AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3988 OFFERED BY MR. DEUTCH OF FLORIDA

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mental Health in International Development and Humanitarian Settings Act'' or the ''MINDS Act''.

SEC. 2. FINDINGS; SENSE OF CONGRESS.

(a) FINDINGS.—Congress finds the following:

(1) According to the World Health Organization (WHO), an estimated 1,000,000,000 individuals worldwide have a mental health or substance use disorder, and The Lancet estimates that nearly 130,000,000 additional cases of major depressive and anxiety disorders globally in 2020 resulted from the COVID-19 pandemic.

(2) According to WHO, depression is among the primary causes of illness and disability in adolescents. One-half of mental health disorders emerge by age 14, and 14 percent of children and adolescents worldwide experience mental health conditions, the

majority of whom do not seek care, receive care, or have access to care.

(3) According to the United Nations, more than 1 out of every 5 individuals in conflict-affected areas has a mental health disorder. Roughly 1,500,000,000, or 2 out of every 3 of the world's children under 18 years of age live in countries affected by conflict, and more than 1 out of every 6 children live in conflict zones. A greater number of children live in areas affected by armed conflict and war now than at any other point this century. The mental health burden in conflict-affected contexts is twice the global average.

(4) According to the World Health Organization, risk factors that increase susceptibility to mental health disorders include poverty and hunger, chronic health conditions, trauma or maltreatment, social exclusion and discrimination, and exposure to and displacement by war or conflict. These risk factors, along with demographic risk factors, manifest at all stages in life. Preliminary research already illustrates that the COVID–19 pandemic has increased communities', families', and individuals' risk factors for multiple types of adversity and compounded preexisting conditions and vulnerabilities.

(5) According to a Lancet Commission report, allocations for mental health have never risen above 1 percent of health-related global development assistance. Estimates indicate that child and adolescent mental health receives just 0.1 percent of health-related global development assistance.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) helping to ensure that individuals have the opportunity to thrive and reach their fullest potential is a critical component of effective and sustainable international development efforts;

(2) mental health is integral and essential to overall health outcomes and other development objectives;

(3) mental health is an issue of critical and growing importance for United States development and humanitarian assistance programs that requires coordinated efforts to ensure that programming funded by the United States Government is evidence-based, culturally competent, and trauma-informed;

(4) the relevant United States Government development and humanitarian assistance strategies

should include a mental health and psychosocial support component;

(5) the redesign of the United States Agency for International Development reflects the nexus between humanitarian and development interventions and should be applied to all mental health and psychosocial support efforts of United States development and humanitarian assistance programs; and

(6) ongoing efforts to improve social service workforce development and local capacity building are essential to expanding mental health and psychosocial support activities across all United States development and humanitarian assistance programs.

SEC. 3. COORDINATOR FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT.

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

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

''(f) COORDINATOR FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT.—

''(1) IN GENERAL.—The Administrator of the United States Agency for International Develop-

ment, in consultation with the Secretary of State, is authorized to designate a Mental Health and Psychosocial Support Coordinator (referred to in this section as the 'MHPSS Coordinator').

''(2) SPECIFIC DUTIES.—The duties of the MHPSS Coordinator shall include—

''(A) establishing and chairing the Mental Health and Psychosocial Support Working Group authorized under section 4 of the Mental Health in International Development and Humanitarian Settings Act;

''(B) guiding, overseeing, and directing mental health and psychosocial support programming and integration across United States development and humanitarian assistance programs;

''(C) serving as the main point of contact on mental health and psychosocial support in the Bureau for Global Health, Bureau for Humanitarian Assistance, regional bureaus, the Office of Education, the Inclusive Development Hub in the Bureau of Development, Democracy, and Innovation, and other bureaus as appropriate, the President's Emergency Plan for

AIDS Relief, and other interagency or presidential initiatives;

''(D) promoting best practices, coordination, and reporting in mental health and psychosocial support programming across United States development and humanitarian assistance programs;

''(E) providing direction, guidance, and oversight on the integration of mental health and psychosocial support in United States development and humanitarian assistance programs; and

''(F) participating in the Advancing Protection and Care for Children in Adversity Interagency Working Group.

''(3) FOCUS POPULATIONS.—The MHPSS Coordinator should, as appropriate, prioritize populations with increased risk factors for developing mental health disorders, including—

''(A) adult caretakers and children, as well as families and adults who are long-term caretakers;

''(B) children and others who are separated from a family unit; and

''(C) other specific populations in need of mental health and psychosocial support, such as crisis affected communities, displaced populations, gender-based violence survivors, and individuals and households coping with the consequences of diseases, such as Ebola, HIV/AIDS, and COVID–19.''.

SEC. 4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT WORKING GROUP.

The Administrator, in cooperation with the Mental Health and Psychosocial Support Coordinator (designated pursuant to subsection (f) of section 135 of the Foreign Assistance Act of 1961, as added by section 3), shall establish the Mental Health and Psychosocial Support Working Group, which shall include senior representatives from the relevant USAID bureaus, the Department of State, and other Federal departments and agencies, as appropriate, to ensure continuity and integration of mental health and psychosocial support across United States development and humanitarian assistance programs.

SEC. 5. INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT.

(a) STATEMENT OF POLICY.—It is the policy of the United States to integrate mental health and psychosocial

support across all relevant United States development and humanitarian assistance programs.

(b) IMPLEMENTATION OF POLICY.—The Administrator and the Secretary of State should—

(1) require all USAID and Department of State regional bureaus and missions to advance the policy described in subsection (a) through relevant development and humanitarian assistance efforts, including by building local capacity to inform, design and implement mental health and psychosocial support programming;

(2) ensure that all USAID and Department of State mental health and psychosocial support programming—

(A) is evidence-based and culturally competent;

(B) responds to all types of childhood adversity; and

(C) includes trauma-specific interventions in accordance with the recognized principles of a trauma-informed approach, whenever applicable; and

(3) integrate the principles of Advancing Protection and Care for Children in Adversity Strategy.

SEC. 6. CONSULTATION AND REPORTING REQUIREMENTS.

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

(1) the progress made in carrying out section 5(b); and

(2) any barriers preventing the full integration of the strategy referred to in section 5(b)(3).

(b) REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter for 5 fiscal years, the Administrator and the Secretary of State, in consultation with the Mental Health and Psychosocial Support Coordinator (designated pursuant to subsection (f) of section 135 of the Foreign Assistance Act of 1961, as added by section 3) and the Director of the Office of Management and Budget, as necessary and appropriate, shall submit to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate a report on—

(1) the amount of funding under United States development and humanitarian assistance programs obligated and expended during the most recently

concluded fiscal year on mental health and psychosocial support programming;

(2) how USAID and the Department of State are working to integrate mental health and psychosocial programming, including child-specific programming, into their development and humanitarian assistance programs across relevant sectors, including health, education, nutrition, and protection;

(3) the metrics of success of the Advancing Protection and Care for Children in Adversity Strategy and progress made towards achieving broader mental health outcomes;

(4) where trauma-specific strategies are being implemented, and how best practices for trauma-informed programming are being shared across programs;

(5) barriers preventing full integration of child mental health and psychosocial support into programs for children and youth and recommendations for modifications or expansion;

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

(7) the impact of the COVID–19 pandemic on mental health and psychosocial support programming; and

(8) funding data, including a list of programs to which USAID and the Department of State have obligated funds during the most recently concluded fiscal year to improve access to, and the quality of, mental health and psychosocial support programming in development and humanitarian contexts.

SEC. 7. SUNSET.

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

SEC. 8. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of USAID.

(2) USAID.—The term ''USAID'' means the United States Agency for International Development.

Amend the title so as to read: ''A bill to enhance mental health and psychosocial support within United States development and humanitarian assistance programs.''.