

111TH CONGRESS
1ST SESSION

H. R. 1704

To amend the Public Health Service Act to improve mental and behavioral health services on college campuses.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2009

Ms. SCHAKOWSKY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to improve mental and behavioral health services on college campuses.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health on
5 Campus Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The 2007 National Survey of Counseling
9 Center Directors found that the average ratio of

1 counselors to students on campus is nearly 1 to
2 2,000 and is often far higher on large campuses.
3 The International Association of Counseling Services
4 accreditation standards recommend 1 counselor per
5 1,000 to 1,500 students.

6 (2) College counselors report that 8.5 percent of
7 enrolled students sought counseling in the past year,
8 totaling an estimated 1,600,000 students.

9 (3) Over 90 percent of counseling directors be-
10 lieve there is an increase in the number of students
11 coming to campus with severe psychological prob-
12 lems. The majority of counseling directors report
13 concerns that the demand for services is growing
14 without an increase in resources.

15 (4) A 2008 American College Health Associa-
16 tion survey revealed that 43 percent of students at
17 colleges and universities report having felt so de-
18 pressed it was difficult to function, and one out of
19 every 11 students seriously considered suicide within
20 the past year.

21 (5) Research conducted between 1989 and 2002
22 found that students seen for anxiety disorders dou-
23 bled, for depression tripled, and for serious suicidal
24 intention tripled.

1 (6) Many students who need help never receive
2 it. Counseling directors report that, of the students
3 who committed suicide on their campuses, only 22
4 percent were current or former counseling center cli-
5 ents. Directors did not know the previous psychiatric
6 history of 60 percent of those students.

7 (7) A survey conducted by the University of
8 Idaho Student Counseling Center in 2000 found
9 that 77 percent of students who responded reported
10 that they were more likely to stay in school because
11 of counseling and that their school performance
12 would have declined without counseling.

13 (8) A 6-year longitudinal study of college stu-
14 dents found that personal and emotional adjustment
15 was an important factor in retention and predicted
16 attrition as well as, or better than, academic adjust-
17 ment (Gerdes & Mallinckrodt, 1994).

18 **SEC. 3. IMPROVING MENTAL AND BEHAVIORAL HEALTH ON**
19 **COLLEGE CAMPUSES.**

20 Title V of the Public Health Service Act is amended
21 by inserting after section 520E-2 (42 U.S.C. 290bb-36b)
22 the following:

1 **“SEC. 520E-3. GRANTS TO IMPROVE MENTAL AND BEHAV-**
2 **IORAL HEALTH ON COLLEGE CAMPUSES.**

3 “(a) **PURPOSE.**—It is the purpose of this section,
4 with respect to college and university settings, to—

5 “(1) increase access to mental and behavioral
6 health services;

7 “(2) foster and improve the prevention of men-
8 tal and behavioral health disorders, and the pro-
9 motion of mental health;

10 “(3) improve the identification and treatment
11 for students at risk;

12 “(4) improve collaboration and the development
13 of appropriate levels of mental and behavioral health
14 care;

15 “(5) reduce the stigma for students with mental
16 health disorders and enhance their access to mental
17 health services; and

18 “(6) improve the efficacy of outreach efforts.

19 “(b) **GRANTS.**—The Secretary, acting through the
20 Administrator and in consultation with the Secretary of
21 Education, shall award competitive grants to eligible enti-
22 ties to improve mental and behavioral health services and
23 outreach on college and university campuses.

24 “(c) **ELIGIBILITY.**—To be eligible to receive a grant
25 under subsection (b), an entity shall—

1 “(1) be an institution of higher education (as
2 defined in section 101 of the Higher Education Act
3 of 1965 (20 U.S.C. 1001)); and

4 “(2) submit to the Secretary an application at
5 such time, in such manner, and containing such in-
6 formation as the Secretary may require, including
7 the information required under subsection (d).

8 “(d) APPLICATION.—An application for a grant
9 under this section shall include—

10 “(1) a description of the population to be tar-
11 geted by the program carried out under the grant,
12 the particular mental and behavioral health needs of
13 the students involved, and the Federal, State, local,
14 private, and institutional resources available for
15 meeting the needs of such students at the time the
16 application is submitted;

17 “(2) an outline of the objectives of the program
18 carried out under the grant;

19 “(3) a description of activities, services, and
20 training to be provided under the program, including
21 planned outreach strategies to reach students not
22 currently seeking services;

23 “(4) a plan to seek input from community men-
24 tal health providers, when available, community

1 groups, and other public and private entities in car-
2 rying out the program;

3 “(5) a plan, when applicable, to meet the spe-
4 cific mental and behavioral health needs of veterans
5 attending institutions of higher education;

6 “(6) a description of the methods to be used to
7 evaluate the outcomes and effectiveness of the pro-
8 gram; and

9 “(7) an assurance that grant funds will be used
10 to supplement, and not supplant, any other Federal,
11 State, or local funds available to carry out activities
12 of the type carried out under the grant.

