

MARLON AMPREY  
Legislative District 40  
Baltimore City

Environment and Transportation  
Committee



The Maryland House of Delegates  
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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

April 6, 2021

**Testimony of Delegate Marlon Amprey in support of HB 915 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Mental Health Professionals**

Dear Chairwoman Pendergrass and Members of the Health and Government Operations Committee,

In the context of the ongoing COVID-19 pandemic as well as America's most recent reckoning with racial injustice, the mental health of our community must be at the forefront of our conversations. A Centers for Disease Control and Prevention survey showed that in 2020, over 40% of Americans reported an adverse mental health condition. Minority groups have been disproportionately impacted, with more Black respondents reporting suicidal ideation and more Hispanic respondents reporting symptoms of anxiety or depression than White respondents. These findings point to an urgent need to address mental health in predominantly Black and Latino communities.


Historically, Black, Latino, and other underrepresented minorities (URM) are less likely than Whites to access mental health services and are more likely to be hospitalized for psychiatric conditions (indicating that they do not receive care until their illness has become advanced). This is due to a myriad of reasons including structural inequities in terms of access to care, but also due to historical and cultural factors that can confer unique challenges in the treatment of URM patients. For example, the American Psychological Association has identified racial trauma as a potential precursor to the development of post-traumatic stress disorder. Therefore, URM patients may be best treated by providers who share similar lived experiences and can offer treatments rooted in cultural competency. Studies show that patients who identify as the same race as their provider are more likely to report higher levels of trust in their care and spend more time with their provider. Despite this data that provides clear evidence for the power of diversity in the mental health profession, only 2% of all current psychiatrists identify as Black.

**House Bill 915** is being introduced this session for the purpose of creating a working group that will develop plans to promote diversity among our mental health providers. This working group will include academic leaders with special expertise in diversity and inclusion and a diverse group of mental health providers. The ultimate goal of this working group is to develop a plan that will bridge the current disparities between the racial and ethnic diversity of patients and the provider workforce.

Developing strategies to create a mental health workforce that is a reflection of the diversity seen in our own community is a critical first step in ensuring that minority groups have access to optimal mental health services for their unique needs. We have the chance to approve policy that will create opportunities for URM patients to have access to high quality care that truly caters to their needs. Mental health is the cornerstone of our well-being, and we need to use an evidence-based approach with equity at the center of the conversation in order to ensure that our fellow community members feel fully supported.

**I urge a favorable report on House Bill 915.**

Respectfully,

A handwritten signature in black ink, appearing to read "Marlon Amprey". The signature is fluid and cursive, with the first name "Marlon" and the last name "Amprey" clearly distinguishable.

Delegate Marlon Amprey  
40<sup>th</sup> Legislative District - MD