CENTER FOR REGULATORY FREEDOM
PROJECT OF CPAC FOUNDATION
1199 NORTH FAIRFAX STREET, ALEXANDRIA VA 22314

December 20, 2024

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

The Honorable Dr. Miriam E. Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Ln
Rockville, MD 20852

Re: ***Comments Regarding SAMHSA's Notice of Agency Information Collection Activities: Submission for OMB Review; Comment Request, Document Number 2024-27065***

Below are comments of the American Conservative Union Foundation's (d/b/a. Conservative Political Action Coalition Foundation) (hereinafter "CPAC Foundation") Center for Regulatory Freedom (hereinafter "CRF") on the Department of Health and Human Service's (HHS) Substance Abuse and Mental Health Service's (SAMHSA) proposed "Notice of Agency Information Collection Activities: Submission for OMB Review; Comment Request," Document Number 2024-27065, published in the Federal Register on November 20, 2024.

CRF is a project of the CPAC Foundation, a non-profit, non-partisan 501(c)(3) research and education foundation. Our mission is to inject a common-sense perspective into the regulatory process, to ensure that the risks and costs of regulations are fully based on sound scientific and economic evidence, and to ensure that the voices, interests, and freedoms of Americans, and especially of small businesses, are fully represented in the regulatory process and debates. Finally, we work to ensure that regulatory proposals address real problems, that the proposals

serve to ameliorate those problems, and, perhaps most importantly, that those proposals do not, in fact, make public policy problems worse.

CRF is grateful for the opportunity to comment on SAMHSA's request for the collection of new data to evaluate the SAMHSA Zero Suicide in Health Systems (Zero Suicide Evaluation) program. However, upon reviewing SAMHSA's criteria for Zero Suicide grant recipients, CRF finds that SAMHSA's standard for behavioral healthcare has been distorted by diversity, equity, and inclusion (DEI) policy implementation which fails to accurately address the mental and emotional needs of all people throughout the United States, regardless of whether a person belongs to a marginalized identity group or not.

For these reasons, CRF strongly recommends that HHS and SAMHSA revisit the provisions of the Zero Suicide Evaluation and adopt a holistic approach to behavioral health that supports all people equally. CRF also advises that HHS and SAMHSA address the inaccuracies surrounding the long-term mental and physical health effects of "gender affirming care," as such medical interventions do not reduce suicidality and further exacerbate mental health issues.

Introduction

The Zero Suicide program was designed to lower the national suicide rate and reduce suicide attempts in the U.S., specifically focusing its efforts on individuals who are 25 years and older. SAMHSA set out to construct a comprehensive approach to suicide intervention and prevention specific to health systems, requiring ongoing evaluations and data collection to ensure that the program is implemented successfully. The proposed criteria used to evaluate Zero Suicide program implementation reveals a sharp departure from the stated purpose of the program, as some of its provisions prioritize catering to certain identity classifications over others.

In its public notice, SAMHSA articulated that the Zero Suicide program is authorized under the 21st Century Cures Act (Cures Act), a piece of bipartisan legislation that was signed into law in 2016. The Cures Act sought to broadly strengthen the National Institute of Health (NIH), primarily through the removal of certain administrative barriers that delayed both the discovery and development of medical breakthroughs. Interestingly, the provision of the Cures Act that SAMHSA seem most intent on emphasizing in the development of the Zero Suicide program is not related to expedient treatment, but a provision encouraging the inclusion of diverse populations represented in clinical research.

It is important to note that in HHS's and SAMHSA's "FY 2023 Cooperative Agreements to Implement Zero Suicide in Health Systems," the Zero Suicide program is stated as authorized under Section 520L of the PHSA rather than under the Cures Act. Section 520L of the PHSA

explicitly addresses adult suicide prevention and enumerates the standards for grant distribution, all of which are focused primarily on suicide mortality reduction. Section 520L does not contain any special provisions focused on a specific racial or ethnic group, nor does it elevate diversity as the primary metric for measuring the success of a policy.

