

Mr. Speaker, I yield back the balance of my time.

CHANGING MINDSET ON MENTAL HEALTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from Illinois (Mr. SCHNEIDER) is recognized for 60 minutes as the designee of the majority leader.

Mr. SCHNEIDER. Mr. Speaker, I rise today to talk about mental health in general and the need for a different mindset about mental health and care in this country specifically. I stand up tonight for the countless family members, friends, and neighbors across the country as they endure struggles with mental health, either for themselves or for a family member.

The number of Americans battling mental illness or disorder is not small. In fact, over one-half of adults will deal with mental health issues, and one in five children has or will have a debilitating mental illness.

Suicide is now ranked as the second leading cause of death among children ages 10 to 14. Think about that: Suicide is the second leading cause of death.

This is more than simply heartbreaking. We have a problem. That is nearly one death every 11 minutes.

Suicide is a tragic outcome for people dealing with mental crises, but across the country, there are so many dealing in other ways, especially in the midst of this pandemic: working parents trying to make it through the day juggling; parents not working, trying to find ways to make ends meet; kids in remote school losing the opportunity for the social-emotional learning that is so critical for their development; and families juggling remote work and remote school at the same time. All of these have contributed to what is truly a mental health crisis in the country.

In fact, as we think about it, in the same way that young kids and babies born during the Depression were forever known as Depression babies, it is very likely that this generation enduring the pandemic will be COVID babies throughout their lives. It will have an impact.

□ 1945

Beyond that we have the issues of mass violence. I live in Highland Park. Two weeks ago, we experienced something that no community should ever have to go through, but, unfortunately, too many communities have and continue to do so.

Highland Park, Uvalde, we can go back to Sandy Hook, and so many others, it is too long a list to give a comprehensive naming of every single community that has suffered from mass violence.

But, at its core, there is something about these kids committing and perpetrating these heinous crimes, monstrous crimes—if we can reach them at

an earlier age, maybe we can reduce some of that violence.

Nor is this an exhaustive list of all the things, all the aspects of mental health that affect people.

We know that the pandemic has made all of us painfully aware of the inadequacies and inequalities of our mental health system. Too late in the process, our system steps in to deal with crises, rather than working on helping people have a strong and confident, healthful life and tackle challenges as they occur. We should be providing holistic mental healthcare and provide support early and often.

At the baseline, Americans are experiencing anxiety and depression at higher rates, and the number of services available just aren't keeping up, putting a crisis on top of a crisis.

For those already suffering from mental health issues, the pandemic has increased their symptoms, and experts worry that we will deal with the stressors and effects long after the official end of this pandemic.

Everywhere I go, in my district, and around the country, I hear stories, some heartbreaking, some just simply frustrating, about people's struggles getting care for themselves and their loved ones. It is not a new problem.

In fact, sharing just a couple of personal stories, my first experience of tragedy in the context of mental health, my best friend as a young child in elementary school, was a boy named David Segal. He was special, kind heart, a brilliant young man. As he aged, we moved apart in middle school. And then I learned that, at age 21, he took his own life.

His parents were told that he felt as if he was locked in a box. He was so smart, and he could see the possibilities available to his friends. He wanted more than anything else what he saw everyone else had, but he knew that it would never be available to him because of the box in which he was locked in. His pain was unbearable and, at 21, he took his life.

Years later, I lost a cousin, Jeff, whose pain was also all-consuming. He tried many times to escape his pain. His family tried to help. We all tried to help. He sought therapy, but, again, that pain was so all-consuming that, ultimately, as a relatively young man, he died by suicide.

Let me come back to the present moment. I have heard from the Ann & Robert H. Lurie Children's Hospital of Chicago that the pandemic has increased the severity of the mental health crisis in children.

During the pandemic, suicide attempts jumped from a pre-pandemic level of two to three per month to two to three each and every day. Before the pandemic, Lurie Children's would get maybe 50 calls a week for new appointments. At the height of the pandemic, they were receiving 50 calls every single day.

A third of clinicians are reporting a 3-month wait time for an appointment,

if they even have the room to begin with. In many places, the wait is much, much longer. This massive mismatch of supply and demand impacts the quality of care those with appointments are able to receive.

