3 Things To Watch on Mental Health in Trump's Early Budget Proposals

Trump's budget proposal includes heavy cuts, totaling more than $22.6 billion, to three federal agencies that address overdose and suicide.

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Since President Donald Trump released his 2026 budget blueprint in early May, calling for $163 billion in federal spending cuts, much of the attention has focused on his slashing of foreign aid and boosting of border security. But the proposal also holds important clues — amid some mixed messages — about the administration's approach to two pressing public health issues: mental health and addiction.

There are about 80,000 overdose deaths in the United States each year, recent data shows, and nearly 50,000 deaths by suicide. Trump's proposal includes heavy cuts, totaling more than $22.6 billion, to three federal agencies that address these issues and suggests eliminating programs aimed at suicide and overdose prevention. The administration says this will streamline its efforts, but advocates, researchers, and public health practitioners worry this could make the death toll even worse.

Of course, a proposal is far from a final budget.

And this isn't even a full budget proposal. It's what people on Capitol Hill call a "skinny budget." It covers only discretionary spending that Congress authorizes each year, not larger entitlement programs like Medicare, Medicaid, and Social Security. Those big-ticket items and many other details will be addressed in the administration's full budget, expected in the coming months.

Still, evaluated alongside the administration's actions so far — including slashing the federal health workforce and disupting grants to addiction recovery programs — the early proposal hints at Trump's priorities.

"You don't have it in enough detail to be able to really make assessments" about specific policies, said Rodney Whitlock, a vice president at the McDermott+ consulting firm and a longtime Republican Senate staffer. But "even in a skinny budget, you have to take it seriously and think that, 'Oh yeah, they're going to try to accomplish this.'"

About two weeks before Trump released his skinny budget, a preliminary budget document for the

Department of Health and Human Services was leaked, showing deep funding cuts and lists of programs slated for elimination.

Discrepancies between those two documents — the official, skinny budget and the more detailed leaked one — have muddled the budget process even more than usual.

Here are three things that millions of Americans experiencing mental illness or addiction, and their loved ones, should watch as the process continues.

1. There is considerable confusion about the future of suicide prevention programs, including the nation's mental health crisis hotline, 988.

Trump plans to propose spending $520 million on the 988 system next year — the same amount as in the current fiscal year, said Rachel Cauley, a spokesperson for the White House Office of Management and Budget. She told KFF Health News that the president's budget will include an additional $95 million for other suicide prevention programs.

But that's far from clear when looking through the only official budget document released so far.

Trump's skinny proposal calls for more than $1 billion in cuts to the Substance Abuse and Mental Health Services Administration, the government's lead agency on all things related to mental health and addiction. The proposal says much of that comes from "eliminating inefficient funding" for SAMHSA's Programs of Regional and National Significance.

This bucket of spending includes a variety of grant programs, in areas including children's mental health and homelessness prevention. Budget documents from the current fiscal year show some of the costliest programs under this title focus on suicide prevention, including 988 grants to ensure state and regional call centers have the capacity to handle the millions of calls and texts the crisis line receives, Garrett Lee Smith grants focused on preventing youth suicide, and Zero Suicide grants that help health systems develop comprehensive suicide screening and response protocols.

Many people consider these programs vital given the country's ongoing suicide crisis. From 2000 to 2018, the national suicide rate increased 35%. Although there was a slight dip the following two years, the rate returned to its peak in 2022.

The 988 system, since launching in 2022 under the Biden administration, has fielded more than 9.8 million calls and 2.5 million texts.

"Cutting this funding is going to be disastrous," said Paul Nestadt, a psychiatrist and an associate professor at Johns Hopkins University. "A lot of suicide prevention does take place at the state or even local level, but it's funded by federal programs."

The skinny budget proposal says, "These programs either duplicate other Federal spending or are too small to have a national impact."

Cauley did not respond to questions about where she got the 988 and suicide prevention funding numbers she cited or why they differ from what's noted in the skinny budget.

Although it's fairly common to see discrepancies among an administration's various budget documents, attention to these documents — and concerns about differences — are heightened this year amid the Trump team's efforts to radically downsize the government and federal spending.

