

United States Congress
Washington DC, 20510

April 30, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Pelosi and Leader McCarthy:

As the country continues to respond to the outbreak of COVID-19, we must prioritize the public's mental health and mitigate potential increased suicide risks due to this unprecedented public health crisis and growing economic insecurity. We must support our nation's system of crisis response services, fortify our emergency departments to adequately respond to self-harm, and prepare schools to address the mental health needs of children upon their return in the fall.

We urge you to consider incorporating provisions in any future coronavirus response and recovery package aimed at addressing these mental health challenges associated with COVID-19, including:

1) Enhanced Funding for the National Suicide Prevention Lifeline:

Increase appropriations by \$61 million for the National Suicide Prevention Lifeline (NSPL): With demand for suicide prevention and mental health crisis services provided by the NSPL increasing, we ask that you consider additional funding for the NSPL to ensure Americans can quickly receive the help they need. We request an additional \$61M dollars from the current \$19M NSPL funding level, totaling \$80M, to respond to increased crisis call volume and build out crisis chat capacity.

2) Provide Emergency Departments Suicide Screening and Assessment Tools:

Inclusion of H.R.4861/S.3006 – the Effective Suicide Screening and Assessment in the Emergency Department Act

We ask that you consider the *Effective Suicide Screening and Assessment in the Emergency Department Act* to assist emergency departments to develop better suicide risk protocols through the Department of Health and Human Services. The emergency department is often the place within the health care system that provides care for patients with suicide-risk factors, with approximately 10 percent of emergency department patients presenting suicidal ideations. 39% of patients visiting an Emergency Department following a suicide attempt will go on to reattempt suicide within a year. This legislation will provide training to emergency health care providers, establish policies to improve identification and treatment of

individuals at high risk, employ additional behavioral health professionals, and improve access to care for patients.

3) Prepare and Provide Schools and Students Tools for Increased Suicidal Ideations:

Inclusion of H.R.2599/S. 2492 suicide prevention provisions – the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2019 (STANDUP Act)

We ask that you consider the student suicide prevention provisions from the Senate counterpart to the *STANDUP Act* to encourage implementation of school policies for student suicide prevention training and provide best practices and technical assistance on student suicide prevention from SAMHSA. Suicide is the second-leading cause of death for youth, and the coronavirus pandemic has increased youth anxiety; it is critical we provide our students with the tools to prevent suicide both virtually and in-person to decrease the risk factors of suicide.

Thank you for considering the public’s mental health needs that will be exacerbated by the COVID-19 crisis. We appreciate your leadership during these challenging times and are ready to assist in responding to this major public health threat.

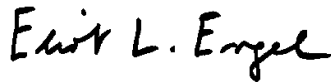
Sincerely,



Scott H. Peters
Member of Congress



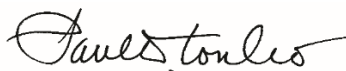
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