Providers have empathy and compassion fatigue, emotional exhaustion, and are less personal and less connected with their patients.

Older Americans, some of the most vulnerable in our society, are at an increased risk. High levels of isolation increase their risk of depression, cognitive decline, and dementia. Already, 20 percent—20 percent of those 55 or older typically experience some form of anxiety and depression to severe cognitive impairment.

Additionally, mental health does not only afflict those who have been diagnosed, it touches many other parts of our society. In 2008, Thomas R. Insel, then the leader of the National Institute of Mental Health, estimated that mental illness costs our economy about \$193 billion—\$193 billion each year in lost earnings.

8.4 million Americans are providing about 32 hours of uncompensated care per week to those with mental healthcare needs, whether family or friends. Leaving mental illness unaddressed results in the increased incarceration of people with unmet mental health needs. Those dealing with stressors related to mental health are left more susceptible to the overuse of drugs and alcohol.

Despite the pervasiveness of mental health issues, less than half of adults with any mental health condition received treatment in 2020. For Americans of color, the rate of those getting treatment is even less than the national average.

I find the current landscape of mental health in America simply unacceptable. Every day we fail to take strong action to bolster mental healthcare services is another day closer to failing our friends, our family, our neighbors. That is why making access to the appropriate mental health resources cheaper and easier is critical.

I want to share with you one example of how the mental health crisis affects one of our most important population groups, our youth.

Last year, I received a letter from a high school senior outlining her findings about the disparities in mental health resources at her school. She highlighted the value placed on new gym flooring and new scoreboards, but the lack of investment in mental health counselors.

She shared that they lost a classmate early in the year to suicide. She had also become more aware of so-called suicide websites and social media's influence on our children's mental health.

I applaud the initiative of that high schooler writing to me and voicing her concern. Each of us has a responsibility to not only reach out for help, but to advocate for our neighbors who feel powerless and are left to struggle.

Another story I want to share is that of a dear, young, beautiful woman, 19-year-old Orli Sheffey from my town. Orli was a light that shined brightly. In fact, her name means, my light.

She was a tenacious journalist and beloved friend with a passion for the pursuit of truth and justice. She strongly believed in the need to provide mental health services, to the point where she was training to provide confidential peer counseling services to her classmates.

Sufficient mental health services possibly could have saved Orli's life. Orli's time with us is not about how she left us, but it is about the impact she made while she was here, an impact that is still felt by so many today.

No parent should lose their child at such a young age.

We also lost Brian Kroeter's younger sister, Katie, who died by suicide at 25. She was completing her master's degree in social work and was active in the community with programs like Meals on Wheels. The family has carried on Katie's memory through their suicide prevention advocacy work and Brian's participation in the Bank of America Chicago Marathon in honor of his sister.

Our unmet health needs reach from our youth to our Nation's heroes. When it comes to veterans who defend our Nation and our freedom, we are losing 22 to suicide every day.

When it comes to our cops and firefighters, we fail to recognize that their on-the-job trauma is crushing to their mental health and well-being.

Jeff Smith was a Metropolitan police officer whose family lives in my district. He was dispatched to the U.S. Capitol on January 6 and suffered injuries, both visible and not, in defending us, in defending me that very day. His father shared with me that those injuries and the combination of the stigma around mental health and the lack of access to care contributed to his terrible loss.

We must do better if we want to honor Officer Jeff Smith. We must do better if we want to honor our veterans, if we want to honor Orli Sheffey, and if we want to honor all those we have lost to terrible mental health issues of all stripes.

Fortunately, I have some positive news to share that is giving me hope and optimism about this mental health crisis. Here in the House, we passed the Restoring Hope for Mental Health and Well-Being Act of 2022 to holistically address American's mental health and crisis care needs.

One program I am glad this legislation will help strengthen is the National Suicide Prevention Hotline, which is now 988. Moving to the 988 phone number is a once-in-a-lifetime opportunity for America to strengthen and expand an existing lifeline to everyone and ensure that everyone is aware of this new service.

