

AMENDED IN ASSEMBLY JULY 3, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

Assembly Concurrent Resolution

No. 163

Introduced by Assembly Member Ridley-Thomas

(Coauthors: Assembly Members Achadjian, Alejo, Allen, Ammiano, Atkins, Bloom, Bocanegra, Bonilla, Bonta, Bradford, Brown, Buchanan, Ian Calderon, Campos, Chau, Chávez, Chesbro, Conway, Cooley, Dababneh, Dahle, Daly, Dickinson, Eggman, Fong, Frazier, Garcia, Gatto, Gomez, Gonzalez, Gordon, Gorell, Gray, Grove, Hagman, Hall, Harkey, Roger Hernández, Holden, Jones, Jones-Sawyer, Levine, Linder, Logue, Lowenthal, Maienschein, Medina, Melendez, Mullin, Muratsuchi, Nazarian, Nestande, Olsen, Pan, Patterson, Perea, John A. Pérez, V. Manuel Pérez, Quirk, Quirk-Silva, Rendon, Rodriguez, Salas, Skinner, Stone, Ting, Wagner, Waldron, Weber, Wieckowski, Wilk, Williams, and Yamada)

June 17, 2014

Assembly Concurrent Resolution No. 163—Relative to Bebe Moore Campbell National Minority Mental Health Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

ACR 163, as amended, Ridley-Thomas. Bebe Moore Campbell National Minority Mental Health Awareness Month.

This measure would proclaim July 2014 as Bebe Moore Campbell National Minority Mental Health Awareness Month in California.

Fiscal committee: no.

- 1 WHEREAS, Mental illness is one of the leading causes of
- 2 disabilities in the United States, affecting one out of every four

1 families and victimizing both persons with the illness and those
2 persons who care for and love the persons afflicted; and

3 WHEREAS, Serious mental illness costs Americans
4 approximately \$193.2 billion in lost earnings per year; and

5 WHEREAS, The National Institute of Mental Health has
6 reported that many people suffer from more than one mental
7 disorder at a given time and 45 percent of those with any mental
8 disorder meet criteria for two or more disorders, including diabetes,
9 cardiovascular disease, HIV/AIDS, and cancer, and the severity
10 of the mental disorder strongly relates to comorbidity; and

11 WHEREAS, 57 million Americans have a mental disorder in
12 any given year, with fewer than 40 percent of adults living with a
13 mental illness, and a little more than one-half of youth 8 to 15
14 years of age, inclusive, with a mental illness receiving mental
15 health services in the last year; and

16 WHEREAS, According to the 1999 Surgeon General's Report
17 on Mental Illness, adult Caucasians who suffer from depression
18 or an anxiety disorder are more likely to receive treatment than
19 adult African Americans with the same disorders even though the
20 disorders occur in both groups at about the same rate, when taking
21 into account socioeconomic factors; and

22 WHEREAS, Although mental illness impacts all people, African
23 Americans receive less care, poorer quality of care, and often lack
24 access to culturally competent care, thereby resulting in mental
25 health care disparities; and

26 WHEREAS, According to the California Reducing Disparities
27 Project report, "Pathways into the Black Population for Eliminating
28 Mental Health Disparities," the African American population
29 reveals alarming statistics related to mental health, including high
30 rates of serious psychological distress, depression, suicide attempts,
31 dual diagnoses, and many other mental health concerns, and that
32 cooccurring conditions with physical health problems, including
33 high rates of heart disease, cancer, stroke, infant mortality,
34 violence, substance abuse, and intergenerational unresolved trauma,
35 provide a complex set of issues that places the population in a
36 crisis state; and

37 WHEREAS, According to the same California Reducing
38 Disparities Project report, in relationship to the African American
39 population, the mental health system has offered inaccurate
40 diagnoses, disproportionate findings of severe illness, greater usage

1 of involuntary commitments, and a woeful inadequacy of service
2 integration, and the complexity of these factors has created an
3 intense stigma in the African American community that disparages
4 mental illness as “crazy,” a condition and a status that are viewed
5 as personally caused and difficult to resolve; and

6 WHEREAS, The African American population has rejected the
7 label “crazy” and continues to work within its communities using
8 strategies and interventions that it knows work to help its people
9 overcome physical, social, emotional, and psychological limitations
10 and challenges; and

