

118TH CONGRESS
1ST SESSION

S. 767

To enhance mental health and psychosocial support within United States development and humanitarian assistance programs.

IN THE SENATE OF THE UNITED STATES

MARCH 9, 2023

Mr. CASEY (for himself, Ms. STABENOW, Mr. BOOKER, Mrs. SHAHEEN, Mrs. MURRAY, Mr. MERKLEY, and Mr. FETTERMAN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To enhance mental health and psychosocial support within United States development and humanitarian assistance programs.

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 TITLES.**

4 This Act may be cited as the “Mental Health in
5 International Development and Humanitarian Settings
6 Act” or the “MINDS Act”.

7 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

8 (a) FINDINGS.—Congress finds the following:

1 (1) According to the World Health Organiza-
2 tion (referred to in this section as “WHO”), an esti-
3 mated 1,000,000,000 individuals worldwide have a
4 mental health or substance use disorder.

5 (2) The Lancet Commission estimates that
6 nearly 130,000,000 additional cases of major depres-
7 sive and anxiety disorders globally in 2020 resulted
8 from the COVID–19 pandemic.

9 (3) According to WHO—

10 (A) depression is among the primary
11 causes of illness and disability in adolescents;

12 (B) 50 percent of mental health disorders
13 emerge by the time an adolescent reaches 14
14 years of age; and

15 (C) 14 percent of children and adolescents
16 worldwide experience mental health conditions,
17 the majority of whom do not seek care, receive
18 care, or have access to care.

19 (4) According to a report commissioned by the
20 United Nations—

21 (A) more than 1 out of every 5 individuals
22 living in a conflict-affected area has a mental
23 health disorder;

24 (B) approximately 1,500,000,000 (or 2 out
25 of every 3) of the world’s children younger than

1 18 years of age live in countries affected by
2 conflict;

3 (C) more than 1 out of every 6 children
4 live in conflict zones;

5 (D) a greater number of children live in
6 areas affected by armed conflict and war now
7 than at any other time during this century; and

8 (E) the mental health burden in conflict-
9 affected contexts is twice the global average.

10 (5) According to the WHO—

11 (A) risk factors that increase susceptibility
12 to mental health disorders include—

13 (i) poverty and hunger;

14 (ii) chronic health conditions;

15 (iii) trauma or maltreatment;

16 (iv) social exclusion;

17 (v) discrimination; and

18 (vi) exposure to, and displacement by,
19 war or conflict;

20 (B) these risk factors, along with demo-
21 graphic risk factors, manifest at all stages in
22 life;

23 (C) preliminary research illustrates that
24 the COVID-19 pandemic—

1 (i) has increased the risk factors af-
2 fecting communities, families, and individ-
3 uals for multiple types of adversity; and

4 (ii) compounded preexisting conditions
5 and vulnerabilities.

6 (6) According to a Lancet Commission report—

7 (A) allocations for mental health have
8 never risen above 1 percent of health-related
9 global development assistance; and

10 (B) child and adolescent mental health
11 services receive an estimated 0.1 percent of
12 health-related global development assistance.

13 (b) SENSE OF CONGRESS.—It is the sense of Con-
14 gress that—

15 (1) helping to ensure that individuals have the
16 opportunity to thrive and reach their fullest poten-
17 tial is a critical component of effective and sustain-
18 able international development efforts;

19 (2) mental health is integral and essential to
20 overall health outcomes and other development ob-
21 jectives;

22 (3) mental health is an issue of critical and
23 growing importance for United States development
24 and humanitarian assistance programs that requires
25 coordinated efforts to ensure that programming

1 funded by the United States Government is evi-
2 dence-based, culturally competent, and trauma-in-
3 formed;

4 (4) the relevant United States Government de-
5 velopment and humanitarian assistance strategies
6 should include a mental health and psychosocial sup-
7 port component;

8 (5) the redesign of USAID—

9 (A) reflects the nexus between humani-
10 tarian and development interventions; and

11 (B) should be applied to all mental health
12 and psychosocial support efforts of United
13 States development and humanitarian assist-
14 ance programs; and

15 (6) ongoing efforts to improve social service
16 workforce development and local capacity building
17 are essential to expanding mental health and psycho-
18 social support activities across all United States de-
19 velopment and humanitarian assistance programs.

