

HB 915 – Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals

Position: Support

Bill Summary

HB 915 establishes a workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals. The workgroup would be comprised of representatives from the Maryland historically black colleges and universities, three hospital networks that serve the Black and Latino communities, three representatives from the mental health profession, and three members who provide social services in the State. The workgroup is charged with studying the shortage of mental health professionals in the State who are Black, Latino, or otherwise underrepresented in the mental health profession and make recommendations on how to increase the number of individuals entering the profession.

Bill Rationale

According to the American Psychiatric Association, racial/ethnic minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health care.

Data suggests that rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist in access to mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care. Reportedly only one-in-three African Americans who need mental health care receives it. Compared with non-Hispanic whites, African Americans with any mental illness have lower utilization rates, including prescriptions medications and outpatient services, but have higher use of inpatient services.

Similarly, approximately 1-in-10 Hispanics with a mental disorder use mental health services from a general health care provider. Hispanics are more likely to report poor communication with their health provider. Further, several studies have found that bilingual patients are evaluated differently when interviewed in English as opposed to Spanish and that Hispanics are more frequently undertreated.

Patients who feel aligned with their practitioner do better than those who are not aligned. The racial match between provider and patient increases utilization of mental health services, result in more favorable treatment outcomes (i.e., global assessment scores, substance use reduction), lower treatment dropout, and have greater patient satisfaction.

The creation of this workgroup will focus on specific health care disparities relating to access to high quality behavioral health services and the development of targeted solutions.

For the above reasons, we ask for a *favorable* report on HB 915.