13 “(e) SPECIAL CONSIDERATIONS.—In awarding
14 grants under this section, the Secretary shall give special
15 consideration to applications that describe programs to be
16 carried out under the grant that—

17 “(1) demonstrate the greatest need for new or
18 additional mental and behavioral health services, in
19 part by providing information on current ratios of
20 students to mental and behavioral health profes-
21 sionals;

22 “(2) propose effective approaches for initiating
23 or expanding campus services and supports using
24 evidence-based practices;

1 “(3) target traditionally underserved popu-
2 lations and populations most at risk;

3 “(4) where possible, demonstrate an awareness
4 of, and a willingness to, coordinate with a commu-
5 nity mental health center or other mental health re-
6 source in the community, to support screening and
7 referral of students requiring intensive services;

8 “(5) identify how the college or university will
9 address psychiatric emergencies, including how in-
10 formation will be communicated with families or
11 other appropriate parties; and

12 “(6) demonstrate the greatest potential for rep-
13 lication and dissemination.

14 “(f) USE OF FUNDS.—Amounts received under a
15 grant under this section may be used to—

16 “(1) provide mental and behavioral health serv-
17 ices to students, including prevention, promotion of
18 mental health, screening, early intervention, assess-
19 ment, treatment, management, and education serv-
20 ices relating to the mental and behavioral health of
21 students;

22 “(2) provide outreach services to notify stu-
23 dents about the existence of mental and behavioral
24 health services;

1 “(3) educate families, peers, faculty, staff, and
2 communities to increase awareness of mental health
3 issues;

4 “(4) support student groups on campus that
5 engage in activities to educate students, reduce stig-
6 ma surrounding mental and behavioral disorders,
7 and promote mental health wellness;

8 “(5) employ appropriately trained staff;

9 “(6) expand mental health training through in-
10 ternship, post-doctorate, and residency programs;

11 “(7) develop and support evidence-based and
12 emerging best practices, including a focus on cul-
13 turally and linguistically appropriate best practices;
14 and

15 “(8) evaluate and disseminate best practices to
16 other colleges and universities.

17 “(g) DURATION OF GRANTS.—A grant under this
18 section shall be awarded for a period not to exceed 3 years.

19 “(h) EVALUATION AND REPORTING.—

20 “(1) EVALUATION.—Not later than 18 months
21 after the date on which a grant is received under
22 this section, the eligible entity involved shall submit
23 to the Secretary the results of an evaluation to be
24 conducted by the entity concerning the effectiveness

1 of the activities carried out under the grant and
2 plans for the sustainability of such efforts.

3 “(2) REPORT.—Not later than 2 years after the
4 date of enactment of this section, the Secretary shall
5 submit to the appropriate committees of Congress a
6 report concerning the results of—

7 “(A) the evaluations conducted under
8 paragraph (1); and

9 “(B) an evaluation conducted by the Sec-
10 retary to analyze the effectiveness and efficacy
11 of the activities conducted with grants under
12 this section.

13 “(i) TECHNICAL ASSISTANCE.—The Secretary may
14 provide technical assistance to grantees in carrying out
15 this section.

16 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as may be
18 necessary to carry out this section.

19 **“SEC. 520E-4. MENTAL AND BEHAVIORAL HEALTH OUT-
20 REACH AND EDUCATION ON COLLEGE CAM-
21 PUSES.**

22 “(a) PURPOSE.—It is the purpose of this section to
23 increase access to, and reduce the stigma associated with,
24 mental health services so as to ensure that college students

1 have the support necessary to successfully complete their
2 studies.

