

118TH CONGRESS  
1ST SESSION

# H. RES. 639

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.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2023

Ms. CROCKETT (for herself, Mr. CARSON, Mrs. WATSON COLEMAN, Ms. McCLELLAN, Mrs. NAPOLITANO, and Ms. WILSON of Florida) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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## 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 suicide is one of the leading causes of maternal mortality in the United States;

Whereas stigma surrounding mental health conditions plays a significant role for people with mental health conditions to go untreated;

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 live below the Federal poverty line are twice as likely to experience and report psychological distress compared to adults who live two times above 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 non-minorities;

Whereas language barriers result in the inaccessibility and reluctance 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 reluctance 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 mothers 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 mothers experience postpartum depression at a rate that is double that of nonminority mothers;

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, depression, and suicide death rates in minority communities as compared to non-minorities;

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 have 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 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 increased awareness and prioritizing prevention and treatment of mental health conditions disproportionately impacting people of color are needed to reduce the racial and ethnic disparity in minority mental health conditions rates as compared to nonminorities;

Whereas the Biden-Harris administration has pioneered several mental health care initiatives, including implementation of the newly established mental health crisis service hotline “988” and significant investments in the National Health Service Corps, the Behavioral Health Workforce Education and Training Program, and the Minority Fellowship Program, to address the unprecedented mental health crisis; and

Whereas Congress recognized July as the “Bebe Moore Campbell National Minority Mental Health Awareness Month”: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2           (1) recognizes the mental health disparity in  
3       our country facing Black, Indigenous, and people of  
4       color in the United States;

5           (2) endeavors to increase mental health care ac-  
6       cess that incorporates racial, cultural, and social dif-  
7       ferences these communities experience;

8           (3) continues working with, where proper, the  
9       appropriate executive agencies to address the ongo-

1       ing mental health crisis across the United States, its  
2       territories, and federally recognized Tribes; and

3               (4) seeks to provide as many resources and  
4       funds as possible to mental health care services  
5       across the United States, its territories, and feder-  
6       ally recognized Tribes.

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