

110TH CONGRESS
2D SESSION

S. 3311

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

IN THE SENATE OF THE UNITED STATES

JULY 23, 2008

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

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
10 counselors to students on campus is nearly 1 to

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

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

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

14 (4) A 2006 American College Health Associa-
15 tion survey revealed that 44 percent of students at
16 colleges and universities report having felt so de-
17 pressed it was difficult to function, and one out of
18 every 11 students seriously considered suicide within
19 the past year.

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

24 (6) Many students who need help never receive
25 it. Counseling directors report that of the students

1 who committed suicide on their campuses, only 22
 2 percent were current or former counseling center cli-
 3 ents. Directors did not know the previous psychiatric
 4 history of 60 percent of these students.

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

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

16 **SEC. 3. IMPROVING MENTAL AND BEHAVIORAL HEALTH ON**
 17 **COLLEGE CAMPUSES.**

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

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

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

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

3 “(2) foster and improve the prevention of men-
4 tal and behavioral health disorders, and the pro-
5 motion of mental health;

6 “(3) improve the identification and treatment
7 for students at risk;

8 “(4) improve collaboration and the development
9 of appropriate level of mental and behavioral health
10 care; and

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

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

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

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

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

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

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

10 “(2) an outline of the objectives of the program
11 carried out under the grant;

12 “(3) a description of activities, services, and
13 training to be provided under the program, including
14 planned outreach strategies to reach students not
15 currently seeking services;

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

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

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

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

5 “(e) SPECIAL CONSIDERATIONS.—In awarding
6 grants under this section, the Secretary shall give special
7 consideration to applications that describe programs to be
8 carried out under the grant that—

9 “(1) demonstrate the greatest need for new or
10 additional mental and behavioral health services, in
11 part by providing information on current ratios of
12 students to mental and behavioral health profes-
13 sionals;

14 “(2) propose effective approaches for initiating
15 or expanding campus services and supports using
16 evidence-based practices;

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

19 “(4) where possible, demonstrate an awareness
20 of and a willingness to coordinate with a community
21 mental health center or other mental health resource
22 in the community, to support screening and referral
23 of students requiring intensive services;

24 “(5) identify how the college or university will
25 address psychiatric emergencies, including how in-

1 formation will be communicated with families or
2 other appropriate parties; and

3 “(6) demonstrate the greatest potential for rep-
4 lication and dissemination.

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

7 “(1) provide mental and behavioral health serv-
8 ices to students, including prevention, promotion of
9 mental health, screening, early intervention, assess-
10 ment, treatment, management, and education serv-
11 ices relating to the mental and behavioral health of
12 students;

13 “(2) provide outreach services to notify stu-
14 dents about the existence of mental and behavioral
15 health services;

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

19 “(4) employ appropriately trained staff;

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

22 “(6) develop and support evidence-based and
23 emerging best practices; and

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

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

4 “(h) EVALUATION AND REPORTING.—

5 “(1) EVALUATION.—Not later than 18 months
6 after the date on which a grant is received under
7 this section, the eligible entity involved shall submit
8 to the Secretary the results of an evaluation to be
9 conducted by the entity concerning the effectiveness
10 of the activities carried out under the grant and
11 plans for the sustainability of such efforts.

12 “(2) REPORT.—Not later than 2 years after the
13 date of enactment of this section, the Secretary shall
14 submit to the appropriate committees of Congress a
15 report concerning the results of—

16 “(A) the evaluations conducted under
17 paragraph (1); and

18 “(B) an evaluation conducted by the Sec-
19 retary to analyze the effectiveness and efficacy
20 of the activities conducted with grants under
21 this section.

22 “(i) TECHNICAL ASSISTANCE.—The Secretary may
23 provide technical assistance to grantees in carrying out
24 this section.

1 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated, such sums as may be
3 necessary to carry out this section.

