

TO: The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee

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Johns Hopkins University and Medicine supports **House Bill 915 – Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals**. This bill establishes a Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals. It provides for the composition, chair, and staffing of the Workgroup. This Workgroup shall identify and study the shortage of mental health professionals who are Black, Latino, or otherwise underrepresented in the mental health profession; and, assess and make recommendations on incentives (or other methods) to increase the number of students in the mental health profession at an institution of higher education and mental health professionals who are Black, Latino, or otherwise underrepresented in the mental health profession who provide mental health services.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this, and other legislation, aimed at reducing this blight in our communities.

Unfortunately, disparities are quite common in mental health. Strategies to improve health care would likewise improve mental health disparities, including but not limited to, access to care and quality of care. Analogous to health care in general, diversifying a mental health workforce is an important step to eliminating mental health care disparities as well. Research has shown that disparities in health care exist in access and use. Efforts to eliminate these disparities have not been successful in primary care or specialty psychiatric services.

An important contributor to health and health care disparities is the lack of a diverse biomedical workforce that reflects the racial and ethnic diversity of the communities served by medical establishments. Following the publication of the famous Flexner Report in 1910, which changed medical school training from proprietary to being based on the biomedical model, many medical schools in the United States were closed. These closures disproportionately impacted medical schools training Black physicians—of the 7 medical schools open at that time, only Howard Medical School and Meharry Medical College remained following implementation of the Flexner Report. According to the American Association of Medical Colleges, only 2% of practicing psychiatrists in the United States are Black/African American. Beyond medical training, the literature demonstrates that cultural incompetence of health care providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of

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symptoms are some of the many barriers to care that explain these errors in the diagnostic process. As a result, BIPOC populations have comparable or slightly lower than the rates in the white population, BIPOC often experience a disproportionately high burden of disability from mental disorders. Therefore, in order to deliver high quality culturally appropriate care, it is critical to increase diversity of not only the physician work force but also, all of the health care workforce. In order to establish benchmarks and metrics for our State, it is important to collect data on our current biomedical workforce.

The time to act is **now!** While the measures included in this bill are not a panacea to these challenges, this bill is one of many necessary steps, in reducing health disparities. Johns Hopkins University and Medicine urges a **favorable report on House Bill 915 – Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals.**

cc: Members of the House Health and Government Operations Committee
Delegate Marlon Amprey