

**House Bill 1318 Health Occupations - Mental Health Services - Cultural Competency and Diversity**

Health and Government Operations Committee

March 3, 2022

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of House Bill 1318.

HB 1318 would establish a Culturally Informed and Culturally Responsive Mental Health Task Force, establish the Alternative Mental Health Professional Licensing Pathways Workgroup, and require the Governor to appropriate funds to staff the Task Force. It would also establish a grant program to provide continuing education, and an annual appropriation to provide loan forgiveness and loan repayment for mental health professionals who are Black, indigenous, persons of color, or members of an underrepresented community.

A 2017 study<sup>1</sup> from the University of Michigan's Behavioral Health Workforce Research Center found that underrepresented minority behavioral health providers are more likely to meet the needs of underserved populations, and that a diverse workforce leads to greater patient satisfaction. The study also noted that the diversity of organizational leadership is a key strategy for strengthening recruitment and retention of people of color, as well as creating safe and inclusive work environments where all employees could thrive. It indicated that retention is also likely impacted by job security, benefits, sufficient pay, as well as factors that may differentially affect workers of color, such as barriers to promotion and a safe work environment that is free from discrimination.

There is a significant body of research demonstrating that structural racism creates widening generational health disparities for Black and Brown Marylanders. The impacts of discrimination, redlining and segregation, of historical and contemporary traumas all contribute to the fatally disproportionate health outcomes which play out in our healthcare system. The impacts of racism on mental and behavioral health have been linked to Adverse Childhood Experiences (ACEs)<sup>2</sup>, and have been shown to have lasting impacts on individuals well into older adulthood.

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<sup>1</sup> Buche, J., et al. "Factors Impacting the Development of a Diverse Behavioral Health Workforce." 2017, University of Michigan, Behavioral Health Workforce Research Center.

<https://www.behavioralhealthworkforce.org/project/moving-toward-a-more-diverse-behavioral-health-workforce/>

<sup>2</sup> Lanier, P. "Racism is an Adverse Childhood Experience (ACE)." 2020, The Jordan Institute for Families.

<https://jordaniinstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/>

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This presents itself in over-diagnosing and misdiagnosing of mental illnesses,<sup>3</sup> of increased likelihood that Black youth end up in detention instead of treatment,<sup>4</sup> and in Black adults being 20% more likely to report serious psychological distress than white adults.<sup>5</sup>

HB 1318 would create the Culturally Informed and Culturally Responsive Mental Health Task Force, which is tasked with making recommendations for the hiring and recruitment of culturally competent mental health providers from diverse racial and ethnic communities, for the training of all mental health providers on cultural competency and cultural humility, assess the extent to which mental health provider organizations embrace diversity, and make recommendations for increasing the number of mental health organizations owned, managed or led by individuals who are Black, indigenous, or people of color. HB 1318 would also require an annual appropriation to support the work of the Task Force, as well as an annual appropriation to support the continuing education necessary for social workers, professional counselors and therapists, psychologists, and other mental health providers who are members of underrepresented communities.

With a growing need for a diverse and culturally informed behavioral health workforce, and as Maryland becomes increasingly diverse, we see this bill as both timely and of critical importance. For this reason, MHAMD supports HB 1318 and urges a favorable report.

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<sup>3</sup> Perzichilli, T. "The historical roots of racial disparities in the mental health system." 2020, Counseling Today. <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

<sup>4</sup> American Psychiatric Association. "Mental Health Disparities: Diverse Populations." 2017, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

<sup>5</sup> U.S. Department of Health and Human Services, Office of Minority Health. "Mental and Behavioral Health - African Americans." 2019. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>