

119TH CONGRESS
1ST SESSION

H. R. 6226

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

NOVEMBER 20, 2025

Ms. SALINAS (for herself, Ms. STANSBURY, Ms. VELÁZQUEZ, Mr. CARSON, Mr. THANEDAR, Mr. TORRES of New York, Ms. BARRAGÁN, and Mrs. WATSON COLEMAN) 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”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

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

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

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

12 (4) About 42 percent of Hispanic and Latino
13 youth have reported persistent feelings of sadness or
14 hopelessness.

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

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

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

24 (8) There are numerous factors that impact ac-
25 cessibility to mental health services and mental

1 health outcomes. For instance, lower rates of health
 2 insurance, language and cultural barriers, and lack
 3 of parental education on mental health all contribute
 4 to adverse mental health outcomes for Hispanic and
 5 Latino youth.

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

11 **SEC. 3. NATIONAL HISPANIC AND LATINO MENTAL HEALTH**
 12 **AWARENESS AND OUTREACH CAMPAIGN.**

13 Part D of title V of the Public Health Service Act
 14 (42 U.S.C. 290dd et seq.) is amended by adding at the
 15 end the following new section:

16 **“SEC. 554. NATIONAL HISPANIC AND LATINO YOUTH MEN-**
 17 **TAL HEALTH AWARENESS AND OUTREACH**
 18 **CAMPAIGN.**

19 “(a) STUDY ON PRIOR CAMPAIGNS.—Not later than
 20 1 year after the date of the enactment of this section, the
 21 Secretary shall conduct a study on—

22 “(1) any education and outreach campaigns to
 23 promote mental health and reduce stigma associated
 24 with mental health that were carried out by the Sec-

1 retary on or before the date of the enactment of the
2 Latino Youth Mental Health Empowerment Act; and

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

6 “(b) ESTABLISHMENT OF CAMPAIGN.—

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

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

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

23 “(C) in consultation with relevant advocacy
24 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 such terms are de-
8 fined in section 8101 of the Elementary
9 and Secondary Education Act of 1965),
10 community centers, and other appropriate
11 sites;

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

18 “(iv) establishing partnerships be-
19 tween local, State, and national mental
20 health agencies and elementary schools and
21 secondary schools (as such terms are de-
22 fined in section 8101 of the Elementary
23 and Secondary Education Act of 1965),
24 after-school programs, and other appro-

1 primate sites that serve Hispanic and Latino
2 youth; and

3 “(v) providing mental health
4 screenings and on-site consultations at ele-
5 mentary schools and secondary schools (as
6 such terms are defined in section 8101 of
7 the Elementary and Secondary Education
8 Act of 1965), community centers, and
9 other appropriates sites.

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section
12 \$5,000,000 for each of fiscal years 2026 through 2030.”.

13 **SEC. 4. STUDY AND REPORT ON THE HISPANIC AND LATINO**
14 **YOUTH MENTAL HEALTH CRISIS.**

15 (a) STUDY.—

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

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

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

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

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

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

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

1 (F) the awareness, utilization, and avail-
2 ability of crisis centers for Hispanic and Latino
3 youth in acute mental health or substance use
4 crisis.

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

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

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

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

22 (4) recommendations to improve awareness and
23 utilization of the 9–8–8 National Suicide Prevention
24 and Mental Health Hotline and other mental health

1 and suicide prevention hotlines among Hispanic and
2 Latino youth;

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

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

10 (7) such other recommendations as the Sec-
11 retary determines appropriate.

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

19 (d) AUTHORIZATION OF APPROPRIATIONS.—For pur-
20 poses of carrying out this section, there is authorized to
21 be appropriated \$1,000,000 for fiscal year 2026.

22 **SEC. 5. STUDY AND REPORT ON THE HISPANIC AND LATINO**
23 **MENTAL HEALTH WORKFORCE SHORTAGE.**

24 (a) STUDY.—

1 (1) IN GENERAL.—The Secretary, acting
2 through the Assistant Secretary for Mental Health
3 and Substance Use, in coordination with the Admin-
4 istrator of the Health Resources and Services Ad-
5 ministration, the Director of the Office of Minority
6 Health, the Surgeon General of the Public Health
7 Service, and the Secretary of Labor, and shall con-
8 duct a study on strategies for increasing the mental
9 health professional workforce that identify as His-
10 panic or Latino.

11 (2) ELEMENTS.—Such study required under
12 paragraph (1) shall address—

13 (A) the total number of licensed clinical
14 and non-clinical mental health providers who
15 identify as Hispanic or Latino;

16 (B) with respect to each such provider, in-
17 formation regarding the current license type,
18 geographic location of practice, and type of em-
19 ployer (such as a hospital, federally-qualified
20 health center (as defined in section 1861(aa)(4)
21 of the Social Security Act (42 U.S.C.
22 1395x(aa)(4))), elementary school or secondary
23 school (as such terms are defined in section
24 8101 of the of the Elementary and Secondary

1 Education Act of 1965 (20 U.S.C. 7801), or
2 private practice);

3 (C) information regarding the languages
4 spoken among providers, including the level of
5 proficiency in speaking, reading, and writing
6 such languages; and

7 (D) the current enrollment of Hispanic
8 and Latino individuals in mental health profes-
9 sional education programs.

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

17 (1) assess Hispanic and Latino clinical and
18 non-clinical mental health providers' knowledge and
19 awareness of the barriers to quality mental health
20 care services faced by Hispanic and Latino individ-
21 uals;

22 (2) include recommendations for actions to be
23 taken by the Secretary to increase the number of
24 Hispanic and Latino clinical and non-clinical mental
25 health professionals;

1 (3) include recommendations to improve enroll-
2 ment in mental health professional education pro-
3 grams among Hispanic and Latino individuals; and
4 (4) include such other recommendations as the
5 Secretary determines appropriate.

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

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

21 (e) AUTHORIZATION OF APPROPRIATIONS.—For pur-
22 poses of carrying out this section, there is authorized to
23 be appropriated \$1,000,000 for fiscal year 2026.

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