11 WHEREAS, According to the California Reducing Disparities
12 Project report, “Community-Defined Solutions for Latino Mental
13 Health Care Disparities,” participants see negative perceptions
14 about mental health care as a significant factor contributing to
15 limited or nonexistent access to care, and the most common
16 concerns are stigma, culture, masculinity, exposure to violence,
17 and lack of information and awareness, among many others; and

18 WHEREAS, According to the same California Reducing
19 Disparities Project report, a substantial proportion of the Latino
20 participants believe that limited access and underutilization of
21 mental health services in the Latino community are primarily due
22 to gaps in culturally and linguistically appropriate services, in
23 conjunction with a shortage of bilingual and bicultural mental
24 health workers, an absence of educational programs for Latino
25 youth, and a system of care that is too rigid; and

26 WHEREAS, According to the California Reducing Disparities
27 Project report, “Native Vision: A Focus on Improving Behavioral
28 Health Wellness for California Native Americans,” most American
29 Indians and Alaska Natives living in California are expected to
30 learn to cope in both Western and Native American worlds on a
31 daily basis, Native Americans within California have shared
32 concerns about loss of culture, alcohol and drug abuse, and
33 depression and suicide as contributing factors to mental health
34 disparities, and the disconnection of culture and traditional values
35 has fragmented Native American communities, families, and
36 individuals; and

37 WHEREAS, According to the same California Reducing
38 Disparities Project report, being misdiagnosed and given severe
39 mental health diagnoses can be stigmatizing and can affect the
40 person’s self-esteem, which, in turn, can discourage the person

1 from seeking help through Native American practices and cultural
2 identity through community involvement; and

3 WHEREAS, According to the same California Reducing
4 Disparities Project report, lack of cultural identity can impede the
5 mental health healing process. Western mental health service
6 delivery focuses on the individual, rather than taking into
7 consideration the Native American community as a whole, and a
8 holistic approach is needed for individual, family, and community
9 wellness; and

10 WHEREAS, According to the California Reducing Disparities
11 Project report, “In Our Own Words,” which details disparities in
12 the Asian American and Pacific Islander (API) population, API
13 community members report high rates of mental health conditions,
14 but have difficulty accessing services due to cultural and linguistic
15 barriers. Language, in particular, presents a substantial challenge
16 as many API community members have limited English proficiency
17 and interpreters, when available, often lack the expertise in mental
18 health terminology and cultural knowledge to effectively
19 communicate with the patient; and

20 WHEREAS, According to the same California Reducing
21 Disparities Project report, stigma and misconceptions about mental
22 health concerns are also significant barriers to API persons seeking
23 mental health services, especially because many API languages
24 lack a vocabulary for mental health concerns that is not derogatory,
25 mental health care that is truly culturally competent for API persons
26 is often unavailable, and standard Western methods of assessing
27 and treating mental health clients may not be appropriate; and

28 WHEREAS, According to the California Reducing Disparities
29 Project report, “First, Do No Harm: Reducing Disparities for
30 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning
31 (LGBTQ) Populations in California,” coming out as LGBTQ for
32 members of African American, Latino, Native American, and API
33 populations may require them to choose between the safety of their
34 families and cultural environment and their LGBTQ identities.
35 Their unique needs and status are often rendered invisible, in any
36 community with which they choose to associate, and too often
37 they find themselves having to choose; and

38 WHEREAS, According to the same California Reducing
39 Disparities Project report, LGBTQ participants from these
40 populations indicated dissatisfaction with how mental health care

1 providers had met their needs regarding their intersecting identities
2 and their racial or ethnic concerns, and also reported being rejected
3 by mental health care providers because of their sexual orientation;
4 and

5 WHEREAS, According to the same California Reducing
6 Disparities Project report, Latino, Native American, and API
7 participants reported higher rates of having seriously considered
8 suicide compared to Caucasian participants. When compared to
9 other groups, African American participants reported almost twice
10 as many suicide attempts that needed treatment by a doctor or
11 nurse; and

