

117TH CONGRESS
1ST SESSION

H. R. 3988

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2021

Mr. DEUTCH (for himself, Mr. WILSON of South Carolina, Ms. TITUS, Mr. MCGOVERN, Ms. JACOBS of California, Mr. SIRES, Mr. CASTRO of Texas, Mr. MOULTON, Ms. BASS, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To enhance mental health and psychosocial support within United States foreign 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 TITLE.**

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 2016 Global Burden of
2 Disease Study, an estimated 1,000,000,000 individ-
3 uals worldwide have a mental health or substance
4 use disorder. Mental disorders are major contribu-
5 tors to the global burden of disease, and depression
6 is among the primary causes of illness and disability
7 in adolescents.

8 (2) An individual's mental health is a complex
9 interaction between genetic, neuropsychological, and
10 environmental factors, and environmental and social
11 factors, from the early years through childhood and
12 adolescence, can have long-term impacts on mental
13 health.

14 (3) According to a Lancet Commission report,
15 allocations for mental health have never risen above
16 1 percent of health-related global development as-
17 sistance. Estimates indicate that child and adoles-
18 cent mental health receives just 0.1 percent of
19 health-related global development assistance.

20 (4) The National Alliance on Mental Illness es-
21 timates that depression and anxiety disorders cost
22 the global economy \$1,000,000,000,000 in lost pro-
23 ductivity each year. According to Lancet, mental
24 health disorders are projected to cost the global

1 economy \$16,000,000,000,000 between 2010 and
2 2030, in part due to the early age of onset.

3 (5) According to the World Health Organiza-
4 tion (WHO), half of mental health disorders emerge
5 by age 14, and 14 percent of children and adoles-
6 cents worldwide experience mental health conditions,
7 the majority of whom do not seek care, receive care,
8 or have access to care.

9 (6) Exposure to violence and early childhood
10 adversity, including trauma, has been linked to neg-
11 ative, lasting effects on physical and mental health.
12 Early childhood adversity can impact brain develop-
13 ment, nervous and immune system functioning, the
14 onset of mental health conditions, and future behav-
15 iors. The United Nations asserts that widespread
16 school closures due to COVID–19, which have af-
17 fected roughly 1,500,000,000 school-aged children,
18 have placed many children at higher risk of exposure
19 to traumas, such as household violence, abuse, ne-
20 glect, and food insecurity.

21 (7) According to the United Nations, more than
22 1 out of every 5 individuals in conflict-affected areas
23 has a mental health disorder. Roughly
24 1,500,000,000, or 2 out of every 3 of the world’s
25 children under 18 years of age live in countries af-

1 affected by conflict, and more than 1 out of every 6
2 children live in conflict zones. A greater number of
3 children live in areas affected by armed conflict and
4 war now than at any other point this century. The
5 mental health burden in conflict-affected contexts is
6 twice the global average.

7 (8) Gender, age, disability status, race and eth-
8 nicity, and other identity characteristics contribute
9 to different risks and needs for mental health and
10 psychosocial support. Research has shown that
11 harmful gender norms contribute to higher preva-
12 lence of depression and anxiety disorders in women
13 and girls, while socialization of boys and men con-
14 tributes to higher prevalence of substance use dis-
15 orders.

16 (9) Risks and experiences of gender-based vio-
17 lence, particularly sexual violence, are a key driver
18 of mental health and psychosocial support needs for
19 children. Girls account for 98 percent of verified in-
20 cidents of conflict-related sexual violence. According
21 to the World Health Organization, 35 percent of
22 women globally “face sexual and/or intimate partner
23 violence in their lifetime” and these survivors can,
24 according to the Centers for Disease Control and
25 Prevention, “experience mental health problems such

1 as depression and posttraumatic stress disorder
2 (PTSD) symptoms”, signifying the urgent need for
3 age and gender-responsive mental health and psy-
4 chosocial support services.

5 (10) According to the World Health Organiza-
6 tion, risk factors that increase susceptibility to men-
7 tal health disorders include poverty and hunger,
8 chronic health conditions, trauma or maltreatment,
9 social exclusion and discrimination, and exposure to
10 and displacement by war or conflict. These risk fac-
11 tors, along with demographic risk factors, manifest
12 at all stages in life. Preliminary research already il-
13 lustrates that the COVID–19 pandemic has in-
14 creased communities’, families’, and individuals’ risk
15 factors for multiple types of adversity and com-
16 pounded preexisting conditions and vulnerabilities.

