

*Susan M. Collins*

AMENDMENT NO. \_\_\_\_\_

Calendar No. 3

Purpose: To improve mental and behavioral health services on campuses of institutions of higher education.

IN THE SENATE OF THE UNITED STATES—114th Cong., 2d Sess.

(no.) \_\_\_\_\_

(title) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Ms. COLLINS *and Mr. Bennett*

Viz:

1 At the end, add the following:

2 **TITLE IX—MENTAL HEALTH ON**  
3 **CAMPUS IMPROVEMENT**

4 **SECTION 901. SHORT TITLE.**

5 This title may be cited as the “Mental Health on  
6 Campus Improvement Act”.

7 **SEC. 902. FINDINGS.**

8 Congress makes the following findings:

9 (1) The 2014 Association of University and  
10 College Counseling Center Directors Survey found  
11 that the average ratio of counselors to students on  
12 campus is nearly 1 to 1,833 and is often far higher

1 on large campuses. The International Association of  
2 Counseling Services accreditation standards rec-  
3 ommends 1 counselor per 1,000 to 1,500 students.

4 (2) College counselors report that 10 percent of  
5 enrolled students sought counseling in 2014.

6 (3) More than 90 percent of counseling direc-  
7 tors believe there is an increase in the number of  
8 students coming to campus with severe psychological  
9 problems; today, 44 percent of the students who visit  
10 campus counseling centers are dealing with severe  
11 mental illness, up from 16 percent in 2000, and 24  
12 percent are on psychiatric medication, up from 17  
13 percent in 2000.

14 (4) The majority of campus counseling directors  
15 report that the demand for services and the severity  
16 of student needs are growing without an increase in  
17 resources.

18 (5) Many students who need help never receive  
19 it. Only 15 percent of college and university students  
20 who commit suicide received campus counseling. Of  
21 students who seriously consider suicide each year,  
22 only 52 percent of them seek any professional help  
23 at all.

24 (6) A 2015 American College Health Associa-  
25 tion survey of more than 93,000 college and univer-

1       sity students revealed that, within the last 12  
2       months, 57 percent of students report having felt  
3       overwhelming anxiety, 35 percent felt so depressed it  
4       was difficult to function, and 48 percent felt hope-  
5       less. However, only 12 percent of students reported  
6       receiving professional treatment for anxiety within  
7       the past 12 months, and 11 percent reported receiv-  
8       ing treatment for depression within the past 12  
9       months.

10           (7) The 2015 American College Health Associa-  
11       tion survey also found that 9 percent of students  
12       have seriously considered suicide in the past 12  
13       months, a 20 percent increase compared to 2012.

14           (8) 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 were a decade ago. The  
19       study found that of students who sought college or  
20       university counseling, 41 percent had moderate to  
21       severe depression in 2009, that number was 34 per-  
22       cent in 1997.

23           (9) A survey conducted by the student coun-  
24       seling center at the University of Idaho in 2000  
25       found that 77 percent of students who responded re-

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

4           (10) 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 and university students receiving  
10      counseling to have a 11.4 percent higher retention  
11      rate than the general college and university popu-  
12      lation.

13          (11) A national survey of college and university  
14      students living with mental health conditions, con-  
15      ducted by the National Alliance on Mental Illness,  
16      found that 64 percent of students who experience  
17      mental health problems in college or university and  
18      withdraw from school do so because of their mental  
19      health issues. The survey also found that 50 percent  
20      of that group never accessed mental health services  
21      and supports.

1 **SEC. 903. IMPROVING MENTAL AND BEHAVIORAL HEALTH**  
2 **ON COLLEGE CAMPUSES.**

3 Title V of the Public Health Service Act (42 U.S.C.  
4 290aa et seq.) is amended by inserting after section  
5 520E-4, as added by section 406, the following:

6 **“SEC. 520E-5. GRANTS TO IMPROVE MENTAL AND BEHAV-**  
7 **IORAL HEALTH ON COLLEGE CAMPUSES.**

8 “(a) **PURPOSE.**—It is the purpose of this section,  
9 with respect to settings at institutions of higher education,  
10 to—

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

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

16 “(3) improve the identification and treatment  
17 for students at risk;

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

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

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

25 “(b) **GRANTS.**—The Secretary, acting through the  
26 Administrator and in consultation with the Secretary of

1 Education, shall award competitive grants to eligible enti-  
2 ties to improve mental and behavioral health services and  
3 outreach on campuses of institutions of higher education.

