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National Alliance on Mental Illness (NAMI)  
Senate Labor-HHS-Education Appropriations Subcommittee  
Outside Witness Testimony Regarding SAMHSA, NIMH, & HRSA Funding  
May 24, 2024**

On behalf of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans and their families affected by mental illness, I want to thank Chairwoman Baldwin and Ranking Member Moore Capito and the Members of this Subcommittee for prioritizing critical programs in Fiscal Year 2024 and prior years to help meet Americans' mental health needs. I especially want to recognize this Subcommittee's commitment to robust funding for the launch and implementation of the 988 Suicide and Crisis Lifeline. In addition, I want to thank you for your support of other key programs within the Department of Health and Human Services, including the Mental Health Block Grant, the National Institute of Mental Health, Project AWARE, the Pediatric Mental Health Care Access Program, and the Mental Health Crisis Response Partnership Program.

In 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that nearly one in four (23.1 percent) of adults – 59.3 million people – in the United States had a mental illness, including approximately 15.4 million people with a serious mental illness.<sup>1</sup> Recent CDC data<sup>2</sup> shows an alarming increase in high school students who report having persistent feelings of sadness and hopelessness, poor mental health, and having seriously considered attempting suicide, made a suicide plan or made a suicide attempt. Troublingly, only half of people with mental illness receive treatment within a given year.

There is still so much work to do to address our nation's ongoing mental health emergency. Today, I ask for your continued investment in addressing this crisis in Fiscal Year 2025. These investments will continue to help build a robust, sustainable infrastructure to address the severe, chronic, and far too often life-threatening mental illnesses that impact

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

<sup>2</sup> Centers for Disease Control and Prevention. (2023). Youth Risk Behavior Surveillance — United States, 2021. <https://www.cdc.gov/mmwr/volumes/72/su/pdfs/su7201-H.pdf>.

our families, friends, and neighbors in every corner of our nation – and in each of your states.

I also want to thank this Subcommittee for its commitment to ensuring we are meeting the mental health care needs of your constituents locally. Thanks to this Subcommittee’s support, the 988 Suicide and Crisis Lifeline has helped over 9.6 million people in crisis<sup>3</sup> by connecting them with critical help and support since it launched in 2022. This support has been essential, and this NAMI advocate from Ohio illustrates the need to continue to robustly fund 988:

*“I live with mental illness. 988 has kept me alive. I have called and texted with them approximately 50 times. They are kind and helpful. Our local warmline is not nearly enough. They don’t always answer and aren’t trained, but 988 crisis counselors are trained and always there. Please support this lifesaving hotline.”*

Calls to the 988 Lifeline are currently routed to a call center based on the caller’s area code, which presents some obstacles to callers whose area code does not correspond to the caller’s location when in crisis. As an example, my cell phone has a New Hampshire area code but I live in the Washington, DC area. If I call 988 right now, I would be routed to a call center 500 miles away. While 988 crisis counselors can provide support regardless of a help seeker’s location, they may not be able to connect people in crisis to follow-up care within their local community – which keeps us from our overall goal with 988 to ensure people receive the help they need to get well and stay well.

The good news is this problem is entirely fixable. While it has taken time and persistence since NAMI first raised this issue with Congress and the Federal Communications Commission (FCC) in December 2020, and with thanks again to this Subcommittee, we have finally achieved progress on ensuring that people in crisis can be connected to local help. FCC’s recently announced rulemaking to require carriers to route 988 calls to the closest local call center is long overdue, and we are all looking forward to prompt implementation to help us get closer to fully realizing the full potential of 988 and for people in crisis across the country to get the most benefit from the investments Congress has made to 988 and our crisis system.

I also want to recognize that investments as significant as those the Subcommittee has made in mental health services in recent years will come with challenges, including ensuring that all funds are put to their best and highest use in a timely way. As the nation’s

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<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2024). 988 Lifeline Performance Metrics. <https://www.samhsa.gov/find-help/988/performance-metrics>.

largest grassroots mental health organization, NAMI's network of state and local affiliate organizations works on the frontlines, side-by-side with government partners at all levels – federal, state and local. We are committed to helping ensure that every dollar of these much-needed investments is used in the most effective and accountable manner possible.

We do know with certainty that the mental health needs across the country are great. There is a critical need to build out a robust, sustainable continuum of mental health services to serve each one of your constituents in need. That means continued investments in pediatric mental health services and youth mental health programs; crisis de-escalation, intervention and stabilization services; and research on mental health conditions and the brain. For FY 2025, NAMI respectfully requests funding for these priorities as follows:

- \$601.6 million for the 988 Suicide and Crisis Lifeline, equal to the President's FY2025 budget request. Since the July 2022 launch of 988, more than 9.6 million calls, texts, and chats have been received and responded to by this nationwide network. Ongoing funding will support state and local call centers as well as national back up centers to ensure we have the capacity to meet ever-increasing demand as more people learn about this life-saving resource.
- \$1.25 billion for the Community Mental Health Services Block Grant, including a doubling of the current 5% set-aside for mental health crisis to 10%. This funding helps meet the needs of people with severe mental illness and is fundamental to supporting state mental health programs. Additionally, the set-aside is critical to building out the actual crisis services that are necessary to respond to people struggling with mental illness.
- \$100 million to strengthen local in-person crisis response through grants awarded under the Mental Health Crisis Response Partnership Program, which we know is enabling people in crisis to get connected to care over incarceration.
- \$2.548 billion for the National Institute of Mental Health (NIMH). NIMH's research is fundamental to transforming the understanding and treatment of mental illness through clinical research, paving the way for prevention, recovery, and new treatment options for mental illness.
- \$190 million for Project AWARE (Advancing Wellness and Resiliency in Education), part of the Mental Health Programs of Regional and National Significance. Project AWARE helps meet the mental health needs of children and adolescents where they spend a significant part of their time – in schools. The increased investment in this program is estimated to reach an additional 135,000 school-aged youth.
- \$14 million for the Pediatric Mental Health Care Access Program within the Health Resources and Services Administration. This program ensures that youth with mental health conditions and symptoms receive the best possible care by

equipping pediatric health care providers with resources and support to address mental health needs for their patients in pediatric primary care settings.

NAMI is grateful for your continued consideration and support for each of these critical investments in our nation's capabilities to respond and treat mental health crises and improve our nation's mental health. On behalf of each person with mental illness, and their loved ones, we thank you for continuing to prioritize mental health.

Thank you.