119TH CONGRESS
1ST SESSION

H. RES. 619

Supporting the goals and ideals of ''Minority Mental Health Awareness Month'' and recognizing the disproportionate impacts of mental health conditions and struggles on minority populations and communities.

IN THE HOUSE OF REPRESENTATIVES

JULY 29, 2025

Ms. CROCKETT (for herself, Mrs. WATSON COLEMAN, Ms. MATSUI, Ms. SALINAS, Mr. BELL, Ms. CHU, Ms. CLARKE of New York, Mr. COHEN, Mr. FIELDS, Mr. JOHNSON of Georgia, Ms. NORTON, Mr. THANEDAR, Ms. TOKUDA, and Ms. WILLIAMS of Georgia) submitted the following resolution; which was referred to the Committee on Energy and Commerce

---

RESOLUTION

Supporting the goals and ideals of ''Minority Mental Health Awareness Month'' and recognizing the disproportionate impacts of mental health conditions and struggles on minority populations and communities.

Whereas more than 1 in 5 adults in the United States live with a mental health condition;

Whereas, in 2023, the Centers for Disease Control and Prevention reported that suicide was among the top 8 leading causes of death for people ages 10 through 64;

Whereas the stigma surrounding mental health conditions significantly contributes to the decision of people with mental health conditions to forego treatment;

Whereas minority persons are more likely to experience symptoms of diagnosable mental health conditions than non-minorities, with Native and Indigenous American adults reporting the highest rate of mental health conditions of any single race-identifying group;

Whereas mental health conditions may first present themselves through experiencing and noticing systematic racial inequities and racial trauma;

Whereas Asian Americans and Pacific Islanders faced almost a 150-percent surge in anti-Asian discrimination and xenophobic hate-related incidents during the COVID–19 pandemic, leading to exacerbated experiences of stress, anxiety, depression, and suicidal ideation;

Whereas studies show that experiencing racial discrimination has led to a direct link to mental health issues as this causes sustained levels of stress, which lead to adverse physical, emotional, and mental health outcomes, including post-traumatic stress disorder (''PTSD''), depression, and heart disease;

Whereas Black adults are more likely to report frequent and consistent emotional distress symptoms yet do not receive the help they need;

Whereas minority adults who have family income that is less than the Federal poverty line are twice as likely to experience and report psychological distress compared to adults who have family income that is in excess of 2 times the poverty line;

Whereas minority mental health providers make up less than one-fifth of the profession, leading to a severe lack of access to representational mental health professionals and culturally informed treatment options;

Whereas, in 2021, less than 13 percent of Latinx adults ages 18 to 44 who experienced mental health conditions received treatment, in contrast to over one-third of nonminorities;

Whereas language barriers result in the inaccessibility of and reluctancy to seek health care and misdiagnoses and miscommunication between patient and physician, which decrease the quality of care and cause adverse and ineffective health outcomes;

Whereas disparities in insurance coverage for culturally specific mental health conditions exist and have led to a reluctancy to seek health care among minority communities;

Whereas Native and Indigenous persons face significant barriers to mental health care services, clinics, and resources due to experiencing disproportional health insurance coverage;

Whereas nearly half of pregnant persons who experienced depression were not treated;

Whereas over half of pregnant minority individuals do not receive treatment or resources for prenatal and postpartum mental health conditions;

Whereas pregnant persons who remain untreated for mental health conditions related to anxiety, depression, and mood disorders face higher risks of experiencing adverse pregnancy and birthing outcomes;

Whereas minority parents experience postpartum depression at a rate that is double that of nonminority parents;

Whereas economic loss due to lack of productivity caused by untreated mental health conditions is roughly $100,000,000,000 per year;

Whereas nearly three-fourths of minority children are less likely to receive a diagnosis of ADHD/ADD compared to nonminority youth;

Whereas the COVID–19 pandemic caused an increase in reported symptoms of anxiety and depression and in suicide death rates in minority communities as compared to nonminorities;

