Senate Concurrent Resolution No. 119

RESOLUTION CHAPTER 78

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

[Filed with Secretary of State July 7, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

SCR 119, 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.

WHEREAS, Mental illness is one of the leading causes of disabilities in the United States, affecting one out of every four families and impacting both persons with the illness and those persons who care for and love the persons afflicted; and

WHEREAS, Untreated serious mental illness costs Americans approximately $193.2 billion in lost earnings per year; and

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

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

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

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

WHEREAS, According to the California Reducing Disparities Project report, "Pathways into the Black Population for Eliminating Mental Health Disparities," the African American population reveals alarming statistics related to mental health, including high rates of serious psychological distress, depression, suicide attempts, dual diagnoses, and many other mental

health concerns, and that cooccurring conditions with physical health problems, including high rates of heart disease, cancer, stroke, infant mortality, violence, substance abuse, and intergenerational unresolved trauma, provide a complex set of issues that places the population in a crisis state; and

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

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

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

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

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

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

WHEREAS, According to the same California Reducing Disparities Project report, lack of cultural identity can impede the mental health healing

process. Western mental health service delivery focuses on the individual, rather than taking into consideration the Native American community as a whole, and a holistic approach is needed for individual, family, and community wellness; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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