

107TH CONGRESS
2^D SESSION

S. 2427

To require the National Institutes of Mental Health and the Human Resources and Services Administration to award grants to prevent and treat depression.

IN THE SENATE OF THE UNITED STATES

APRIL 30, 2002

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the National Institutes of Mental Health and the Human Resources and Services Administration to award grants to prevent and treat depression.

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 “Preventing Depression
5 in Preadolescent and Adolescent Girls and Women Act of
6 2002”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) Depression is a common disabling disorder
2 affecting more than 19,000,000 Americans per year.

3 (2) Women are at least twice as likely as men
4 to experience a major depressive episode within a
5 lifetime. Although the risk for recurrence is the
6 same for women and men, women are more likely to
7 have a recurrence, and when they do, it is often at
8 very critical times in their lives, such as new mother-
9 hood.

10 (3) As with adult women, depression is almost
11 twice as likely to be reported by female adolescents
12 than by male adolescents.

13 (4) Depression that begins in childhood and
14 adolescence is likely to continue into adulthood and
15 is associated with substantial morbidity and risk for
16 suicide. However, there is evidence that childhood
17 onset depression does not always continue into
18 adulthood.

19 (5) Prospective studies have established that
20 the risk for depression increases for many women
21 during adolescence and have suggested that indi-
22 cated prevention efforts with high-risk females dur-
23 ing adolescence may be a good time to intervene.

1 (6) Suicide is the third leading cause of death
2 among young women aged 15 to 24, and more than
3 9 out of 10 suicides can be linked to depression.

4 (7) Although ethnic minority women experience
5 rates of depression comparable to white women, they
6 are at greater risk than white women of having their
7 depression go unrecognized and inadequately treat-
8 ed.

9 (8) It is important to note that low income pop-
10 ulations are less likely to have their depression rec-
11 ognized and treated, and ethnic minority women dis-
12 proportionately have incomes below the poverty line.

13 (9) Symptom presentation of psychological dis-
14 tress may be influenced by culture. For example, de-
15 gree of acculturation may be associated with depres-
16 sion rates for Latina and Asian/Pacific Islander fe-
17 males.

18 (10) Demonstrated by community prevalence
19 rates, the number of women seeking treatment for
20 depression represents only a portion of those who
21 are depressed. Numerous barriers impede women
22 from receiving needed treatment, including lack of
23 consumer or provider knowledge about mental health
24 symptoms and treatment, stigma, limited time and

1 transportation, and issues regarding child and elder
2 care.

3 (11) Treatment interventions alone may not be
4 sufficient to reduce the high prevalence of major de-
5 pression in women. Experts recommend more em-
6 phasis on interventions that will prevent the onset of
7 depression.

8 (12) Social, cultural, and economic factors in-
9 fluence the prevention, development, diagnosis, and
10 treatment of depression in women and therefore
11 should be examined and integrated in prevention and
12 treatment approaches as indicated.

13 **SEC. 3. PROGRAM AUTHORIZED.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services, in collaboration with the National Insti-
16 tutes of Health and the Human Resources and Services
17 Administration, and other Federal officials determined ap-
18 propriate by the Secretary, may award grants to develop,
19 implement, and evaluate interventions to prevent and treat
20 depression in preadolescent and adolescent girls and in
21 women at-risk for depression in diverse populations.

22 (b) USE OF FUNDS.—Grants awarded pursuant to
23 subsection (a) may be used to—

24 (1) develop cultural and language appropriate
25 brief screening measures or modify existing brief

1 screening measures to assess for depression and
2 other mental health problems for wide-scale use in
3 community settings where the target population is
4 commonly found, including schools, churches, day
5 care centers, primary care and other health settings
6 (Obstetrics/Gynecology and pediatric clinics), and
7 public assistance and housing facilities;

8 (2) establish programs to train educational and
9 health professionals who work in community settings
10 to screen the target population for depression and
11 other mental health problems and make appropriate
12 referrals for treatment;

13 (3) develop effective strategies to educate the
14 target population about depression, where to seek
15 treatment, and how to reduce the stigma associated
16 with depression to decrease barriers to treatment;
17 and

18 (4) develop, implement, and evaluate culturally
19 appropriate strategies to prevent and treat depres-
20 sion in the target population.

21 (c) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 \$10,000,000 for fiscal year 2003, and such sums as may

1 be necessary for each of the fiscal years 2004 through
2 2006.

○