The nationwide number will allow people to call or text a trained crisis

counselor who can provide critical help, whether it is thoughts of suicide, mental health, or a substance use crisis. No matter where you are in the country, a well-resourced 988 line will be able to:

Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care.

Mitigate healthcare spending with more cost-effective early intervention.

Help reduce the use of law enforcement to treat mental health issues.

Meet the rising need for crisis intervention on a grand scale and, importantly, help end the stigma toward those seeking or accessing mental healthcare.

The creation and launch of 988 fills me with hope and optimism that this will not be the last action we take. We will have to make sure that mental health resources are adequately funded for Americans and our healthcare providers, and properly managed if we want to see proper success.

I will continue to fight for the belief that access to affordable quality healthcare is our right for every American, not just a reserved privilege for a select few.

Mr. Speaker, I yield to the gentlewoman from Pennsylvania (Ms. WILD), a dear friend and colleague.

Ms. WILD. Mr. Speaker, our Nation can be characterized by many great traits, hard work, discipline, grit, dedication, determination, selflessness, bravery, courage, strength, and a quest for success.

We have a rugged streak of individualism, a desire to get things done by any means necessary, even if it means going it alone. These are admirable American traits and have made us who we are. But they are also why we are where we are on mental health.

We Americans find it so difficult to ask for help; to show people we need support; to recognize that maybe we should not always go it alone.

Our Nation is facing a mental health crisis, one which the unprecedented stress and uncertainty of the pandemic has forced into plain view, demanding to be addressed, to be seen, to be helped. And that, perhaps, may be the silver lining of the pandemic; that we have finally woken up and taken notice of this epidemic in our country.

Just think about it: Healthcare providers were on the front lines of treating COVID-19 through waves and waves of patients, selflessly putting the needs of everyone else before themselves. In the early waves, when COVID-19 was still new, they were the only ones present to hold the hands of countless people as they passed from this world.

Teachers, historically underpaid and overworked, putting together lesson plans to keep our children learning, while under the pressure of, what if my school is next? How will I protect my kids? As they see that yet another school is the recipient of thoughts and prayers.

No occupation is spared. Law enforcement, firefighters, dentists, veterinarians, farmers.

Young people just beginning their lives thrown for a loop by the pandemic—milestones they and their families had looked forward to, delayed or canceled, not being able to see friends and family members in person, the anxiety of entering a world changed almost overnight, trying to find a new normal.

Parents, who served triple duty, caretaker, teacher, breadwinner, all while trying to keep their families safe and healthy.

We have all experienced grief and loss in one way or another over the last 3 years. Some of us lost family and friends; some lost businesses or their health, and some of us experienced extreme isolation, anxiety, and stress. But we all experienced something.

Our strength as Americans isn't just rooted in our individual discipline, selflessness, bravery, or courage, but in our collective ability to take care of one another.

□ 2000

That is why I am so passionate about mental healthcare, making it more accessible, affordable, and available.

During last year's appropriations bill, I successfully fought for an increase of \$530 million for the Substance Abuse and Mental Health Services Administration, our most important Federal agency for supporting mental health and combating the addiction crisis.

For our healthcare providers who have for so long taken care of us with so little support for their own care, I introduced the Dr. Lorna Breen Health Care Provider Protection Act, a bill that provides funding to reduce and prevent suicide, burnout, and mental and behavioral health conditions among healthcare professionals. I am very proud to say that it passed through the Senate and has been signed into law by President Biden.

The bill is named for Dr. Lorna Breen, an emergency room doctor, who worked on the front lines of the pandemic and died by suicide in the spring of 2020. I am so proud to say that this bill was signed by President Biden this past spring.

For students on college campuses, I have introduced and passed through the House the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act, focusing on promoting positive mental health among college students, and encouraging college leaders to engage in comprehensive planning efforts to prevent suicide on college campuses. I am now focused on getting that through the Senate and signed into law.

During this time of extreme stress for our young people, our colleges and universities need resources to reach out to students and to better support their mental health.

Our young children have, unfortunately, not been spared from the mental health crisis. Suicide rates in young

children have been climbing, and the leading method has become by hanging, with information found online.

