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SENATE JOINT RESOLUTION NO. 46

Offered January 9, 2008

Prefiled January 7, 2008

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

Patron—Marsh

Referred to Committee on Rules

WHEREAS, Senate Joint Resolution No. 25 (2004) directed the Joint Commission on Health Care to study the mental health needs and treatment of young minority adults in the Commonwealth; and

WHEREAS, 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 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 that 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, in "Mental Health: A Report of the Surgeon General, 1999," the Surgeon General reported that "culture and social factors contribute to the causation of mental illness, and the contribution varies by disorder, and the cultures of racial and ethnic minorities influence many aspects of mental illness"; and

WHEREAS, the Surgeon General reported further that "racial and ethnic minorities collectively experience a constellation of barriers to and a greater disability burden from mental illness than do whites, due in part to less care, poorer quality of care, discrimination, the stigma of mental illness, and underrepresentation in mental health research"; 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, many mentally disabled young adults have complex needs and very limited financial resources, and the nature of their mental illnesses often 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 other dangers; and

WHEREAS, federal and state laws designed to protect patient medical records and health care also frequently provide little recourse to the parents and family caregivers of mentally disabled young adults short of involuntary commitment to obtain needed health care, social services, and mental health treatment for them; 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 mentally disabled adult children; and

WHEREAS, this difficult situation is exacerbated for the parents and families of mentally disabled young adults when they become homeless, encounter the criminal justice system, or experience other unfortunate circumstances; and

WHEREAS, the disparity in mental health care and treatment for minorities is a critical public health concern, and 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 these persons to appropriate culturally competent mental health treatment for them may lessen the need for costly long-term intensive care or involuntary commitment; now, therefore, be it

INTRODUCED

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59 RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health
60 Care be directed to continue its study of the mental health needs and treatment of young minority adults
61 in the Commonwealth.

62 In conducting the study, the Joint Commission on Health Care shall continue, to the extent possible,
63 (i) estimate the number of mentally disabled young adults by gender, age, and racial and ethnic
64 classification, in the geographical regions of the Commonwealth; (ii) identify the prevailing mental
65 health and emotional disorders and their etiology among minority young adults; (iii) identify the mental
66 health needs of minority citizens, particularly minority young adults in Virginia; (iv) determine the
67 number of racial and ethnic minority persons who receive mental health treatment each year and the
68 facilities providing such care; (v) determine whether mental health care providers are trained to provide
69 culturally competent mental health treatment; (vi) assess the need for culturally competent mental health
70 treatment in Virginia; (vii) review federal and state laws and regulations governing the confidentiality of
71 health care, mental health treatment, and medical records and identify the conditions and the extent to
72 which medical records information may be disclosed to parents and family members to assist them in
73 obtaining health, social services, and mental health treatment for mentally disabled young adults; (viii)
74 recommend ways and alternatives, within the law, to provide parents and family members of mentally
75 disabled young adults the ability to obtain needed health, social services, and mental health treatment for
76 such persons without involuntary commitment; and (ix) consider such other related matters as the
77 Commission may determine necessary to address the objectives of this resolution.

78 Technical assistance shall continue to be provided to the Joint Commission on Health Care by the
79 Department of Mental Health, Mental Retardation and Substance Abuse Services. All agencies of the
80 Commonwealth shall provide assistance to the Commission for this study, upon request.

81 The Joint Commission on Health Care shall complete its meetings by November 30, 2008, and the
82 Chairman shall submit to the Division of Legislative Automated Systems an executive summary of its
83 findings and recommendations no later than the first day of the 2009 Regular Session of the General
84 Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to
85 submit to the General Assembly and the Governor a report of its findings and recommendations for
86 publication as a House or Senate document. The executive summary and report shall be submitted as
87 provided in the procedures of the Division of Legislative Automated Systems for the processing of
88 legislative documents and reports and shall be posted on the General Assembly's website.