

AMENDED IN SENATE AUGUST 13, 2014

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~~ *recognize* 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
3 families and victimizing both persons with the illness and those
4 persons who care for and love the persons afflicted; and

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

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

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

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

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

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

39 WHEREAS, According to the same California Reducing
40 Disparities Project report, in relationship to the African American

1 population, the mental health system has offered inaccurate
2 diagnoses, disproportionate findings of severe illness, greater usage
3 of involuntary commitments, and a woeful inadequacy of service
4 integration, and the complexity of these factors has created an
5 intense stigma in the African American community that disparages
6 mental illness as “crazy,” a condition and a status that are viewed
7 as personally caused and difficult to resolve; and

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

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

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

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

39 WHEREAS, According to the same California Reducing
40 Disparities Project report, being misdiagnosed and given severe

1 mental health diagnoses can be stigmatizing and can affect the
2 person’s self-esteem, which, in turn, can discourage the person
3 from seeking help through Native American practices and cultural
4 identity through community involvement; and

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

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

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

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

1 WHEREAS, According to the same California Reducing
2 Disparities Project report, LGBTQ participants from these
3 populations indicated dissatisfaction with how mental health care
4 providers had met their needs regarding their intersecting identities
5 and their racial or ethnic concerns, and also reported being rejected
6 by mental health care providers because of their sexual orientation;
7 and

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

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

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

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

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

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

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

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

4 WHEREAS, African Americans and Hispanic Americans used
5 mental health services at about one-half the rate of Caucasians in
6 the past year, and Asian Americans used mental health services at
7 about one-third the rate of Caucasians; and

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

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

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

21 WHEREAS, Access to mental health treatment and services is
22 of paramount importance; and

23 WHEREAS, There is a need to encourage primary care
24 physicians to offer screenings, to partner with mental health care
25 providers, to seek the appropriate referrals to specialists, and to
26 encourage timely and accurate diagnoses of mental disorders; and

27 WHEREAS, The Legislature wishes to enhance public
28 awareness of mental illness, especially within minority
29 communities; and

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

1 WHEREAS, Bebe Moore Campbell, through her dedication and
2 commitment, sought to move communities to support mental
3 wellness through effective treatment options, to provide open
4 access to mental health treatment and services, and to improve
5 community outreach and support for the many loved ones who are
6 unable to speak for themselves; and

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

10 *Resolved by the Assembly of the State of California, the Senate*
11 *thereof concurring, That the Legislature of the State of California*
12 *hereby ~~proclaims~~ recognizes July 2014 as Bebe Moore Campbell*
13 *National Minority Mental Health Awareness Month in California*
14 *to enhance public awareness of mental illness among minorities;*
15 *and be it further*

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