

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. CON. RES. 134

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## **CONCURRENT RESOLUTION**

Whereas mental illness is one of the leading causes of disabilities in the United States, affecting one out of every four families in America and victimizing both those with the illness and those who care for and love those afflicted;

Whereas according to the National Alliance for Mentally Ill (NAMI), the direct and indirect costs to the

workplace resulting from mental illness total over \$34,000,000 annually;

Whereas the National Institute of Mental Health has reported that many people suffer from more than one mental disorder at a given time and 45 percent of those with any mental disorder meet criteria for two or more disorders, with severity strongly related to comorbidity (including diabetes, cardiovascular disease, HIV/AIDS, and cancer);

Whereas according to the 1999 Surgeon General's Report on Mental Illness, more than 54,000,000 Americans have a mental disorder in any given year, although fewer than 8,000,000 seek treatment;

Whereas according to the same Surgeon General's Report on Mental Illness, adult Caucasians who suffer from depression or an anxiety disorder are more likely to receive treatment than adult African Americans with the same disorders even though the disorders occur in both groups at about the same rate, when taking into account socioeconomic factors;

Whereas according to a report from the Office of Minority and National Affairs for the American Psychiatric Association, although mental illness impacts all people, African Americans experience a much greater unmet need for mental health services and receive a lesser quality of care, thereby resulting in mental health disparities;

Whereas the three major brain diseases—schizophrenia, bipolar disorder, and depression—adversely affect the economy, contribute to the rise in incarceration rates, and erode the quality of family life of those involved;

Whereas nearly two-thirds of all people with a diagnosable mental illness do not seek mental health treatment due to stigma, lack of community-based resources, inadequate diagnosis, or no diagnosis;

Whereas communities of color are in need of culturally competent mental health resources and the training of all health care providers to serve multi-ethnic consumers;

Whereas advocacy for traditional mental health organizations must be encouraged to incorporate and integrate minority mental health education and outreach within their respective portfolios;

Whereas other research studies estimate that 50 to 70 percent of all youth in the juvenile justice system have mental health problems that are usually undiagnosed, misdiagnosed, untreated, or badly treated, thus leaving those incarcerated in vulnerable conditions;

Whereas minority mental health consumers often fall into the category of the “working poor”, facing additional challenges because they are underinsured or uninsured, which often leads to late diagnosis or no diagnosis of mental illness;

Whereas the faith, customs, values, and traditions of a variety of ethnic groups should be taken into consideration when attempting to treat and diagnose mental illnesses;

Whereas a small percentage of African Americans receive mental health treatment, and a significant percentage refuse treatment or view mental health treatment as the “treatment of last resort”, due to the stigma associated with mental illness;

Whereas according to the 1999 Surgeon General’s Report on Mental Illness, African Americans are misdiagnosed at a

higher rate within the mental health delivery system, and greater effort must be made to accurately assess the mental health of African Americans;

Whereas there is a need to improve public awareness of mental illness and to strengthen local and national awareness of brain diseases in order to assist with advocacy for persons of color with mental illness, so that they may receive adequate and appropriate treatment that will result in their becoming fully functioning members of society;

Whereas community mobilization of resources is needed to educate, advocate for, and train mental health providers to help remove barriers to treatment of mental disorders;

Whereas access to mental health treatment and services is of paramount importance;

Whereas there is a need to encourage primary care physicians to offer screening, partner with mental health providers, and seek the appropriate referral to specialists and to encourage timely and accurate diagnosis;

Whereas the late Bebe Moore Campbell (mother, grandmother, wife, friend, advocate, celebrated writer and journalist, noted author, radio commentator, community activist, co-founder of National Alliance for the Mentally Ill Urban Los Angeles, University of Pittsburgh Trustee and educator, and recipient of numerous awards and honors) was recognized for her tireless advocacy and fight to bring awareness and attention to mental illness among minorities with the release of her New York Times best selling novel, “72 Hour Hold”, and her children’s book “Sometimes My Mommy Gets Angry”, which both bring awareness to the plight of those with brain disorders;

Whereas Bebe Moore Campbell through her dedication and commitment sought to move communities to support mental wellness through effective treatment options, open access to mental health treatment and services, and improve community outreach and support for the many loved ones who are unable to speak for themselves; and

Whereas July would be an appropriate month to recognize as Bebe Moore Campbell National Minority Mental Health Awareness Month: Now, therefore, be it

1       *Resolved by the House of Representatives (the Senate*  
2 *concurring)*, That it is the sense of Congress that—

3           (1) improved access to mental health treatment  
4           and services and public awareness of mental illness  
5           are of paramount importance;

6           (2) there is an important need for improved ac-  
7           cess to care, treatment, and services for those diag-  
8           nosed with severe and persistent mental health dis-  
9           orders and improved public awareness of mental ill-  
10          ness; and

11          (3) an appropriate month should be recognized  
12          as Bebe Moore Campbell National Minority Mental  
13          Health Awareness Month to enhance public aware-

1       ness of mental illness and mental illness among mi-  
2       norities.

Passed the House of Representatives May 21, 2008.

Attest:

*Clerk.*



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## **H. CON. RES. 134**

### **CONCURRENT RESOLUTION**

Expressing the sense of the Congress that there should be established a Bebe Moore Campbell National Minority Mental Health Awareness Month to enhance public awareness of mental illness, especially within minority communities.