

The Mental Health Awareness and Improvement Act

The Mental Health Awareness and Improvement Act reauthorizes and improves programs administered by the Department of Health and Human Services related to awareness, prevention, and early identification of mental health conditions, and the promotion of linkages to appropriate services for children and youth.

The bill focuses on suicide prevention, helping children recover from traumatic events, mental health awareness for teachers and other individuals, and assessing barriers to integrating behavioral health and primary care. This bipartisan legislation makes targeted improvements designed to advance Federal efforts to assist states and local communities in addressing the mental health needs of their citizens.

Sec. 1. Short Title

Sec. 2. Garrett Lee Smith Memorial Act Reauthorization

- Codifies the suicide prevention technical assistance center to provide information and training for suicide prevention, surveillance, and intervention strategies for all ages, particularly among groups at high risk for suicide.
- Reauthorizes the Youth Suicide Early Intervention and Prevention Strategies grants to states and tribes and clarifies that states may receive continuation grants after the first grant is awarded.
- Reauthorizes the Mental Health and Substance Use Disorder Services on Campuses grant program and updates the use of funds to allow for the education of students, families, faculty, and staff to increase awareness and training to respond effectively to students with mental health and substance use disorders, to provide outreach to administer voluntary screenings and assessments to students, and to enhance networks with health care providers who treat mental health and substance use disorders. Incorporates consideration of the needs of veterans enrolled as students on campus.

Sec. 3. Mental Health Awareness Training

- Reauthorizes grants to states, political subdivisions of states, Indian tribes, tribal organizations, and nonprofit private entities to train teachers, appropriate school personnel, emergency services personnel, and others, as appropriate, to recognize the signs and symptoms of mental illness, to become familiar with resources in the community for individuals with mental illnesses, and for the purpose of the safe de-escalation of crisis situations involving individuals with mental illness.

Sec. 4. Children's Recovery from Trauma

- Reauthorizes the National Child Traumatic Stress Initiative (NCTSI), which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate (formerly funded) members.
- Supports the coordinating center's collection, analysis, and reporting of child outcome and other data to inform evidence-based treatments and services. Also supports the continuum of training initiatives related to such evidence-based treatments, interventions, and practices offered to providers.
- Encourages the collaboration between NCTSI and HHS to disseminate evidence-based and trauma-informed interventions, treatments, and other resources to appropriate stakeholders.

Sec. 5. Assessing Barriers to Behavioral Health Integration

- Requires a GAO report on the federal requirements impacting access to mental health and substance use disorder treatment related to integration with primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

Sec. 6. Improving Education and Awareness of Treatments for Opioid Use Disorders

- Directs the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance, through its current programs, the education and awareness of providers, patients, and other stakeholders regarding FDA-approved products to treat opioid use disorders.
- Calls for a report on such activities, including the role of adherence in the treatment of opioid use disorders, and recommendations on priorities and strategies to address co-occurring substance use disorders and mental illness.

Sec. 7. Examining Mental Health Care for Children

- Requires a GAO report on the utilization of mental health services for children, including information about how children access care and referrals; the tools and assessments available for children; and the usage of psychotropic medications.

Sec. 8. Evidence-Based Practices for Older Adults

- Encourages the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

Sec. 9. National Violent Death Reporting System

- Encourages the Director of the Centers for Disease Control and Prevention to improve, particularly through the inclusion of other states, the existing National Violent Death Reporting System.
- The reporting system was created in 2002 and currently collects surveillance data from 32 states.

Sec. 10. GAO Study on Virginia Tech Recommendations

- Recommendations were outlined in a report to President Bush in 2007 by the Secretaries of Health and Human Services and Education and the Attorney General of the United States after the Virginia Tech tragedy.
- This provision requires a GAO study on the status of implementation of the recommendations, as well as identification of any barriers to implementation and identification of additional actions the Federal government can take to support states and local communities to ensure the Federal government and laws are not obstacles at the community level.
- The report will only address those recommendations that require participation by the Department of Health and Human Services.