

118TH CONGRESS
2D SESSION

H. R. 8376

To amend the Public Health Service Act to provide for a national awareness and outreach campaign to improve mental health among the Hispanic and Latino youth population.

IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2024

Ms. CARAVEO (for herself, Mr. CÁRDENAS, Mrs. NAPOLITANO, Ms. SALINAS, Mr. GRIJALVA, Ms. VELÁZQUEZ, Ms. BARRAGÁN, Ms. NORTON, Mrs. WATSON COLEMAN, Ms. JACKSON LEE, Mr. THANEDAR, Mr. TORRES of New York, Mr. VARGAS, Ms. LEE of California, Mr. ESPAILLAT, Ms. TLAIB, and Ms. STANSBURY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for a national awareness and outreach campaign to improve mental health among the Hispanic and Latino youth population.

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 “Latino Youth Mental
5 Health Empowerment Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Hispanic and Latino youth often experience
4 and suffer from toxic stress, which stems from pro-
5 longed stress, trauma, or adverse childhood experi-
6 ences.

7 (2) At least 78 percent of Hispanic and Latino
8 youth suffer from at least one adverse childhood ex-
9 perience, which can harm a child's physical and
10 mental health.

11 (3) Among Hispanic and Latino youth, approxi-
12 mately 60 percent were more likely to report poor
13 mental health compared to their counterparts.

14 (4) About 37 percent of Hispanic and Latino
15 youth have reported symptoms of moderate to severe
16 depression.

17 (5) Approximately 22 percent of Hispanic and
18 Latino high school students have seriously con-
19 templated suicide.

20 (6) Hispanic and Latinos are less likely than
21 any other ethnic groups to receive clinical or school-
22 based mental illness treatment and medication.

23 (7) Hispanic and Latino youth are less likely to
24 use mental health care services compared to children
25 of other ethnic groups.

1 (8) There are numerous factors that impact ac-
 2 cessibility to mental health services and mental
 3 health outcomes. For instance, lower rates of health
 4 insurance, language and cultural barriers, and lack
 5 of parental education on mental health all contribute
 6 to adverse mental health outcomes for Hispanic and
 7 Latino youth.

8 (9) Increased awareness and outreach about
 9 mental health to Hispanic and Latino parents, care-
 10 givers, and youth are vital to ensure that Hispanic
 11 and Latino youth can experience positive mental
 12 health outcomes and reduced mental illness.

13 **SEC. 3. NATIONAL HISPANIC AND LATINO MENTAL HEALTH**
 14 **AWARENESS AND OUTREACH CAMPAIGN.**

15 Part D of title V of the Public Health Service Act
 16 (42 U.S.C. 290dd et seq.) is amended by adding at the
 17 end the following new section:

18 **“SEC. 553. NATIONAL HISPANIC AND LATINO YOUTH MEN-**
 19 **TAL HEALTH AWARENESS AND OUTREACH**
 20 **CAMPAIGN.**

21 “(a) STUDY ON PRIOR CAMPAIGNS.—Not later than
 22 1 year after the date of the enactment of this section, the
 23 Secretary shall conduct a study on—

24 “(1) any education and outreach campaigns to
 25 promote mental health and reduce stigma associated

1 with mental health that were carried out by the Sec-
2 retary on or before the date of the enactment of the
3 Latino Youth Mental Health Empowerment Act; and

4 “(2) which messaging delivered through such
5 campaigns was most effective within the Latino com-
6 munity.

7 “(b) ESTABLISHMENT OF CAMPAIGN.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Assistant Secretary, shall develop and
10 implement a national awareness and outreach cam-
11 paign to promote mental health and reduce stigma
12 associated with mental health within the Hispanic
13 and Latino youth population. Such campaign shall
14 be developed—

15 “(A) taking into account the results of the
16 study conducted under subsection (a);

17 “(B) in coordination with the Director of
18 the Office of Minority Health, the Director of
19 the National Institutes of Health, the Director
20 of the Centers for Disease Control and Preven-
21 tion, and Assistant Secretary for Mental Health
22 and Substance Use, and the Secretary of Edu-
23 cation; and

24 “(C) in consultation with relevant advocacy
25 and mental health organizations serving popu-

1 lations of Hispanic and Latino individuals or
2 communities.

