

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. RES. 518

Expressing the sense of the Senate that in order to effectively address the high prevalence of individuals suffering from mental health conditions and substance use disorders, the United States needs to make historic financial investments into mental health and substance use disorder care and finally acknowledge such care as a priority in health care equal to physical health, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 17, 2022

Mr. WARNOCK (for himself, Mr. PADILLA, Ms. STABENOW, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

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## RESOLUTION

Expressing the sense of the Senate that in order to effectively address the high prevalence of individuals suffering from mental health conditions and substance use disorders, the United States needs to make historic financial investments into mental health and substance use disorder care and finally acknowledge such care as a priority in health care equal to physical health, and for other purposes.

Whereas there is an urgent need to improve our health care system to better integrate treatment of mental health and substance use disorders so they are no longer seen separately;

Whereas, according to the World Health Organization, mental illness is severely underdiagnosed, and less than half of individuals who meet diagnostic criteria are identified;

Whereas there is a pressing need to provide a comprehensive solution to fix our health care system that incorporates the needs and expertise of all its stakeholders, especially individuals who have expertise in mental health and substance use disorders;

Whereas it is essential to remove the misguided association between mental illness and violence, driven by fear and misunderstanding;

Whereas mental illness and substance use disorders have been underresearched, undertreated, and overstigmatized;

Whereas stigma, vilification, and dismissal of mental illness and substance use—

(1) create a culture that—

(A) discourages utilization of mental health and substance use disorder services; and

(B) lacks acknowledgment that struggling with a mental health condition or substance use disorder is not something to be ashamed of; and

(2) can vary in prominence in different cultures and communities, and are particularly high among communities of color and minority communities;

Whereas men, in particular, face cultural and societal barriers to seeking treatment for mental health concerns and substance use disorders, which can contribute to concerning outcomes including suicide and aggressive behavior;

Whereas the bulk of mental health and substance use disorder services are reactive instead of proactive, treating

patients when they are in crisis instead of incorporating services and screening earlier in an attempt to prevent such crises;

Whereas there is a need to increase access to treatment, services, and social supports for everyone to proactively address the root causes of mental illness and substance use disorders;

Whereas it is necessary to address the root causes of mental health concerns and substance use disorders;

Whereas it is necessary to address suicide in a holistic manner and recognize and address suicidal ideation and not just the act of suicide in isolation;

Whereas there is a need to address social determinants of health, which are conditions that directly and indirectly affect the health, health care, and wellness of individuals and communities, in order to effectively provide care for all individuals living with mental illness and substance use disorders;

Whereas mental health impacts physical health, and physical health impacts mental health;

Whereas the current health care system in the United States does not adequately incorporate mental health and substance use disorders into the assessment or delivery of care, as evidenced by the fact that all “vital signs” are currently for physical health alone and do not touch on mental health or substance use disorders;

Whereas the lack of a united approach across the Federal Government to improve the care and related services for mental health and substance use disorders has left States and localities—

- (1) without adequate guidance or resources;

(2) unable to provide the mental health and substance use disorder services needed to adequately meet the needs of their populations; and

(3) unable to effectively distribute services to adequately meet the needs of their populations;

Whereas there is a need for greater collaboration across all Federal agencies that touch various aspects of the health care system in order to fully incorporate the needs and concerns of everyone involved in the treatment and prevention of mental health and substance use disorders;

Whereas there is a need for greater collaboration between Federal, State, and local agencies that touch on various aspects of the health care system;

Whereas there is a need for a centralized location within the Federal Government for good, reliable information on mental health and substance use disorders for providers, patients, and caregivers;

Whereas there is a need for standardized definitions, standards of care, and metrics for mental health and substance use disorders across disciplines;

Whereas there is a need to change incentives for providers to better ensure everyone with mental health and substance use disorders gets access to the necessary care and treatment;

Whereas 13 years after the date of enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act of 2008 (subtitle B of title V of division C of Public Law 110–343), there is still a lack of compliance among insurers and failure to adequately cover mental health and substance use disorder services;

Whereas Medicaid is the single largest payer of mental health and substance use disorder services, and reimbursement is far from adequate;

Whereas there is a need to incentivize payers to adequately cover mental health and substance use disorder services in the same manner in which all specialty services are covered;

