

Department of Health and Human Services, "Request for Information Regarding Substance Research, Policy, and Strategies to Improve the Prevention, Treatment, Recovery of Chronic Disease of Addiction and Mental Illness," 91 FR 35221 (June 10, 2026).

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide input regarding research, development, programs, policies, and strategies that improve access to effective prevention, treatment, and recovery interventions for addiction, mental illness, and co-occurring disorders.

AACAP strongly supports a developmental and neuroscience-informed approach to addiction and mental illness. Most psychiatric disorders and substance use disorders emerge during childhood, adolescence, and young adulthood, making these periods critical windows for prevention and intervention. The greatest opportunity to reduce the lifelong burden of addiction and mental illness is through early identification and treatment of youth at risk before illness becomes chronic, disabling, and costly.

Question: What are programs or interventions that have rigorous, empirical evidence of effectiveness in improving outcomes for:

- ***substance use prevention, treatment, and recovery?***
- ***mental illness prevention, treatment, and recovery?***
- ***care for co-occurring mental and chronic disease of addiction?***

Prioritize Early Intervention and Prevention

Research consistently demonstrates that the majority of mental illnesses and substance use disorders begin before age 25. Delays in identification and treatment are associated with continued and escalating substance use, worse clinical outcomes, greater functional impairment, increased healthcare utilization, and higher risk of chronicity. Federal research and policy efforts should prioritize interventions that identify precursors, facilitate identification, and alter illness trajectories early in development, when the brain exhibits the greatest neuroplasticity and potential for recovery.

Programs that integrate screening, early detection, and evidence-based intervention in pediatric primary care and behavioral health settings, schools, and community settings should be expanded. Investments in youth-focused prevention and early intervention are likely to yield substantial long-term public health and economic benefits.

Accelerate Development of Brain-Based Interventions

Advances in neuroscience have created unprecedented opportunities to develop targeted, brain-based interventions for youth with mental illness and substance use disorders. Continued investment is needed to better understand neurodevelopmental mechanisms underlying addiction vulnerability, treatment response, and resilience.

Particular emphasis should be placed on identifying biomarkers, neurocircuitry targets, and precision medicine approaches that can predict the likelihood of developing hazardous substance use or use disorders; as well as guide individualized treatment selection and improve outcomes. Federal agencies should support translational research that bridges basic neuroscience, clinically deployable interventions, and implementation science.

Expand Research and Access to Noninvasive Neuromodulation

Noninvasive neuromodulation approaches, including transcranial magnetic stimulation (TMS), represent promising tools for addressing treatment-resistant psychiatric disorders and potentially modifying neural circuits implicated in addiction. While TMS has demonstrated efficacy and is FDA approved for major depressive disorder and other psychiatric conditions in young people, significantly greater research investment is needed to evaluate its safety, effectiveness, and optimal implementation in adolescents and young adults.

Federal initiatives should support:

- Large-scale clinical trials of TMS and other neuromodulation approaches in youth populations.
- Research examining TMS for co-occurring substance use disorders and psychiatric conditions.
- Development of biomarkers and neuroimaging approaches that predict treatment response.
- Efforts to improve access to evidence-based neuromodulation treatments for underserved populations.

Support Novel Therapeutics and Precision Psychiatry

The field is entering a transformative era of therapeutic innovation. Federal funding should support research on novel therapeutics for youth who do not respond adequately to existing treatments. Research priorities should include rigorous evaluation of safety, efficacy, durability of response, and developmental considerations for these interventions in pediatric populations.

Precision psychiatry approaches that combine clinical, genetic, neurobiological, and digital data may improve treatment matching to identify those at highest risk of developing substance use / disorder as well as to reduce the prolonged trial-and-error process that currently characterizes the treatment of addictions and co-occurring conditions.

Advance Pharmacologic Innovation for Youth

Despite the significant burden of addictions among young people, relatively few medications have been specifically developed or studied for pediatric populations. Federal research efforts should incentivize the development and testing of novel pharmacologic interventions that safely target underlying neurobiological mechanisms of mental illness and addiction.

Research priorities should include:

- Examining current pharmacological and psychotherapeutic treatment of mental health conditions and its impact on the development of later substance use outcomes.
- Treatments that address both psychiatric symptoms and substance use outcomes.
- Medications targeting neurodevelopmental pathways associated with risk and resilience.
- Longitudinal studies examining developmental and functional outcomes.
- Strategies to improve treatment adherence and engagement among adolescents and young adults.

Address Research Gaps in Co-Occurring Disorders

Co-occurring psychiatric and substance use disorders are common among youth and are associated with poorer outcomes. Yet treatment systems and research efforts often remain fragmented. AACAP recommends increased support for integrated models of care and research focused on simultaneous treatment of mental illness and substance use disorders.

Question: [E.O. 14379](#) calls for Federal efforts to, “help Americans receive the treatment they need” including “aligning relevant Federal programs” and “all necessary steps to coordinate the Federal Government's response to the addiction crisis.” One problem in this area is insufficient supply of addiction and mental health counselors (a shortfall estimated by HHS-HRSA at about 77,050 and 99,780 respectively).^[16] This means it is harder for Americans to find the help they need in their area and covered by their insurance, especially in rural or underserved areas. How can Federal policies and programs be improved to address this practitioner supply issue to better ensure that every American seeking addiction treatment can find affordable help covered by their insurance in their area? Provide 2-3 policy ideas for question (4). List each activity separately and include one of the following for each.

Title: AACAP Physician Scientist Program in Substance Use Career Development Award, Supported by NIDA

Type of activity: Clinical research training and career development program for outstanding early career child and adolescent psychiatrists.

Description: The AACAP Physician Scientist Program in Substance Use addresses the critical shortage of child and adolescent psychiatrists pursuing careers in research to advance substance use disorder prevention and treatment. With specialized training in developmental psychopathology, child and adolescent psychiatrists are ideally suited to address mental health and substance use disorders that emerge during childhood and adolescence to reduce associated morbidity and mortality. Established in 1998, the AACAP Physician Scientist Program in Substance Use program has significantly increased the number of child and adolescent psychiatrists who are independently funded career substance use researchers and who continue to make important contributions to advance science, clinical practice, and policy.

Statutory authority: 42 U.S.C. § 284 (Section 405 of the Public Health Service Act)

Conclusion

To meaningfully reduce the burden of addiction and mental illness, federal policy and research investments must prioritize early intervention during childhood, adolescence, and young adulthood. Advances in neuroscience, neuromodulation, precision psychiatry, novel therapeutics, and innovative pharmacologic treatments offer unprecedented opportunities to alter illness trajectories before conditions become chronic. Strategic investments in these areas have the potential to improve recovery, reduce disability, and transform the long-term health of future generations.