3 “(2) ELEMENTS OF CAMPAIGN.—The campaign
4 under paragraph (1) shall—

5 “(A) develop a culturally- and linguis-
6 tically-competent awareness campaign, targeted
7 at Hispanic and Latino parents, caregivers,
8 youth, teachers, school personnel, and school
9 clinic staff to meet the diverse needs of His-
10 panic and Latino youth, including—

11 “(i) increasing awareness of symp-
12 toms associated with mental illnesses, in-
13 cluding their prevalence and misconcep-
14 tions among youth;

15 “(ii) increasing awareness of factors
16 driving mental illness among Hispanic and
17 Latino youth, including factors that are so-
18 cial determinants of health, taking into ac-
19 count differences within population sub-
20 groups, such as gender, gender identity,
21 age, sexual orientation, ethnicity, geo-
22 graphic region or location, immigration
23 status, and history of adverse childhood ex-
24 periences;

1 “(iii) combatting the stigma of mental
2 illnesses that are common in the Hispanic
3 and Latino community, taking into ac-
4 count differences within such population
5 subgroups; and

6 “(iv) increasing awareness of evi-
7 dence-based, culturally-tailored, and trau-
8 ma-informed mental illness screening,
9 intervention, and treatment options, taking
10 into account differences within such popu-
11 lation subgroups; and

12 “(B) develop a culturally and linguistically
13 competent outreach campaign, targeted at His-
14 panic and Latino parents, caregivers, youth,
15 teachers, school personnel, and school clinic
16 staff to meet the diverse needs of Hispanic and
17 Latino youth, including—

18 “(i) creating and distributing mental
19 health materials and resources (including
20 materials relating to the National Suicide
21 Prevention and Mental Health Hotline
22 under section 520E–3) in collaboration
23 with local, State, and national community
24 advocates and stakeholders, taking into ac-
25 count differences within population sub-

1 groups, such as gender, gender identity,
2 age, sexual orientation, ethnicity, and geo-
3 graphic region or location;

4 “(ii) hosting in-person and virtual
5 mental health workshops at relevant loca-
6 tions, including elementary schools and
7 secondary schools (as defined in section
8 8101 of the Elementary and Secondary
9 Education Act of 1965, community cen-
10 ters, and other appropriate sites;

11 “(iii) providing youth mental health
12 first aid training to parents, caregivers,
13 teachers, school personnel, and school clin-
14 ic staff, and other personnel that consist-
15 ently interact or work with the target pop-
16 ulation;

17 “(iv) establishing partnerships be-
18 tween local, State, and national mental
19 health agencies and elementary schools and
20 secondary schools (as defined in section
21 8101 of the Elementary and Secondary
22 Education Act of 1965), after-school pro-
23 grams, and other appropriate sites that
24 serve Hispanic and Latino youth; and

1 “(v) providing mental health
 2 screenings and on-site consultations at ele-
 3 mentary schools and secondary schools (as
 4 defined in section 8101 of the of the Ele-
 5 mentary and Secondary Education Act of
 6 1965), community centers, and other ap-
 7 propriates sites.

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section
 10 \$5,000,000 for each of fiscal years 2025 through 2029.”.

11 **SEC. 4. STUDY AND REPORT ON THE HISPANIC AND LATINO**
 12 **YOUTH MENTAL HEALTH CRISIS.**

13 (a) STUDY.—

14 (1) IN GENERAL.—The Secretary, acting
 15 through the Assistant Secretary for Mental Health
 16 and Substance Use, in coordination with the Direc-
 17 tor of the National Institutes of Health, the Director
 18 of the Centers for Disease Control and Prevention,
 19 the Director of the Office of Minority Health, and
 20 the Surgeon General of the Public Health Service,
 21 shall conduct a study on mental health among His-
 22 panic and Latino youth.

23 (2) ELEMENTS.—Such study required under
 24 paragraph (1) shall include an assessment of—

1 (A) the prevalence and risk factors of men-
2 tal health and substance use disorders among
3 Hispanic and Latino youth;

4 (B) the prevalence of attempted suicide
5 and death by suicide among Hispanic and
6 Latino youth;

7 (C) the prevalence of treatment for mental
8 health and substance use disorders among His-
9 panic and Latino youth;

10 (D) the awareness and utilization of the 9–
11 8–8 National Suicide Prevention and Mental
12 Health Hotline under section 520E–3 of the
13 Public Health Service Act (42 U.S.C. 290bb–
14 36c) and other mental health and suicide pre-
15 vention hotlines among Hispanic and Latino
16 youth;

17 (E) the awareness, utilization, and avail-
18 ability of mobile crisis care teams, dispatched
19 through the 9–8–8 National Suicide Prevention
20 and Mental Health Hotline or other mental
21 health and suicide prevent hotlines, among His-
22 panic and Latino youth; and

23 (F) the awareness, utilization, and avail-
24 ability of crisis centers for Hispanic and Latino

1 youth in acute mental health or substance use
2 crisis.