12 WHEREAS, The three major brain diseases, schizophrenia,
13 bipolar disorder, and depression, adversely affect the economy,
14 contribute to the rise in incarceration rates, and erode the quality
15 of life for patients and their loved ones; and

16 WHEREAS, Nearly two-thirds of all people with a diagnosable
17 mental illness do not receive mental health treatment due to stigma,
18 lack of community-based resources, inadequate diagnosis, or no
19 diagnosis; and

20 WHEREAS, Communities of color are in need of culturally
21 competent mental health resources and the training of all health
22 care providers to serve multiethnic patients; and

23 WHEREAS, Advocates for traditional mental health
24 organizations must be encouraged to incorporate and integrate
25 minority mental health education and outreach within their
26 respective portfolios; and

27 WHEREAS, An estimated 70 percent of all youth in the juvenile
28 justice system have at least one mental health condition, and at
29 least 20 percent live with severe mental illness that is usually
30 undiagnosed, misdiagnosed, untreated, or ineffectively treated,
31 thus leaving those incarcerated in vulnerable conditions; and

32 WHEREAS, Minority mental health patients are often among
33 the so-called “working poor” who face additional challenges
34 because they are underinsured or uninsured, which often leads to
35 late diagnosis or no diagnosis of mental illness; and

36 WHEREAS, The faith, customs, values, and traditions of a
37 variety of ethnic groups should be taken into consideration when
38 attempting to treat and diagnose mental illnesses; and

39 WHEREAS, African Americans and Hispanic Americans used
40 mental health services at about one-half the rate of Caucasians in

1 the past year, and Asian Americans used mental health services at
2 about one-third the rate of Caucasians; and

3 WHEREAS, African Americans are misdiagnosed at a higher
4 rate than persons of other ethnic groups within the mental health
5 delivery system, and greater effort must be made to accurately
6 assess the mental health of African Americans; and

7 WHEREAS, There is a need to improve public awareness of
8 mental illness and to strengthen local and national awareness of
9 brain diseases in order to assist with advocacy for persons of color
10 with mental illness, so that they may receive adequate and
11 appropriate treatment that will result in their becoming fully
12 functioning members of society; and

13 WHEREAS, Community mobilization of resources is needed
14 to advocate, educate, and train mental health care providers to help
15 remove barriers to the treatment of mental disorders; and

16 WHEREAS, Access to mental health treatment and services is
17 of paramount importance; and

18 WHEREAS, There is a need to encourage primary care
19 physicians to offer screenings, to partner with mental health care
20 providers, to seek the appropriate referrals to specialists, and to
21 encourage timely and accurate diagnoses of mental disorders; and

22 WHEREAS, The Legislature wishes to enhance public
23 awareness of mental illness, especially within minority
24 communities; and

25 WHEREAS, The late Bebe Moore Campbell, a mother,
26 grandmother, wife, friend, advocate, celebrated writer and
27 journalist, radio commentator, community activist, cofounder of
28 the National Alliance on Mental Illness Urban Los Angeles,
29 University of Pittsburgh trustee and educator, and recipient of
30 numerous awards and honors, was recognized for her tireless
31 advocacy and fight to bring awareness and attention to mental
32 illness among minorities with the release of her New York Times
33 best-selling novel, “72 Hour Hold,” and her children’s book,
34 “Sometimes My Mommy Gets Angry,” both of which bring
35 awareness to the plight of those with brain disorders; and

36 WHEREAS, Bebe Moore Campbell, through her dedication and
37 commitment, sought to move communities to support mental
38 wellness through effective treatment options, to provide open
39 access to mental health treatment and services, and to improve

1 community outreach and support for the many loved ones who are
2 unable to speak for themselves; and

3 WHEREAS, July is an appropriate month to recognize as Bebe
4 Moore Campbell National Minority Mental Health Awareness
5 Month; now, therefore, be it

6 *Resolved by the Assembly of the State of California, the Senate*
7 *thereof concurring*, That the Legislature of the State of California
8 hereby proclaims July 2014 as Bebe Moore Campbell National
9 Minority Mental Health Awareness Month to enhance public
10 awareness of mental illness among minorities; and be it further

11 *Resolved*, That the Chief Clerk of the Assembly transmit copies
12 of this resolution to the author for appropriate distribution.

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