

110TH CONGRESS
2D SESSION

H. R. 6948

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

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2008

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 concern that the demand for services is growing
14 without an increase in resources.

15 (4) A 2006 American College Health Associa-
16 tion survey revealed that 44 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 from 1989 to 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 these students.

7 (7) A survey conducted by the University of
8 Idaho Student Counseling Center (2000) found that
9 77 percent of students who responded reported that
10 they were more likely to stay in school because of
11 counseling and that their school performance would
12 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 level of mental and behavioral health
14 care; and

15 “(5) improve the efficacy of outreach efforts.

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

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

23 “(1) be an institution of higher education (as
24 defined in section 101 of the Higher Education Act
25 of 1965); and

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

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

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

14 “(2) an outline of the objectives of the program
15 carried out under the grant;

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

20 “(4) a plan to seek input from community men-
21 tal health providers, when available, community
22 groups, and other public and private entities in car-
23 rying out the program;

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

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

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

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

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

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

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

1 “(4) where possible, demonstrate an awareness
2 of and a willingness to coordinate with a community
3 mental health center or other mental health resource
4 in the community, to support screening and referral
5 of students requiring intensive services;

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

10 “(6) demonstrate the greatest potential for rep-
11 lication and dissemination.

12 “(f) USE OF FUNDS.—Amounts received under a
13 grant under this section shall be used to—

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

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

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

1 “(4) employ appropriately trained staff;

2 “(5) expand mental health training through in-
3 ternship, post-doctorate, and residency programs;

4 “(6) develop and support evidence-based and
5 emerging best practices; and

6 “(7) evaluate and disseminate best practices to
7 other colleges and universities.

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

11 “(h) EVALUATION AND REPORTING.—

12 “(1) EVALUATION.—Not later than 18 months
13 after the date on which a grant is received under
14 this section, the eligible entity involved shall submit
15 to the Secretary the results of an evaluation to be
16 conducted by the entity concerning the effectiveness
17 of the activities carried out under the grant and
18 plans for the sustainability of such efforts.

19 “(2) REPORT.—Not later than 2 years after the
20 date of enactment of this section, the Secretary shall
21 submit to the appropriate committees of Congress a
22 report concerning the results of—

23 “(A) the evaluations conducted under
24 paragraph (1); and

1 “(B) an evaluation conducted by the Sec-
2 retary to analyze the effectiveness and efficacy
3 of the activities conducted with grants under
4 this section.

5 “(i) TECHNICAL ASSISTANCE.—The Secretary may
6 provide technical assistance to grantees in carrying out
7 this section.

8 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated, such sums as may be
10 necessary to carry out this section.

11 **“SEC. 520E-4. MENTAL AND BEHAVIORAL HEALTH OUT-
12 REACH AND EDUCATION ON COLLEGE CAM-
13 PUSES.**

14 “(a) PURPOSE.—It is the purpose of this section to
15 increase access to, and reduce the stigma associated with,
16 mental health services so as to ensure that college students
17 have the support necessary to successfully complete their
18 studies.

19 “(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—
20 The Secretary, acting through the Administrator and in
21 collaboration with the Director of the Centers for Disease
22 Control and Prevention, shall convene an interagency,
23 public-private sector working group to plan, establish, and
24 begin coordinating and evaluating a targeted public edu-
25 cation campaign that is designed to focus on mental and

1 behavioral health on college campuses. Such campaign
2 shall be designed to—

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

5 “(2) encourage help-seeking behaviors relating
6 to the promotion of mental health, prevention of
7 mental health disorders, and treatment of such dis-
8 orders;

9 “(3) make the connection between mental and
10 behavioral health and academic success; and

11 “(4) assist the general public in identifying the
12 early warning signs and reducing the stigma of men-
13 tal illness.

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

16 “(1) mental health consumers and family mem-
17 bers;

18 “(2) representatives of colleges and universities;

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

21 “(4) representatives of mental health providers,
22 including community mental health centers; and

23 “(5) representatives of private- and public-sec-
24 tor groups with experience in the development of ef-
25 fective public health education campaigns.