Whereas there is a need to increase the number of mental health and substance use disorder providers;

Whereas 55 percent of counties in the United States do not have a single psychiatrist, psychologist, or social worker;

Whereas only 10 percent of individuals in the United States suffering from a substance use disorder receive specialty treatment;

Whereas there is a need to increase access to and utilization of telemedicine for mental health and substance use disorder services, both within States and across State lines;

Whereas there is a need for a better way to share information among providers to better serve patient needs while still protecting patient privacy;

Whereas there is a need for consistent care coordination and more effective transition services for patients moving between hospitals and the community;

Whereas safe housing needs to be recognized as a basic requirement for successful treatment and needs to be better addressed in the transition of care;

Whereas there is a need to improve social determinants of health, such as increased access to stable housing and jobs, for individuals suffering from mental illness and substance use disorders to have a sustained recovery;

Whereas there is a need to provide care in more appropriate and integrated settings for all patients, such as treating geriatric patients in their homes as opposed to nursing homes, when appropriate, and in compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and the decision of the Supreme Court of the United States in *Olmstead v. L.C.*, 527 U.S. 581 (1999);

Whereas there is a need for greater focus on intensive outpatient, partial hospitalizations, residential programs, day programs, supported housing, assertive community treatment, mobile crisis services, peer support services, supported employment, and community-based services for adults with mental illness and substance use disorders;

Whereas there is a need to ensure that services support individuals with mental health conditions and substance use disorders to participate fully in their communities and live and thrive independently;

Whereas there is a need to address isolation issues geriatric patients face, which can negatively impact their mental health;

Whereas 30 percent of first responders experience mental health conditions, such as depression and post-traumatic stress, and have higher rates of suicidal ideation and suicide attempt than the rest of the population;

Whereas depression, anxiety, post-traumatic stress, and psychosis are some of the most common conditions women experience pre- and postpartum;

Whereas unmet parental mental health and substance use disorder treatment and service needs contribute to in-

creased involvement with the child welfare system, which leads to preventable foster care placements, given that—

(1) in 2018, 262,956 children entered foster care, with the leading reasons related to mental health and substance use disorder needs of the parents, with—

(A) 36 percent of children entering care as a result of parental drug abuse;

(B) 14 percent of children entering care as a result of the inability to cope of the caretaker; and

(C) 5 percent of children entering care as a result of parental alcohol abuse;

(2) even when necessary to ensure the safety of a child, foster care itself creates additional trauma for both the child and family; and

(3) longstanding racial inequities in child welfare services create disproportionate child welfare involvement for Black, Native, and Latinx children and families, which exacerbates the experiences of trauma for those families and contributes to health disparities while not resulting in needed access to quality mental health and substance use disorder services;

Whereas children and adolescents have unique needs when it comes to mental health and substance use disorders and the services provided, given that—

(1) 45 percent of children have experienced adverse childhood experiences that have the potential to significantly impact the mental health of the children;

(2) in the last 5 years, 49.4 percent of children who needed mental health services did not receive the necessary services, and there is a need for improved access to appropriate treatment services, which must focus on community-based supports and services available near

their home, in order to effectively prevent children from experiencing a mental health crisis;

(3) many children suffering and struggling go undiagnosed and are not adequately supported, and there is a need to improve training and understanding of mental health and substance use disorders for educators since often there are barriers to mental health and substance use disorder treatment in a school setting;

(4) 42 percent of school districts have reported using threat assessment and risk assessment teams, an approach created by the United States Secret Service that involves identifying, evaluating, and taking action on assumed current or potential threats, which—

(A) can cause significant harm to the mental health and emotional well-being of children;

(B) has compounded existent stigma for groups of students;

(C) has had a disproportionate impact on students of color by initiating criminal justice involvement in lieu of more appropriate services; and

(D) has had a disproportionate impact on students with disabilities;

(5) families and caregivers need to be included when treating children suffering from mental illness and substance use disorders; and

(6) when children turn 18 years old they are cut off from mental health and substance use disorder services, which impacts continuity of care;

Whereas there is a growing need for mental health and substance use disorder services among young adults and college-aged adults, and between 2007 and 2017, for individuals aged 18 to 34, there was a—

