

The Honorable Susan Collins  
Chair  
Senate Committee on Appropriations  
413 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate Committee on Appropriations  
154 Russell Senate Office Building  
Washington, DC 20510

The Honorable Tom Cole  
Chair  
House Committee on Appropriations  
2207 Rayburn House Office Building  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
House Committee on Appropriations  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chair Collins, Ranking Member Murray, Chair Cole and Ranking Member DeLauro,

We write as leading mental health and substance use organizations to urge you to continue to invest heavily in addressing the nation's mental health, suicide, and substance use crises and express our alarm and deep concern regarding President Trump's proposed discretionary funding levels and program eliminations for Fiscal Year (FY) 2026.

While the proposal, released on May 2, is a high-level overview document without specifics on all programs that may be impacted, the magnitude of suggested cuts will have devastating effects on mental health, suicide prevention, and substance use. We urge Congress to fully fund programs to address the immense, urgent, and unmet national behavioral health needs and to continue to promote a strong focus on addressing these crises within the Department of Health and Human Services.

Recent data confirms that while we are making some progress, outcomes for mental health, addiction, and suicide continue to be unacceptably high, requiring greater investment, not less resources. In the United States, 1 in 5 individuals experience a mental health condition each year, and 1 in 20 experience a serious mental illness. In 2023, more than 49,000 lives were [lost](#) to suicide in the United States which is one death every 11 minutes. While overdose deaths are [declining](#) from a peak in 2021, over 80,000 people [died](#) in the last year and overdose remains the leading cause of death for Americans aged 18-44. In 2023, 40% of high school students [had](#) persistent feelings of sadness or hopelessness, 20% seriously contemplated suicide, and nearly 1 in 10 made an attempt. Importantly, access to care continues to be a challenge with recent [data](#) indicating that only 40% of adolescents and adults with depression received therapy or counseling in the prior year.

Among the most concerning elements of the proposal:

- A \$1.1 billion cut to the Substance Abuse and Mental Health Services Administration (SAMHSA), including programs that fund crisis response, early intervention, and treatment access. The letter suggests duplication with the Community Mental Health Services Block Grant. Members and affiliates of our organizations receive these critical, yet limited funds, and cannot serve all who need help in their local communities.
- A \$18 billion reduction (40%) to the National Institutes of Health (NIH), the nation's premier medical research agency. Such a significant reduction jeopardizes critical research on mental health, addiction, and suicide prevention. With increasing concerns about the impact of social media and the continued high levels of suicide and overdose, there is a need for greater investment in new treatments and understanding the impact of new technologies.
- A \$3.6 billion cut to the Centers for Disease Control and Prevention (CDC), weakening community-based prevention efforts. The proposal eliminates the National Center for Injury Prevention and Control, and it is unclear whether its critical programs addressing community-wide responses to reducing overdoses, suicide and adverse childhood experiences will be continued.
- A \$1.7 billion reduction in support to the Health Resources Services Administration. The proposal indicates less resources for workforce investment programs. We note that the nation continues to have a critical mental health and substance use workforce shortage and urge increased investment in further developing the full continuum of the behavioral health workforce, including peer support specialists, as well as mental health and substance use treatment providers.

In addition to the explicit cuts for critical programs, we are concerned about significant staff cuts across the Department of Health and Human Services (HHS), including at SAMHSA, reducing the federal workforce that manages behavioral health services. We are especially concerned about cuts to offices that maintain the vital data that informs researchers, clinicians, policymakers, and the general public on whether we are making progress on, and to better address, behavioral health in the United States, such as the National Survey on Drug Use and Health (NSDUH) at SAMHSA, the Youth Risk Behavior Survey (YRBS), and data from the National Center for Health Statistics at CDC.

These proposed changes would further exacerbate the cuts affecting local communities as the Administration has rescinded congressionally authorized funds to address key issues like school-based mental health. The undersigned organizations fully

support the Administration's goal of addressing mental health concerns early and connecting people to care before they reach a crisis. We believe, however, that this is only possible with sustained, accessible support. We strongly urge Congress maintain the focus on mental health and substance use and allocate sufficient funding in the FY '26 appropriations process to address the unmet needs of the millions of Americans who are in desperate need of help.

For questions, please contact Mary Giliberti, Chief Public Policy Officer, Mental Health America, [mgiliberti@mhanational.org](mailto:mgiliberti@mhanational.org).

Sincerely,

American Foundation for Suicide Prevention

American Psychiatric Association

American Psychological Association Services

Inseparable

Legal Action Center

Mental Health America

National Alliance on Mental Illness

National Council for Mental Wellbeing