REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

Report on Mental Health Needs and Treatment of Young Minority Adults

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 4

COMMONWEALTH OF VIRGINIA
RICHMOND
2006

JOINT COMMISSION ON HEALTH CARE: 2005

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COMMONWEALTH of VIRGINIA

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December 30, 2005

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 with a final report of the study being due prior to the 2006 General Assembly Session.

This report, consisting of an executive summary and study presentation, is submitted for your consideration. The Joint Commission would like to recognize the assistance provided by a number of associations and state agencies in completing this study.

Respectfully submitted,

Kim Snead

Kim Snead
Executive Director

PREFACE

Senate Joint Resolution 25 of the 2004 Session of the General Assembly directed the Joint Commission on Health Care (JCHC) to conduct a two-year study of "the mental health needs and treatment of young minority adults in the Commonwealth." A study workgroup was established and met during 2004 and 2005. The workgroup included representatives of community health centers, community services boards, free clinics, indigent defense attorneys, the Psychiatric Society of Virginia, Hampton University, Virginia Commonwealth University and such state agencies as the Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services.

A detailed study workplan was developed and approved by the workgroup. The workplan is described in the executive summary and presentation which follow. It was the consensus of the workgroup that completion of the study will require one to two additional years in order to address adequately the study issues.

On behalf of the Joint Commission on Health Care and its staff, I would like to thank the numerous individuals, agencies, and associations that participated in the study workgroup or otherwise assisted in the study effort.

Kim Snead
Executive Director

December 2005

MENTAL HEALTH NEEDS AND TREATMENT OF YOUNG MINORITY ADULTS

EXECUTIVE SUMMARY

Senate Joint Resolution 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 to submit findings and recommendations to the Governor and the General Assembly by the first day of the 2006 session. SJR 25 requires the 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.

A study workgroup was established and met during 2004 and 2005. The workgroup included representatives of community health centers, community services boards, free clinics, indigent defense attorneys, the Psychiatric Society of Virginia, Hampton University, Virginia Commonwealth University and such state agencies as the Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services. Contacts will continue to be made to involve additional workgroup members.

A detailed study workplan was developed; however, it was the consensus of the workgroup that the study will require one to two more years to address adequately the study issues. JCHC voted to continue the study of the mental health needs and access to treatment of minority individuals in Virginia by including the study on the 2006 workplan for the Joint Commission on Health Care.

JCHC Staff for this Report
Kim Snead
Executive Director

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Mental Health Needs and Treatment of Minority Individuals

Joint Commission on Health Care

Kim Snead
Executive Director

October 25, 2005

Authority for Study

- SJR 25 (2004) directed JCHC to conduct a two-year study of "the mental health needs and treatment of young minority adults in the Commonwealth" and to submit an executive summary of findings and recommendations prior to the 2006 General Assembly Session
  - Some provisions of HJR 155 (2004) were incorporated in a study expansion to include minorities of all ages as opposed to focusing solely on young adults
    - HJR 155 which would have established a joint subcommittee to study "racial and ethnic disparity in mental health services" was tabled in House Rules Committee.
- A study workgroup was established and met during 2004 and 2005
  - Representatives from community services boards, free clinics, community health centers, psychiatrists, indigent defense attorneys, hospitals, Hampton University, VCU and such state agencies such as VDH and DMHMRSAS participated in meetings
    - Contacts will continue to be made to involve additional workgroup members.
  - A specific study workplan was developed
    - However, it was the consensus of the workgroup that the study will require one to two more years to address adequately the study issues.

Demographic Information Requirements in SJR 25

- Estimate the "number of mentally disabled...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...[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."

Demographic Information Workplan

- Determine general estimate of mentally disabled minority Virginians
  - General estimates will be made based on findings from the National Comorbidity Survey Replication (NCS-R) study
    - Household survey conducted of 9,282 English-speaking respondents who were 18 years or older
    - Replication of the National Comorbidity Survey completed in 1990, "which was the first to estimate the prevalence of mental disorders (using modern psychiatric standards) in a nationally representative sample."
    - The NCS-R was completed as a collaborative effort between Harvard University, the University of Michigan and NIMH and funded by NIMH with support from the National Institute of Drug Abuse, the Substance Abuse and Mental Health Services Administration, the Robert Wood Johnson Foundation, and the John W. Alden Trust.

Demographic Information Workplan

- Determine more specific estimate of mentally disabled minority Virginians
  - Include questions on the Commonwealth Poll (a statewide telephone survey of a random sample of Virginians conducted by VCU) concerning mental health issues and treatment received by family members
  - Collect and analyze inpatient and outpatient information from mental health providers to determine characteristics of the mentally disabled who are treated and of the providers rendering treatment
    - VHI for inpatient data from private hospitals
    - DMHMRSAS for inpatient and outpatient data from State facilities and community services boards
    - Other private providers including free clinics, community health centers, psychiatrists psychologists, and other mental health care providers may be surveyed.

