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200 Independence Ave., SW  
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Dear Secretary Kennedy:

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As the national medical society representing more than 39,200 psychiatrists, the American Psychiatric Association (APA) appreciates the opportunity to provide policy recommendations to the President's Make America Healthy Again Commission Assessment: Make Our Children Healthy Again.

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While we scientifically differ from several of the premises outlined in this assessment, APA concurs that an unprecedented number of children struggle with mental health issues, and our country must ensure they receive quality mental healthcare. We cannot make America's children healthy if we do not address the underlying issues. It is imperative to strengthen the mental healthcare infrastructure in our communities, grow our psychiatric physician workforce, and invest in advancing scientific discoveries that transform how we understand and treat these disorders. Focusing on the unmet needs of developing youth and their families is essential to creating a healthy nation. Strategies must be developed that can address the diagnostic disparities in early-onset mental health disorders, such as access to mental health services in rural and underserved areas. Over the next four years, we urge this Administration to prioritize strengthening our ability to respond to the increasing demand for appropriate interventions and services for children and adolescents with mental illnesses through implementation of the evidence-based policy solutions below.

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Most psychiatric and substance use disorders begin in childhood and adolescence and affect nearly 1 in 5 children and their families. The average delay between symptom onset and accurate diagnosis of a psychiatric condition ranges between 1-14 years. Early detection, intervention, and treatment of mental illness not only leads to a reduction in overall morbidity but also leads to a reduction in healthcare costs. Our healthcare system must be responsive to psychiatric needs by ensuring both access to a full continuum care and the reduction of stigma for individuals with mental health disorders. It is of paramount importance to make evidence-based treatments of serious

**Administration**

Marketa M. Willis, M.D., M.B.A.  
*CEO and Medical Director*

mental illness widely available. Individuals must also feel as comfortable seeking help for and discussing their psychiatric needs as they do with diabetes, cardiovascular disease, and cancer.

Lifestyle interventions should be offered in addition to psychotherapy, pharmacotherapy, other somatic therapy, along with attention to social determinants of health, not only to ameliorate or cure illnesses, but to help people lead positive, meaningful lives. Lifestyle psychiatry focuses on addressing psychiatric disorders through an integrated, holistic approach to health, which includes recommendations for physical activity, healthful nutrition, restorative sleep, stress management, social connectedness, and avoidance of harmful substances. While these ideas are empirically substantiated, the research continues to expand our understanding of how different aspects of our lifestyles can help prevent and treat mental health conditions.

We underscore that there is an urgent need for an appropriately trained workforce. Too often children, adolescents, and their families do not have access to a child and adolescent psychiatrist, causing parents to seek consultations and treatment from less qualified professionals. Child and adolescent psychiatrists undergo four years of medical school, followed by three or four years of general (adult) psychiatry residency training, and two years of child and adolescent psychiatry fellowship training. Child and adolescent psychiatrists have extensive training in providing comprehensive biopsychosocial assessments and have the highest level of training and expertise among prescribers to provide comprehensive treatment, including the safe and appropriate use of psychotropic medications for children and adolescents. However, 72 percent of counties in the United States lack a practicing child and adolescent psychiatrist<sup>11</sup> and therefore mental health services are increasingly being delivered by professionals with suboptimal mental health training. APA continues to advocate for additional graduate medical education slots to build a qualified workforce.

APA understands the scope of these challenges, and we remain committed to ongoing collaboration and communication with the Administration. We put forth the following policy solutions to address the gaps that have left many children and adolescents without appropriate care.

- **Increased Graduate Medical Education (GME).** Providing funding for more Medicare-supported GME slots for psychiatry and psychiatry subspecialties will increase access to high-quality care and strengthen our long-term healthcare infrastructure over time.
- **Funding for evidence-based models of integrated care like the Collaborative Care Model (CoCM).** The Complete Care Act (HR 2509 and S 931) aims to enhance mental health and substance use disorder services through integration of behavioral health within primary care settings. The Act would increase Medicare funding for integrated models like the Collaborative Care model, as well as provide technical assistance and support to help the integration into primary care practices. The CoCM model has been proven to reduce costs as well as reduce the use of prescribed medications.