Whereas suicide is one of the leading causes of death among Asian/Pacific Islander American youth;

Whereas the percentage of Asian Americans and Native Hawaiian and Pacific Islanders who reported having any mental illness in 2021 was 16 percent and 18 percent, respectively;

Whereas only 25 percent of Asian Americans received mental health services compared to non-Hispanic Whites;

Whereas roughly 8 percent of Asian Americans and over 15 percent of Native Hawaiian and Pacific Islanders reported having a substance use disorder, with 7 percent of Asian Americans reporting illicit drug use with reported unmet treatment needs;

Whereas suicide rates among Black girls and boys have significantly increased over the last several years;

Whereas, in 2021, 1 in 5 Black high school students reported seriously considering attempting suicide in the past year, and that same year, nearly 18 percent had made a suicide plan, and 15 percent reported attempting suicide;

Whereas minority youth are more likely to enter the criminal justice system with untreated mental health conditions;

Whereas people of color make up the majority of essential workers in areas of food and agriculture and industrial,

commercial, and residential facilities and services, and their mental health worsened with the increased risk of contracting COVID–19;

Whereas minority populations disproportionately face racial inequality in mental health research requiring an increased need to ensure that diversified data are reflective of current mental health experiences;

Whereas the Biden-Harris administration pioneered several mental health care initiatives, including implementation of the mental health crisis service hotline ''9–8–8'', and made significant investments in the National Health Service Corps, the establishment of the National Strategy for Suicide Prevention, the Behavioral Health Workforce Education and Training Program, and the Minority Fellowship Program to address the unprecedented mental health crisis;

Whereas recent actions by the Trump Administration have undercut investments and jeopardized the improvements in addressing the unique needs of minority communities in combating mental health challenges;

Whereas, within the first 100 days of the current Trump Administration, the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration terminated 10 percent of its staff, including individuals operating the national 9–8–8 Suicide and Crisis Lifeline;

Whereas the Trump Administration's National Institutes of Health canceled over 900 Federal health grants, including those working on addressing racial health disparities and increasing diversity in clinical research;

Whereas, following Executive Order 14151, the Secretary of Health and Human Services directed employees to remove program descriptions involving race, sex, and gender, and to revise requests for applications for programs addressing diversity and inclusion in health;

Whereas Federal agencies under the Trump Administration were given a list of words to review to limit, avoid, or remove from government websites, including the following: ''anti-racism'', ''barriers'', ''bias'', ''BIPOC'', ''Black'', ''cultural differences'', ''discrimination'', ''disparity'', ''diversity'', ''equity'', ''ethnicity'', ''gender'', ''health disparity'', ''Hispanic minority'', ''immigrants'', ''LGBTQ'', ''mental health'', ''minorities'', ''Native American'', ''racial minority'', ''sociocultural'', ''transgender'', ''tribal'', ''underrepresentation'', and ''women'';

Whereas the Trump Administration's Department of Education released plans to reallocate over $1,000,000,000 in Federal mental health grant funding for schools;

Whereas the aforementioned actions by the Trump Administration will cause devastating harm to children and adults battling and seeking treatment for mental health challenges; and

Whereas increased awareness and prioritizing prevention and treatment of mental health conditions disproportionately impacting people of color are critically needed to reduce the racial and ethnic disparities in minority mental health condition rates as compared to nonminorities: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the mental health disparities in our country facing Black and Indigenous individuals and people of color in the United States;

(2) calls on the President to increase mental health care access that acknowledges the unique needs and incorporates racial, cultural, and social differences that minority communities experience;

(3) commits to continuing to work with, where appropriate, the proper executive agencies to address the ongoing mental health crisis across the United States, its territories, and federally recognized Tribes; and

(4) seeks to provide as many resources and funds as possible to mental health care services across the United States, its territories, and federally recognized Tribes.

○