

118TH CONGRESS
1ST SESSION

H. RES. 640

Addressing the national crisis of suicide among minority adolescents.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2023

Mr. ESPAILLAT (for himself, Mr. TRONE, and Mrs. WATSON COLEMAN) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Addressing the national crisis of suicide among minority adolescents.

Whereas suicide is a mental health issue that affects individuals and families around the Nation regardless of personal attributes such as race, religion, gender identity, sexual orientation, nation of birth, economic background, disability, or age;

Whereas the World Health Organization defines “adolescent” as children between the ages of 10 to 19;

Whereas, over the last two decades, self-reported suicide attempts rose nearly 80 percent among Black adolescents, by far the most significant increase of all races and ethnicities;

Whereas Black children under 13 are dying by suicide at nearly twice the rate of White children the same age;

Whereas the COVID–19 public health emergency has disproportionately affected the mental health of youth who are Black, Indigenous, or people of color (BIPOC) due to—

(1) Black and Latino adolescents seeing more COVID–19-related infections and deaths in their communities than for their White counterparts; and

(2) Black and Latino families suffering from disproportionate economic setbacks that lead to financial stress and instability;

Whereas the suicide rate for adolescent Native and Indigenous females is five times higher than their White counterparts;

Whereas the American Indian and Alaska Native youth suicide rate is 2.5 times that of the overall national average;

Whereas suicide is the leading cause of death for Asian American and Pacific Islander (AAPI) youth aged 12 to 19 years old;

Whereas youth of color are up to twice as likely to be exposed to violent crime in their neighborhood of residence than their White counterparts;

Whereas exposure to violent crime, and those involving firearms in particular, engenders traumas beyond “normal” post-traumatic stress disorder (PTSD), including interpersonal distrust, feeling of shame, and dependency that perpetuate systemic racial disparities in the United States;

Whereas 19.7 percent of AAPI students in grades 9 to 12 seriously considered attempting suicide in the past year;

Whereas youth of color were witness to the renewed national attention and protests against racialized police violence when an unarmed Black man named George Floyd was murdered during the summer of 2020;

Whereas racism against the AAPI community has been exacerbated due to xenophobic, harmful rhetoric to describe the origins of the coronavirus pandemic;

Whereas repeated experiences of racialized violence and prejudice may lead to racial trauma which can manifest as depression and anxiety;

Whereas racial inequities in mental health are a result of historical oppression and discriminatory practices that have deliberately and unjustly targeted marginalized communities;

Whereas structural racism has resulted in limited access to health care for BIPOC adolescents;

Whereas the lack of cultural understanding and competency by health care providers can cause individuals to delay or forgo care and may contribute to underdiagnosis of mental illness in people from racially and ethnically diverse populations;

Whereas BIPOC adolescents are significantly less likely than White youth to receive treatment for their depression overall because of negative perceptions of mental health services and providers within their communities; and

Whereas the lack of school resource funding results in a lack of school-based mental health services, especially in schools whose populations are predominately made up of students of color: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 representatives that—

3 (1) adolescents experiencing mental health con-
4 cerns, including stress, depression, anxiety, and,
5 among some groups, increased risk for suicide,
6 should have readily available resources to effectively
7 understand and ensure their needs are addressed;

8 (2) no adolescent or student, regardless of their
9 race, religion, gender, sexual orientation, nation of
10 birth, or economic background, should face mental
11 health issues alone;

12 (3) socioeconomic disparities, stigma, and
13 unequitable access to health care resources are all
14 barriers that prevent youth from receiving the help
15 they need;

16 (4) public officials should utilize their respective
17 platforms to increase awareness and culturally com-
18 petent resources in support of social, emotional, and
19 mental health needs of adolescents, especially in sup-
20 port of students of color and groups more suscep-
21 tible to risk;

22 (5) ensuring that students of color have school-
23 based mental health services is an essential part in
24 mitigating increased suicide rates;

1 (6) through culturally relevant treatment, sui-
2 cide prevention efforts must address the lived experi-
3 ences of youth of color; and

4 (7) Congress should commit to adequately fund
5 existing programs and organizations that are work-
6 ing to close the racial and socioeconomic disparities
7 in mental health.

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