20 **SEC. 3. DEFINITIONS.**

21 In this Act:

22 (1) ADMINISTRATOR.—The term “Adminis-
23 trator” means the Administrator of USAID.

1 (2) USAID.—The term “USAID” means the
2 United States Agency for International Develop-
3 ment.

4 **SEC. 4. COORDINATOR FOR MENTAL HEALTH AND PSYCHO-**
5 **SOCIAL SUPPORT.**

6 Section 135 of the Foreign Assistance Act of 1961
7 (22 U.S.C. 2152f) is amended—

8 (1) by redesignating subsection (f) as sub-
9 section (g); and

10 (2) by inserting after subsection (e) the fol-
11 lowing:

12 “(f) COORDINATOR FOR MENTAL HEALTH AND PSY-
13 CHOSOCIAL SUPPORT.—

14 “(1) APPOINTMENT.—The Administrator of the
15 United States Agency for International Develop-
16 ment, in consultation with the Secretary of State, is
17 authorized to appoint a Mental Health and Psycho-
18 social Support Coordinator (referred to in this sec-
19 tion as the ‘MHPSS Coordinator’).

20 “(2) SPECIFIC DUTIES.—The MHPSS Coordi-
21 nator shall—

22 “(A) establish and chair the Mental Health
23 and Psychosocial Support Working Group au-
24 thorized under section 4 of the MINDS Act;

1 “(B) guide, oversee, and direct mental
2 health and psychosocial support programming
3 and integration across United States foreign as-
4 sistance programming;

5 “(C) serve as the main point of contact on
6 mental health and psychosocial support in the
7 Bureau for Global Health, the Bureau for Hu-
8 manitarian Assistance, regional bureaus, the
9 Center for Education and the Inclusive Devel-
10 opment Hub in the Bureau for Development,
11 Democracy, and Innovation, other bureaus, the
12 Office of the Global AIDS Coordinator and
13 Global Health Diplomacy, and other inter-
14 agency or presidential initiatives;

15 “(D) promote best practices, coordination
16 and reporting in mental health and psychosocial
17 support programming across United States de-
18 velopment and humanitarian assistance pro-
19 grams;

20 “(E) provide direction, guidance, and over-
21 sight on the integration of mental health and
22 psychosocial support in United States develop-
23 ment and humanitarian assistance programs;
24 and

1 “(F) participate in the Advancing Protec-
 2 tion and Care for Children in Adversity Inter-
 3 agency Working Group.

4 “(3) FOCUS POPULATIONS.—The MHPSS Co-
 5 ordinator, as appropriate, should prioritize popu-
 6 lations with increased risk factors for developing
 7 mental health disorders, including—

8 “(A) adult caretakers and children, includ-
 9 ing families and adults who are long-term care-
 10 takers;

11 “(B) children and others who are sepa-
 12 rated from a family unit; and

13 “(C) other specific populations in need of
 14 mental health and psychosocial support, such as
 15 crisis affected communities, displaced popu-
 16 lations, gender-based violence survivors, and in-
 17 dividuals and households coping with the con-
 18 sequences of diseases, such as Ebola, HIV/
 19 AIDS, and COVID–19.”.

20 **SEC. 5. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**
 21 **WORKING GROUP.**

22 The Administrator, in cooperation with the Mental
 23 Health and Psychosocial Support Coordinator appointed
 24 pursuant to section 135(f) of the Foreign Assistance Act
 25 of 1961, as added by section 4, shall establish the Mental

1 Health and Psychosocial Support Working Group, which
2 shall include senior representatives from relevant USAID
3 bureaus, the Department of State, and other Federal de-
4 partments and agencies, as appropriate, to ensure con-
5 tinuity and integration of mental health and psychosocial
6 support across United States development and humani-
7 tarian assistance programs.

