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HR-42 (2025-2026)

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REVISED MAY 27, 2025

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

HOUSE RESOLUTION

NO. 42

Introduced by Assembly Member Elhawary

(Coauthors: Assembly Members Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Rivas, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, and Zbur)

May 15, 2025

Relative to Behavioral Health Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

HR 42, as introduced, Elhawary.

WHEREAS, Mental illness is a health condition that impacts our emotional, psychological, and social well-being and affects how an individual thinks, feels, and acts, including how they handle stress, relate to others, and make choices; and

WHEREAS, Substance use disorder is the persistent use of drugs despite substantial harm and adverse consequences to self and others; and

WHEREAS, Behavioral health is the term that recognizes the combination of mental illness and substance use disorder that often impact an individual simultaneously; 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 love and care for the person afflicted; and

WHEREAS, Serious mental illness costs Americans approximately \$193.2 billion in lost earnings per year; and

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

WHEREAS, Nearly 20 percent of children and youth between 3 and 17 years of age, inclusive, in the United States, develop a mental, emotional, developmental, or substance use disorder each year; 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, Former United States Surgeon General Vivek Murthy issued an advisory in December 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, A report done by the Crisis Text Line of youth under 17 years of age who 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, who experienced a major depressive episode; 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, Lesbian, gay, and bisexual youth are four times more likely to attempt suicide than heterosexual youth; and

WHEREAS, Children under 18 years of age from racial and ethnic minority groups were nearly five 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 45,000 children in the foster care system, and many youth still exit care without the support and guidance they need to successfully transition out of the system; 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, As of 2025, approximately 37 percent of California's state prison population—about 34,000 incarcerated people—have been diagnosed with a serious mental illness; 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, 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, The National Institute of Mental Health (NIMH) has reported that many people suffer from more than one mental disorder at a given time and 45 percent of people 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, The NIMH also reported that young adults 18 to 25 years of age, inclusive, had a higher prevalence of any mental illness and serious mental illness compared to older adults; and

WHEREAS, Adults and older adults living with mental illness or substance use disorders often experience additional barriers to care, including stigma, social isolation, underdiagnosis, and fragmented access to behavioral health services; and

WHEREAS, Behavioral health challenges among adults—particularly those experiencing homelessness, unemployment, or chronic illness—can lead to compounded health disparities and require comprehensive, integrated care; and

WHEREAS, According to the UCLA Center for Health Policy Research, less than one-third of older adults in need of mental health services receive appropriate care, contributing to increased rates of loneliness and social isolation; and

WHEREAS, According to the California Health Care Foundation, older adults are the age group least likely to report having mental health treatment; and

WHEREAS, The integration of behavioral health care, including mental health and substance use treatment, into primary care, housing, and aging services is critical to meeting the needs of California's diverse and growing adult and older adult populations; and

WHEREAS, Older adults are at increased risk for cooccurring behavioral health conditions such as depression, anxiety, and substance use disorders due to life transitions, grief, cognitive decline, and chronic medical conditions; and

WHEREAS, Older adults with untreated behavioral health and substance use disorders are more likely to experience hospitalizations, emergency room visits, and early entry into long-term care; and

WHEREAS, Although mental illness impacts all people, many people 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, There are some negative perceptions about mental health care as a significant factor contributing to limited or nonexistent access to care, and some common concerns include, but are not limited to, stigma, culture, masculinity, exposure to violence, and lack of information and awareness; 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, 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, The burden of substance use disorder is particularly high among adults involved in the criminal justice system, veterans, individuals with cooccurring mental illness, and people experiencing housing instability; and

WHEREAS, The months of April, May, and June see a regular increase in rates of suicide among all people regardless of whether or not they have a recorded mood disorder; 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 people 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 reduce the stigma around mental illness and substance use disorder, so that all people with a mental illness are encouraged to reach out to their community and seek treatment without fear of isolation and judgment; 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 Assembly wishes to enhance public awareness of mental illness; and

WHEREAS, Ensuring all Californians have meaningful, timely, and equitable access to behavioral health care is essential to the overall health, safety, and well-being of our communities and the state as a whole; and

WHEREAS, A strong behavioral health workforce is essential to ensure Californians can access the care they need; now, therefore, be it

Resolved by the Assembly of the State of California, That the Assembly hereby recognizes May 2025 as Behavioral Health Awareness Month in California to enhance public awareness of behavioral health needs across the lifespan; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

REVISIONS:

Heading—Line 2.