(1) 108 percent increase in drug-related deaths;



- (2) 69 percent increase in alcohol-induced deaths;  
and
- (3) 35 percent increase in suicide deaths;

Whereas, despite the rising need for mental health and substance use disorder treatment by young adults, there continues to be disparities in accessing care experienced by young adults of color;

Whereas 5,500,000 veterans and servicemembers rely on the Department of Veterans Affairs for health services, and 1,500,000 veterans have received a mental health diagnosis, and—

- (1) 1 in 4 active duty members shows signs of a mental health condition;
- (2) the rate of post-traumatic stress disorder (referred to in this preamble as PTSD) is 15 times higher in servicemembers than compared to civilians due to military combat and military sexual assault and trauma;
- (3) the rate of depression is 5 times higher in servicemembers as compared to civilians;
- (4) every day, 17 veterans die by suicide;
- (5) there is a fear of disclosing mental health conditions and substance use disorders and seeking treatment due to negative career implications; and
- (6) less than 50 percent of veterans receive the mental health treatment and services they need;

Whereas 11 percent of individuals entering the Department of Veterans Affairs health system meet the criteria for a substance use disorder;

Whereas veterans are more likely to have an alcohol use disorder than civilians;

Whereas 2 in 10 veterans with PTSD have a comorbid substance use disorder, and 1 in 3 veterans seeking services for a substance use disorder also has PTSD, showing the interconnectedness between these conditions;

Whereas there is a need to better educate all individuals in the criminal justice system on the impact and needs of individuals with mental health conditions and substance use disorders;

Whereas the United States criminal justice system is the largest provider of mental health services, and it was not built, nor intended to be used, for that purpose, and—

(1) there are around 550,000 individuals incarcerated in the United States with serious mental illness;

(2) 1 in 5 individuals incarcerated in the United States has a serious mental illness; and

(3) of those incarcerated, 75 percent with a serious mental illness suffer from a co-occurring substance use disorder;

Whereas there is a need for incentives to reduce inappropriate incarceration and detention for individuals with mental health and substance use disorder needs;

Whereas one-third of individuals incarcerated in the United States receive treatment for mental illness, and many times treatment is inconsistent and inadequate, and there is a need for improved access to services and treatments that are also trauma-informed;

Whereas there is a need to have mental health, substance use disorder, and diversion services available at all intercepts of the Sequential Intercept Model, a model developed to inform more appropriate community-based responses and

divert individuals with mental illness and substance use disorders;

Whereas there is a need to improve levels of coordination, care management, and insurance coverage before, during, and after incarceration;

Whereas post-release navigation is key to keeping individuals from reentering the criminal justice system;

Whereas there is insufficient understanding of the mental health effects of incarceration;

Whereas there is a need to redefine the juvenile justice system to account for age and development reflecting the most up-to-date scientific consensus on brain development and behavior and ensuring that there are developmental and age appropriate services;

Whereas the juvenile justice system must fulfill its purpose of supporting, rehabilitating, and treating children in need rather than punishing them, given that—

(1) studies have shown that 70 percent of youth in detention have a diagnosed mental illness, and 60 percent of those youths may also meet the criteria for a substance use disorder;

(2) 90 percent of individuals in the juvenile justice system have been exposed to trauma or violence, which may increase the likelihood of juvenile justice involvement;

(3) entry into the juvenile justice system may exacerbate the existing mental health and substance use disorder concerns of youths, particularly in the absence of consistent screening and treatment for these conditions; and

(4) an estimated 33 percent of children in long-term juvenile justice facilities have intellectual, developmental, and other disabilities and were receiving special education services, and therefore there is a need to have specific services and programs within the juvenile justice system with a focus on their needs;

Whereas there is a need for services in the juvenile justice system to be trauma-informed and developed for high-need individuals;

Whereas studies show that 41.2 percent of individuals who are diagnosed with a substance use disorder are also diagnosed with a mental illness, which is likely an underestimate in light of the current barriers to identifying and reporting mental health concerns;

Whereas, given the high co-occurrence with mental illness, comprehensive care for substance use disorders should include access to psychopharmacology, psychotherapy, contingency management, recovery support, all evidence-based medication-assisted treatment, a multidisciplinary staff, and group therapy for adults, and—