"It's very confusing," said Laurel Stine, chief advocacy and policy officer with the American Foundation for Suicide Prevention. "We want to ensure that the 988 lifeline is safeguarded," but the only officially released budget document "doesn't speak to it at all."

Another point of confusion: The skinny budget suggests that states can accomplish the work supported by the eliminated funding through separate block grants they receive from the federal government to address mental health and addiction.

However, those grants are specifically aimed at caring for people with serious mental illness and cannot be spent on suicide prevention for the general public.

2. The administration wants to cut certain tools used for preventing drug overdoses.

In the skinny budget, the Trump administration says it is "committed to combatting the scourge of deadly drugs that have ravaged American communities."

It goes on to propose eliminating the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, which has overseen a lot of overdose prevention work, and consolidating the infectious disease and opioids program with three other programs, effectively reducing its budget and capacity.

Some advocates, clinicians, and researchers worry such actions could reverse the recent progress made on overdose deaths.

"President Trump says that he wants to protect Americans from fentanyl," said Hanna Sharif-Kazemi, who works on federal affairs for the Drug Policy Alliance, an advocacy organization for people who use drugs. "But the plan that he has outlined in his budget proposal really doesn't match those words."

The proposal refers to "harm reduction" efforts, including providing sterile syringes to people using drugs, as "dangerous activities" and suggests federal funds should not support them.

But syringe service programs are among the most studied interventions and are proven to reduce the transmission of infectious diseases, such as HIV and hepatitis, without increasing crime or drug use.

They also "do so much more than just give syringes," Sharif-Kazemi said, adding that they typically distribute naloxone, which can reverse opioid overdoses, and connect people to resources

for food, housing, and treatment, which help keep them alive.

Without these programs, infectious diseases are more likely to spread and affect the broader community, said Nestadt, the Johns Hopkins professor. “Eliminating those programs is going to have terrible effects on the population of the United States, regardless of whether they’re using opiates or not.”

3. Research cuts aimed at “DEI” could worsen disparities in suicide and overdose rates.

The Trump proposal takes an axe to the National Institutes of Health, wiping out nearly $18 billion of the research agency’s budget and eliminating several centers within it, including the National Institute on Minority and Health Disparities.

These actions align with Trump’s ongoing attacks on “diversity, equity, and inclusion” programs, which he calls “woke” ideology.

Researchers say the proposed cuts, if enacted, could hamper efforts to address racial disparities in mental health and addiction that have become increasingly prominent.

Although national overdose deaths dropped last year, rates have increased in many Black and Native American communities.

Suicide rates have been rising faster for Black Americans than for their white counterparts. Early in the COVID-19 pandemic, when suicide rates decreased for white Americans, they trended in the opposite direction for Black Americans and other communities of color.

“It might seem to the layperson that suicide is suicide, overdose is overdose,” Nestadt said. But the data shows that trends are different for different groups. That means the factors that drive them to suicide — and the interventions that could save their lives — may be different.

“If I want to reach people with suicidal thoughts that are a highly educated, affluent population that has access to health care, I’m going to go to primary care doctors and pediatricians” to implement interventions, Nestadt said. But when trying to reach urban Black teens who have limited access to health care, “maybe it’s a church” or barbershop, he said.

Nestadt is currently working on a CDC-funded study in which he interviews the family and friends of Black youths who died by suicide to understand what led to that point and how it could be prevented. He worries his funding could be cut any day.

What happens next?

Nothing in any Trump budget proposal is final. Lawmakers hold the power to determine federal spending.

Although some advocates worry that congressional Republicans will simply accede to Trump’s

demands, Whitlock, the McDermott+ consultant, said, “Congress is always going to want to express its will, and this will be no different.”

Susan Collins, the Republican chair of the Senate Appropriations Committee, which oversees the budget, has stated that she has “serious objections” to some of the proposed cuts.

And when Health and Human Services Secretary Robert F. Kennedy Jr. appeared before House and Senate committees on May 14, some lawmakers pushed back on the administration’s plans. Rep. Madeleine Dean (D-Pa.) held up a packet of naloxone and said the government should amplify what works to decrease overdose deaths instead of shuttering SAMHSA.

“Help us save more lives,” she said. “Don’t shift it and shaft it.”

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