

Governor Phil Murphy

Governor Murphy Delivers Remarks at National Governors Association Convening

10/18/2022

Remarks as Prepared for Delivery

All of us are here not only because we recognize there's a youth mental health crisis in our nation, but also because we wish to be part of the solution to this crisis.

And in our respective states, we have each undertaken initiatives to support our kids and improve their chances to grow up resilient and strong. We each have programs that we believe can serve as models for our fellow states. In any way or another, many of us have already taken strides toward eliminating barriers to mental health access, and we have put a proper focus on prevention and early intervention, among other steps.

These efforts are going to be the basis for many of our discussions over the next two days. The more we can highlight what is working in our individual states, the more we can create best practices for our all of our states.

One year ago, the Children's Hospital Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry banded together to declare youth mental health a national emergency. They launched the "Sound the Alarm" campaign.

Amplifying this alarm is one of the things I aim to do through the Chair's Initiative to Strengthen Youth Mental Health.

But make no mistake, this is not just about making parents, teachers, health-care providers, and policymakers aware of the crisis. Many of them already are.

It is about providing them the tools to not just see and understand the signs of when a child may be struggling with their mental health, but how to take early action to head off a tragic situation.

Both in my home state of New Jersey, and nationally, hospital emergency department visits for teens experiencing mental health distress have skyrocketed. That's not to say that the numbers of young people needing emergency help weren't at crisis levels before the pandemic impacted their lives – because they were – but the stresses of the past 30 months have only exacerbated the crisis.

The scope of the crisis is evident ...

... School counselors, many of whom are already stretched thin, are pulled even more.

... In rural and urban areas alike, mental health professionals are in short supply – especially those specializing in youth mental health. Both research and our own experiences show us that well over two-thirds of all U.S. counties lack a psychiatrist who specializes in children or adolescents.

... Our mental health workforce, which was already critically short prior to the pandemic, was only further depleted by it. And because of this scarcity of expertise, vital care is all too often, and quite literally, out of reach whether due to expense, time or distance.

Because of these issues, parents have turned to emergency rooms as a last resort. And now even these emergency rooms are overwhelmed. Moreover, many of them aren't fully equipped to deal with the rising numbers of young people presenting themselves for help.

Quite simply, not only do our kids deserve better, but we can do better.

As governors, one of our most important and sacred responsibilities is protecting the health and well-being of our children, both physically and mentally.

I know that's a commitment that's shared by every parent, educator, social worker, counselor, health care provider and advocate in this room.

So where do we start?

There's a lot of good work happening in schools, communities, states, and territories – a lot of which is not known outside the boundaries of a particular community or state or territory. So, I hope we can use our time together to put a spotlight on these initiatives – to create interstate connections, and to amplify the innovative work already underway.

Through COVID relief funds and federal legislation like the Bipartisan Safer Communities Act, a variety of grants and other funding sources have been made available to states, territories, and school districts to undertake a whole host of initiatives, including ...

... Increasing the number of school-based mental health counselors and affiliated professionals.

... Ensuring vulnerable children from families of moderate means can access mental health care – including school and telehealth options – through Medicaid.

... Training primary care physicians in mental health care fundamentals.

... Effectively addressing early childhood traumas.

... Re-engaging students through improved learning environments during the school day and expanded afterschool and summer activities.

... Supporting Certified Community Behavioral Health Clinics and other community resources.

... And expanding local response centers connected to the newly launched nationwide 9-8-8 Suicide and Crisis Lifeline, among many other efforts.

These funds and resources provide each of us an opportunity to make significant improvements to mental health care access for our youth in our states.

For instance, in New Jersey, we brought together a formerly splintered network of support into an integrated Children's System of Care. By dialing one central number, families can get connected to mental and behavioral health care services, Family Support Organizations, and even 24/7 mobile crisis response units. All of this is available at no cost to the family, regardless of their income level or insurance status.

We've also leveraged American Rescue Plan funds to strengthen youth mental health supports – a total of \$55 million to support interagency efforts to improve access to services, increase awareness and resilience-building, and to provide peer supports, professional development, and training for mental health in communities, in schools and on college campuses.

And that is in addition to the nearly \$80 million in state set-aside funds from the three tranches of ESSER that we dedicated towards mental health programming for K-12 students and staff.

These are strong steps we've taken at the state level. But this crisis won't be solved from the top-down. It requires partnership across board but most importantly with the folks on-the-ground in our communities – that means our schools, our health care providers and networks, and non-profit sector.

Over the next two days, we'll explore how we can best pull together partners and resources to maximize our impact.

Every dynamic I've mentioned so far – the challenges to affordable and accessible care, the importance of coordinated solutions, our duty to our most vulnerable – applies equally to the other crisis we're addressing today: maternal and infant health.

All of you in the mental health space know how important early intervention is. The youth mental health crisis extends to our very youngest children – and so the solutions must, also.

We know the long-term impacts that traumatic experiences and mental health distress can have. These Adverse Childhood Experiences – or, ACEs – can damage a child's developing mental architecture – leading to a host of poor outcomes later in life.

But providing the right kinds of support and intervention early can prevent these outcomes and set our children up for health and stability in the long run.

Later today, we'll hear from my wife, New Jersey First Lady Tammy Murphy, who is doing outstanding work around maternal and infant health through her Nurture NJ initiative.

Pairing these two issues, recognizing and addressing the myriad interrelated factors, is the kind of holistic approach that is critical to making a meaningful impact.

These are issues that impact every community – urban, suburban, and rural, east, west, north and south. There are no geographic boundaries or political party lines.

And that's just one of the many reasons why I'm so pleased to be joined in this effort by fellow Governors – especially Governor Cox.

His leadership as NGA Vice Chair has been such an asset to launching this initiative. And the work he's leading in Utah to tackle the youth mental health crisis is a great example of the innovative approach we need.

And, with that, please join me in welcoming our gracious host, NGA Vice Chair and Utah Governor Spencer Cox.

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