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SENATE JOINT RESOLUTION NO. 25

Offered January 14, 2004

Prefiled January 6, 2004

Directing the Joint Commission on Health Care to study the mental health needs and treatment of young minority adults in the Commonwealth. Report.

Patron—Marsh

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, deregulation 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 affect response to stress and problems; 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 Health Care be directed to study the mental health needs and treatment of young minority adults in the Commonwealth.

In conducting the study, the Joint Commission on Health Care shall (i) estimate the number of mentally disabled young adults by gender, age, and racial and ethnic classification, in the geographical regions of the Commonwealth; (ii) identify the prevailing mental health and emotional disorders and their etiology among minority young adults; (iii) identify the mental health needs of minority citizens,

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

71 Technical assistance shall be provided to the Commission by the Department of Mental Health,
72 Mental Retardation and Substance Abuse Services. All agencies of the Commonwealth shall provide
73 assistance to the Commission for this study, upon request.

74 The Joint Commission on Health Care shall complete its meetings for the first year by November 30,
75 2004, and for the second year by November 30, 2005, and the Chairman of the Commission shall
76 submit to the Division of Legislative Automated Systems an executive summary of its findings and
77 recommendations no later than the first day of the next Regular Session of the General Assembly for
78 each year. Each executive summary shall state whether the Commission intends to submit a document of
79 its findings and recommendations to the Governor and the General Assembly. The executive summaries
80 and the documents shall be submitted as provided in the procedures of the Division of Legislative
81 Automated Systems for the processing of legislative documents and reports and shall be posted on the
82 General Assembly's website.