

117TH CONGRESS
1ST SESSION

S. 2105

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

IN THE SENATE OF THE UNITED STATES

JUNE 17, 2021

Mr. CASEY 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 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 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:

9 (1) According to the 2016 Global Burden of
10 Disease Study, an estimated 1,000,000,000 individ-

1 uals worldwide have a mental health or substance
2 use disorder. Mental disorders are major contribu-
3 tors to the global burden of disease, and depression
4 is among the primary causes of illness and disability
5 in adolescents.

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

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

18 (4) The National Alliance on Mental Illness es-
19 timates that depression and anxiety disorders cost
20 the global economy \$1,000,000,000,000 in lost pro-
21 ductivity each year. According to Lancet, mental
22 health disorders are projected to cost the global
23 economy \$16,000,000,000,000 between 2010 and
24 2030, in part due to the early age of onset.

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

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

19 (7) According to the United Nations, more than
 20 1 out of every 5 individuals in conflict-affected areas
 21 has a mental health disorder. Roughly
 22 1,500,000,000, or 2 out of every 3 of the world’s
 23 children under 18 years of age live in countries af-
 24 fected by conflict, and more than 1 out of every 6
 25 children live in conflict zones. A greater number of

1 children live in areas affected by armed conflict and
 2 war now than at any other point this century. The
 3 mental health burden in conflict-affected contexts is
 4 twice the global average.

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

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

age and gender-responsive mental health and psychosocial support services.

(10) 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.

(11) Crisis situations put parents and caregivers under mental and psychosocial duress, which can prevent them from providing the protection, stability and nurturing care their children need during and after an emergency. The Lancet Commission estimates that between 15 and 23 percent of children globally live with a parent with a mental disorder, and parental ill health can impact the emotional and physical development of children and predispose these children to mental health problems. Numerous and compounding stressors and uncertainty caused

1 by COVID–19 have exacerbated distress and further
2 impede caregivers’ ability to provide responsive care
3 to their children.

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

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

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

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

23 (2) mental health is integral and essential to
24 overall health outcomes and other development ob-
25 jectives;

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

7 (4) the United States Government foreign as-
8 sistance strategy should include a mental health and
9 psychosocial support component;

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

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

22 **SEC. 3. COORDINATOR FOR MENTAL HEALTH AND PSYCHO-**
23 **SOCIAL SUPPORT.**

24 Section 135 of the Foreign Assistance Act of 1961
25 (22 U.S.C. 2152f) is amended—

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

3 (2) by inserting after subsection (e) the fol-
4 lowing:

5 “(f) COORDINATOR FOR MENTAL HEALTH AND PSY-
6 CHOSOCIAL SUPPORT.—

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

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

15 “(A) establishing and chairing the Mental
16 Health and Psychosocial Support Working
17 Group authorized under section 4 of the Mental
18 Health in International Development and Hu-
19 manitarian Settings Act;

20 “(B) guiding, overseeing, and directing
21 mental health and psychosocial support pro-
22 gramming and integration across United States
23 foreign assistance programming;

24 “(C) serving as the main point of contact
25 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, the President’s Emergency Plan for AIDS Relief, and other inter-agency or presidential initiatives;

“(D) promoting best practices, coordination and reporting in mental health and psychosocial support programming across both development and humanitarian foreign assistance programs;

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

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

“(3) FOCUS POPULATIONS.—Along with a general focus on mental health and psychosocial support, the MHPSS Coordinator should pay special attention to mental health and psychosocial support in the context of family and children, including—

1 “(A) meeting the needs of adult caretakers
2 and children, including families and adults who
3 are long-term caretakers;

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

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

13 **SEC. 4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**
14 **WORKING GROUP.**

15 (a) **ESTABLISHMENT.**—The Administrator of the
16 United States Agency for International Development (re-
17 ferred to in this Act as the “USAID Administrator”), in
18 cooperation with the Mental Health and Psychosocial Sup-
19 port Coordinator, shall establish the Mental Health and
20 Psychosocial Support Working Group, which shall include
21 representatives from every United States Agency for
22 International Development bureau and from the Depart-
23 ment of State, to ensure continuity and sustainability of
24 mental health and psychosocial support across foreign as-
25 sistance programs.

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

3 (1) should include representation at the Deputy
 4 Assistant Administrator level from every United
 5 States Agency for International Development bu-
 6 reau;

7 (2) shall promote and encourage dialogue
 8 across the interagency on mental health and psycho-
 9 social support program development and best prac-
 10 tices;

11 (3) shall coordinate the implementation and
 12 continuity of mental health and psychosocial support
 13 programs—

14 (A) within USAID;

15 (B) between the USAID and the Bureau
 16 of Population, Refugees, and Migration of the
 17 Department of State; and

18 (C) in consultation with the Centers for
 19 Disease Control and Prevention and the Na-
 20 tional Institutes of Mental Health, as appro-
 21 priate.

22 **SEC. 5. INTEGRATION OF MENTAL HEALTH AND PSYCHO-**
 23 **SOCIAL SUPPORT.**

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

1 support across all foreign assistance programs funded by
2 the United States Government.

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

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

9 (2) ensure that all USAID and Department of
10 State mental health and psychosocial support pro-
11 gramming—

12 (A) is evidence-based and culturally com-
13 petent;

14 (B) responds to all types of childhood ad-
15 versity; and

16 (C) includes trauma-specific interventions
17 in accordance with the recognized principles of
18 a trauma-informed approach, whenever applica-
19 ble; and

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

23 **SEC. 6. BRIEFING REQUIREMENTS.**

24 (a) USAID BRIEFING.—Not later than 180 days
25 after the date of the enactment of this Act, the USAID

1 Administrator and the Secretary of State shall brief the
2 Committee on Foreign Relations of the Senate and the
3 Committee on Foreign Affairs of the House of Representa-
4 tives regarding—

5 (1) the progress made in carrying out section
6 5(b); and

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

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

19 (c) USAID AND DEPARTMENT OF STATE BRIEF-
20 INGS.—Not later than 180 days after the date of the en-
21 actment of this Act, annually thereafter for the following
22 5 fiscal years, and subsequently, as requested, the USAID
23 Administrator and the Secretary of State, in consultation
24 with the Mental Health and Psychosocial Support Coordi-
25 nator appointed pursuant to section 135(f) of the Foreign

1 Assistance Act of 1961, as added by section 3, shall brief
2 the Committee on Foreign Relations of the Senate and
3 the Committee on Foreign Affairs of the House of Rep-
4 resentatives regarding—

5 (1) how USAID and the Department of State
6 have integrated mental health and psychosocial pro-
7 gramming, including child-specific programming,
8 into their development and humanitarian assistance
9 programs across health, education, nutrition, and
10 child protection sectors;

11 (2) the metrics of success of the Advancing
12 Protection and Care for Children in Adversity Strat-
13 egy;

14 (3) the mental health outcomes pertaining to
15 the evidence-based strategic objectives upon which
16 such strategy is built;

17 (4) where trauma-specific strategies are being
18 implemented, and how best practices for trauma-in-
19 formed programming are being shared across pro-
20 grams;

21 (5) barriers preventing full integration of child
22 mental health and psychosocial support into pro-
23 grams for children and youth and recommendations
24 for its expansion;

1 (6) any unique barriers to the expansion of
2 mental health and psychosocial support program-
3 ming in conflict and humanitarian settings and how
4 such barriers are being addressed;

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

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

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