Review of Barriers to Treatment as Required in SJR 25

- "[R]eview 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...[and] 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"
  - Laws designed to protect the confidentiality of patient records often prevent family members from assisting young adults in receiving mental health services unless involuntary commitment is undertaken
  - Moreover, barriers already discourage "persons of racial and ethnic populations from seeking treatment, including discrimination and the stigma of mental illness, which impede help-seeking behavior...."

Research on Barriers

- Consider laws passed in other states that allow for intervention without civil commitment related to provisions that permit family members to assist in initiating mental health treatment.
- Review initiatives undertaken in Virginia and other states to reduce the stigma surrounding mental health treatment and to encourage individuals to seek treatment
  - — Encourage incorporating mental health referrals and services to health-related initiatives already undertaken in Virginia
  - — Encourage initiatives that are designed to reach out in non-traditional ways and venues such as barbershops, beauty salons, and places of worship.

Cultural Competence Requirements in SJR 25

- "[D]etermine whether mental health care providers are trained to provide culturally competent mental health treatment...[and] assess the need for culturally competent mental health treatment in Virginia"
  - — *Mental health services 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" *are not considered in making diagnoses and in treatment.*
  - — Cultural competence – "the integration...of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes."

Source: Davis, K. (1997). Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies.

Cultural Competence Research

- *Determine the extent to which cultural competence is addressed and practiced in Virginia*
  - — Interview professional association representatives and regulatory board staff regarding their perceptions regarding cultural competence of mental health professionals
  - — Determine the extent to which cultural competence is addressed in medical and mental health programs and in continuing education courses
  - — Include questions in the Commonwealth Poll regarding patient perceptions of cultural sensitivity and knowledge.

Other Related Issues as Allowed in SJR 25

- SJR 25 allowed for additional issues to be considered in order to "address the objectives of this resolution."
  - — Encouraging more minority individuals to go into mental health careers was added by the workgroup.
- The Sullivan Commission on Diversity in the Healthcare Workplace in its 2004 study *Missing Persons: Minorities in the Health Professions* reported:

  "Today's physicians, nurses and dentists have too little resemblance to the diverse populations they serve, leaving many Americans feeling excluded by a system that seems distant and uncaring. In future years, our health professionals will have even less resemblance to the general population if minority enrollments in schools of medicine, dentistry, and nursing continue to decline and if health professions education remains mired in the past and – despite some improvements – inherently unequal and increasingly isolated from the demographic realities of mainstream America."

Race/Ethnicity of Medical School Applicants in 2004

Race/Ethnicity	Applicants	2000 US Population
White	58.8% (21,028) (10,964 accepted)	69.1%
Hispanic	7.1% (2,545) (1,242 accepted)	12.5%
Black	7.8% (2,802) (1,160 accepted)	12.3%
Asian	18.8% (6,734) (3,232 accepted)	3.6%
Native American/ Alaska Native	0.3% (106) (53 accepted)	0.9%
Native Hawaiian/ Pacific Islander	0.1% (39) (11 accepted)	0.1%
Multiple Races	3.1% (1,108) (533 accepted)	2.4%
Other/Unknown/ Foreign Citizenship	3.8% (1,373) (467 accepted)	N/A

Source: *Minorities in Medical Education: Facts & Figures 2005* AAMC and Census Bureau.

Workforce Research

- Determine the extent to which the recommendations made in national studies could be implemented in Virginia.
- Determine ways to build on initiatives designed to increase the number of minority health care providers to increase the number of minority mental health care providers.
- Review initiatives undertaken in Virginia to address workforce disparity issues.
  - — The Virginia-Nebraska Alliance is an example of a just such an initiative.

Virginia-Nebraska Alliance

- Charter members of the Virginia-Nebraska Alliance included J. Sargeant Reynolds, Virginia Commonwealth University, the University of Nebraska and five historically black colleges and universities in Virginia
  - — Hampton University
  - — Norfolk State University
  - — St. Paul's College
  - — Virginia State University
  - — Virginia Union University.
- The impetus for the Alliance "is the national need recognized by all of the institutions to reduce disparities in access to quality health care based on racial and ethnic status, and economic and social circumstances."

Virginia-Nebraska Alliance

- The ultimate goal of the Virginia-Nebraska Alliance is "to increase the number of minority health professionals and researchers nationwide with the hope of promoting better health outcomes for underrepresented minorities."
  - — "Cultivation" of undergraduate minority students interested in graduate education in health and science
  - — Faculty enhancement in the areas of teaching, research and leadership.
  - — Partnerships between universities and colleges both within Virginia and with the University of Nebraska to enhance opportunities for "research, infrastructure development, community health initiatives, science and technology, bioterrorism preparedness, etc."

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.

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