17 (11) Crisis situations put parents and care-
18 givers under mental and psychosocial duress, which
19 can prevent them from providing the protection, sta-
20 bility and nurturing care their children need during
21 and after an emergency. The Lancet Commission es-
22 timates that between 15 and 23 percent of children
23 globally live with a parent with a mental disorder,
24 and parental ill health can impact the emotional and
25 physical development of children and predispose

1 these children to mental health problems. Numerous
2 and compounding stressors and uncertainty caused
3 by COVID–19 have exacerbated distress and further
4 impede caregivers’ ability to provide responsive care
5 to their children.

6 (12) Investments in the mental health, resil-
7 ience, and well-being of the children in a country to
8 ensure that they continue to thrive into adulthood
9 and contribute to their societies can help break cy-
10 cles of poverty, violence, and trauma and further the
11 country’s future potential.

12 (13) Investments in protecting and improving
13 mental health in a country across the life course
14 must take into account the need to target vulnerable
15 populations and address social, environmental, and
16 other risk factors in conjunction with other sectors
17 and local partners.

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

20 (1) ensuring that individuals have the oppor-
21 tunity to thrive and reach their fullest potential is
22 a critical component of sustainable international de-
23 velopment, and the global public good benefits from
24 investment in child and adolescent mental health;

1 (2) mental health is integral and essential to
2 overall health outcomes and other development ob-
3 jectives;

4 (3) mental health is an issue of critical and
5 growing importance for United States foreign assist-
6 ance that requires a coordinated strategy to ensure
7 that programming funded by the United States Gov-
8 ernment is evidence-based, culturally competent, and
9 trauma-informed;

10 (4) the United States Government foreign as-
11 sistance strategy should include a mental health and
12 psychosocial support component;

13 (5) the redesign of the United States Agency
14 for International Development (referred to in this
15 Act as “USAID”) reflects the nexus between hu-
16 manitarian and development interventions and
17 should be applied to all mental health and psycho-
18 social support efforts of United States foreign assist-
19 ance programs; and

20 (6) ongoing efforts to improve social service
21 workforce development and local capacity building
22 are essential to expanding mental health and psycho-
23 social support activities across all United States for-
24 eign assistance programs.

1 **SEC. 3. COORDINATOR FOR MENTAL HEALTH AND PSYCHO-**
2 **SOCIAL SUPPORT.**

3 Section 135 of the Foreign Assistance Act of 1961
4 (22 U.S.C. 2152f) is amended—

5 (1) by redesignating subsection (f) as sub-
6 section (g); and

7 (2) by inserting after subsection (e) the fol-
8 lowing:

9 “(f) COORDINATOR FOR MENTAL HEALTH AND PSY-
10 CHOSOCIAL SUPPORT.—

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

17 “(2) SPECIFIC DUTIES.—The duties of the
18 MHPSS Coordinator shall include—

19 “(A) establishing and chairing the Mental
20 Health and Psychosocial Support Working
21 Group authorized under section 4 of the Mental
22 Health in International Development and Hu-
23 manitarian Settings Act;

24 “(B) guiding, overseeing, and directing
25 mental health and psychosocial support pro-

1 gramming and integration across United States
2 foreign assistance programming;

3 “(C) serving as the main point of contact
4 on mental health and psychosocial support in
5 the Bureau for Global Health, Bureau for Hu-
6 manitarian Assistance, regional bureaus, the
7 Office of Education, the Inclusive Development
8 Hub in the Bureau of Development, Democ-
9 racy, and Innovation, the President’s Emer-
10 gency Plan for AIDS Relief, and other inter-
11 agency or presidential initiatives;

12 “(D) promoting best practices, coordina-
13 tion and reporting in mental health and psycho-
14 social support programming across both devel-
15 opment and humanitarian foreign assistance
16 programs;

17 “(E) providing direction, guidance, and
18 oversight on the integration of mental health
19 and psychosocial support in both development
20 and humanitarian foreign assistance programs;
21 and

22 “(F) participating in the Advancing Pro-
23 tection and Care for Children in Adversity
24 Interagency Working Group.

1 “(3) FOCUS POPULATIONS.—Along with a gen-
2 eral focus on mental health and psychosocial sup-
3 port, the MHPSS Coordinator should pay special at-
4 tention to mental health and psychosocial support in
5 the context of family and children, including—

6 “(A) meeting the needs of adult caretakers
7 and children, including families and adults who
8 are long-term caretakers;

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

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

18 **SEC. 4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**

19 **WORKING GROUP.**

20 (a) ESTABLISHMENT.—The Administrator of the
21 United States Agency for International Development (re-
22 ferred to in this Act as the “USAID Administrator”), in
23 cooperation with the Mental Health and Psychosocial Sup-
24 port Coordinator, shall establish the Mental Health and
25 Psychosocial Support Working Group, which shall include

1 representatives from every United States Agency for
2 International Development bureau and from the Depart-
3 ment of State, to ensure continuity and sustainability of
4 mental health and psychosocial support across foreign as-
5 sistance programs.

