

117TH CONGRESS
2D SESSION

S. RES. 662

Expressing support for the designation of May 2022 as “Mental Health Awareness Month”.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2022

Mr. LUJÁN (for himself, Mr. PORTMAN, Ms. STABENOW, and Mr. DAINES)
submitted the following resolution; which was considered and agreed to

RESOLUTION

Expressing support for the designation of May 2022 as
“Mental Health Awareness Month”.

Whereas the COVID–19 public health emergency has taken a toll on the mental well-being of the people of the United States and understandably has been stressful for many of those people;

Whereas, for more than 2 years, the United States has witnessed firsthand how fear and anxiety about a disease can be overwhelming and negatively affect mental health in both adults and children;

Whereas, according to the National Institute of Mental Health, before the COVID–19 pandemic, nearly 1 in 5 adults in the United States lived with a mental illness;

Whereas, according to the Centers for Disease Control and Prevention (referred to in this preamble as the “CDC”), before the COVID–19 pandemic, up to 1 in 5 children who were 3 to 17 years of age reported a mental, emotional, developmental, or behavioral disorder;

Whereas, according to the CDC, the COVID–19 pandemic has been associated with mental health challenges;

Whereas the “Stress in America 2021: Stress and Decision-Making during the Pandemic” poll found that—

(1) 32 percent of adults, including 48 percent of Millennials, have so much stress about the COVID–19 pandemic that they struggle to make basic decisions, such as what to wear or what to eat;

(2) 59 percent of adults experienced behavior changes as a result of stress in the past month; and

(3) 63 percent of adults agreed that uncertainty about what the next few months would be like caused stress for those individuals;

Whereas the April 2, 2021, CDC Morbidity and Mortality Weekly Report found that, during the COVID-19 pandemic, the percentage of adults with symptoms of an anxiety or a depressive disorder during the 7 days preceding the study rose from 36.4 percent in August 2020 to 41.5 percent in February 2021;

Whereas a Household Pulse Survey in December 2021 found that 30.7 percent of adults reported symptoms of anxiety or depressive disorder, which is up from 11 percent in 2019, and, among those adults, 27.8 percent reported an unmet need for counseling or therapy;

Whereas, according to the CDC, nearly 1 in 6 children has a mental, behavioral, or developmental disorder, such as

anxiety or depression, attention-deficit/hyperactivity disorder (commonly referred to as “ADHD”), autism spectrum disorder (commonly referred to as “ASD”), disruptive behavior disorder, or Tourette syndrome;

Whereas, according to data collected by the CDC in 2021, 37 percent of high school students reported that they experienced poor mental health during the COVID–19 pandemic, and 44 percent of those students reported they persistently felt sad or hopeless;

Whereas, according to the CDC, mental health disorders are chronic conditions, and, without proper diagnosis and treatment with respect to those disorders, children can face problems at home, in school, and with their development;

Whereas, according to the CDC, children with mental, emotional, or behavioral disorders benefit from early diagnosis and treatment;

Whereas the Federal Government supports a variety of programs aimed at providing behavioral and mental health resources to children and youth;

Whereas, according to the National Institute of Mental Health, 50 percent of all lifetime cases of mental illness begin by 14 years of age, 75 percent of those illnesses begin by 24 years of age, and 20 percent of youth between 13 and 18 years of age live with a mental health condition;

Whereas an August 2021 study published in *JAMA Pediatrics* found that the prevalence of depression and anxiety symptoms during COVID–19 has doubled from pre-pandemic rates;

Whereas, in December 2021, the Surgeon General of the Public Health Service, Dr. Vivek Murthy, issued a new Surgeon General’s Advisory—

(1) to highlight the urgent need for families, educators and schools, community organizations, media and technology companies, and governments to address the worsening youth mental health crisis in the United States; and

(2) that noted that—

(A) youth mental health challenges have been on the rise, even before the COVID–19 pandemic; and

(B) from 2007 to 2018, the suicide rate among youth between 10 and 24 years of age increased by 57 percent;

Whereas Imperial College London estimates that more than 214,000 children in the United States have lost a parent or primary caregiver to COVID–19, which continues to raise concerns about the emotional well-being of children;

Whereas, according to the Health Resources and Services Administration’s Behavioral Health Workforce Projections, many areas of the United States are currently experiencing a shortage of behavioral health care providers, particularly those with experience in treating children and adolescents;

Whereas a July 2021 survey by the National Council for Mental Wellbeing found that, during the 12-month period preceding the study—

(1) 49 percent of LGBTQ+ adults experienced more stress and mental health challenges, but only 41 percent said they received treatment or care of any kind for their mental health;

(2) 46 percent of Black adults experienced more stress and mental health challenges, but only 21 percent said they received treatment or care of any kind for their mental health;

(3) 45 percent of Native American adults experienced more stress and mental health challenges, but only 24 percent received treatment or care of any kind for their mental health;

(4) 42 percent of Hispanic adults experienced more stress and mental health challenges, but only 26 percent said they received treatment or care of any kind for their mental health;

(5) 40 percent of Asian adults experienced more stress and mental health challenges, but only 11 percent said they received treatment or care of any kind for their mental health; and

(6) 47 percent of all adults surveyed stated that the cost of help or treatment was an obstacle in seeking treatment for their mental health;

Whereas the number of adults reporting suicidal ideation in 2021 increased by 664,000 when compared with the 2020 dataset;

Whereas the 2021 National Veteran Suicide Prevention Annual Report stated that veterans—

(1) account for 13.7 percent of suicides among United States adults; and

(2) have a 52.3 percent greater rate of suicide than the non-veteran United States population;

Whereas individuals between 10 and 24 years of age account for 14 percent of all suicides;

Whereas suicide is the ninth leading cause of death for adults between 35 and 64 years of age, and adults between 35

and 64 years of age account for 47.2 percent of all suicides in the United States;

Whereas, in 2021, adults with disabilities were 3 times more likely to report suicidal ideation, at 30.6 percent in the month preceding the study, compared to individuals without disabilities, at 8.3 percent; and

Whereas it would be appropriate to observe May 2022 as “Mental Health Awareness Month”: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) supports the designation of May 2022 as
3 “Mental Health Awareness Month” to remove the
4 stigma associated with mental illness and place emphasis on scientific findings regarding mental health
5 recovery;

7 (2) declares mental health to be a national priority;

9 (3) recognizes that mental well-being is as important as physical well-being for citizens, communities, schools, businesses, and the economy in the
10 United States;

13 (4) applauds the coalescing of national, State, local, medical, and faith-based organizations in—

15 (A) working to promote public awareness of mental health; and

17 (B) providing critical information and support during the COVID–19 pandemic to indi-

1 viduals and families affected by mental illness;
2 and
3 (5) encourages all people of the United States
4 to draw on “Mental Health Awareness Month” as
5 an opportunity to promote mental well-being and
6 awareness, ensure access to appropriate coverage
7 and services, and support overall quality of life for
8 those living with mental illness.

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