

116TH CONGRESS
1ST SESSION

H. RES. 480

Acknowledging the racial disparities in diagnosing and treating mental health among youth in communities of color.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2019

Mrs. WATSON COLEMAN (for herself, Mr. HORSFORD, Mr. HASTINGS, Ms. OMAR, Ms. JOHNSON of Texas, Ms. VELÁZQUEZ, Ms. BARRAGÁN, Ms. MOORE, Mr. COHEN, Mr. LOWENTHAL, Ms. PRESSLEY, Ms. NORTON, Mr. PAYNE, Ms. WILSON of Florida, Ms. LEE of California, Ms. CLARKE of New York, Mr. CARSON of Indiana, Ms. MUCARSEL-POWELL, Mr. KHANNA, Ms. BASS, and Mr. ESPAILLAT) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Acknowledging the racial disparities in diagnosing and treating mental health among youth in communities of color.

Whereas “mental health disorders among youth” is defined by the Centers for Disease Control and Prevention as serious changes in the way youth typically learn, behave, or handle their emotions, which causes distress and problems getting through the day;

Whereas 20 percent of youth between the ages of 13 and 18 live with a mental health condition;

Whereas 50 percent of all lifetime cases for mental illness begin by age 14, and 75 percent by age 24;

Whereas there has been an increase of youth diagnosed with mental disorders such as anxiety and depression in recent years;

Whereas relative to White adolescents, Hispanic, Native American, and Pacific Islander adolescents receive less treatment for anxiety disorders over their lifetime;

Whereas Black and Hispanic adolescents receive less treatment for mood disorders, such as depression, over their lifetime;

Whereas Black and Hispanic youth are about half as likely as their White counterparts to get mental health care;

Whereas suicide is the second leading cause of death for people 10 to 34 years of age, and suicide rates in the United States are closely correlated to poverty rates of which there is a disparity based on race;

Whereas 70 percent of youth in State and local juvenile justice systems, which are disproportionately comprised of Black and Hispanic youth, have a mental illness;

Whereas due to stigmas and a shortage of culturally appropriate behavioral health services, youth in different communities of color do not always reach out for help to address mental illness;

Whereas racial discrimination and other psychosocial stressors, such as police harassment, violence, trauma, implicit bias, and racism, are contributing factors to anxiety disorders, behavior disorders, and suicide;

Whereas diversity in the mental and behavioral health workforce continues to be an important issue due to the lack

of recruitment and retention of racial, ethnic, sexual orientation and gender identity minorities, and people with disabilities, resulting in a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children, which contributes to mental and behavioral health disparities; and

Whereas it is the duty of Congress to promote the general welfare for the American people, especially ensuring the wellbeing of all of America's youth: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 resentatives that—

3 (1) the House of Representatives should ac-
4 knowledge the horrific toll that mental illness has
5 had on the youth of America;

6 (2) the House of Representatives should ac-
7 knowledge that youth from communities of color face
8 racial disparities when it comes to access and treat-
9 ment of mental illness;

10 (3) gaining access to mental health resources is
11 a necessity and should be available to everyone re-
12 gardless of race or ethnicity;

13 (4) the House of Representatives needs to take
14 immediate action to address these disparities and
15 ensure that those who need treatment can receive it;

1 (5) the House of Representatives needs to en-
2 sure Federal funding is provided for mental health
3 professionals in schools and afterschool programs;

4 (6) funding and training needs to be available
5 to any parent, supervisor, or other professional who
6 work with youth of color so they have a greater
7 awareness of the signs and symptoms so that the
8 children and adolescents can get connected to serv-
9 ices;

10 (7) more research and awareness need to be
11 done by the Federal Government, especially within
12 the Department of Health and Human Services and
13 by the National Institute on Minority Health and
14 Health Disparities, on what can be done to help
15 youth in communities of color gain access to mental
16 health resources; and

17 (8) the Federal Government, especially the De-
18 partment of Health and Human Services and the
19 Department of Education, should research best
20 practices and incentives for those considering edu-
21 cation in wanting to work in the mental health field,
22 and how it can help increase the number of eth-
23 nically and racially diverse professionals.

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