(1) addiction treatment centers should either offer or have available comprehensive care and support and have the ability to treat mental illness as well as substance use disorders; and

(2) to allow for treatment flexibility to fit the needs of the patient, there is a need to increase access to all evidence-based medication-assisted treatment in prisons, jails, and all addiction treatment centers;

Whereas there are inequities in access, availability, and quality for mental health and substance use disorder services for minority communities, and—

(1) there is greater stigma among racial and ethnic minority populations;

(2) racial and ethnic minorities are disproportionately affected by disabilities that result from mental health conditions; and

(3) only 31 percent of African Americans and Hispanics and 22 percent of Asians receive mental health care compared to 48 percent of Caucasians;

Whereas lesbian, gay, bisexual, transgender, and queer (referred to in this preamble as LGBTQ) individuals are more than twice as likely to suffer from mental health conditions and substance use disorders than heterosexual individuals, and—

(1) 29 percent of LGBTQ youths attempt suicide, which is almost 5 times more than heterosexual youths;

(2) approximately 31 percent of LGBTQ older adults report symptoms of depression, and 39 percent report seriously thinking about suicide;

(3) 30.8 percent of transgender individuals report considering suicide compared to 2.3 percent of heterosexual individuals; and

(4) of the 4,890 transgender individuals incarcerated in State prisons, only 15 were confirmed as being housed according to their lived gender, while not being housed according to lived gender poses a significant threat to mental health;

Whereas the COVID–19 pandemic has highlighted the gaps in our health system when it comes to mental health and substance use disorder services and shown how sheltering in place and isolating can impact mental health and substance use, specifically showing—

(1) that 47 percent of individuals in the United States report that the pandemic has negatively impacted their mental health, with 21 percent saying that it has had a major negative impact;

(2) a significant increase in the number of calls to suicide prevention hotlines;

(3) a 1,000 percent increase in texts to the mental health hotline of the Substance Abuse and Mental Health Services Administration to about 20,000 texts in April 2020;

(4) a 55 percent increase in alcohol sales;

(5) a record high of more than 100,000 overdose fatalities between May 2020 and April 2021, driven by increased feelings of anxiety, depression, and use of substances; and

(6) an increase in burnout and mental health conditions among healthcare providers, with 49 percent experiencing burnout and 38 percent experiencing anxiety or depression; and

Whereas there is a need for a population health approach that examines the distribution of health across populations and focuses attention on the need to provide access to the best evidence-based treatment for individuals with mental health conditions and substance use disorders who need clinical intervention in order to effectively reduce or mitigate the impact of risk factors that lead to psychological distress among individuals in high-risk populations: Now, therefore, be it

1       *Resolved*, That it is the sense of the Senate that in  
 2 order to effectively address the high prevalence of individ-  
 3 uals suffering from mental health conditions and sub-

1 stance use disorders, the United States needs to make his-  
2 toric financial investments into mental health and sub-  
3 stance use disorder care and finally acknowledge such care  
4 as a priority in health care, equal to physical health, and  
5 recognize that—

6 (1) mental health and physical health need to  
7 be treated together to treat the whole patient;

8 (2) patient care needs to be patient-focused;

9 (3) mental health and substance use disorder  
10 care needs to be proactive and treat individuals be-  
11 fore they are in crisis;

12 (4) any stigma associated with mental health  
13 and substance use disorders is completely unwar-  
14 ranted and serves as a barrier to care;

15 (5) the Federal Government needs to create a  
16 comprehensive approach to improving the health  
17 care system that incorporates mental health and  
18 substance use disorders and includes system reform  
19 that—

20 (A) aims to break down silos across the  
21 Federal, State, local, and Tribal levels for im-  
22 proved communication and care coordination;

23 (B) provides a Federal framework to  
24 States, localities, and Indian Tribes that con-  
25 nects agencies and services so they can have

1 guidance when working to address the mental  
2 health and substance use disorder needs of their  
3 communities;

4 (C) incentivizes providers to see both more  
5 complex and less complex patients and to see  
6 patients in rural and underserved areas;

7 (D) expects insurers to comply with parity  
8 laws and holds them accountable for not pro-  
9 viding parity of mental health and substance  
10 use disorder services and treatments; and