There is no reason for young children to be able to find directions on how to tie a noose on YouTube. I have been working to hold YouTube accountable and to bring down those videos.

Our children deserve to grow up in a world that encourages them to be both strong and determined and able to ask for help and lean on their support systems. We all deserve that.

Finally, we must make sure that our mental health professionals are respected, that people are encouraged to go into that profession, and that that profession is fairly compensated.

We have a shortage of mental health professionals that is hurting our country, hurting our communities. We, as individuals, and together as communities, are so much stronger when we have support systems in place to reinforce our strength, to help us bounce back, and to be resilient.

We can do this, but we have to work together. We have to admit our vulnerabilities, and we have to put all politics aside as we work on this critical issue.

Mr. SCHNEIDER. Thank you for your remarkable words, for sharing your perspective and expressing compassion I think we can all share.

It is now my privilege to recognize my friend from Michigan, Representative ELISSA SLOTKIN.

Ms. SLOTKIN. Thank you, Representative SCHNEIDER, for your leadership.

I rise today to honor the struggle that so many parents who must do the unimaginable have gone through, to grieve the loss of a child. As an Army wife and a former CIA officer who worked alongside the military on three tours in Iraq, I have watched many parents send their kids off to war, and, unfortunately, many did not return.

For the families left behind, not only does the hole in their hearts never heal, but the ripple effect of that loss is also vast. The Tragedy Assistance Program for Survivors, or TAPS, estimates that for every Active Duty servicemember killed in Afghanistan and Iraq, six family members are significantly impacted. This is the devastating collateral impact of combat.

But our communities in the United States, our high schools and colleges, are not supposed to be war zones. For many of us adults, we look back fondly on those years as a time for liberation and new opportunities for work, study, and play, for learning new things, and for growing up.

So when a parent sends their child into the world full of hopes and dreams for the future, they do so with visions of challenging classes that expand their horizons, friendships that will define their lives, Saturday tailgates, and spring break in sunshine.

Most importantly, they send them off with the full and complete assumption that they will safely come back home.

But what we don't often think about is the incredible crisis of mental illness and emotional turmoil that so many young people today endure.

Our students are struggling. They are fighting internal battles that even their closest friends and their parents do not see until it is much too late.

Even before the pandemic up-ended our lives, we were already facing a mental health crisis for young people. At this point, crisis is not the right word. It is not strong enough.

Mental health experts and researchers use the term epidemic to describe where we are with mental health challenges facing U.S. high school and college students.

According to the National College Health Assessment, the most common mental health issues facing adolescents are depression, anxiety, suicidal ideation and intent, eating disorders, and substance abuse.

It is not easy getting help for any of those, navigating scarce mental health resources as a newly independent and struggling young adult.

Even if a student tries to take steps to get help, there is a tremendous lack of services in our community, in our colleges, at our universities. On college campuses, the ratio of certified counselors to students is generally between 1 to 1,000 or 1 to 2,000 for small and moderate-size schools and 1 to 2,000 or 3,000 to 5,000 for large universities.

Far too often, the outcome is tragic as it has been for dear friends and even some of my colleagues here in Congress who have lost their children to mental health issues.

In the past year and a half, one of my superintendents, Dr. Bob Shaner, a Marine veteran, he and his family lost their son in his freshman year of college. More recently, my friend, Steve Sheffey and the Sheffey family lost their beloved daughter, Orli, a young woman who wanted to change the world.

It has become so common for me to get those terrible calls that it is nearly commonplace. It is, therefore, up to us to make sure we do something to change the system so that we honor their legacy. But we need to start early because we know that the problem doesn't just appear in college or after high school.

In my district in Michigan, one county alone has had a 300 percent increase in demand for child psychiatric services in the past 2 years and virtually no inpatient beds to offer them. It is not just the sheer volume of demand that has increased but also the acuity of distress for individual patients.

Right now, in our country when it comes to mental health and young people, there is a tsunami of need and only sandbags to meet it.

You may know the now infamous name of a community in my district: Oxford, Michigan. In November of 2021, Oxford joined the terrible club that no one wants to be a part of, the list of districts where a school shooting has taken place.

