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## SENATE JOINT RESOLUTION NO. 315

Offered January 8, 2003

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*Directing the Joint Commission on Behavioral Health Care, or its successor in interest, to study the mental health needs and treatment of young minority adults in the Commonwealth. Report.*

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 Patron—Marsh
 

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Referred to Committee on Rules

WHEREAS, today, Americans assign high priority to disease prevention, the benefits of healthy lifestyles, and personal well-being, and most people agree that sound mental health is essential to a fulfilling and healthy life; and

WHEREAS, mental health care is often an afterthought and illnesses of the mind remain shrouded in fear and misunderstanding; and

WHEREAS, mental disorders are real health conditions that have an immense impact on individuals and families throughout the Commonwealth, and persons suffering from mental disorders present with a variety of symptoms that may include inappropriate anxiety, disturbances of thought and perception, dysregulation of mood, and cognitive dysfunction which may be specific to a particular diagnosis or cultural influence; and

WHEREAS, the transition from youth to adulthood is stressful and undiagnosed mental health problems during this phase of life may intensify and be exacerbated by unemployment, homelessness, poverty, lack of preventive health care and support systems, and other social pressures during this stage of life; and

WHEREAS, many mentally disabled young adults have complex needs and the least financial resources, and the nature of their mental illness obscures their ability to acknowledge the need for or to seek appropriate health care and mental health treatment; and

WHEREAS, due to their mental disabilities, these persons often wander away from the safety and protection of home, and without cognitive and social skills to care for or defend themselves, fall prey to predators, become entangled in criminal activities, experience deteriorating physical and mental health, and encounter many dangers; and

WHEREAS, due to federal and state laws designed to protect patient medical records and health care, parents and family caregivers of mentally disabled young adults have little recourse short of involuntary commitment to obtain health care, social services, and mental health treatment for them; and

WHEREAS, a constellation of barriers deters persons of racial and ethnic populations from seeking treatment, including discrimination and the stigma of mental illness, which impede help-seeking behavior; and

WHEREAS, if racial and ethnic minority persons succeed in accessing mental health care services, the treatment may be inappropriate to meet their needs because diagnosis and treatment services frequently do not consider individual circumstances, gender, race, culture, and other characteristics that shape a person's image and identity; and

WHEREAS, parents of mentally disabled young adults face legal, privacy, and financial obstacles, and are frustrated when navigating the mental health system to secure specialized care for their adult children; and

WHEREAS, this difficult situation may grow increasingly more difficult for mentally disabled young adults and their families when these persons become homeless, encounter the criminal justice system, or experience other unfortunate circumstances; and

WHEREAS, the development of alternatives within the legal parameters established by federal and state laws governing the confidentiality of health care, mental health treatment, and medical records that allow the parents and family members of mentally disabled young adults to appropriate culturally competent mental health treatment that they need may lessen the need for long-term, intensive care or involuntary commitment; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Behavioral Health Care, or its successor in interest, be directed to study the mental health needs and treatment of young minority adults in the Commonwealth.

In conducting its study, the Joint Commission on Behavioral Health Care, or its successor in interest, shall (i) estimate the number of mentally disabled young adults in the Commonwealth by gender, race and ethnic group; (ii) identify the most prevalent mental disorders and their etiology among such groups;

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59 (iii) determine, to the extent possible, the number of racial and ethnic minority persons who receive  
60 mental health treatment each year and the facilities providing such care; (iv) determine whether mental  
61 health care providers are trained to provide culturally competent mental health treatment; (v) assess the  
62 need for culturally competent mental health treatment in Virginia; (vi) review federal and state laws and  
63 regulations governing the confidentiality of health care, mental health treatment, and medical records and  
64 identify the conditions and the extent to which medical records information may be disclosed to parents  
65 and family members to assist them in obtaining health, social services, and mental health treatment for  
66 mentally disabled young adults; (vii) recommend ways and alternatives, within the law, to provide  
67 parents and family members of mentally disabled young adults the ability to obtain needed health, social  
68 services, and mental health treatment for such persons without involuntary commitment; and (viii)  
69 consider such other related matters as the Commission determines necessary to address the objectives of  
70 this resolution.

71 The Office of the Clerk of the Senate shall provide administrative staff support. The Division of  
72 Legislative Services shall provide legal, research, policy analysis, and other services as requested by the  
73 Commission. Technical assistance shall be provided to the Commission by the Department of Mental  
74 Health, Mental Retardation and Substance Abuse Services, State Health Department, and Department of  
75 Social Services. All agencies of the Commonwealth shall provide assistance to the Commission for this  
76 study, upon request.

77 The Commission shall be limited to 4 meetings for this study during the 2003 interim, and the direct  
78 costs of this study shall not exceed \$ 9,200 without approval as set out in this resolution. Approval for  
79 unbudgeted nonmember-related expenses shall require the written authorization of the Chairman and the  
80 respective Clerk.

81 The Joint Commission on Behavioral Health Care, or its successor in interest, shall complete its  
82 meetings by November 30, 2003, and shall submit to the Division of Legislative Automated Systems an  
83 executive summary of its findings and recommendations no later than the first day of the 2004 Regular  
84 Session of the General Assembly. The executive summary shall state whether the Commission intends to  
85 submit to the Governor and the General Assembly a report of its findings and recommendations for  
86 publication as a document. The executive summary and report shall be submitted as provided in the  
87 procedures of the Division of Legislative Automated Systems for the processing of legislative documents  
88 and reports and shall be posted on the General Assembly's website.

89 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
90 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or  
91 delay the period for the conduct of the study, or authorize additional meetings during the 2003 interim.