11 (E) requires both public and private payers  
12 to have higher reimbursement rates for mental  
13 health and substance use disorder services that  
14 are on par with medical and surgical services;

15 (6) the Federal Government needs to create a  
16 comprehensive approach to improving the health  
17 care system that incorporates mental health and  
18 substance use disorders and that includes system im-  
19 provements that—

20 (A) focus on early screening, diagnosis,  
21 and intervention across the care continuum to  
22 prevent mental health crises;

23 (B) improve the ability of families to ac-  
24 cess timely, affordable, and high-quality treat-  
25 ment and services;



1 (C) strengthen mental health and sub-  
2 stance use disorder services in schools and en-  
3 sure there is engagement from all stakeholders;

4 (D) improve and expand community-based  
5 services so individuals have access to services  
6 locally;

7 (E) improve care coordination across treat-  
8 ment settings so patients have services when  
9 needed and do not have to navigate the system  
10 themselves;

11 (F) promote a sustained recovery that in-  
12 cludes social determinants of health, such as  
13 housing, jobs, and childcare;

14 (G) can adjust to meet the needs of each  
15 individual to provide the best care for each indi-  
16 vidual;

17 (H) ensure seamless transitions in care  
18 when moving through steps or processes;

19 (I) end the criminalization of mental illness  
20 and substance use disorders and increase pro-  
21 grams for diversion that connect individuals to  
22 treatment, social supports, and social services;

23 (J) provide access to high-quality and evi-  
24 dence-based mental health and substance use

1 disorder care for individuals who are incarcerated;  
2

3 (K) create young adult services and pro-  
4 grams within the criminal justice system for in-  
5 dividuals who are aged 18 to 25 to successfully  
6 reduce recidivism and that are informed by  
7 neuropsychological brain science;

8 (L) incorporate apprenticeship or job  
9 training programs into the criminal justice sys-  
10 tem, particularly for youth, to empower them  
11 and reduce recidivism;

12 (M) ensure cultural congruence so every-  
13 one in need of mental health and substance use  
14 disorder care has services that meet their needs;

15 (N) adopt a population health approach as  
16 a tool to help address ongoing disparities in ac-  
17 cess to mental health and substance use dis-  
18 order care by youth and adults of color;

19 (O) ensure that lesbian, gay, bisexual,  
20 transgender, and queer individuals, commu-  
21 nities of color, and immigrants have access to  
22 mental health and substance use disorder serv-  
23 ices that are culturally appropriate, are in the  
24 necessary language, and address any unique  
25 stigma from their communities;

1 (P) enable veterans to access timely mental  
2 health and substance use disorder care that en-  
3 sures continuity and is free of any administra-  
4 tive burdens;

5 (Q) include training for educators, first re-  
6 sponders, and clinicians to identify indicators of  
7 mental health conditions and substance use dis-  
8 orders and to reduce stigma and bias related to  
9 these conditions so they can respond in a more  
10 productive way and connect individuals with  
11 more appropriate services;

12 (R) support health care providers by ad-  
13 dressing their mental health and substance use  
14 disorder needs to reduce burnout;

15 (S) provide a process by which States can  
16 work with other States to reconcile licensure  
17 and certification for and reimbursement to  
18 mental health and substance use disorder pro-  
19 viders across State lines for the purpose of tele-  
20 medicine;

21 (T) leverage the current mental health and  
22 substance use disorder workforce by reducing  
23 administrative burdens to allow mental health  
24 and substance use disorder providers to perform

1 to their highest level of licensure and certifi-  
2 cation; and

3 (U) expand training opportunities and  
4 grow the workforce by partnering with schools  
5 and programs to provide free education to indi-  
6 viduals who work in rural or underserved areas;

7 (7) expanded access to mental health and sub-  
8 stance use disorder care is essential to improving  
9 health and well-being;

10 (8) all individuals in the United States deserve  
11 access to mental health and substance use disorder  
12 care without any barriers, such as cost or location  
13 of services; and

14 (9) the United States needs to comprehensively  
15 break down all barriers to receiving access to mental  
16 health and substance use disorder care, including fi-  
17 nancial burdens and location hurdles.

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