April 8, 2019

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

Dear Secretary Azar:

On behalf of the 9,400 members of the American Academy of Child and Adolescent Psychiatry (AACAP), I am writing regarding your recent testimony before the House Energy and Commerce Health Subcommittee on March 12, 2019.

As you may know, AACAP’s mission is to promote the healthy development of children, adolescents, and families, and many of our members have special concern about the current mental health needs of youth and families at our U.S. borders, as we have expressed in joint letters to your department and you over the last year.

In particular, we now write to learn further details on present mental health screening of migrant youth by HHS and its contractors, offering our added assistance and expertise where feasible. To that point, we were encouraged to hear your response to direct questions on March 12, 2019, by Ranking Member Greg Walden (R-OR), asking:

“How often do they [detained migrant youth] get mental health services?”

As you will remember, you responded:

“They are assessed for their mental health needs within 24 hours of arriving at an ORR intake facility.”

You then responded:

“Yes,” to Rep. Walden’s follow up question, “within 24 hours they see a mental health counselor?”

As the leading professional medical society whose members are committed to meeting and addressing the mental health needs of youth, AACAP would value knowing your current capacity numbers and training requirements for mental health counsellors at our Southern U.S. Border and elsewhere within the United States, as well as the challenges you are facing to properly assess the mental health needs of migrant youth and deliver follow up care, where indicated. We have previously reached out to your ORR contractors, Catholic Charities and Lutheran Social Services, to offer AACAP members avenues to volunteer in various regions of the United States.
Our objective in seeking added information from the Department is to learn, and offer guidance and potential collaboration, where possible, to help address unmet mental health needs of migrant youth. Indeed, by collaborating with clinicians with expertise, including child and adolescent psychiatrists, AACAP believes that migrant families and children will be better supported by the Department, mitigating the impact of trauma and promoting better health and healing.

The current situation at the U.S. Southern border -- and any national border where migrant families are detained, or where children have been separated from their families -- creates overwhelming stress on children and adolescents that requires immediate attention.

As child and adolescent psychiatrists, we recognize that successive traumatic experiences -- such as exposure to violence in countries of origin, treacherous migration journeys, and confinement of children and families at our borders -- accumulate and amplify the risk of myriad mental and physical health impairments. Overwhelming stress harms children and families, impacting multiple body systems, including the brain and nervous system, cardiovascular system, endocrine system, and immune system. This damage can lead to severe problems in everyday functioning and shortened lifespan. Our AACAP members have this specific expertise to treat the negative impacts of trauma and support people in the healing and recovery process.

Thank you for the opportunity to highlight our expertise, share our concerns, seek additional information, and consider ways that AACAP can be helpful to the Department and the migrant children who have come into your custody.

Please feel free to direct your response to me or Karen Pierce, MD, who is leading our AACAP resource group on youth at the border, or our staff, Ronald Szabat, JD, LLM, Director of Government Affairs and Clinical Practice at rszabat@aacap.org

Sincerely,

Karen Dineen Wagner, MD, PhD
President