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

6 “(1) be an institution of higher education; and

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

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

13 “(1) a description of the population to be tar-  
14 geted by the program carried out under the grant,  
15 including the particular mental and behavioral  
16 health needs of the students involved;

17 “(2) a description of the Federal, State, local,  
18 private, and institutional resources available for  
19 meeting the needs of such students at the time the  
20 application is submitted;

21 “(3) an outline of the objectives of the program  
22 carried out under the grant;

23 “(4) a description of activities, services, and  
24 training to be provided under the program, including

1 planned outreach strategies to reach students not  
2 currently seeking services;

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

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

10 “(7) a description of the methods to be used to  
11 evaluate the outcomes and effectiveness of the pro-  
12 gram; and

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

17 “(e) SPECIAL CONSIDERATIONS.—In awarding  
18 grants under this section, the Secretary shall give special  
19 consideration to applications that describe programs to be  
20 carried out under the grant that—

21 “(1) demonstrate the greatest need for new or  
22 additional mental and behavioral health services, in  
23 part by providing information on current ratios of  
24 students to mental and behavioral health profes-  
25 sionals;

1           “(2) propose effective approaches for initiating  
2           or expanding campus services and supports using  
3           evidence-based practices, including peer support  
4           strategies;

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

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

12          “(5) identify how the institution of higher edu-  
13          cation will address psychiatric emergencies, includ-  
14          ing how information will be communicated with fam-  
15          ilies or other appropriate parties;

16          “(6) propose innovative practices that will im-  
17          prove efficiencies in clinical care, broaden collabora-  
18          tions with primary care, or improve prevention pro-  
19          grams; and

20          “(7) demonstrate the greatest potential for rep-  
21          lication and dissemination.

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

24                 “(1) provide mental and behavioral health serv-  
25                 ices to students, including prevention, promotion of



1 mental health, voluntary screening, early interven-  
2 tion, voluntary assessment, treatment, management,  
3 and education services relating to the mental and be-  
4 havioral health of students;

5 “(2) conduct research through a counseling or  
6 health center at the institution of higher education  
7 involved regarding improving the mental and behav-  
8 ioral health of students through clinical services,  
9 outreach, prevention, or academic success, in a man-  
10 ner that is in compliance with the health privacy and  
11 security rules promulgated under section 264(c) of  
12 the Health Insurance Portability and Accountability  
13 Act of 1996 (42 U.S.C. 1320d-2 note);

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

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

20 “(5) support student groups on campus, includ-  
21 ing athletic teams, that engage in activities to edu-  
22 cate students, including activities to reduce stigma  
23 surrounding mental and behavioral disorders, and  
24 promote mental health wellness;

25 “(6) employ appropriately trained staff;

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

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

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

10           “(10) evaluate and disseminate best practices to  
11           other institutions of higher education.

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

14           “(h) EVALUATION AND REPORTING.—

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

23           “(2) REPORT.—Not later than 2 years after the  
24           date of enactment of the Mental Health on Campus  
25           Improvement Act, the Secretary shall submit to the

1 appropriate committees of Congress a report con-  
2 cerning 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) DEFINITION.—In this section, the term ‘institu-  
13 tion of higher education’ has the meaning given such term  
14 in 101 of the Higher Education Act of 1965 (20 U.S.C.  
15 1001).

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

19 **“SEC. 520E-6. MENTAL AND BEHAVIORAL HEALTH OUT-  
20 REACH AND EDUCATION ON COLLEGE CAM-  
21 PUSES.**

22 “(a) PURPOSE.—It is the purpose of this section to  
23 increase access to, and reduce the stigma associated with,  
24 mental health services to ensure that students at institu-

1 tions of higher education have the support necessary to  
2 successfully complete their studies.