The Zero Suicide Evaluation reveals that SAMHSA has largely abandoned an objective, thorough analysis of mental healthcare, revealing a tendency to favor policies that champion diversity, like the Cures Act, over pragmatic rulemakings that holistically contend with behavioral health issues outside of the myopic DEI ideology.

Behavioral Health Equity

SAMHSA's Zero Suicide Evaluation is nothing short of a backdoor attempt to impose Diversity, Equity, and Inclusion (DEI) ideology onto the behavioral health field, prioritizing identity politics over the critical goal of saving lives. By mandating that behavioral health treatments be altered to accommodate the "cultural contexts" of select identity groups, SAMHSA undermines the very purpose of behavioral health care—effectively treating individuals based on their needs, not their identities.

In its own words, SAMHSA acknowledges that "behavioral health equity" is a cornerstone of the Zero Suicide Framework, defining this equity as a commitment to reducing disparities across racial, ethnic, LGBTQIA+, and other so-called "underserved" groups. This explicitly ties the provision of care to an individual's sociocultural self-identification, rather than prioritizing universally effective treatment methods. SAMHSA even goes so far as to demand that health systems honor cultural contexts, not merely consider them, when determining which treatments are provided and how they are delivered. In other words, the treatment itself becomes secondary to the cultural preferences of certain groups, regardless of whether those preferences align with the most effective methods for combating suicidality.

This policy represents a radical departure from evidence-based care. It subordinates the goal of reducing suicides to the ideological pursuit of equity—an inherently flawed concept. Unlike equality, which ensures fair and impartial application of rules and policies, equity measures fairness by demanding equal outcomes across identity groups. SAMHSA's approach assumes that disparities in outcomes are inherently indicative of systemic discrimination, but this is a dangerous and unfounded premise. Disparities are not proof of discrimination; they are proof of differences, and differences do not justify sacrificing the effectiveness of treatments in the name of identity-driven appeasement.

Moreover, SAMHSA's explicit designation of groups such as Black, Asian, and LGBTQIA+ demographics as "historically marginalized and underserved" sends a troubling message to

health providers. It implies that the needs of these groups must be prioritized over others, even if it means sidelining the most effective strategies for reducing suicidality. This form of mandated preferential treatment risks creating a system where cultural considerations trump clinical outcomes, potentially putting lives at risk to satisfy political agendas.

By elevating DEI ideology above the principles of effective care, SAMHSA jeopardizes the integrity of behavioral health treatment and the trust Americans place in such systems. Behavioral health policies must prioritize saving lives and alleviating suffering, not satisfying arbitrary demographic quotas. If the ultimate goal of the Zero Suicide Framework is truly to eliminate suicide, then it must return to a focus on evidence-based methods that treat all individuals equitably—based on their needs, not their identity categories. SAMHSA's current proposal fails this test, and Americans must demand better.

Affirming Therapy

SAMHSA's *Zero Suicide Evaluation* dangerously elevates sociopolitical ideology over sound clinical practice by mandating "affirming therapy" for individuals seeking mental health support—particularly those identifying as LGBTQIA+. This approach subordinates the core mission of reducing suicidality to an ideological demand that clinicians affirm individuals' self-perceived identities, even when such affirmation directly contradicts reality and undermines the individual's long-term mental health outcomes.

The crux of the issue lies in the requirement for Zero Suicide grant recipients to affirm an individual's self-perception regarding gender and sexuality as an absolute truth. This policy not only conflicts with the principles of evidence-based care but actively prioritizes affirmation over effective treatment, even when such affirmation risks worsening mental health outcomes. For individuals already in crisis, such an approach is reckless and deeply unethical.

An approach to suicide prevention and behavioral health that is based upon a sociopolitical ideology is doomed to fail, as attempts to assuage mental and emotional distress among at risk individuals are immediately relegated as secondary to the affirmation of certain self-perceived identities, specifically regarding gender and sexuality. This means that when an individual seeks out support and resources through Zero Suicide grant recipients, those grant recipients are required to affirm the individual's desired self-perception, even if this affirmation conflicts with prescribed treatment methods and worsens the individual's mental health in the long-term.