Like we have seen so many times in the past, the tragedy in Oxford is rooted in the toxic combination of mental health issues and access to weapons. Because of that, four students are dead and a community, including the police, fire, first responders, and teachers who were in the building that day are forever traumatized.

We must do better for the students of Oxford, for Orli, for every student and every parent. We must train providers in trauma-based care, increase access to mental healthcare services, treat mental illness like physical health so that we understand that the issues and ailments that affect us from the neck up are just as important as the ones that affect us from the neck down.

We must improve insurance coverage for mental health services and reframe the entire conversation around what it really means to be healthy. The tasks are daunting, but the consequences of inaction, the collateral damage of this battle, are even greater.

In closing, I offer a prayer often recited when mourning the loss of a child:

May it bring comfort to the hearts of those who grieve, and may it inspire all of us to keep their memories in the forefront of our work.

A good person, though taken from us too soon, will rest in peace.

For honor in old age, does not come from the length of life.

Honor in old age does not come from the length of years.

Understanding is the gray hair of humanity.

A blameless life is ripeness of age. Perfection in limited years is like living for many years.

So a good person, though taken from us too soon, will rest in peace.

Let us, then, with peace of mind, let that good soul rest.

Mr. SCHNEIDER. Thank you, Representative SLOTKIN. Thank you for those beautiful words. Thank you, Representative WILD.

We have a national crisis. It needs a national response. We are a caring Nation. It is reflected in the outreach across the Nation when a community is struck by tragedy, whether it is a mass shooting or a flood, hurricane, whatever the case may be.

We see it in the response of individuals lending a helping hand when they see someone fall on a curb or down a stair. It is who we are as a people. We need to extend that when we think about our mental health crisis and mental healthcare. We have to do so much to try to address the stigma.

In the same way, if you think of a world-class athlete who is trying to achieve their highest potential, no one says going to seek assistance of a coach or advice of a friend is a shortcoming.

When it comes to dealing with the challenges of life, too often that outreach for assistance, that simple ask, help me get through this moment, isn't made because people are afraid of how they will be judged. Yet, even if we address the stigma, we still have the

challenge of access as we talked here tonight—not enough providers, not enough quality services.

Everyone in this country deserves access to quality, affordable, and available care. We need to make sure that we are investing in training providers to provide services across our country and making sure that those services are available at a price that people can truly afford.

We need to recognize that care for our mental health is every bit as important as care for our physical health. Think about it. If a child is diagnosed with cancer at a young age, we have poured billions of dollars into research to try to cure those cancers, and we are investing thousands, if not millions of dollars, in treating individuals and having great results. Kids with cancer today have a much higher likelihood of beating that cancer back and reaching their full potential.

The same is true for diseases we might face in middle age or even treating our seniors. We are working so hard to address that. We need to do the same for mental health and mental healthcare.

We need to recognize that the care for a challenge, a mental health challenge, is every bit as real and deserves every bit as much investment as the care for a physical health challenge.

We are a caring Nation. We know we have a crisis. I am hopeful that this body will continue to do its work to try to address this crisis for the people we represent.

I am grateful for the great words, kind words, insightful words, compassionate words of my colleagues, and I am thankful for the work of this body.

With that, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the Chair recognizes the gentleman from Wisconsin (Mr. GROTHMAN) for 30 minutes.

Mr. GROTHMAN. Mr. Speaker, I will talk about a variety of issues tonight. I will start one more time. I direct this talk not only to the Chair, not only to my colleagues in the legislature, but also the press corps that normally doesn't cover this because I think I am going to touch on some stories that ought to appear in the press corps but for whatever reason they don't.

The first thing, and I have addressed it several times from this microphone, is what is our goal in Ukraine, okay?

It would seem to me a good goal would be to end the war. We have a lot of Ukrainian troops who have died; we have a lot of Russian troops who have died; we have a lot of Ukrainian civilians who have died; and it seems to me that every week or month that the war goes by, those numbers get greater and greater.

Not only that, but particularly Russia is also a country with access to hor-

rific weapons, and every week or month that goes by, the chances that eventually some horrific weapons will have to be used goes up.