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

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

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

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

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

23       “(c) COMPOSITION.—The working group convened  
24 under subsection (b) shall include—

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

3           “(2) representatives of institutions of higher  
4 education;

5           “(3) representatives of national mental and be-  
6 havioral health associations and associations of insti-  
7 tutions of higher education;

8           “(4) representatives of health promotion and  
9 prevention organizations at institutions of higher  
10 education;

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

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

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

18           “(1) targets promotional and educational efforts  
19 to the age population of students at institutions of  
20 higher education and individuals who are employed  
21 in settings of institutions of higher education, in-  
22 cluding through the use of roundtables;

23           “(2) develops and proposes the implementation  
24 of research-based public health messages and activi-  
25 ties;

1           “(3) provides support for local efforts to reduce  
2 stigma by using the National Health Information  
3 Center as a primary point of contact for informa-  
4 tion, publications, and service program referrals; and

5           “(4) develops and proposes the implementation  
6 of a social marketing campaign that is targeted at  
7 the population of students attending institutions of  
8 higher education and individuals who are employed  
9 in settings of institutions of higher education.

10          “(e) DEFINITION.—In this section, the term ‘institu-  
11 tion of higher education’ has the meaning given such term  
12 in 101 of the Higher Education Act of 1965 (20 U.S.C.  
13 1001).

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

17 **SEC. 904. INTERAGENCY WORKING GROUP ON COLLEGE**  
18 **MENTAL HEALTH.**

19          (a) PURPOSE.—It is the purpose of this section to  
20 provide for the establishment of a College Campus Task  
21 Force to discuss mental and behavioral health concerns  
22 on campuses of institutions of higher education.

23          (b) ESTABLISHMENT.—The Secretary of Health and  
24 Human Services (referred to in this section as the “Sec-  
25 retary”) shall establish a College Campus Task Force (re-

1 ferred to in this section as the “Task Force”) to discuss  
2 mental and behavioral health concerns on campuses of in-  
3 stitutions of higher education.

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

9 (1) the Department of Education;

10 (2) the Department of Health and Human  
11 Services;

12 (3) the Department of Veterans Affairs; and

13 (4) such other Federal agencies as the Adminis-  
14 trator of the Substance Abuse and Mental Health  
15 Services Administration, in consultation with the  
16 Secretary, determines to be appropriate.

17 (d) DUTIES.—The Task Force shall—

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

20 (A) to discuss and evaluate evidence and  
21 knowledge on mental and behavioral health  
22 services available to, and the prevalence of men-  
23 tal health illness among, the age population of  
24 students attending institutions of higher edu-  
25 cation in the United States;

1 (B) to determine the range of effective,  
2 feasible, and comprehensive actions to improve  
3 mental and behavioral health on campuses of  
4 institutions of higher education;

5 (C) to examine and better address the  
6 needs of the age population of students attend-  
7 ing institutions of higher education dealing with  
8 mental illness;

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

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

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

22 (G) to coordinate plans to communicate re-  
23 search results relating to mental and behavioral  
24 health amongst the age population of students  
25 attending institutions of higher education to en-



1           able 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 campuses of  
7           institutions of higher education;

8           (I) to make recommendations to improve  
9           Federal efforts relating to mental and behav-  
10          ioral health promotion on campuses of institu-  
11          tions of higher education and to ensure Federal  
12          efforts are consistent with available standards  
13          and evidence and other programs in existence  
14          as of the date of enactment 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 settings of institutions of  
18          higher education;

19          (2) consult with national organizations with ex-  
20          pertise in mental and behavioral health, especially  
21          those organizations working with the age population  
22          of students attending institutions of higher edu-  
23          cation; and

1           (3) consult with and seek input from mental  
2 health professionals working on campuses of institu-  
3 tions of higher education as appropriate.

4           (e) MEETINGS.—

5           (1) IN GENERAL.—The Task Force shall meet  
6 not less than 3 times each year.

7           (2) ANNUAL CONFERENCE.—The Secretary  
8 shall sponsor an annual conference on mental and  
9 behavioral health in settings of institutions of higher  
10 education to enhance coordination, build partner-  
11 ships, and share best practices in mental and behav-  
12 ioral health promotion, data collection, analysis, and  
13 services.

14           (f) DEFINITION.—In this section, the term “institu-  
15 tion of higher education” has the meaning given such term  
16 in 101 of the Higher Education Act of 1965 (20 U.S.C.  
17 1001).

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