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

3 “(1) target promotional and educational efforts
4 to the college age population and individuals who are
5 employed in college and university settings, including
6 the use of roundtables;

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

9 “(3) provide support for local efforts to reduce
10 stigma by using the National Mental Health Infor-
11 mation Center as a primary point of contact for in-
12 formation, publications, and service program refer-
13 rals; and

14 “(4) develop and propose the implementation of
15 a social marketing campaign that is targeted at the
16 college population and individuals who are employed
17 in college and university settings.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated, such sums as may be
20 necessary to carry out this section.”.

21 **SEC. 4. INTERAGENCY WORKING GROUP ON COLLEGE MEN-**
22 **TAL HEALTH.**

23 (a) PURPOSE.—It is the purpose of this section, pur-
24 suant to Executive Order 13263 (and the recommenda-
25 tions issued under section 6(b) of such Order), to provide

1 for the establishment of a College Campus Task Force
2 under the Federal Executive Steering Committee on Men-
3 tal Health, to discuss mental and behavioral health con-
4 cerns on college and university campuses.

5 (b) ESTABLISHMENT.—The Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”) shall establish a College Campus Task Force (re-
8 ferred to in this section as the “Task Force”), under the
9 Federal Executive Steering Committee on Mental Health,
10 to discuss mental and behavioral health concerns on col-
11 lege and university campuses.

12 (c) MEMBERSHIP.—The Task Force shall be com-
13 posed of a representative from each Federal agency (as
14 appointed by the head of the agency) that has jurisdiction
15 over, or is affected by, mental health and education poli-
16 cies and projects, including—

17 (1) the Department of Education;

18 (2) the Department of Health and Human
19 Services;

20 (3) the Department of Veterans Affairs; and

21 (4) such other Federal agencies as the Adminis-
22 trator of the Substance Abuse and Mental Health
23 Services Administration and the Secretary jointly de-
24 termine to be appropriate.

25 (d) DUTIES.—The Task Force shall—

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

3 (A) to discuss and evaluate evidence and
4 knowledge on mental and behavioral health serv-
5 ices available to and the prevalence of mental
6 health illness among, the college age population
7 of the United States;

8 (B) to determine the range of effective,
9 feasible, and comprehensive actions to improve
10 mental and behavioral health on college and
11 university campuses;

12 (C) to examine and better address the
13 needs of the college age population dealing with
14 mental illness;

15 (D) to survey Federal agencies to deter-
16 mine which policies are effective in encouraging,
17 and how best to facilitate outreach without du-
18 plicating, efforts relating to mental and behav-
19 ioral health promotion;

20 (E) to establish specific goals within and
21 across Federal agencies for mental health pro-
22 motion, including determinations of account-
23 ability for reaching those goals;

24 (F) to develop a strategy for allocating re-
25 sponsibilities and ensuring participation in men-

1 tal and behavioral health promotions, particu-
2 larly in the case of competing agency priorities;

3 (G) to coordinate plans to communicate re-
4 search results relating to mental and behavioral
5 health amongst the college age population to
6 enable reporting and outreach activities to
7 produce more useful and timely information;

8 (H) to provide a description of evidence-
9 based best practices, model programs, effective
10 guidelines, and other strategies for promoting
11 mental and behavioral health on college and
12 university campuses;

13 (I) to make recommendations to improve
14 Federal efforts relating to mental and behav-
15 ioral health promotion on college campuses and
16 to ensure Federal efforts are consistent with
17 available standards and evidence and other pro-
18 grams in existence as of the date of enactment
19 of this Act; and

20 (J) to monitor Federal progress in meeting
21 specific mental and behavioral health promotion
22 goals as they relate to college and university
23 settings;

24 (2) consult with national organizations with ex-
25 pertise in mental and behavioral health, especially

1 those organizations working with the college age
2 population; and

3 (3) consult with and seek input from mental
4 health professionals working on college and university
5 campuses as appropriate.

6 (e) MEETINGS.—

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

9 (2) ANNUAL CONFERENCE.—The Secretary
10 shall sponsor an annual conference on mental and
11 behavioral health in college and university settings
12 to enhance coordination, build partnerships, and
13 share best practices in mental and behavioral health
14 promotion, data collection, analysis, and services.

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

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