3 (b) REPORT.—Not later than 1 year after the date
4 of the enactment of the Latino Youth Mental Health Em-
5 powerment Act, the Secretary shall submit to the Com-
6 mittee on Health, Education, Labor, and Pensions of the
7 Senate and the Committee on Energy and Commerce of
8 the House of Representatives, and make publicly available,
9 a report on the findings of the study conducted under sub-
10 section (a), including—

11 (1) identification of the barriers to accessing
12 mental health services and treatment for Hispanic
13 and Latino youth;

14 (2) recommendations to improve mental health
15 services, outreach, and treatment among Hispanic
16 and Latino youth;

17 (3) recommendations to reduce rates of mental
18 health and substance use disorders and suicide
19 among Hispanic and Latino youth;

20 (4) recommendations to improve awareness and
21 utilization of the 9–8–8 National Suicide Prevention
22 and Mental Health Hotline and other mental health
23 and suicide prevention hotlines among Hispanic and
24 Latino youth;

1 (5) recommendations to improve access to, and
2 utilization of, mobile crisis care teams among His-
3 panic and Latino youth, when clinically appropriate;

4 (6) recommendation to improve access to, and
5 utilization of, crisis centers for Hispanic and Latino
6 youth in acute mental health or substance use crisis,
7 when clinically appropriate; and

8 (7) such other recommendations as the Sec-
9 retary determines appropriate.

10 (c) DATA.—Any data included in the study or report
11 under this section shall be disaggregated by race, eth-
12 nicity, age, sex, gender identity, sexual orientation, geo-
13 graphic region, disability status, and other relevant fac-
14 tors, in a manner that, as appropriate and feasible, pro-
15 tects personal privacy and that is consistent with applica-
16 ble Federal and State privacy law.

17 (d) AUTHORIZATION OF APPROPRIATIONS.—For pur-
18 poses of carrying out this section, there is authorized to
19 be appropriated \$1,000,000 for fiscal year 2025.

20 **SEC. 5. STUDY AND REPORT ON THE HISPANIC AND LATINO**
21 **MENTAL HEALTH WORKFORCE SHORTAGE.**

22 (a) STUDY.—

23 (1) IN GENERAL.—The Secretary, acting
24 through the Assistant Secretary for Mental Health
25 and Substance Use, in coordination with the Admin-

1 istrator of the Health Resources and Services Ad-
2 ministration, the Director of the Office of Minority
3 Health, the Surgeon General of the Public Health
4 Service, and the Secretary of Labor, and shall con-
5 duct a study on strategies for increasing the mental
6 health professional workforce that identify as His-
7 panic or Latino.

8 (2) ELEMENTS.—Such study required under
9 paragraph (1) shall address—

10 (A) the total number of licensed clinical
11 and non-clinical mental health providers who
12 identify as Hispanic or Latino;

13 (B) with respect to each such provider, in-
14 formation regarding the current license type,
15 geographic location of practice, and type of em-
16 ployer (such as a hospital, Federally-qualified
17 health center (as defined in section 1861(aa)(4)
18 of the Social Security Act (42 U.S.C.
19 1395x(aa)(4))), elementary school or secondary
20 school (as such terms are defined in section
21 8101 of the of the Elementary and Secondary
22 Education Act of 1965 (20 U.S.C. 7801), or
23 private practice);

24 (C) information regarding the languages
25 spoken among providers, including the level of

1 proficiency in speaking, reading, and writing
2 such languages; and

3 (D) the current enrollment of Hispanic
4 and Latino individuals in mental health profes-
5 sional education programs.

6 (b) REPORT.—Not later than 1 year after the date
7 of enactment of this Act, the Secretary shall submit to
8 the Committee on Health, Education, Labor, and Pen-
9 sions of the Senate and the Committee on Energy and
10 Commerce of the House of Representatives, and make
11 publicly available, a report on the findings of the study
12 conducted under subsection (a). Such report shall—

13 (1) assess Hispanic and Latino clinical and
14 non-clinical mental health providers' knowledge and
15 awareness of the barriers to quality mental health
16 care services faced by Hispanic and Latino individ-
17 uals;

18 (2) include recommendations for actions to be
19 taken by the Secretary to increase the number of
20 Hispanic and Latino clinical and non-clinical mental
21 health professionals;

22 (3) include recommendations to improve enroll-
23 ment in mental health professional education pro-
24 grams among Hispanic and Latino individuals; and

1 (4) include such other recommendations as the
2 Secretary determines appropriate.

3 (c) DATA.—Any data included in the study or report
4 under this section shall be disaggregated by race, eth-
5 nicity, age, sex, gender identity, sexual orientation, geo-
6 graphic region, disability status, and other relevant fac-
7 tors, in a manner that protects personal privacy and that
8 is consistent with applicable Federal and State privacy
9 law.

10 (d) DEFINITION.—In this section, the term “clinical
11 and non-clinical mental health provider” means any indi-
12 vidual licensed to provide mental health or substance use
13 disorder services, including in the professions of social
14 work, psychology, psychiatry, marriage and family ther-
15 apy, mental health counseling, substance use disorder
16 counseling, peer support, primary care, pediatrics, nurs-
17 ing, and other fields as determined by the Secretary.

18 (e) AUTHORIZATION OF APPROPRIATIONS.—For pur-
19 poses of carrying out this section, there is authorized to
20 be appropriated \$1,000,000 for fiscal year 2025.

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