4 **“SEC. 520E-4. MENTAL AND BEHAVIORAL HEALTH OUT-
5 REACH AND EDUCATION ON COLLEGE CAM-
6 PUSES.**

7 “(a) PURPOSE.—It is the purpose of this section to
8 increase access to, and reduce the stigma associated with,
9 mental health services so as to ensure that college students
10 have the support necessary to successfully complete their
11 studies.

12 “(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—
13 The Secretary, acting through the Administrator and in
14 collaboration with the Director of the Centers for Disease
15 Control and Prevention, shall convene an interagency,
16 public-private sector working group to plan, establish, and
17 begin coordinating and evaluating a targeted public edu-
18 cation campaign that is designed to focus on mental and
19 behavioral health on college campuses. Such campaign
20 shall be designed to—

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

23 “(2) encourage help-seeking behaviors relating
24 to the promotion of mental health, prevention of

1 mental health disorders, and treatment of such dis-
2 orders;

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

5 “(4) assist the general public in identifying the
6 early warning signs and reducing the stigma of men-
7 tal illness.

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

10 “(1) mental health consumers and family mem-
11 bers;

12 “(2) representatives of colleges and universities;

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

15 “(4) representatives of mental health providers,
16 including community mental health centers; and

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

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

22 “(1) target promotional and educational efforts
23 to the college age population and individuals who are
24 employed in college and university settings, including
25 the use of roundtables;

1 retary”) shall establish a College Campus Task Force (re-
2 ferred to in this section as the “Task Force”), under the
3 Federal Executive Steering Committee on Mental Health,
4 to discuss mental and behavioral health concerns on col-
5 lege and university campuses.

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

11 (1) the Department of Education;

12 (2) the Department of Health and Human
13 Services;

14 (3) the Department of Veterans Affairs; and

15 (4) such other Federal agencies as the Adminis-
16 trator of the Substance Abuse and Mental Health
17 Services Administration and the Secretary jointly de-
18 termine to be appropriate.

19 (d) DUTIES.—The Task Force shall—

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

22 (A) to discuss and evaluate evidence and
23 knowledge on mental and behavioral health serv-
24 ices available to and the prevalence of mental

1 health illness among, the college age population
2 of the United States;

3 (B) to determine the range of effective,
4 feasible, and comprehensive actions to improve
5 mental and behavioral health on college and
6 university campuses;

7 (C) to examine and better address the
8 needs of the college age population dealing with
9 mental illness;

10 (D) to survey Federal agencies to deter-
11 mine which policies are effective in encouraging,
12 and how best to facilitate outreach without du-
13 plicating, efforts relating to mental and behav-
14 ioral health promotion;

15 (E) to establish specific goals within and
16 across Federal agencies for mental health pro-
17 motion, including determinations of account-
18 ability for reaching those goals;

19 (F) to develop a strategy for allocating re-
20 sponsibilities and ensuring participation in men-
21 tal and behavioral health promotions, particu-
22 larly in the case of competing agency priorities;

23 (G) to coordinate plans to communicate re-
24 search results relating to mental and behavioral
25 health amongst the college age population to

1 enable reporting and outreach activities to
2 produce more useful and timely information;

3 (H) to provide a description of evidence-
4 based best practices, model programs, effective
5 guidelines, and other strategies for promoting
6 mental and behavioral health on college and
7 university campuses;

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

15 (J) to monitor Federal progress in meeting
16 specific mental and behavioral health promotion
17 goals as they relate to college and university
18 settings;

19 (2) consult with national organizations with ex-
20 pertise in mental and behavioral health, especially
21 those organizations working with the college age
22 population; and

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

1 (e) MEETINGS.—

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

4 (2) ANNUAL CONFERENCE.—The Secretary
5 shall sponsor an annual conference on mental and
6 behavioral health in college and university settings
7 to enhance coordination, build partnerships, and
8 share best practices in mental and behavioral health
9 promotion, data collection, analysis, and services.

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

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