6 (b) REQUIREMENTS.—The Mental Health and Psy-
7 chosocial Support Working Group—

8 (1) should include representation at the Deputy
9 Assistant Administrator level from every United
10 States Agency for International Development bu-
11 reau;

12 (2) shall promote and encourage dialogue
13 across the interagency on mental health and psycho-
14 social support program development and best prac-
15 tices; and

16 (3) shall coordinate the implementation and
17 continuity of mental health and psychosocial support
18 programs—

19 (A) within USAID;

20 (B) between the USAID and the Bureau
21 of Population, Refugees, and Migration of the
22 Department of State; and

23 (C) in consultation with the Centers for
24 Disease Control and Prevention and the Na-

1 tional Institutes of Mental Health, as appro-
2 priate.

3 **SEC. 5. INTEGRATION OF MENTAL HEALTH AND PSYCHO-**
4 **SOCIAL SUPPORT.**

5 (a) STATEMENT OF POLICY.—It is the policy of the
6 United States to integrate mental health and psychosocial
7 support across all foreign assistance programs funded by
8 the United States Government.

9 (b) IMPLEMENTATION OF POLICY.—The USAID Ad-
10 ministrator and the Secretary of State shall—

11 (1) require all USAID and Department of State
12 regional bureaus and missions to utilize such policy
13 for local capacity building, as appropriate, for men-
14 tal health and psychosocial support programming;

15 (2) ensure that all USAID and Department of
16 State mental health and psychosocial support pro-
17 gramming—

18 (A) is evidence-based and culturally com-
19 petent;

20 (B) responds to all types of childhood ad-
21 versity; and

22 (C) includes trauma-specific interventions
23 in accordance with the recognized principles of
24 a trauma-informed approach, whenever applica-
25 ble; and

1 (3) integrate the Advancing Protection and
2 Care for Children in Adversity Strategy into its offi-
3 cial policy.

4 **SEC. 6. BRIEFING REQUIREMENTS.**

5 (a) USAID BRIEFING.—Not later than 180 days
6 after the date of the enactment of this Act, the USAID
7 Administrator and the Secretary of State shall brief the
8 Committee on Foreign Relations of the Senate and the
9 Committee on Foreign Affairs of the House of Representa-
10 tives regarding—

11 (1) the progress made in carrying out section
12 5(b); and

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

15 (b) BRIEFING ON SPENDING.—The USAID Adminis-
16 trator, in consultation with the Director of the Office of
17 Management and Budget, as necessary and appropriate,
18 shall annually brief the Committee on Appropriations of
19 the Senate and the Committee on Appropriations of the
20 House of Representatives during each of the fiscal years
21 2022 through 2026 regarding the amount of United
22 States foreign assistance spent during the most recently
23 concluded fiscal year on child mental health and psycho-
24 social support programming.

1 (c) USAID AND DEPARTMENT OF STATE BRIEF-
2 INGS.—Not later than 180 days after the date of the en-
3 actment of this Act, annually thereafter for the following
4 5 fiscal years, and subsequently, as requested, the USAID
5 Administrator and the Secretary of State, in consultation
6 with the Mental Health and Psychosocial Support Coordi-
7 nator appointed pursuant to section 135(f) of the Foreign
8 Assistance Act of 1961, as added by section 3, shall brief
9 the Committee on Foreign Relations of the Senate and
10 the Committee on Foreign Affairs of the House of Rep-
11 resentatives regarding—

12 (1) how USAID and the Department of State
13 have integrated mental health and psychosocial pro-
14 gramming, including child-specific programming,
15 into their development and humanitarian assistance
16 programs across health, education, nutrition, and
17 child protection sectors;

18 (2) the metrics of success of the Advancing
19 Protection and Care for Children in Adversity Strat-
20 egy;

21 (3) the mental health outcomes pertaining to
22 the evidence-based strategic objectives upon which
23 such strategy is built;

24 (4) where trauma-specific strategies are being
25 implemented, and how best practices for trauma-in-

1 formed programming are being shared across pro-
2 grams;

3 (5) barriers preventing full integration of child
4 mental health and psychosocial support into pro-
5 grams for children and youth and recommendations
6 for its expansion;

7 (6) any unique barriers to the expansion of
8 mental health and psychosocial support program-
9 ming in conflict and humanitarian settings and how
10 such barriers are being addressed;

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

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

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