8 **SEC. 6. INTEGRATION OF MENTAL HEALTH AND PSYCHO-**
9 **SOCIAL SUPPORT.**

10 (a) STATEMENT OF POLICY.—It is the policy of the
11 United States to integrate mental health and psychosocial
12 support across all relevant United States development and
13 humanitarian assistance programs.

14 (b) IMPLEMENTATION OF POLICY.—The Adminis-
15 trator and the Secretary of State should—

16 (1) require all USAID and Department of State
17 regional bureaus and missions to advance the policy
18 described in subsection (a) through relevant develop-
19 ment and humanitarian assistance efforts, including
20 by building local capacity to inform, design, and im-
21 plement mental health and psychosocial support pro-
22 gramming;

23 (2) ensure that all USAID and Department of
24 State mental health and psychosocial support pro-
25 gramming—

1 (A) is evidence-based and culturally com-
2 petent;

3 (B) responds to all types of childhood ad-
4 versity; and

5 (C) includes trauma-specific interventions
6 in accordance with the recognized principles of
7 a trauma-informed approach, whenever applica-
8 ble; and

9 (3) integrate the principles of the Advancing
10 Protection and Care for Children in Adversity Strat-
11 egy.

12 **SEC. 7. CONSULTATION AND REPORTING REQUIREMENTS.**

13 (a) CONSULTATION.—Not later than 180 days after
14 the date of the enactment of this Act, the Administrator,
15 in coordination with the Secretary of State, shall consult
16 with the Committee on Foreign Relations of the Senate
17 and the Committee on Foreign Affairs of the House of
18 Representatives regarding—

19 (1) the progress made in carrying out section
20 6(b); and

21 (2) any barriers preventing the full integration
22 of the strategy referred to in section 6(b)(3).

23 (b) REPORT.—Not later than 1 year after the date
24 of the enactment of this Act, and annually thereafter for
25 the following 5 fiscal years, the Administrator and the

1 Secretary of State, in consultation with the Mental Health
2 and Psychosocial Support Coordinator appointed pursuant
3 to section 135(f) of the Foreign Assistance Act of 1961,
4 as added by section 4, and the Director of the Office of
5 Management and Budget, as necessary and appropriate,
6 shall submit a report to the Committee on Foreign Rela-
7 tions of the Senate and the Committee on Foreign Affairs
8 of the House of Representatives that describes—

9 (1) the amount of United States development
10 and humanitarian assistance program funding that
11 was obligated and expended during the most recently
12 concluded fiscal year on mental health and psycho-
13 social support programming;

14 (2) how USAID and the Department of State
15 are working to integrate mental health and psycho-
16 social programming, including child-specific pro-
17 gramming, into their development and humanitarian
18 assistance programs across relevant sectors, includ-
19 ing health, education, nutrition, and protection;

20 (3) the metrics of success of the Advancing
21 Protection and Care for Children in Adversity Strat-
22 egy and the progress made towards achieving broad-
23 er mental health outcomes;

24 (4) the programs in which trauma-specific
25 strategies are being implemented, and how best

1 practices for trauma-informed programming are
2 being shared across programs;

3 (5) any barriers preventing full integration of
4 child mental health and psychosocial support into
5 programs for children and youth, and recommenda-
6 tions for modifications or expansion of such pro-
7 grams;

8 (6) any barriers to the expansion of mental
9 health and psychosocial support programming in
10 conflict and humanitarian settings, and how such
11 barriers are being addressed;

12 (7) the impact of the COVID–19 pandemic on
13 mental health and psychosocial support program-
14 ming; and

15 (8) funding data, including a list of programs
16 to which USAID and the Department of State have
17 obligated funds during the most recently concluded
18 fiscal year to improve access to, and the quality of,
19 mental health and psychosocial support program-
20 ming in development and humanitarian contexts.

21 **SEC. 8. SUNSET.**

22 This Act, and the amendments made by this Act,
23 shall terminate on the date that is 5 years after the date
24 of the enactment of this Act.

○