

112TH CONGRESS  
1ST SESSION

# H. R. 1833

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2011

Ms. SCHAKOWSKY (for herself, Mr. RYAN of Ohio, Mr. WU, and Mr. STARK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, 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

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## 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:

1           (1) The 2010 Association of University and  
2 College Counseling Center Directors Survey found  
3 that the average ratio of counselors to students on  
4 campus is nearly 1 to 1,940 and is often far higher  
5 on large campuses. The International Association of  
6 Counseling Services accreditation standards rec-  
7 ommends 1 counselor per 1,000 to 1,500 students.

8           (2) College Counselors report that 10.8 percent  
9 of enrolled students sought counseling in the past  
10 year, totaling an estimated 2,000,000 students.

11           (3) Over 90 percent of counseling directors be-  
12 lieve there is an increase in the number of students  
13 coming to campus with severe psychological prob-  
14 lems; today, 44 percent of the students who visit  
15 campus counseling centers are dealing with severe  
16 mental illness, up from 16 percent in 2000, and 24  
17 percent are on psychiatric medication, up from 17  
18 percent in 2000.

19           (4) The majority of campus counseling directors  
20 report that the demand for services and the severity  
21 of student needs are growing without an increase in  
22 resources.

23           (5) Many students who need help never receive  
24 it. Only 15 percent of college students who commit  
25 suicide received campus counseling. Of students who

1 seriously consider suicide each year, only 52% of  
2 them seek any professional help at all.

3 (6) A 2010 American College Health Associa-  
4 tion survey of more than 95,000 college and univer-  
5 sity students revealed that, within the last 12  
6 months, 48 percent of students report having felt  
7 overwhelming anxiety, 31 percent felt so depressed it  
8 was difficult to function, and 46 percent felt hope-  
9 less. Both the ACHA survey as well as the National  
10 Research Consortium of Counseling Centers in  
11 Higher Education found that 6 percent of students  
12 have seriously considered suicide in the past 12  
13 months.

14 (7) Research conducted between 1997 and  
15 2009, and presented at the 118th annual convention  
16 of the American Psychological Association found  
17 that more students are grappling with depression  
18 and anxiety disorders than did a decade ago. The  
19 study found that of students who sought college  
20 counseling, 41 percent had moderate to severe de-  
21 pression in 2009, that number was 34 percent in  
22 1997.

23 (8) A survey conducted by the University of  
24 Idaho Student Counseling Center in 2000 found  
25 that 77 percent of students who responded reported

1 that they were more likely to stay in school because  
2 of counseling and that their school performance  
3 would have declined without counseling.

4 (9) Students with psychological issues often  
5 struggle academically and are at risk for dropping  
6 out of school. Counseling has been shown to address  
7 these issues while having a positive impact on stu-  
8 dents remaining in school. A 6-year longitudinal  
9 study found college students receiving counseling to  
10 have an 11.4 percent higher retention rate than the  
11 general university population (Turner & Berry,  
12 2000).

13 **SEC. 3. IMPROVING MENTAL AND BEHAVIORAL HEALTH ON**  
14 **COLLEGE CAMPUSES.**

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

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

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

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

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

4           “(3) improve the identification and treatment  
5           for students at risk;

6           “(4) improve collaboration and the development  
7           of appropriate levels of mental and behavioral health  
8           care;

9           “(5) reduce the stigma for students with mental  
10          health disorders and enhance their access to mental  
11          health services; and

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

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

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

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

23                 “(2) submit to the Secretary an application at  
24                 such time, in such manner, and containing such in-

1 formation as the Secretary may require, including  
2 the information required under subsection (d).

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

5 “(1) a description of the population to be tar-  
6 geted by the program carried out under the grant,  
7 the particular mental and behavioral health needs of  
8 the students involved;

9 “(2) a description of the Federal, State, local,  
10 private, and institutional resources available for  
11 meeting the needs of such students at the time the  
12 application is submitted;

13 “(3) an outline of the objectives of the program  
14 carried out under the grant;

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

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

23 “(6) a plan, when applicable, to meet the spe-  
24 cific mental and behavioral health needs of veterans  
25 attending institutions of higher education;

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

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

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

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

17           “(2) propose effective approaches for initiating  
18 or expanding campus services and supports using  
19 evidence-based practices;

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

22           “(4) where possible, demonstrate an awareness  
23 of, and a willingness to, coordinate with a commu-  
24 nity mental health center or other mental health re-

1 source in the community, to support screening and  
2 referral of students requiring intensive services;

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

7 “(6) demonstrate the greatest potential for rep-  
8 lication and dissemination.

