

SB 163 Mental Hygiene References.pdf

Uploaded by: Luciene Parsley

Position: FAV

Senate Finance Committee
SB 163: Health-General Article – References to Mental Health

January 15, 2025

POSITION: SUPPORT

Disability Rights Maryland (DRM) is the federally-mandated, state-designated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM envisions a world where people with disabilities participate fully in all aspects of community life, and we champion their rights to self-determination, dignity, equality, opportunity, and freedom from discrimination and harm. For these reasons, DRM supports SB 163, to remove outdated references to “mental hygiene” in the Health-General Article, and replace them with “mental health” instead.

Stigmatizing language reinforces negative stereotypes and dehumanizes individuals with disabilities. Using respectful language that emphasizes the humanity of the individual is crucial. Although the mental hygiene movement was initiated in 1908 by consumers of psychiatric services and professionals interested in improving the conditions and the quality of treatment of people with mental disorders, the term “mental hygiene” is now antiquated and has a negative connotation, implying that a person with a mental health disability’s mind is somehow unclean or their disability resulted from actions within their control.

In 1948, the World Health Organization was created, and in the same year the first International Conference on Mental Health was held in London. Originally promoted as an “International Conference on Mental Hygiene,” it ended with a series of recommendations on “mental health.” As a result of these recommendations, the International Committee on Mental Hygiene was superseded by the World Federation for Mental Health.¹ Since that time, the term “mental health” has become predominant in the field of public health, and the term “mental hygiene” has become disfavored. Maryland is only 77 years late to this party.

Similar to usage of the terms “handicapped” or “crippled,” our usage of language around disability has changed significantly over the years. The words we use have power, and can reveal our deeply ingrained beliefs about the value and culpability of people with disabilities. It is time for Maryland to update its public references to “mental hygiene.”

For these reasons, we recommend that Senate Bill 163 be given a favorable report. Should you have any questions, please contact Luciene Parsley, Litigation Director at Disability Rights Maryland, at 443-692-2494 or lucienep@disabilityrightsmd.org.

¹ “The Roots of the Concept of Mental Health,” *World Psychiatry*. 2008 Jun;7(2):113–116. doi: 10.1002/j.2051-5545.2008.tb00172.x.

SB163 FAV NAMI.pdf

Uploaded by: Michael Gray

Position: FAV

January 15, 2025

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee,

The National Alliance on Mental Illness-Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

People living with mental health conditions face many obstacles to accessing healthcare, housing, employment, and other aspects of life that others may take for granted. The barriers that people living with mental illness must endure can prevent them from living well. The stigma and misunderstandings that surround mental illness exacerbate those challenges. Discriminatory language within Maryland law is both harmful to people living with mental health conditions and misleading to the general public, and it is a significant part of generating and perpetuating stigma.

Outdated language describing mental illness oftentimes reflects negative stereotypes, increasing stigma and discrimination. It is also technically inaccurate. The term “mental hygiene” may imply that people with mental health conditions are not “clean,” or cannot be clean, which is both untrue and dehumanizing. Mental health professionals do not disinfect a person’s brain, they provide care and services to the whole person. Not only that, but it is time to bring the Maryland Code up to date. For many years now, healthcare providers, advocates, and people with lived experience have utilized the term “mental health” as opposed to outdated, inaccurate, and harmful terms like mental hygiene, and it is time that the Maryland Code reflected that.

NAMI Maryland is committed to advancing efforts to destigmatize mental health conditions and mental healthcare. For these reasons, we urge a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
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SB 163 - MDH - FIN - LOSWA.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 15, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 163 – Health – General Article – References to Mental Health – Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill 163 (SB 163) titled “Health – General Article – References to Mental Health.”

SB 163 removes existing references to “mental hygiene” throughout Health General and replaces them with the more inclusive term “mental health.” Additionally, this bill requires regulatory changes for any MDH regulations which still utilize the phrase “mental hygiene” by October 1, 2026. Because there are many areas throughout MDH’s regulations that still utilize this terminology, amended regulations will need to be drafted, proposed, and adopted in accordance with this bill.

MDH is supportive of the use of more inclusive and equitable language throughout its regulations. However, given the scope of the usage of the term throughout MDH’s regulations and the efforts required to update the terminology, MDH respectfully requests an amendment to extend the time to implement the regulatory changes to July 1, 2027. MDH does also note a minor fiscal impact of this bill which will require one additional staff member (Grade 18 Health Policy Analyst II at \$96,930) for the Office of Regulation and Policy Coordination to implement the requirements of this bill.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary