

114TH CONGRESS
2D SESSION

H. R. 4374

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

IN THE HOUSE OF REPRESENTATIVES

JANUARY 12, 2016

Ms. SCHAKOWSKY (for herself and Mr. TONKO) 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

A BILL

To amend the Public Health Service Act to improve mental and behavioral health services on college and university 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 2011 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 1,879 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 and university students
25 who commit suicide received campus counseling. Of

1 students who seriously consider suicide each year,
2 only 52 percent of them seek any professional help
3 at all.

4 (6) A 2012 American College Health Associa-
5 tion (ACHA) survey of more than 98,000 college
6 and university students revealed that, within the last
7 12 months, 51 percent of students report having felt
8 overwhelming anxiety, 31 percent felt so depressed it
9 was difficult to function, and 46 percent felt hope-
10 less. The ACHA survey found that 7.5 percent of
11 students have seriously considered suicide in the
12 past 12 months.

13 (7) The National Research Consortium of
14 Counseling Centers in Higher Education found that
15 6 percent of students have seriously considered sui-
16 cide in the past 12 months. The Research Consor-
17 tium found that of those who have seriously consid-
18 ered suicide in the past 12 months, 52 percent
19 sought no preferred help and only 54 percent told
20 anyone that they were considering suicide.

21 (8) Research conducted between 1997 and
22 2009, and presented at the 118th Annual Conven-
23 tion of the American Psychological Association
24 found that more students are grappling with depres-
25 sion and anxiety disorders than did a decade ago.

1 The study found that of students who sought college
2 or university counseling, 41 percent had moderate to
3 severe depression in 2009, that number was 34 per-
4 cent in 1997.

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

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

20 (11) A national survey of college and university
21 students living with mental health conditions, con-
22 ducted by the National Alliance on Mental Health,
23 found that 64 percent of students who experience
24 mental health problems in college or university and
25 withdraw from school do so because of their mental

1 health issues. The survey also found that 50 percent
2 of that group never accessed mental health services
3 and supports.

4 **SEC. 3. IMPROVING MENTAL AND BEHAVIORAL HEALTH ON**
5 **COLLEGE CAMPUSES.**

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

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

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

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

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

18 “(3) improve the identification and treatment
19 for students at risk;

20 “(4) improve collaboration and the development
21 of appropriate levels of mental and behavioral health
22 care;

23 “(5) reduce the stigma for students with mental
24 health disorders and enhance their access to mental
25 health services; and

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

2 “(b) GRANTS.—The Secretary, acting through the
3 Administrator and in consultation with the Secretary of
4 Education, shall award competitive grants to eligible enti-
5 ties to improve mental and behavioral health services and
6 outreach on college and university campuses.

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

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

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

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

18 “(1) a description of the population to be tar-
19 geted by the program carried out under the grant,
20 the particular mental and behavioral health needs of
21 the students involved;

22 “(2) a description of the Federal, State, local,
23 private, and institutional resources available for
24 meeting the needs of such students at the time the
25 application is submitted;

1 “(3) an outline of the objectives of the program
2 carried out under the grant;

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

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

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

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

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

21 “(e) SPECIAL CONSIDERATIONS.—In awarding
22 grants under this section, the Secretary shall give special
23 consideration to applications that describe programs to be
24 carried out under the grant that—

1 “(1) demonstrate the greatest need for new or
2 additional mental and behavioral health services, in
3 part by providing information on current ratios of
4 students to mental and behavioral health profes-
5 sionals;

6 “(2) propose effective approaches for initiating
7 or expanding campus services and supports using
8 evidence-based practices;

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

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

16 “(5) identify how the college or university will
17 address psychiatric emergencies, including how in-
18 formation will be communicated with families or
19 other appropriate parties;

20 “(6) propose innovative practices that will im-
21 prove efficiencies in clinical care, broaden collabora-
22 tions with primary care, or improve prevention pro-
23 grams; and

24 “(7) demonstrate the greatest potential for rep-
25 lication and dissemination.