□ 2015

I will also point out with regard to these two countries, not that losing any young life isn't a tragedy, but it would seem to me there would be special tragedies in these countries because both countries have low birth rates and declining numbers of young people. For two countries that have been around—I believe Ukraine has been—for millennia, we would kind of like to see these countries continue to exist into the future.

Of sizable countries around the world, Ukraine has the second lowest birthrate, trailing only South Korea. There are also people who emigrate from Ukraine. In any event, I would think one of the primary goals of Ukraine is to make sure that they hang onto the young people they have left.

Russia is in a similar situation. They also have a low birthrate. I repeated this story about 7 months ago before this war began. I was at the San Diego sector of our southern border, and San Diego is only one tiny sector of a large border, and it was only talking about the week or month that I was there, but in any event, at that time, the second biggest nationality crossing our border came from Russia, which kind of surprised me.

So not only do they have a low birthrate in Russia, we have a lot of people emigrating. It would seem to me a primary goal of the governments of both Russia and Ukraine is to make sure the few young people they have left don't die in a war.

Now, I do not know what President Biden's goal here is in this war. I try to talk to some Democrat colleagues; I try to talk to people who should know President Biden. I think he himself may be a little bit mixed on the situation, but the press corps ought to be calling upon him and saying: What is your goal in this war? Is our goal to end the war and perhaps give President Putin an off-ramp; give Mr. Zelenskyy an off-ramp; find a way for both to declare some sort of victory and stop the carnage? Or is our goal to continue on for another 6 months or year or 2 years, and we don't care if another 5,000 or 10,000 or 15,000 Russian or 15,000 Ukrainian troops die; not to mention the monetary damages that take place when you have a war in your country?

I would like to know where President Biden stands on this. We collectively have not had a decent briefing for congressional Members since March 31. And given that we have been asked to give tens of millions of dollars to Ukraine—this week we were asked to affirm or accede in the policy of adding Sweden and Finland to NATO—I don't think it is too much to ask that the administration invite its key Cabinet members over here, as they did in Feb-

ruary and March, and let us know where the Biden administration stands on this war.

I don't think we have such a great relationship right now with Russia that we can moderate a conclusion to the war, but I think perhaps Israel, perhaps Turkey, perhaps some other country should do that, and perhaps we could grease the skids a little bit.

I mean, I realize back home right now everybody is focusing on inflation, but I will tell you if something bad happens in Ukraine, people are going to be focusing on that very, very quickly.

It would be a lot better if we wrapped up this war. I know there are hard feelings that will probably last for generations, but nevertheless I think the United States had very good relations with Russia only a few months ago. It would be good if we were able to wrap up this war, and it would be good if President Biden, if it was clear that we knew that his administration was working his way toward that.

So, again, I ask the press corps to kind of lean in a little bit on President Biden, find out where he is. I ask my Democratic colleagues in particular, insofar as they have access to the administration, to point out that it would be good to end this war, good to find countries that would mediate ending this war, and insofar as people on that side of the aisle get to see President Biden, carry that message to him.

VITAMIN D AND COVID

Mr. GROTHMAN. Another topic that I have addressed before from this microphone but haven't talked about for a couple months, so I am going to bring up again is that of vitamin D. People know I have talked about it before, but it bothers me that the House Select Subcommittee on the Coronavirus Crisis has not really addressed this issue.

The most recent study that came out was that done by an Israeli researcher, and in that study, it indicated that if you had inadequate amounts of vitamin D, which I believe he described as 20 nanograms per milliliter, that you were 11 times more likely to die of COVID than if you had adequate amounts.

If you break it down by race—and I don't like it when we break things out by race, but I am going to do it for these purposes—it is even scarier in that studies show that 35 percent of the White population is inadequate in vitamin D, 57 percent Hispanic, and 85 percent Black, which means having an adequate amount of vitamin D in your system should be a huge priority for people of color.

I think the COVID committee ought to have a hearing solely on vitamin D. We ought to find out, given the trillions of dollars we have thrown at COVID and billions of dollars we have thrown at trying to solve this problem, why the public health establishment has not talked about vitamin D like they should. They may say we don't know whether this is a matter of causation or a matter of correlation, but if