September 16, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

The Honorable Betsy DeVos  
Secretary  
U.S. Department of Education  
400 Maryland Avenue S.W.  
Washington, D.C. 20202

Dear Secretaries Azar and DeVos:

We write to you as the coronavirus disease 2019 (COVID-19) pandemic continues and millions of students across the country resume their education either in person, virtually, or through a hybrid model. K-12 and college students have experienced some of the most severe effects of the COVID-19 pandemic and the negative impact on their mental health is already becoming apparent. As such, we urge you to issue guidance to both K-12 schools and colleges and universities detailing how they should provide supports, services, and accommodations to address the increased needs of their students who face new or ongoing mental health needs that have arisen or been exacerbated by the ongoing pandemic. We also request that this guidance take into consideration the unique challenges to mental health for minority students, students with disabilities, students experiencing homelessness, and tribal nations to account for the unique and disproportionate effect the pandemic has had on these communities.

The COVID-19 pandemic has upended the lives of people across the country, including approximately 55 million students enrolled in K-12 schools and 20 million college students.\(^1\) Beginning in March, K-12 schools across the country began closing their doors for the remainder of the school year to mitigate the spread of the virus.\(^2\) Students, educators, and parents alike had to rapidly shift and adapt to distance learning, transforming many parents or extended family

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\(^1\) National Center for Education Studies, “Back to school statistics,”  

\(^2\) CNN, “29 states announce school closures amid coronavirus,” Shawn Nottingham, March 15, 2020,  
members into their children’s educators. Many children and youth, who may have relied on lunches and other meals served by their schools, were cut off from once reliable food sources as rates of food insecurity continue to grow nationwide. And, countless children and youth across the country have lost parents, grandparents, friends, relatives, and even teachers to the deadly pandemic.

Meanwhile, at the same time, colleges and universities across the country also began shutting down their campuses and directed their students to leave campus in short order. Millions of students were scattered across the country, leaving behind on-campus not only friends, faculty, and mentors, but also established financial, academic, health, housing, and food support systems. Many students who relied on their college counseling programs were separated from their mental health providers as states were slow to expand access to tele-mental health services across state lines - 60 percent of students surveyed between March and May 2020 indicated that the pandemic has made it more difficult for them to access mental health care. International students were left stranded as many countries began closing their borders to prevent further spread of the virus and students from difficult home situations were forced to return to settings that may have been detrimental to their mental and overall health.

Collectively, these experiences may have caused trauma or significantly impacted millions of students, and studies have already revealed the toll the pandemic is having on their mental health. Among K-12 students, more than 25 percent of young people between the ages of 13-19 reported poorer emotional and cognitive health as a result of the pandemic. Experts predict that suicide rates and depression, which have been steadily increasing over the past decade and which adolescents already disproportionately experience, will only continue to increase as a result of the pandemic. The effects of the pandemic are perhaps the greatest amongst youth who struggled with mental illness before the pandemic. Experts have warned that the combination of a public health crisis, social isolation, and financial hardship will likely exacerbate pre-existing mental health issues.

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6 Id.
challenges. Furthermore, with many K-12 schools serving as the primary source of counseling services for children and youth, millions of adolescents who have previously relied on them have likely found themselves unsure of where to turn for the provision of mental health services.

In addition, there is preliminary evidence that a growing number of child abuse and neglect cases are not being reported or investigated due to school closures. In New York alone, reports to the Administration for Children’s Services have declined by over 51 percent, largely due to the fact that teachers are the primary reporters of child abuse. Thousands of children and youth who may be at risk of child abuse and neglect have been cut off from those most likely to get them the help they need, raising questions on the effects this will have on their mental health. Emergency room physicians are reporting an increase in cases of children who are so severely harmed that they require hospitalization, raising concerns that unsafe situations may not be identified until they have escalated to serious physical injury or even death. Children who experience abuse and neglect at young ages are more likely to experience symptoms of traumatic stress, such as depression, rates of suicidal thoughts, and poorer educational outcomes.

For college students, pre-pandemic rates of mental health conditions had been steadily increasing, and suicide already ranks as the second leading cause of death in college-aged populations. The pandemic has only accelerated these trends. Rates of mental health conditions such as depression and eating disorders have increased amongst college students since fall 2019. The Centers for Disease Control and Prevention recently reported that almost 75 percent of people aged 18-24 reported at least one adverse mental or behavioral health symptom as a result of the pandemic and 25 percent had seriously considered suicide in the past thirty days. 66 percent of college students reported that the pandemic has caused them undue financial stress,

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14 Id.
a known predictor of student mental health and well-being. Some experts have warned we should begin treating students for post-traumatic stress disorder (PTSD) given the extreme distress many have experienced. Isolation as a result of distance learning will only serve to exacerbate existing mental health illnesses, much as they have done so for the broader population during the pandemic. Additionally, many of these students who attend school outside of their home state may still not have access to mental health services as many states still have not relaxed telehealth regulations across state lines and others have already begun to roll back the temporary changes.

Young adults between the ages of 18 and 24 are among the most at-risk population for mental health illnesses, and studies show that identifying and treating early signs of mental health illnesses can vastly improve outcomes. Prevention and early intervention are especially crucial during the college years given that 75% of lifetime mental illnesses first onset by age 24, meaning that many students experience their first signs and symptoms during their college years. Furthermore, mental health is an important predictor of student success in higher education. Students with depression are twice as likely to drop out of college, and 64 percent of students who did drop out reported doing so for reasons related to mental health. Investing in our college students’ mental health now will help to provide them with the coping skills to overcome these challenges and thrive in their lives.

Due to the immense toll the pandemic has taken on the mental health of students, K-12 schools and colleges and universities must be equipped and prepared to help students and address the diverse range of mental health challenges they face as a result of the pandemic. These students may be particularly vulnerable during these difficult times, and both K-12 schools and colleges and universities should be proactive in ensuring students are able to access the resources they need. This includes removing barriers to continuity of care for students already engaged in treatment, leveraging technology to reach students remotely, improving access to mental health

23 Id.
services for students with untreated symptoms, and investing in culturally-tailored intervention and prevention programs to reduce mental health racial disparities among college students. It is imperative we invest in our students’ mental health, particularly now that many of their lives have been upended by the pandemic and are now cut off from their on-campus support systems and primary mental health providers.

As such, we request that you issue guidance so that K-12 schools and colleges and universities may be better equipped to help their students – and particularly minority students, students with disabilities, students experiencing homelessness, and students from tribal nations – cope with the unique mental health challenges posed by the COVID-19 pandemic. This includes guidance on how both K-12 schools and colleges and universities can best use federal funds to support the mental health needs of students.

We appreciate your attention to this matter.

Sincerely,

Elizabeth Warren
United States Senator

Bill Cassidy, M.D.
United States Senator

Cc: The Honorable Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary, Mental Health and Substance Use
Cc: The Honorable Lynn Johnson, Assistant Secretary, Administration of Children and Families
Cc: The Honorable Frank T. Brogan, Assistant Secretary, Office of Elementary and Secondary Education
Cc: The Honorable Robert King, Assistant Secretary, Office of Postsecondary Education
Cc: The Honorable Mark Schultz, Assistant Secretary, Office of Special Education and Rehabilitative Services