

106TH CONGRESS
1ST SESSION

S. 1555

To provide sufficient funds for the research necessary to enable an effective public health approach to the problems of youth suicide and violence, and to develop ways to intervene early and effectively with children and adolescents who suffer depression or other mental illness, so as to avoid the tragedy of suicide, violence, and long-term illness and disability.

IN THE SENATE OF THE UNITED STATES

AUGUST 5, 1999

Mr. DOMENICI (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide sufficient funds for the research necessary to enable an effective public health approach to the problems of youth suicide and violence, and to develop ways to intervene early and effectively with children and adolescents who suffer depression or other mental illness, so as to avoid the tragedy of suicide, violence, and long-term illness and disability.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Public Health Re-
3 sponse to Youth Suicide and Violence Act of 1999”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Suicide is the third leading cause of death
7 among young people 15 to 24 years of age, following
8 unintentional injuries and homicide, and is the
9 fourth leading cause of death in those 10 to 14
10 years of age. Scientific research has found that there
11 are an estimated 8 to 25 attempted suicides to 1
12 completion, and the strongest risk factors for at-
13 tempted suicide in youth are depression and alcohol
14 or drug use.

15 (2) There is a critical need for additional re-
16 search into the underlying causes of youth violence-
17 both suicide and violence against others. 50 percent
18 of parents with a child suffering from a serious men-
19 tal disorder believe their child would become violent
20 without appropriate treatment and services.

21 (3) A public health model should seek to ascer-
22 tain ways to identify children and adolescents who
23 are depressed or suffering from other mental or
24 emotional disorders that might result in violent be-
25 havior against themselves or others, as well as long-

1 term illness disability, and to intervene before that
2 occurs.

3 (4) Not enough is known about serious mental
4 disorders in adolescents and children, devastating ill-
5 nesses which often lead to school failure, suicide,
6 and violence. A primary reason for this is the lack
7 of trained scientific investigators in this area of re-
8 search. It is critical that increased efforts be made
9 to strengthen the scientific expertise and capability
10 in the area of child mental disorders.

11 (5) About 1 in 10 children and adolescents suf-
12 fer from mental illness severe enough to cause some
13 level of impairment, but fewer than 1 in 5 of these
14 children receives treatment. Children who go un-
15 treated not only suffer, cannot learn, and may not
16 form healthy relationships with peers or family, but
17 face an increased likelihood of eventual incarceration
18 as juveniles and adults.

19 (6) Prevention of youth suicide and violence re-
20 quires a long-term commitment to comprehensive,
21 cost effective, and sustainable interventions directed
22 at known risk factors, and to the evaluation of their
23 success in diverse community settings by targeting
24 multiple risk factors that predispose them to suicide,
25 delinquency and violence.

1 (7) Much more information is needed con-
 2 cerning the psychotherapeutic and service system
 3 treatment of serious mental illness in children as
 4 well as barriers to appropriate and effective treat-
 5 ment and services for these children, in the health
 6 care and educational systems.

7 **SEC. 3. EXPANSION OF ACTIVITIES.**

8 Subpart 16 of part C of title IV of the Public Health
 9 Service Act (42 U.S.C. 285p et seq) is amended by adding
 10 at the end the following:

11 **“SEC. 464U-1. EXPANSION OF RESEARCH ACTIVITIES WITH**
 12 **RESPECT TO CHILDREN.**

13 “(a) IN GENERAL.—The Director of the National In-
 14 stitute of Mental Health shall use amounts made available
 15 under this section to carry out activities to expand and
 16 intensify research aimed at better understanding the un-
 17 derlying developmental and other causes of mental dis-
 18 orders that lead to youth suicide and violence.

