

**House Bill 97 Workgroup on Black, Latino, Asian American Pacific Islander, and Other
Underrepresented Behavioral Health Professionals**
Health and Government Operations Committee
January 20, 2021
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 97.

Ensuring an appropriately trained health care workforce is extremely important as Maryland becomes increasingly diverse. HB 97 would establish a Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals, with a goal of identifying gaps in a diverse workforce and making recommendations for stronger recruitment and retention efforts.

A 2017 study¹ 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)², and have been shown to have lasting impacts on individuals well into older adulthood.

¹ 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/>

² 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,³ of increased likelihood that Black youth end up in detention instead of treatment,⁴ and in Black adults being 20% more likely to report serious psychological distress than white adults.⁵

With a growing need for a diverse behavioral health workforce, the Workgroup proposed in HB 97 is both timely and of critical importance. For this reason, MHAMD supports HB 97 and urges a favorable report.

³ 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/>

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

⁵ 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>