3 “(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—
4 The Secretary, acting through the Administrator and in
5 collaboration with the Director of the Centers for Disease
6 Control and Prevention, shall convene an interagency,
7 public-private sector working group to plan, establish, and
8 begin coordinating and evaluating a targeted public edu-
9 cation campaign that is designed to focus on mental and
10 behavioral health on college campuses. Such campaign
11 shall be designed to—

12 “(1) improve the general understanding of men-
13 tal health and mental health disorders;

14 “(2) encourage help-seeking behaviors relating
15 to the promotion of mental health, prevention of
16 mental health disorders, and treatment of such dis-
17 orders;

18 “(3) make the connection between mental and
19 behavioral health and academic success; and

20 “(4) assist the general public in identifying the
21 early warning signs and reducing the stigma of men-
22 tal illness.

23 “(c) COMPOSITION.—The working group under sub-
24 section (b) shall include—

1 “(1) mental health consumers, including stu-
2 dents and family members;

3 “(2) representatives of colleges and universities;

4 “(3) representatives of national mental and be-
5 havioral health and college associations;

6 “(4) representatives of college health promotion
7 and prevention organizations;

8 “(5) representatives of mental health providers,
9 including community mental health centers; and

10 “(6) representatives of private- and public-sec-
11 tor groups with experience in the development of ef-
12 fective public health education campaigns.

13 “(d) PLAN.—The working group under subsection (b)
14 shall develop a plan that shall—

15 “(1) target promotional and educational efforts
16 to the college age population and individuals who are
17 employed in college and university settings, including
18 the use of roundtables;

19 “(2) develop and propose the implementation of
20 research-based public health messages and activities;

21 “(3) provide support for local efforts to reduce
22 stigma by using the National Mental Health Infor-
23 mation Center as a primary point of contact for in-
24 formation, publications, and service program refer-
25 rals; and

1 appointed by the head of the agency) that has jurisdiction
2 over, or is affected by, mental health and education poli-
3 cies and projects, including—

4 (1) the Department of Education;

5 (2) the Department of Health and Human
6 Services;

7 (3) the Department of Veterans Affairs; and

8 (4) such other Federal agencies as the Adminis-
9 trator of the Substance Abuse and Mental Health
10 Services Administration and the Secretary jointly de-
11 termine to be appropriate.

12 (d) DUTIES.—The Task Force shall—

13 (1) serve as a centralized mechanism to coordi-
14 nate a national effort—

15 (A) to discuss and evaluate evidence and
16 knowledge on mental and behavioral health
17 services available to, and the prevalence of men-
18 tal health illness among, the college age popu-
19 lation of the United States;

20 (B) to determine the range of effective,
21 feasible, and comprehensive actions to improve
22 mental and behavioral health on college and
23 university campuses;

1 (C) to examine and better address the
2 needs of the college age population dealing with
3 mental illness;

4 (D) to survey Federal agencies to deter-
5 mine which policies are effective in encouraging,
6 and how best to facilitate outreach without du-
7 plicating, efforts relating to mental and behav-
8 ioral health promotion;

9 (E) to establish specific goals within and
10 across Federal agencies for mental health pro-
11 motion, including determinations of account-
12 ability for reaching those goals;

13 (F) to develop a strategy for allocating re-
14 sponsibilities and ensuring participation in men-
15 tal and behavioral health promotions, particu-
16 larly in the case of competing agency priorities;

17 (G) to coordinate plans to communicate re-
18 search results relating to mental and behavioral
19 health amongst the college age population to
20 enable reporting and outreach activities to
21 produce more useful and timely information;

22 (H) to provide a description of evidence-
23 based best practices, model programs, effective
24 guidelines, and other strategies for promoting

1 mental and behavioral health on college and
2 university campuses;

3 (I) to make recommendations to improve
4 Federal efforts relating to mental and behav-
5 ioral health promotion on college campuses and
6 to ensure Federal efforts are consistent with
7 available standards and evidence and other pro-
8 grams in existence as of the date of enactment
9 of this Act; and

10 (J) to monitor Federal progress in meeting
11 specific mental and behavioral health promotion
12 goals as they relate to college and university
13 settings;

14 (2) consult with national organizations with ex-
15 pertise in mental and behavioral health, especially
16 those organizations working with the college age
17 population; and

18 (3) consult with and seek input from mental
19 health professionals working on college and univer-
20 sity campuses as appropriate.

21 (e) MEETINGS.—

22 (1) IN GENERAL.—The Task Force shall meet
23 at least 3 times each year.

24 (2) ANNUAL CONFERENCE.—The Secretary
25 shall sponsor an annual conference on mental and

1 behavioral health in college and university settings
2 to enhance coordination, build partnerships, and
3 share best practices in mental and behavioral health
4 promotion, data collection, analysis, and services.

5 (f) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated such sums as may be
7 necessary to carry out this section.

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