SAMHSA, as well as a host of other health-focused federal government agencies, is guilty of propounding the completely incorrect notion that affirming certain identities, even when they contradict reality, reduces suicidality. Despite the onslaught of propaganda attempting to state otherwise, "gender affirming care," including sex reassignment surgery, does not lower suicide

mortality rates among those identifying as transgender. In fact, a 30-year study conducted in Sweden revealed that following sex reassignment surgery, transgender persons have "considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population."[1] Furthermore, while the study's findings did indicate that sex reassignment does alleviate gender dysphoria, it "may not suffice as treatment for transsexualism."[2]

Available psychosocial data highlights the inefficacy of cementing affirmation as the cornerstone of mental healthcare, as transgender-identified people do not benefit whatsoever from having a self-perception that is not in accordance with reality affirmed as truth. The Zero Suicide Evalation's hyper-fixation on supposed marginalized identity groups is particularly problematic for those within the LGTQIA+ demographic, primarily those identifying under the "T", "Q", or "+" categories. Individuals identifying as transgender are already prone to mental health comorbidities as well as suicidality, and further exacerbation of these issues through unnecessary, life-altering medical intervention will not support the Zero Suicide program's stated mission of broadly reducing suicide.

It is clear that SAMHSA's *Zero Suicide Evaluation* is not about effective mental health care. It is about enforcing an ideological agenda, one that compels mental health providers to disregard clinical evidence and prioritize affirmation at all costs. For individuals in crisis, this is a betrayal of trust and a catastrophic failure of public health policy.

If the Zero Suicide initiative is to fulfill its goal of broadly reducing suicide, it must abandon its reliance on affirming therapy and return to evidence-based principles. Mental health treatment should focus on addressing root causes of distress and providing care that promotes long-term well-being—not indulging ideologically driven practices that do more harm than good. Anything less represents a dereliction of duty to those most in need.

Conclusion

Though the aims of the Zero Suicide program are important, the proposed evaluation methodology for Zero Suicide grant recipients undermines these aims by focusing on DEI-centered initiatives over appropriate suicide prevention and intervention practices. SAMHSA's strict adherence to the principles of behavioral health equity illustrates that the codification of a toxic sociopolitical ideology into federal executive policy is more important to SAMHSA than lowering the national suicide rate across all demographics, rather than a select few. Data has shown that catering to cultural contexts and affirming gender identities that are contrary to an

---

[1] Cecilia Dhejne et al., "Long-Term Follow-up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," PLOS ONE, February 22, 2011, https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0016885.
[2] Ibid.

individual's biological sex are not and have never been successful in the long-term mitigation of suicidality and other behavioral health issues.

Policies that champion "equity" over "equality" are misguided, as they operate under a failed framework with which to measure implementation success. No where is the introduction of DEI philosophy less appropriate than in fields responsible for the treatment and support of at-risk individuals. SAMHSA's focus on diversity as a central value in suicide prevention will only inhibit the efficacy of appropriate psychological treatment, as health systems will be threatened by a removal of funds if their treatment methodology does not affirm all supposed marginalized identity groups. The provision of affirming therapy, specifically as it relates to "gender affirming care," has been proven to be unsuccessful in reducing long-term suicidality, yet SAMHSA has effectively cemented affirmation as fundamental in the treatment of at-risk LGBTQIA+ persons. Those at-risk of attempting or committing suicide should receive holistic care that addresses every mental health issue regardless of the individual's cultural context, sexual orientation, or gender identity.

CRF strongly recommends that HHS and SAMHSA revisit the Zero Suicide Evaluation framework and address the ample statistical evidence that contradicts the extent to which its proposed treatment methodology is successful in reducing suicidality. CRF suggests that HHS and SAMHSA develop a holistic approach to suicide prevention that prioritizes the treatment of the behavioral health issues themselves rather than the negligible externalities of an individual's group identity.