

August 25, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201

Dear Secretary Becerra,

We write to you as organizations committed to improving the mental well-being of Americans and ending the separate and unequal systems for individuals with mental health and substance use disorders. Our organizations are encouraged by the steps that you and President Biden are taking to improve our nation's ability to respond to the ongoing COVID-19 pandemic, as well as future pandemics and health emergencies, by elevating the Office of the Assistant Secretary for Preparedness and Response into a separate division, the Administration for Strategic Preparedness and Response (ASPR). **Yet, we firmly believe that, unless the Department takes proactive steps to integrate mental health and substance use throughout the operations of ASPR, the longstanding, artificial separation of mental and physical health will continue.**

The unfortunate reality is that, despite progress in normalizing public discussions about mental health and substance use, the systems that perpetuate the historic separation, stigmatization, and discrimination of people living with mental health and substance use disorders are still largely in place.<sup>1</sup> Across administrations, our organizations have been assured that health care initiatives aimed at improving Americans' well-being will, of course, address mental health and substance use. Nevertheless, our experience has been that our systems are built in such a manner that has the effect of relentlessly separating physical and mental health, almost inevitably leading to the de-prioritization of mental health and substance use as a relative afterthought in health care policy.

Even during the COVID-19 pandemic, which caused a very predictable worsening of mental health and substance use, our public health response for too long separated mental health and physical health to the detriment of all health. For instance, the Centers for Disease Control and Prevention delayed adding mental health conditions to the list of high-risk conditions for negative COVID-19 outcomes until October 2021, despite the fact it was becoming clear in the early fall of 2020 that individuals living with mood disorders, including depression, and schizophrenia were at increased risk.<sup>2</sup> In January 2021, a study published in *JAMA Psychiatry* found that schizophrenia was the

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<sup>1</sup> Even the names of key federal agencies (e.g., the *Substance Abuse and Mental Health Services Administration*) include antiquated, stigmatizing language that the Administration should work with Congress to change.

<sup>2</sup> See, for example, Wang Q, Xu R, Volkow ND. Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. *World Psychiatry* 2020; published online Oct 7. <https://doi.org/10.1002/wps.20806>; Yang H, Chen W, Hu Y, et al. Pre-pandemic psychiatric disorders and risk of COVID-19: a UK Biobank cohort analysis. *Lancet Healthy Longev* 2020; 1: e69–79; and Lee SW, Yang JM, Moon SY, et al. Association between mental illness and COVID-19 susceptibility and clinical outcomes in South Korea: a nationwide cohort study. *Lancet Psychiatry* 2020; 7: 1025–31.

biggest risk factor for death *second only to age*.<sup>3</sup> Additional research established the increased risk from mood disorders, which are very common. In pandemic response planning, it will be critical to integrate and prepare for the impact on those with mental health and substance use disorders and to consider the population impact on mental health from any mitigation efforts. The effect on youth mental health, for example, will have to be incorporated into planning in light of what was learned in this pandemic.

Failures to integrate mental health and substance use into our public health responses must not be duplicated in ASPR. And unless concerted action is taken towards integration, we fear future failures are likely inevitable. Particularly given the extraordinary impact of mental health and substance use disorders – as well as their inextricable connections with social determinants and physical health – it is essential that ASPR be structured in a way to interweave mental health and substance use into every aspect of its operations and mission. For it is impossible for an agency to effectively prepare and respond to future public health crises if it does not properly account for the impact of mental health and substance use disorders on our society and the impact of mitigation measures on mental health and substance use. Deaths from overdose and suicide now exceed 150,000 each year, and another 140,000 Americans die from excessive alcohol use annually.<sup>4</sup> Tens of millions more Americans experience depression, anxiety, loneliness and other mental health and substance use challenges that impact their daily lives and negatively affect their physical health.

Therefore, with the elevation of ASPR within HHS, the Biden Administration must seize this important opportunity to integrate our mental and physical health response in order to truly ensure ASPR is able to fulfill its mission to prepare and respond to health crises. Needed steps include having senior positions within ASPR dedicated to ensuring the integration of mental health and substance use into all of ASPR's work, as well as broader staff training to ensure personnel have sufficient background on why mental health is so important to emergency preparedness and response. And, just as HHS must take affirmative steps to build in equity into the mission and operations of ASPR as an indispensable part of fulfilling its mission, so too must HHS build mental health and substance use into the very structure of ASPR and consider the specific needs of at-risk communities, who are also encountering discrimination based on disability, race, ethnicity, gender, sexual orientation and other factors.

As ASPR begins formal operation in the second half of 2022, it is also essential that public communications affirm the fundamental importance of equity and mental health and substance use to its mission. Sustained public commitments that are followed by actions will ensure that equity and mental health are built into the very foundations of ASPR.

We thank you for your strong commitment to addressing the mental health and substance use crisis our country faces, which is interconnected with COVID-19 pandemic and the broader social determinants of health. Because mental health and substance use are inseparable from public

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<sup>3</sup> Nemani K, Li C, Olfson M, et al. Association of Psychiatric Disorders With Mortality Among Patients With COVID-19. *JAMA Psychiatry*. 2021;78(4):380–386. doi:10.1001/jamapsychiatry.2020.4442

<sup>4</sup> See CDC data on deaths from [drug overdose](#), [suicides](#), and [excessive alcohol use](#).

health, we look forward to working with you to ensure that ASPR fully integrates mental health and substance use into its important work. We look forward to assisting the Department however we can.

Sincerely,

2020 Mom  
A New PATH  
ACTNow for Mental Health  
American Academy of Social Work and Social Welfare  
American Association for Psychoanalysis in Clinical Social Work  
American Association of Child and Adolescent Psychiatry  
American Association on Health and Disability  
American College of Medical Toxicology  
American Foundation for Suicide Prevention  
American Mental Health Counselors Association  
American Nurses Association  
American Osteopathic Academy of Addiction Medicine  
American Psychological Association  
American Public Health Association  
American Society of Addiction Medicine  
Anxiety and Depression Association of America  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral Health and Wellness  
Center for Law and Social Policy (CLASP)  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
Depression and Bipolar Support Alliance  
Eating Disorders Coalition for Research, Policy & Action  
Global Alliance for Behavioral Health and Social Justice  
HIV Alliance  
IC&RC  
Inseparable  
International OCD Foundation  
International Society for Psychiatric-Mental Health Nurses  
The Kennedy Forum  
Lakeshore Foundation  
Maternal Mental Health Leadership Alliance  
Mental Health America  
National Alliance for Medication Assisted Recovery  
National Alliance on Mental Illness  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health  
National Association for Rural Mental Health

National Association of Addiction Treatment Providers  
National Association of Counties (NACo)  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association of Pediatric Nurse Practitioners  
National Association of Social Workers  
National Association of State Alcohol and Drug Abuse Directors (NASADAD)  
National Disability Rights Network (NDRN)  
National Federation of Families  
National Health Care for the Homeless Council  
National League for Nursing  
National Register of Health Service Psychologists  
Partnership to End Addiction  
REDC  
RI International  
SMART Recovery  
Stop Stigma Now  
Suncoast Harm Reduction Project  
The College for Behavioral Health Leadership  
The Trevor Project  
Young People in Recovery