

Introduced by Senators Hertzberg and Mitchell

March 16, 2016

Senate Concurrent Resolution No. 119—Relative to Bebe Moore Campbell National Minority Mental Health Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

SCR 119, as introduced, Hertzberg. Bebe Moore Campbell National Minority Mental Health Awareness Month.

This measure would recognize the month of July 2016 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 impacting both persons with the illness and those
4 persons who care for and love the persons afflicted; and

5 WHEREAS, Untreated 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, Fifty-seven million Americans have a mental
14 disorder in any given year, with fewer than 40 percent of adults
15 living with a mental illness, and a little more than one-half of youth

1 8 to 15 years of age, inclusive, with a mental illness receiving
2 mental health services in the last year; and

3 WHEREAS, According to the 1999 Surgeon General’s Report
4 on Mental Illness, adult Caucasians who suffer from depression
5 or an anxiety disorder are more likely to receive treatment than
6 adult African Americans with the same disorders, even though the
7 disorders occur in both groups at about the same rate, when taking
8 into account socioeconomic factors; and

9 WHEREAS, Although mental illness impacts all people, African
10 Americans receive less care and poorer quality of care and often
11 lack access to culturally competent care, thereby resulting in mental
12 health care disparities; and

13 WHEREAS, According to the California Reducing Disparities
14 Project report, “Pathways into the Black Population for Eliminating
15 Mental Health Disparities,” the African American population
16 reveals alarming statistics related to mental health, including high
17 rates of serious psychological distress, depression, suicide attempts,
18 dual diagnoses, and many other mental health concerns, and that
19 cooccurring conditions with physical health problems, including
20 high rates of heart disease, cancer, stroke, infant mortality,
21 violence, substance abuse, and intergenerational unresolved trauma,
22 provide a complex set of issues that places the population in a
23 crisis state; and

24 WHEREAS, According to the same California Reducing
25 Disparities Project report, in relationship to the African American
26 population, the mental health system has offered inaccurate
27 diagnoses, disproportionate findings of severe illness, greater usage
28 of involuntary commitments, and a woeful inadequacy of service
29 integration, and the complexity of these factors has created an
30 intense stigma in the African American community that disparages
31 mental illness as “crazy,” a condition and a status that are viewed
32 as personally caused and difficult to resolve; and

33 WHEREAS, The African American population has rejected the
34 label “crazy” and continues to work within its communities using
35 strategies and interventions that it knows work to help its people
36 overcome physical, social, emotional, and psychological limitations
37 and challenges; and

38 WHEREAS, According to the California Reducing Disparities
39 Project report, “Community-Defined Solutions for Latino Mental
40 Health Care Disparities,” participants see negative perceptions

1 about mental health care as a significant factor contributing to
2 limited or nonexistent access to care, and the most common
3 concerns are stigma, culture, masculinity, exposure to violence,
4 and lack of information and awareness, among many others; and

5 WHEREAS, According to the same California Reducing
6 Disparities Project report, a substantial proportion of the Latino
7 participants believe that limited access and underutilization of
8 mental health services in the Latino community are primarily due
9 to gaps in culturally and linguistically appropriate services, in
10 conjunction with a shortage of bilingual and bicultural mental
11 health workers, an absence of educational programs for Latino
12 youth, and a system of care that is too rigid; and

13 WHEREAS, According to the California Reducing Disparities
14 Project report, “Native Vision: A Focus on Improving Behavioral
15 Health Wellness for California Native Americans,” most American
16 Indians and Alaska Natives living in California are expected to
17 learn to cope in both Western and Native American worlds on a
18 daily basis, Native Americans within California have shared
19 concerns about loss of culture, alcohol and drug abuse, and
20 depression and suicide as contributing factors to mental health
21 disparities, and the disconnection of culture and traditional values
22 has fragmented Native American communities, families, and
23 individuals; and

24 WHEREAS, According to the same California Reducing
25 Disparities Project report, being misdiagnosed and given severe
26 mental health diagnoses can be stigmatizing and can affect the
27 person’s self-esteem, which, in turn, can discourage the person
28 from seeking help through Native American practices and cultural
29 identity through community involvement; and

30 WHEREAS, According to the same California Reducing
31 Disparities Project report, lack of cultural identity can impede the
32 mental health healing process. Western mental health service
33 delivery focuses on the individual, rather than taking into
34 consideration the Native American community as a whole, and a
35 holistic approach is needed for individual, family, and community
36 wellness; and

37 WHEREAS, According to the California Reducing Disparities
38 Project report, “In Our Own Words,” which details disparities in
39 the Asian American and Pacific Islander (API) population, API
40 community members report high rates of mental health conditions

1 but have difficulty accessing services due to cultural and linguistic
2 barriers. Language, in particular, presents a substantial challenge
3 as many API community members have limited English
4 proficiency, and interpreters, when available, often lack the
5 expertise in mental health terminology and cultural knowledge to
6 effectively communicate with the patient; and