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

3 “(1) provide mental and behavioral health serv-
4 ices to students, including prevention, promotion of
5 mental health, voluntary screening, early interven-
6 tion, voluntary assessment, treatment, management,
7 and education services relating to the mental and be-
8 havioral health of students;

9 “(2) conduct research through a counseling or
10 health center at the institution of higher education
11 involved regarding improving the mental and behav-
12 ioral health of college and university students
13 through clinical services, outreach, prevention, or
14 academic success;

15 “(3) provide outreach services to notify stu-
16 dents about the existence of mental and behavioral
17 health services;

18 “(4) educate students, families, faculty, staff,
19 and communities to increase awareness of mental
20 health issues;

21 “(5) support student groups on campus that
22 engage in activities to educate students, including
23 activities to reduce stigma surrounding mental and
24 behavioral disorders, and promote mental health
25 wellness;

1 “(6) employ appropriately trained staff;

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

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

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

11 “(10) evaluate and disseminate best practices to
12 other colleges and universities.

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

15 “(h) EVALUATION AND REPORTING.—

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

24 “(2) REPORT.—Not later than 2 years after the
25 date of enactment of this section, the Secretary shall

1 submit to the appropriate committees of Congress a
2 report concerning the results of—

3 “(A) the evaluations conducted under
4 paragraph (1); and

5 “(B) an evaluation conducted by the Sec-
6 retary to analyze the effectiveness and efficacy
7 of the activities conducted with grants under
8 this section.

9 “(i) TECHNICAL ASSISTANCE.—The Secretary may
10 provide technical assistance to grantees in carrying out
11 this section.

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

15 **“SEC. 520E-4. MENTAL AND BEHAVIORAL HEALTH OUT-
16 REACH AND EDUCATION ON COLLEGE CAM-
17 PUSES.**

18 “(a) PURPOSE.—It is the purpose of this section to
19 increase access to, and reduce the stigma associated with,
20 mental health services so as to ensure that college and
21 university students have the support necessary to success-
22 fully complete their studies.

23 “(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—
24 The Secretary, acting through the Administrator and in
25 collaboration with the Director of the Centers for Disease

1 Control and Prevention, shall convene an interagency,
2 public-private sector working group to plan, establish, and
3 begin coordinating and evaluating a targeted public edu-
4 cation campaign that is designed to focus on mental and
5 behavioral health on college and university campuses.
6 Such campaign shall be designed to—

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

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

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

15 “(4) assist the general public in identifying the
16 early warning signs and reducing the stigma of men-
17 tal illness.

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

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

22 “(2) representatives of colleges and universities;

23 “(3) representatives of national mental and be-
24 havioral health and college and university associa-
25 tions;

1 “(4) representatives of college and university
2 health promotion and prevention organizations;

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

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

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

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

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

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

21 “(4) develop and propose the implementation of
22 a social marketing campaign that is targeted at the
23 college or university population and individuals who
24 are employed in college and university settings.

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

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

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

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

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

25 (1) the Department of Education;

1 (2) the Department of Health and Human
2 Services;

3 (3) the Department of Veterans Affairs; and

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

8 (d) DUTIES.—The Task Force shall—

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

11 (A) to discuss and evaluate evidence and
12 knowledge on mental and behavioral health
13 services available to, and the prevalence of men-
14 tal health illness among, the college- and uni-
15 versity-age population of the United States;

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

20 (C) to examine and better address the
21 needs of the college- and university-age popu-
22 lation dealing with mental illness;

23 (D) to survey Federal agencies to deter-
24 mine which policies are effective in encouraging
25 and how best to facilitate outreach without du-

1 plicating efforts relating to mental and behav-
2 ioral health promotion;

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

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

11 (G) to coordinate plans to communicate re-
12 search results relating to mental and behavioral
13 health amongst the college- and university-age
14 population to enable reporting and outreach ac-
15 tivities to produce more useful and timely infor-
16 mation;

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

22 (I) to make recommendations to improve
23 Federal efforts relating to mental and behav-
24 ioral health promotion on college and university
25 campuses and to ensure Federal efforts are

1 consistent with available standards and evidence
2 and other programs in existence as of the date
3 of enactment of this Act; and

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

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

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

15 (e) MEETINGS.—

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

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