alliance

(DBSA)

Eating Disorders Coalition for Research, Policy,

& Action

First Focus Campaign for Children

Inseparable

International OCD Foundation

International Society of Psychiatric-Mental

Health Nurses

Mental Health America

National Alliance on Mental Illness

National Association for Rural Mental Health

(NARMH)

National Association of County Behavioral Health and Developmental Disability Directors

(NACBHDD)

National Association of Pediatric Nurse

Practitioners

National Association of Social Workers National Association of State Mental Health

Program Directors

National Board for Certified Counselors National Eating Disorders Association

National Federation of Families National League for Nursing National Register of Health Service

Psychologists

NHMH - No Health without Mental Health
Postpartum Support International
REDC Consortium
Sandy Hook Promise
School Social Work Association of America
The Jed Foundation
The National Association of Therapeutic
Schools and Programs
Tourette Association of America
Treatment Communities of America

Alaska

Active Minds at Palmer High School

Alabama

Active Minds at Athens State University Active Minds at The University of Alabama at Birmingham

California

Active Minds at Cypress College Active Minds at De Anza College Active Minds at San Diego State University

Florida

Active Minds at Florida Gulf Coast University Active Minds at Florida State University Active Minds at Rollins College Active Minds at University of Florida

Louisiana

Active Minds at Carencro High School

Massachusetts

Active Minds as Northbridge High School Active Minds at Bristol Plymouth Regional Technical School Active Minds at Holbrook Middle High School Active Minds at Medfield High School Active Minds at Stonehill College Active Minds at Whitman Hanson Regional High School

Maryland

Active Minds at Loyola University Maryland

Maine

Active Minds at South Portland High School

Mississippi

Active Minds at Oakland University New Jersey

New Jersey

Active Minds at Rider University
Active Minds at Stevens University

New York

Active Minds at New York University

Ohio

Active Minds at Ohio Dominican University

Oklahoma

Active Minds at Oklahoma State University

Pennsylvania

Active Minds at Drexel University Active Minds at Lackawanna College Active Minds at Northampton Community College Active Minds at University of Pittsburgh

Rhode Island

Active Minds at East Providence High School

Texas

Active Minds at Northeast Texas Community College

Washington

Active Minds at Inglemoor High School

ⁱ Centers for Disease Control and Prevention (2024). Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/index.html

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- vi Thorne, K. & Ebener, D. (2020). Psychosocial predictors of rural psychological help seeking. Journal of Rural Mental Health, 44(4), 232-242. https://doi.org/10.1037/rmh0000159
- vii Chatmon, B. (2020). Males and Mental Health Stigma. American Journal of Men's Health, 14(4). https://doi.org/10.1177/1557988320949322 viii McLaughlin, C. (2004). Delays in Treatment for Mental Disorders and Health Insurance Coverage. Health Services Research, 39(2), 221-224. https://doi.org/10.1111/j.1475-6773.2004.00224.x
- ix Sontag-Padilla et. Al. (2018). Strengthening College Students' Mental Health Knowledge, Awareness, and Helping Behaviors: The Impact of Active Minds, a Peer Mental Health Organization. Journal of the American Academy of Child & Adolescent Psychiatry, 57(7). https://pubmed.ncbi.nlm.nih.gov/29960695/

[&]quot;Centers for Disease Control and Prevention (2024). Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/index.html

iii Centers for Disease Control and Prevention. WISQARS Fatal and Nonfatal Injury Reports. National Center for Injury Prevention and Control. https://wisqars.cdc.gov/reports/?o=MORT&y1=2018&y2=2022&t=0&d=&i=2&m=20810&g=00&me=0&s=0&r=0&ry=2&e=0&yp=65&a=5Yr&g=1=15&g=2=20&a=0&a=1=0&a=1=1NTENT&r=NONE&r=NONE&r=NONE

[&]amp;g1=15&g2=20&a1=0&a2=199&r1=INTENT&r2=NONE&r3=NONE&r4=NONE

iv Annenberg Public Policy Center (2024). Fewer Than 1 in 5 Know the 988 Suicide Lifeline. https://www.annenbergpublicpolicycenter.org/fewer-than-1-in-5-know-the-988-suicide-lifeline/