

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**

**Interim Report on Mental
Health Needs and Treatment of
Young Minority Adults
(SJR 25, 2004)**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 12

**COMMONWEALTH OF VIRGINIA
RICHMOND
2005**



COMMONWEALTH of VIRGINIA
Joint Commission on Health Care

Delegate Harvey B. Morgan
Chairman
Kim Snead
Executive Director

March 15, 2005

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TO: The Honorable Mark R. Warner, Governor of Virginia
and Members of the General Assembly

The 2004 General Assembly, in Senate Joint Resolution 25, directed the Joint Commission on Health Care to study the mental health needs and treatment of young minority adults in the Commonwealth. A final report of the study is due prior to the 2006 General Assembly Session.

An executive summary of the interim report was submitted prior to the 2005 General Assembly Session. The executive summary and interim report are enclosed for your consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Harvey B. Morgan".

Harvey B. Morgan
Chairman

JOINT COMMISSION ON HEALTH CARE: 2004

Chairman

The Honorable Harvey B. Morgan

Vice-Chairman

The Honorable William C. Mims

The Honorable Harry B. Blevins
The Honorable R. Edward Houck
The Honorable Benjamin J. Lambert, III
The Honorable Stephen H. Martin
The Honorable Linda T. Puller
The Honorable Nick Rerras
The Honorable William C. Wampler, Jr.

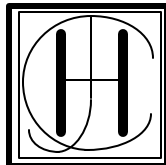
The Honorable Clifford L. Athey, Jr.
The Honorable Robert H. Brink
The Honorable Benjamin L. Cline
The Honorable Franklin P. Hall
The Honorable Phillip A. Hamilton
The Honorable R. Steven Landes
The Honorable Kenneth R. Melvin
The Honorable John M. O'Bannon, III
The Honorable John J. Welch, III

Secretary of Health and Human Resources

The Honorable Jane H. Woods

Executive Director

Kim Snead



PREFACE

Senate Joint Resolution 25 of the 2004 Session of the General Assembly directed the Joint Commission on Health Care (JCHC) to “study the mental health needs and treatment of young minority adults in the Commonwealth.”

This interim report outlines the issues to be addressed over the next year. The study will be completed within the context of a workgroup which includes individuals who are knowledgeable and concerned about mental health issues and minority access to treatment.

Kim Snead
Executive Director

March 2005

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**MENTAL HEALTH NEEDS AND
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Authority for Study

Senate Joint Resolution 25 (2004) directed the Joint Commission on Health Care (JCHC) to “study the mental health needs and treatment of young minority adults in the Commonwealth.” This is a two-year study with an interim report due by the first day of the 2005 session. The final report, a document which will include findings and recommendations, will be submitted to the Governor and the General Assembly by the first day of the 2006 session.

Provisions of SJR 25

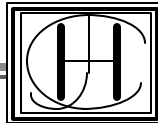
SJR 25 requires to Joint Commission on Health Care in conducting the study to:

- Estimate the “number of mentally disabled young adults by gender, age, and racial and ethnic classification, in the geographic regions of the Commonwealth.”
- Identify the “prevailing mental health and emotional disorders and their etiology among minority young adults [and]...the mental health needs of minority citizens, particularly minority young adults in Virginia.”
- Determine the “number of racial and ethnic minority persons who receive mental health treatment...and the facilities providing such care.”
- Ascertain whether “mental health providers are trained to provide culturally competent mental health treatment” and the level of need for such treatment in Virginia.
- Review “federal and state laws and regulations...and identify the...extent to which medical records information may be disclosed to parents and family members to assist them in obtaining health, social services, and mental health treatment for mentally disabled young adults” and recommend ways to provide information to allow family members to obtain services and treatment without resorting to involuntary commitment.

The study will be completed within the context of a workgroup including individuals who are knowledgeable and concerned about mental health issues and minority access to treatment.

Workplan for Study of Mental Health Needs and Treatment of Young Minority Adults

Joint Commission on Health Care



Kim Snead
Executive Director

September 1, 2004



Presentation Outline

- *Background*
- Research Activities and Study Timeframe

Joint Commission on Health Care



Authority and Background for Study

- SJR 25 (2004) directs JCHC to “study the mental health needs and treatment of young minority adults in the Commonwealth”
 - Estimate the “number of mentally disabled young adults by gender, age, and racial and ethnic classification, in the geographic regions of the Commonwealth”
 - Identify the “prevailing mental health and emotional disorders and their etiology among minority young adults [and]...the mental health needs of minority citizens, particularly minority young adults in Virginia”
 - Determine the “number of racial and ethnic minority persons who receive mental health treatment...and the facilities providing such care”
 - Ascertain whether “mental health providers are trained to provide culturally competent mental health treatment” and the level of need for such treatment in Virginia
 - Review “federal and state laws and regulations ...and identify the ...extent to which medical records information may be disclosed to parents and family members to assist them in obtaining health, social services, and mental health treatment for mentally disabled young adults” and recommend ways to provide information to allow family members to obtain services and treatment without resorting to involuntary commitment.