7 WHEREAS, According to the same California Reducing
8 Disparities Project report, stigma and misconceptions about mental
9 health concerns are also significant barriers to API persons seeking
10 mental health services, especially because many API languages
11 lack a vocabulary for mental health concerns that is not derogatory,
12 mental health care that is truly culturally competent for API persons
13 is often unavailable, and standard Western methods of assessing
14 and treating mental health clients may not be appropriate; and

15 WHEREAS, According to the California Reducing Disparities
16 Project report, “First, Do No Harm: Reducing Disparities for
17 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning
18 (LGBTQ) Populations in California,” coming out as LGBTQ for
19 members of African American, Latino, Native American, and API
20 populations may require them to choose between the safety of their
21 families and cultural environment and their LGBTQ identities.
22 Their unique needs and status are often rendered invisible, in any
23 community with which they choose to associate, and too often
24 they find themselves having to choose; and

25 WHEREAS, According to the same California Reducing
26 Disparities Project report, LGBTQ participants from these
27 populations indicated dissatisfaction with how mental health care
28 providers had met their needs regarding their intersecting identities
29 and their racial or ethnic concerns. They also reported being
30 rejected by mental health care providers due to their sexual
31 orientation; and

32 WHEREAS, According to the same California Reducing
33 Disparities Project report, Latino, Native American, and API
34 participants reported higher rates of having seriously considered
35 suicide compared to Caucasian participants. When compared to
36 other groups, African American participants reported almost twice
37 as many suicide attempts that needed treatment by a doctor or
38 nurse; and

39 WHEREAS, Nearly two-thirds of all people with a diagnosable
40 mental illness do not receive mental health treatment due to stigma,

1 cost, lack of community-based resources, inadequate diagnosis,
2 or no diagnosis; and

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

6 WHEREAS, Mental health providers and advocates must be
7 encouraged to incorporate and integrate minority mental health
8 education and outreach within their respective programs, including
9 the use of peer support; and

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

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

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

22 WHEREAS, African Americans and Hispanic Americans used
23 mental health services at about one-half the rate of Caucasians in
24 the past year, and Asian Americans used mental health services at
25 about one-third the rate of Caucasians; and

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

30 WHEREAS, There is a need to improve public awareness of
31 mental illness and to strengthen local and national awareness of
32 brain diseases in order to assist with advocacy for persons of color
33 with mental illness, so that they may receive adequate and
34 appropriate treatment that will result in their becoming fully
35 functioning members of society; and

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

39 WHEREAS, Access to mental health treatment and services is
40 of paramount importance; and

1 WHEREAS, There is a need to encourage primary care and
2 emergency physicians to offer screenings, to partner with mental
3 health care providers, to offer culturally appropriate services, to
4 seek the appropriate referrals to specialists, and to encourage timely
5 and accurate diagnoses of mental disorders; and

6 WHEREAS, There is a need to support services that are
7 developed and provided by individuals and family members living
8 with mental illness from diverse communities in order to overcome
9 barriers to access and to decrease stigma; and

10 WHEREAS, The Legislature wishes to enhance public
11 awareness of mental illness, especially within minority
12 communities; and

13 WHEREAS, The late Bebe Moore Campbell, a mother,
14 grandmother, wife, friend, advocate, celebrated writer and
15 journalist, radio commentator, community activist, cofounder of
16 the National Alliance on Mental Illness Urban Los Angeles,
17 University of Pittsburgh trustee and educator, and recipient of
18 numerous awards and honors, was recognized for her tireless
19 advocacy and fight to bring awareness and attention to mental
20 illness among minorities with the release of her New York Times
21 best-selling novel, “72 Hour Hold,” and her children’s book,
22 “Sometimes My Mommy Gets Angry,” both of which bring
23 awareness to the plight of those with brain disorders; and

24 WHEREAS, Bebe Moore Campbell, through her dedication and
25 commitment, sought to move communities to support mental
26 wellness through effective treatment options, to provide open
27 access to mental health treatment and services, and to improve
28 community outreach and support for the many loved ones who are
29 unable to speak for themselves; and

30 WHEREAS, In 2008, the United States House of Representatives
31 proclaimed the month of July as Bebe Moore Campbell National
32 Minority Mental Health Awareness Month; and

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

36 *Resolved by the Senate of the State of California, the Assembly*
37 *thereof concurring*, That the Legislature hereby recognizes the
38 month of July 2016 as Bebe Moore Campbell National Minority
39 Mental Health Awareness Month in California to enhance public
40 awareness of mental illness among minorities; and be it further

- 1 *Resolved*, That the Secretary of the Senate transmit copies of
- 2 this resolution to the author for appropriate distribution.

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