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SCR-141 Mental Health Awareness Month. (2023-2024)

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Senate Concurrent Resolution No. 141

CHAPTER 119

Relative to Mental Health Awareness Month.

[Filed with Secretary of State June 20, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SCR 141, Wiener. Mental Health Awareness Month.

This measure would designate May 2024 as National Mental Health Awareness Month in California.

Fiscal Committee: no

WHEREAS, Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act, including how we handle stress, relate to others, and make choices; and

WHEREAS, Mental health allows us to maintain relationships, take care of ourselves and our families, take care of our physical bodies, and respond and adapt to daily life changes; and

WHEREAS, Mental illness is one of the leading causes of disability in the United States, affecting one out of every four families and victimizing both the person with the illness and those persons who care for and love the person afflicted; and

WHEREAS, One in six youth in the United States 6 to 17 years of age, inclusive, experience a mental health disorder each year; and

WHEREAS, Fifty percent of all lifetime mental illness begins by 14 years of age, and 75 percent by 24 years of age; and

WHEREAS, Serious mental illness costs Americans approximately \$193,200,000,000 in lost earnings per year; and

WHEREAS, A report done by the Crisis Text Line of youth under 17 years of age that used the service showed that there was a 144-percent increase from 2010 with one in five adolescents 12 to 17 years of age, inclusive, that experienced a major depressive episode; and

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

WHEREAS, NIMH also reported that young adults 18 to 25 years of age, inclusive, had the highest prevalence of any mental illness and serious mental illness compared to older adults; and

WHEREAS, Lesbian, gay, and bisexual youth are four times more likely to attempt suicide than straight youth; and

WHEREAS, According to a federal Centers for Disease Control and Prevention report, suicide was the second leading cause of death in individuals 10 to 14 years of age, inclusive, and the third leading cause of death among individuals 15 to 24 years of age, inclusive, in 2021; and

WHEREAS, Suicide is the 11th leading cause of death in the United States overall; and

WHEREAS, The number of deaths by suicide increased by 8 percent from 2011 to 2022, inclusive; and

WHEREAS, In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association came together to declare a national state of emergency in children's mental health; and

WHEREAS, United States Surgeon General Vivek Murthy issued an advisory in December of 2021 – a move reserved for the most urgent public health challenges – highlighting the COVID-19 pandemic's devastating impact on the already dire state of children's mental health; and

WHEREAS, During the COVID-19 pandemic, 76 percent of LGBTQ+ high school students experienced persistent feelings of sadness and hopelessness; and

WHEREAS, Although rates of mental illness in some Black, Indigenous, and people of color (BIPOC) populations are sometimes comparable or slightly lower than the rates in the White population, BIPOC often experience a disproportionately high burden of disability from mental disorders; and

WHEREAS, Black adults are 20 percent more likely to report serious psychological distress than White adults; and

WHEREAS, Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic or racial group; and

WHEREAS, Cultural incompetence of health care providers likely contributes to underdiagnosis or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care that explain these errors in the diagnostic process; and

WHEREAS, Native and Indigenous American adults have the highest reported rate of mental illnesses of any single racial identifying group; and

WHEREAS, Children under 18 years of age from racial and ethnic minority groups were more than 4.5 times more likely to experience the grief of losing a loved one during the pandemic compared to their non-Hispanic White peers; and

WHEREAS, In California, there are nearly 60,000 children in the foster care system, and many youth still exit care without the support and guidance they need to successfully transition; and

WHEREAS, Research indicates foster youth experience rates of homelessness ranging from 11 percent to 38 percent, disproportionately higher than that of the general population; and

WHEREAS, Fifty-seven million Americans have a mental disorder in any given year, but fewer than 40 percent of adults living with a mental illness, and slightly more than one-half of youth 8 to 15 years of age, inclusive, with a mental illness, received mental health services in the last year; and

WHEREAS, Although mental illness impacts all people, many of those in lower income communities receive less care and poorer quality of care, and often lack access to culturally competent care, thereby resulting in mental health disparities; and

WHEREAS, Some see negative perceptions about mental health care as a significant factor contributing to limited or nonexistent access to care, and some common concerns are stigma, culture, masculinity, exposure to violence, and lack of information and awareness, among many others; and

WHEREAS, According to the California Reducing Disparities Project, being misdiagnosed and given severe mental health diagnoses can be stigmatizing and can affect a person's self-esteem, which, in turn, can discourage a person from seeking help; and

WHEREAS, Mental and behavioral health conditions are common among people in the criminal justice system, in which BIPOC are disproportionately overrepresented, with approximately 50 to 75 percent of youth, inclusive, in the juvenile justice system meeting the diagnostic criteria for a mental illness; and

WHEREAS, An estimated 70 percent of all youth in the juvenile justice system have at least one mental health condition, and at least 20 percent live with severe mental illness that is usually undiagnosed, misdiagnosed, untreated, or ineffectively treated, thus

leaving those detained in the juvenile justice system in a vulnerable condition; and

WHEREAS, Drug- and alcohol-related deaths have been on the rise since 2009 with higher increases during the pandemic year; and

WHEREAS, Among different age categories, young adults 15 to 24 years of age, inclusive, had the largest increase in substance-related deaths from 2019 to 2020, inclusive, with an 165-percent increase; and

WHEREAS, An estimated 60 percent of youth in juvenile facilities met criteria for substance use disorder in the year before entering custody; and

WHEREAS, According to results from the 2021 National Survey on Drug Use and Health, 46,300,000 people 12 years of age or older had a substance use disorder in the past year, with the percentage of people being higher among American Indian or Alaska Native and multiracial people; and

WHEREAS, There is a need to improve public awareness of mental illness and to strengthen local and national awareness of brain diseases, so that all those with mental illness may receive adequate and appropriate treatment that will result in their becoming fully functioning members of society; and

WHEREAS, There is a need to encourage primary care physicians to offer screenings, to partner with mental health care providers, to seek appropriate referrals to specialists, and to encourage timely and accurate diagnoses of mental disorders; and

WHEREAS, The Legislature wishes to enhance public awareness of mental illness; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature hereby recognizes May 2024 as National Mental Health Awareness Month in California to enhance public awareness of mental illness; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.