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<sup>11</sup> [https://www.aacap.org/AACAP/zLatest\\_News/Workforce\\_Maps\\_Illustrate\\_Severe\\_CAP\\_Shortage.aspx](https://www.aacap.org/AACAP/zLatest_News/Workforce_Maps_Illustrate_Severe_CAP_Shortage.aspx)

- **Finalizing 2024 MHPEA rule.** Incomplete implementation and enforcement of parity laws for mental health continues to hamper the availability of quality care for children and adolescents. APA encourages CMS to improve its oversight of states' compliance with Medicaid managed care mental health and substance use disorder parity requirements; expanding mental health parity protections to Medicare and TRICARE benefits; hold accountable third part administrators for parity compliance; and funding the Department of Labor to continue parity enforcement efforts.
- **Technical support and financial incentives for increased interoperability among psychiatrists.** Behavioral health data has traditionally been seen as sensitive information forcing systems and practices to balance interoperability goals and offering quality care. Behavioral health data carries heightened privacy sensitivities and is governed by additional protections (e.g., 42 CFR Part 2). Effective interoperability must include granular data segmentation, consent management tools, and compliance policies for providers. Further education, training, and infrastructure support is needed to ensure that psychiatrists and the technology implemented in practices meet federal standards.
- **Funding for the development of guidelines for social media use for children and adolescents.** There is an increased need to protect vulnerable youth and their personal information from predatory algorithms and deceptive content on online platforms. Guidelines for social media that set reasonable content standards and transparent self-policing efforts should prevent the proliferation of harmful content including promotion of self-harm, encouraging addiction-like behaviors, deceptive online content, and promotion of marketing of unlawful products or services.
- **Provide payment incentives for the delivery of measurement-based care and treatment to target evidence-based assessment and treatment interventions.** Measurement-based care (MBC) is the process of repeatedly accessing psychiatric symptomatology through structured means to inform care. Backed by years of evidence and experience, the use of standardized rating scales in practice is associated with significant gains in the efficiency of care delivery and achievement of clinical outcomes. Providing incentives (i.e., electronic health record incentives, enhanced payment rates) to adopt MBC would ease adoption, which requires changes in workflow and electronic health record enhancements.
- **Make permanent the flexibilities for telemedicine care prior to an in-person evaluation.** As of 2024, over 122 million Americans live in a mental health professional

shortage area.<sup>2</sup> Without the continued option of telemedicine prior to an in-person evaluation, children and adolescents who live in rural and appointment shortage areas will either lose access to psychiatric care or never have access to the appropriate level of care for the severity of their mental illness.

- **Support measures that prevent direct-to-consumer advertising of medications for the purpose of treating psychiatric disorders.** The impact of direct-to-consumer advertising can influence prescriber decision-making in medical care. All treatment decisions must prioritize scientific evidence and findings, rather than commercial influences, in treatment decisions.
- **Expanded support for school-based community partnerships.** Implementation of school-based, multi-tiered systems of support with psychiatry expertise and consultation that promote social-emotional learning, resilience, and early identification of mental health concerns can help both identify early signs of mental health disorders and improve mental health outcomes. Moreover, schools and healthcare settings should practice primary prevention by using evidence-based programs to target risk factors associated with mental health and substance use disorders.
- **Provide increased funding to the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Grant Program.** This program provides grants to states to create programs that address maternal mental health conditions, including substance use disorders. Undiagnosed and untreated perinatal mental health conditions have been associated with greater risk of mental health problems among their children.
- **Support state and federal permanent housing initiatives.** Housing-first approaches combine permanent housing with rehabilitation and recovery services, supporting critical early childhood mental health and development.
- **Implementation of evidence-based assessment tools.** Comprehensive services should be available for everyone across the continuum of care, incorporating patient, family, and/or caregiver preferences in addition to clinical needs. Level of care determinations should address the full range of patient clinical necessities and use evidence-based criteria and guidelines set forth by applicable non-profit professional and clinical organizations such as CASII & ECSII.<sup>3</sup>
- **Support research on effective treatments for mental health.** Support studies on effective treatments for mental health disorders including the long-term benefits and

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<sup>2</sup> <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>

<sup>3</sup> [https://www.aacap.org/App\\_Themes/AACAP/docs/member\\_resources/practice\\_information/casii/CASII\\_infor\\_and\\_data.pdf](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/practice_information/casii/CASII_infor_and_data.pdf)

neurodevelopmental and metabolic outcomes, emphasizing real-world settings and meaningful endpoints. Increased funding for the National Institutes of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAA) is imperative to identify the risks that may lead to and factors that protect from mental illness, including biological, psychological, social, environmental, and economic that impact prevalence, presentation, prognosis, and clinical management of mental illness.

APA urges this Administration to prioritize investments in the critical healthcare infrastructure necessary to provide the full continuum of care to our children, families, and communities. Thank you for your review and consideration of these comments. If you have any questions or would like to discuss these policy recommendations in more detail, please contact Kristin Kroeger, Chief of Advocacy, Policy and Practice Advancement, at [kkroeger@psych.org](mailto:kkroeger@psych.org).

Sincerely,



MD, MBA, FAPA

Marketa Wills, MD, MBA, FAPA  
CEO and Medical Director  
American Psychiatric Association

cc: Vince Haley, Director, Domestic Policy Council