19 “(b) MANDATORY ACTIVITIES.—To carry out the
 20 purpose described in subsection (a), the Director of the
 21 Institute shall—

22 “(1) work to develop investigators who are
 23 trained in the area of childhood mental disorders in
 24 order to continue the effort to understand the devel-
 25 oping brain and mental disorders in children and to

1 strengthen the capacity to ascertain the factors un-
2 derlying suicide and other violent behavior in youth;

3 “(2) expand support for basic research that has
4 led to a better understanding of the structure, func-
5 tion and circuitry of the brain, and which promises
6 to yield even more understanding as neuroimaging
7 techniques become even more sophisticated;

8 “(3) carry out activities to further encourage
9 research to clarify—

10 “(A) the relationship between mental dis-
11 orders and youth violence and suicide;

12 “(B) the first emergence of mental ill-
13 nesses in children, including schizophrenia, bi-
14 polar disorder, and obsessive-compulsive dis-
15 order;

16 “(C) effective early treatments for such ill-
17 nesses and disorders; and

18 “(D) in collaboration with the Director of
19 the Centers for Mental Health Services, where
20 appropriate, the manner in which to effectively
21 disseminate information derived under this
22 paragraph to care-providers in the community;

23 “(4) in order to address the major problem of
24 lack of recognition of mental disorders, and to en-
25 sure appropriate diagnosis and treatment, continue

1 to encourage, in collaboration with the Adminis-
2 trator of the Agency for Health Care Policy and Re-
3 search, where appropriate, services research aimed
4 at better understanding the impact of mental dis-
5 orders on children, on their families, on the health
6 care system, and on schools as well as services re-
7 search aimed at improving care-provider and educa-
8 tor knowledge of mental disorders in children;

9 “(5) seek to develop, conduct research on, and
10 in collaboration with the Director of the Center for
11 Mental Health Services, where appropriate, dissemi-
12 nate information about, mechanisms for avoiding the
13 inappropriate criminalization of children with mental
14 disorders and the appropriate treatment of any such
15 children in criminal settings;

16 “(6) in collaboration with the Director of the
17 Centers for Disease Control and Prevention, carry
18 out additional activities to better understand the
19 scope and effect of childhood mental disorders, in-
20 cluding epidemiological monitoring and surveillance
21 of childhood mental illness, suicide and incidence of
22 violence;

23 “(7) in collaboration with the Director of the
24 Centers for Disease Control and Prevention, families
25 dealing with mental illness in their children, and

1 other appropriate agencies, carry out activities to de-
2 velop a model curriculum of education about mental
3 disorders in children for use in the training of pri-
4 mary care physicians, nurses, school psychologists,
5 teachers, and others individuals responsible for the
6 care of children on an ongoing basis; and

7 “(8) in collaboration with the Director of the
8 Centers for Disease Control and Prevention, estab-
9 lish a system to provide technical assistance to
10 schools and communities to provide public health in-
11 formation and best practices to enable such schools
12 and communities to handle high-risk youth.

13 “(c) PERMISSIBLE ACTIVITIES.—To carry out the
14 purpose described in subsection (a), the Director of the
15 Institute may carry out activities—

16 “(1) relating to research concerning the effects
17 of early trauma and exposure to violence on further
18 childhood development;

19 “(2) that ensure that the goals of all interven-
20 tion development under this section include a focus
21 on both effectiveness and sustainability;

22 “(3) for the development and evaluation of pro-
23 grams aimed at prevention, early recognition, and
24 intervention for depression, youth suicide and vio-

1 lence in diverse school and community settings to
2 determine their effectiveness and sustainability;

3 “(4) to examine the feasibility of public health
4 programs combining individual, family and commu-
5 nity level interventions to address suicide and vio-
6 lence and identify related best practices; and

7 “(5) to disseminate information to families,
8 schools, and communities concerning the recognition
9 of childhood depression, suicide risk, substance
10 abuse, and Attention Deficit Hyperactivity Disorder
11 in order to decrease the stigma associated with seek-
12 ing help for such conditions.

13 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section,
15 \$200,000,000 for fiscal year 2000, and such sums as may
16 be necessary for each of fiscal years 2001 through 2004.”.

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