

110TH CONGRESS  
2D SESSION

# S. 2752

To authorize the President to award grants to improve the capacity of nongovernmental organizations and individuals in foreign countries to provide appropriate mental disability and mental trauma care training, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 12, 2008

Mr. SMITH (for himself and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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## A BILL

To authorize the President to award grants to improve the capacity of nongovernmental organizations and individuals in foreign countries to provide appropriate mental disability and mental trauma care training, and for other purposes.

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 “International Mental  
5 Disability and Mental Trauma Care Improvement Act of  
6 2008”.

1 **SEC. 2. PURPOSE.**

2       The purpose of this Act is to promote the capacity  
3 of recipient nongovernmental organizations to provide ap-  
4 propriate mental disability and mental trauma care train-  
5 ing for providers on a national, regional, and local level  
6 abroad.

7 **SEC. 3. FINDINGS.**

8       Congress finds the following:

9           (1) The efforts of the United States to promote  
10 democracy and human rights abroad must include  
11 vigorous efforts to improve treatment of those with  
12 mental disabilities and mental trauma.

13           (2) The World Health Report 2001, published  
14 by the World Health Organization, reported that ap-  
15 proximately 450,000,000 people worldwide experi-  
16 ence a mental disorder.

17           (3) War, conflict, and dictatorial regimes  
18 around the world have also created tens of thou-  
19 sands of victims of violence, rape, torture, and  
20 forced relocation who suffer from mental trauma.

21           (4) Mental disability and mental trauma care  
22 resources are sufficiently scarce in developed and de-  
23 veloping countries that national care giving practices  
24 are often antiquated and underfunded.

25           (5) The World Health Organization reports  
26 that—

1 (A) about 50 percent of mental disorders  
2 begin before the sufferer reaches 14 years of  
3 age;

4 (B) about 20 percent of the children and  
5 adolescents of the world are estimated to have  
6 a mental disorder; and

7 (C) regions of the world in which a high  
8 percentage of the population is under 19 years  
9 of age have the lowest amount of mental dis-  
10 ability care resources.

11 (6) There is tremendous inequity in the world-  
12 wide distribution of skilled human resources for  
13 mental disability and mental trauma care. A short-  
14 age of psychiatrists, psychiatric nurses, psycholo-  
15 gists, and social workers continues to be a signifi-  
16 cant barrier to the provision of treatment and care  
17 in low- and middle-income countries.

18 (7) In much of the world, there are immense  
19 obstacles to full participation in society by people  
20 who suffer from a mental disability or have experi-  
21 enced mental trauma.

22 (8) The World Health Organization reports  
23 that stigma about mental disorders and discrimina-  
24 tion against patients and families can prevent people  
25 from seeking care.

1           (9) Social stigma and a lack of resources can  
 2           often result in the inappropriate institutionalization  
 3           and effective segregation from society of large num-  
 4           bers of people with mental disabilities or mental  
 5           trauma, often under appalling conditions.

6           (10) Such inappropriate institutionalization  
 7           does not represent “best-practice” mental disability  
 8           and mental trauma care methods and is often an un-  
 9           acceptable violation of human rights standards.

10 **SEC. 4. MENTAL DISABILITY AND MENTAL TRAUMA CARE**  
 11                           **QUALITY AND CAPACITY IMPROVEMENT**  
 12                           **GRANTS.**

13           Chapter 1 of Part I of the Foreign Assistance Act  
 14 of 1961 (22 U.S.C. 2151 et seq.) is amended by inserting  
 15 after section 104C the following:

16 **“SEC. 104D. ASSISTANCE TO IMPROVE MENTAL DISABILITY**  
 17                           **AND MENTAL TRAUMA CARE.**

18           “(a) GRANTS TO NONGOVERNMENTAL ORGANIZA-  
 19 TIONS AND INDIVIDUALS SPECIALIZING IN MENTAL DIS-  
 20 ABILITY AND MENTAL TRAUMA TREATMENT, TRAINING,  
 21 POLICY, AND RESEARCH.—

22           “(1) GRANTS AUTHORIZED.—The President is  
 23 authorized to award grants to nongovernmental or-  
 24 ganizations (including faith-based and community-  
 25 based organizations) and individuals—

1           “(A) to provide training, advice, and tech-  
2           nical expertise for foreign governments in the  
3           adoption of a national mental disability and  
4           mental trauma care framework;

5           “(B) to initiate system reform and improve  
6           treatment options, access to, and quality of  
7           mental disability and mental trauma care;

8           “(C) to provide training for governmental,  
9           nongovernmental, professional, community,  
10          peer, and family mental disability and mental  
11          trauma care providers; or

12          “(D) to provide direct, short-term emer-  
13          gency mental trauma assistance for the victims  
14          of humanitarian or political crises.

15          “(2) ELIGIBILITY.—To the maximum extent  
16          practicable, amounts shall be provided to applicants  
17          that—

18                 “(A) have a proven record of providing  
19                 mental disability and mental trauma technical  
20                 advice, emergency care, or support, whether di-  
21                 rectly or through linkages with other programs;  
22                 and

23                 “(B) employ recognized and evidence-based  
24                 best practices for assisting individuals with  
25                 mental disability conditions.

1           “(3) APPLICATION.—Each organization desiring  
2           a grant under this section shall submit an applica-  
3           tion to the President at such time, in such manner,  
4           and accompanied by such information and assur-  
5           ances as the President may require.

6           “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
7           is authorized to be appropriated to the President for the  
8           purposes of this section, in addition to funds otherwise  
9           available for such purposes, not less than \$10,000,000 for  
10          the fiscal year 2009 and each subsequent fiscal year, to  
11          be made available through the Secretary of State, acting  
12          through the Administrator of the United States Agency  
13          for International Development.”.

14       **SEC. 5. ANNUAL REPORT ON THE CONDITION OF MENTAL**  
15                               **DISABILITY AND MENTAL TRAUMA CARE.**

16          Section 116(d) of the Foreign Assistance Act of 1961  
17       (22 U.S.C. 2151b–2(d)) is amended—

18               (1) in paragraph (10), by striking “and” at the  
19               end;

20               (2) in paragraph (11), by striking the period at  
21               the end and inserting “; and”; and

22               (3) by adding at the end the following:

23                       “(12) wherever applicable, mental disability and  
24                       mental trauma care practices in countries receiving

1 assistance under section 104D and in all other for-  
2 eign jurisdictions, including—

3 “(A) the extent of contact of mental dis-  
4 ability and mental trauma care patients with  
5 their home communities;

6 “(B) the freedom granted mental disability  
7 and mental trauma care patients to socialize  
8 with each other and with nonpatients;

9 “(C) the national government’s record of  
10 forced institutionalization, and the review proc-  
11 ess for institutionalized mental disability and  
12 mental trauma care patients;

13 “(D) the average ratio between patients  
14 and staff;

15 “(E) the employment of evaluation and fol-  
16 low up of treatment efficacy;

17 “(F) the national spending on mental dis-  
18 ability and mental trauma care;

19 “(G) activities implemented or improved  
20 that address the provision of services for mental  
21 disability and mental trauma conditions; and

22 “(H) the inclusion of mental disability and  
23 mental trauma care into the public health agen-  
24 da and national health plans and programs.”.

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