Joint Commission on Health Care



Background Information

- A Commonwealth Fund report released in June 2004, addressed differences in the prevalence of mental illness among different races and ethnic groups within a larger study of health disparities.

“Overall rates of mental illness among blacks and Hispanics are similar to those of non-Hispanic whites. Differences appear when we assess the prevalence of specific mental illnesses. Blacks are less likely to suffer from major depression and more likely to suffer from phobias than whites...From 1980 to 1995, the suicide rate among blacks ages 10 to 14 increased 233 percent compared with a 120 percent increase for whites. In 1997, Hispanics had a suicide rate of approximately 6 percent compared with 13 percent for whites. Blacks, Hispanics, and Asian Americans/Pacific Islanders are overrepresented in high-need populations that are at particular risk for mental illness (people who are homeless, incarcerated, substance abusers, or children in foster care)...Only half of African Americans receive mental health care compared with whites. Among Hispanics with a mental disorder, fewer than 1 in 11 contact mental health specialists, while fewer than 1 in 5 contact general health care providers....Although data suggest that African Americans may metabolize psychiatric medications more slowly than whites, they often receive higher dosages than whites, leading to more severe side effects, and as a result they stop taking medications at a greater rate than whites with similar diagnoses.”

Source: *A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities*, June 2004.

Joint Commission on Health Care



Background Information

- Concerns expressed in the study resolution include:
 - The impact that such problems as “unemployment, homelessness, poverty, lack of preventive health care and support systems, and other social pressures” may have on undiagnosed mental health problems, particularly “during the transition from youth to adulthood”
 - The fact that mentally disabled young adults often “have complex needs and the least financial resources” while their mental health disorder prevents acknowledgement of their disorder or the need for services
 - The effect federal and state laws protecting the privacy of health care records may have in preventing family members from securing needed services by any means other than involuntary commitment
 - The barriers that discourage or prevent individuals of racial or ethnic groups from seeking services “including discrimination and the stigma of mental illness”
 - The situation that mental health services and treatment, even when accessed, may not meet the individual’s needs because “individual circumstances, gender, race, culture, and other characteristics that shape a person’s image and identity, and affect response to stress and problems” is not considered.

Joint Commission on Health Care



Presentation Outline

- Background
- Research Activities and Study Timeframe***

Joint Commission on Health Care



Research Activities and Study Timeframe

- **This is a two-year study that will be completed and reported prior to the 2006 General Assembly Session.**
- **A workgroup will be formed to direct the research**
 - **Individuals identified as being knowledgeable and concerned have been contacted**
 - **Additional members will be included in the workgroup.**

Joint Commission on Health Care

APPENDIX A

SENATE JOINT RESOLUTION NO. 25

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

Agreed to by the Senate, February 17, 2004
Agreed to by the House of Delegates, March 9, 2004

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, to the extent possible, (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, particularly minority young adults in Virginia; (iv) determine the number of racial and ethnic minority persons who receive mental health treatment each year and the facilities providing such care; (v) determine whether mental health care providers are trained to provide

culturally competent mental health treatment; (vi) assess the need for culturally competent mental health treatment in Virginia; (vii) review federal and state laws and regulations governing the confidentiality of health care, mental health treatment, and medical records and identify the conditions and the extent to which medical records information may be disclosed to parents and family members to assist them in obtaining health, social services, and mental health treatment for mentally disabled young adults; (viii) recommend ways and alternatives, within the law, to provide parents and family members of mentally disabled young adults the ability to obtain needed health, social services, and mental health treatment for such persons without involuntary commitment; and (ix) consider such other related matters as the Commission may determine necessary to address the objectives of this resolution.

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

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

JOINT COMMISSION ON HEALTH CARE

Executive Director

Kim Snead

Senior Health Policy Analyst

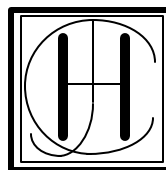
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