

Mental Health in International Development and Humanitarian Settings (MINDS) Act

Section by Section

Section 1: Title

Section 2: Findings and Sense of Congress

Congress finds that 1 billion people around the world suffer from a mental health or substance use disorder (2016 Global Burden Disease [Study](#)); depression and anxiety disorders cost the global economy \$1 trillion per year in lost productivity ([National Alliance on Mental Illness](#)); school closures related to COVID-19 have placed many children at higher risk of exposure to traumas, such as household violence, abuse, neglect, and food insecurity ([United Nations](#)); among the risk factors that increase susceptibility to mental health disorders are poverty and hunger, chronic health conditions, trauma or maltreatment, social exclusion and discrimination, and exposure to and displacement by war or conflict ([WHO](#)); investments in the mental health, resilience, and well-being of the children in a country to ensure that they continue to thrive into adulthood and contribute to their societies can help break cycles of poverty and violence and further the country's future potential, and investments in mental health across the course of life must address vulnerable populations and risk factors and be done in conjunction with local partners.

Sense of Congress that mental health is integral and essential to overall health outcomes and other development objectives.

Section 3: Coordinator for Mental Health and Psychosocial Support (MHPSS)

Codifies the position of USAID Coordinator for Mental Health and Psychosocial Support. The coordinator will be tasked with establishing and chairing a Mental Health and Psychosocial Support Working Group and will work to guide, oversee and support the integration of MHPSS into U.S. foreign assistance programming. The Coordinator should ensure focus on MHPSS of children, adult caretakers and families, and crisis-affected communities, including victims of gender-based violence and displaced populations.

Section 4: MHPSS Working Group

The MHPSS Working Group, led by the USAID MHPSS Coordinator, will include members at the Deputy Assistant Administrator level from each USAID Bureau, as well as representatives from the State Department. The Working Group will promote inter-bureau and interagency coordination on MHPSS programming and best practices, ensure sustainability and continuity across foreign assistance programs, and coordinate implementation of MHPSS programs.

Section 5: Integration of MHPSS Programming

Requires USAID and State to integrate MHPSS programming across regional bureaus and missions. The programming must be evidence-based and culturally competent and respond to the specific needs of children in adversity.

Section 6: Briefing Requirements

Requires USAID to brief SFRC and HFAC within 180 days of enactment of this bill regarding progress and challenges to implementation of the previous sections, including specific barriers to implementation of MHPSS programming in in conflict and humanitarian settings as well as the impact of COVID-19 on MHPSS programming. Requires the OMB Director to brief Congress on current overall expenditures for MHPSS programming in U.S. foreign assistance in order for Congress to understand the full financial landscape of current MHPSS programming.