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

11 “(1) provide mental and behavioral health serv-  
12 ices to students, including prevention, promotion of  
13 mental health, voluntary screening, early interven-  
14 tion, voluntary assessment, treatment, management,  
15 and education services relating to the mental and be-  
16 havioral health of students;

17 “(2) provide outreach services to notify stu-  
18 dents about the existence of mental and behavioral  
19 health services;

20 “(3) educate students, families, faculty, staff,  
21 and communities to increase awareness of mental  
22 health issues;

23 “(4) support student groups on campus that  
24 engage in activities to educate students, including  
25 activities to reduce stigma surrounding mental and



1 behavioral disorders, and promote mental health  
2 wellness;

3 “(5) employ appropriately trained staff;

4 “(6) provide training to students, faculty, and  
5 staff to respond effectively to students with mental  
6 and behavioral health issues;

7 “(7) expand mental health training through in-  
8 ternship, post-doctorate, and residency programs;

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

13 “(9) evaluate and disseminate best practices to  
14 other colleges and universities.

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

17 “(h) EVALUATION AND REPORTING.—

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



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

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

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

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

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

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

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

25           “(2) representatives of colleges and universities;

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

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

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

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

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

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

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

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

23           “(4) develop and propose the implementation of  
24           a social marketing campaign that is targeted at the

1 college population and individuals who are employed  
2 in college and university settings.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated such sums as may be  
5 necessary to carry out this section.”.

6 **SEC. 4. INTERAGENCY WORKING GROUP ON COLLEGE MEN-**  
7 **TAL HEALTH.**

8 (a) PURPOSE.—It is the purpose of this section, pur-  
9 suant to Executive Order 13263 (and the recommenda-  
10 tions issued under section 6(b) of such Order), to provide  
11 for the establishment of a College Campus Task Force  
12 under the Federal Executive Steering Committee on Men-  
13 tal Health, to discuss mental and behavioral health con-  
14 cerns on college and university campuses.

15 (b) ESTABLISHMENT.—The Secretary of Health and  
16 Human Services (referred to in this section as the “Sec-  
17 retary”) shall establish a College Campus Task Force (re-  
18 ferred to in this section as the “Task Force”), under the  
19 Federal Executive Steering Committee on Mental Health,  
20 to discuss mental and behavioral health concerns on col-  
21 lege and university campuses.

22 (c) MEMBERSHIP.—The Task Force shall be com-  
23 posed of a representative from each Federal agency (as  
24 appointed by the head of the agency) that has jurisdiction

1 over, or is affected by, mental health and education poli-  
2 cies and projects, including—

3 (1) the Department of Education;

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

6 (3) the Department of Veterans Affairs; and

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

11 (d) DUTIES.—The Task Force shall—

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

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

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

23 (C) to examine and better address the  
24 needs of the college age population dealing with  
25 mental illness;

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

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

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

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

19 (H) to provide a description of evidence-  
20 based best practices, model programs, effective  
21 guidelines, and other strategies for promoting  
22 mental and behavioral health on college and  
23 university campuses;

24 (I) to make recommendations to improve  
25 Federal efforts relating to mental and behav-

1           ioral health promotion on college campuses and  
2           to ensure Federal efforts are consistent with  
3           available standards and evidence and other pro-  
4           grams in existence as of the date of enactment  
5           of this Act; and

6                   (J) to monitor Federal progress in meeting  
7           specific mental and behavioral health promotion  
8           goals as they relate to college and university  
9           settings;

10           (2) consult with national organizations with ex-  
11           pertise in mental and behavioral health, especially  
12           those organizations working with the college age  
13           population; and

14           (3) consult with and seek input from mental  
15           health professionals working on college and univer-  
16           sity campuses as appropriate.

17           (e) MEETINGS.—

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

20                   (2) ANNUAL CONFERENCE.—The Secretary  
21           shall sponsor an annual conference on mental and  
22           behavioral health in college and university settings  
23           to enhance coordination, build partnerships, and  
24           share best practices in mental and behavioral health  
25           promotion, data collection, analysis, and services.



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

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