

Mental Health is defined by the World Health Organization (WHO) as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2015). When any of those functions are compromised a person is considered to experience mental illness. “Mental illness can weave itself through all aspects of one’s life: physical health, parenting, work, childbearing, finances, caregiving, and common daily activities” (Surgeon General, 2009, pg. 189).

Mental health and mental illness exist on a continuum, with a wide variety of classifications (examples include anxiety, depression, post-traumatic stress, schizophrenia, and bipolar disorder), duration (short to long-term), and severity (mild to severe). In 2014, 18.1% of the adult population in the U.S. (43.6 million adults age 18 and over) reported having some degree of mental illness during the past year. Of those, 4.1% (9.8 million) were considered to have a severe mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015b). Major depressive disorder affects more than 18 million Americans currently and is the leading cause of disability among mental and behavioral disorders in the United States for individuals ages 18 and over (National Institute of Mental Health, n.d.).

Mental disorders among children also appear to be on the rise. In a recent report, the Centers for Disease Control and Prevention (CDC) (2013) found that there was “a 24% increase in inpatient mental health and substance abuse

admissions among children during 2007-2010” (p.2) as well as an increase of 80% in the rate of hospitalizations of children for mood disorders during 1997-2010. In 2014, almost 2.8 million children aged 12-17 had at least one major depressive episode (an increase of 6.3% from the previous year) and, of those, 2.0 million presented with severe impairment which “is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life” (SAMHSA, 2015b).

Causes of mental health issues

Mental health issues are thought to be caused by multiple factors including biological, environmental, negative life experiences, and brain chemistry. Biological factors include genetics, infections, brain defects, prenatal damage, poor nutrition and exposure to environmental toxins such as lead (Mayo Clinic, 2015a). Gender is a major biological factor; it is well documented that women are more likely than men to have any mental illness (21.8% versus 14.1% respectively) although men are more likely than women to have co-occurring mental illness and substance use disorder (3.6% versus 3.0% respectively) (SAMHSA, 2015b).

Severe psychological trauma such as emotional, physical, or sexual abuse contributes significantly to mental illness. The prevalence of childhood sexual and physical abuse among persons with severe mental illness (SMI) is disturbingly high. Among women with SMI, 43-52% report a history of childhood sexual abuse and 33-52% report a history of childhood physical abuse. Of men with SMI, 29-36%

reported childhood sexual abuse and 38-59% reported childhood physical abuse (Meade, Kershaw, Hansen, and Sikkema, 2009).

Social/environmental triggers that can lead to mental illness include death of a loved one, divorce, dysfunctional family life, low self-esteem and other feelings of inadequacy, and social or cultural expectations (Mayo Clinic, 2015b).

Treatment of mental health issues

The National Alliance on Mental Illness (NAMI) reported that “adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions” (NAMI, 2015a). The primary treatment for mental illness is counseling. The scope of services provided by mental health counselors includes:

- Assessment and diagnosis
- Psychotherapy
- Treatment planning and review
- Brief and solution-focused therapy
- Complementary health approaches
- Mental health medications
- Substance abuse treatment
- Education and prevention programs
- Crisis interventions

Professionals in the mental health field (counselors, psychologists, psychiatrists, social workers, and therapists) receive licenses, certifications, and/or degrees to provide mental health counseling services. Mental health professionals often treat a spectrum of issues using a variety of treatments, but many also choose to specialize in fields such as loss (grief counseling), substance abuse, school and community issues, marriage and family issues, children’s issues, and geriatric therapy (NAMI, 2015b).

Access to mental health care

Research has indicated that the availability, utilization, and quality of mental health services in the United States are particularly disproportionate among minority and low-income people. “During 2-12-2013, the percentage of adults aged 18-64 years with health insurance who reported seeing or talking with a mental health professional in the past 12

months (9.2%) was approximately twice the percentage for uninsured adults (4.8%)” (Centers for Disease Control and Prevention [CDC], 2015).

Low-income urban minority children, in particular, are at a greater risk of developing mental health issues due to their exposure to community crime, violence, drugs, and poor housing conditions, yet they are less likely to receive and continue with the mental health treatments they need. Minority children who are covered by Medicaid or CHIP (Children’s Health Insurance Program) are less likely to receive specialty health care than white children covered by the same plans (Kenny, Coyer, & Anderson, 2013). According to the National Center for Children in Poverty (2014) 75% to 80% of children and youth in need of mental health services do not receive them.

The United States is also experiencing an especially large demand for mental health crisis care. In Texas, “from May 2008 through September 2013, the DSHS mental health crisis service hotline received an average of 7,000 calls each month. The number of adults receiving crisis services in State Fiscal Year 2013 was 51,901” (Texas Department of State Health Services [DSHS], 2014, p. 38).

With the immense range of needs for mental health counseling, a tiered system of therapy and support services currently exists in Texas. The Texas Department of State Health Services oversees all mental health services in the state of Texas, runs the state hospitals, and contracts with providers for community-based services (DSHS, 2013). Community-based organizations provided an estimated 99% of the mental health services in Texas. In 2013, 156,644 adults and 46,807 children (Medicaid or indigent recipients) received full mental health services from DSHS (DSHS, 2014, p.37).

THE TEXAS MENTAL HEALTH CARE SYSTEM

State Hospitals:

Serving the most severely mentally ill

There are ten state hospitals in Texas, one of which is located in San Antonio. These facilities provide inpatient hospitalization for people dealing with severe mental illness and who

need intense long and short term counseling. In 2014, state hospitals served 14,357 Texans with a utilization rate significantly higher than the national rate per 1,000 population (0.54 vs 0.45 respectively) (SAMHSA, 2015b).

**Community Mental Health Centers:
*Helping those with specific serious
mental illnesses***

Community mental health centers (also known as Local Mental Health Authorities) in Texas are publicly funded and serve adults diagnosed with schizophrenia, bipolar disorder, and major depressive disorder as well as children diagnosed with serious emotional disturbances. In 2014, the centers throughout Texas served 253,884 adults and 68,248 children (SAMHSA, 2015b).

The Hill Country MHDD serves as the local mental health authority for Bandera, Comal, and Kendall Counties, as well as 16 other South Texas counties. Care for each patient is provided using a Disease Management Model which “focuses on an individual’s outcomes, selected services, tools, and strengths in order for them to recover” (Hill Country MHDD Centers, n.d.). The Center for Health Care Services (n.d.) serves as the local mental health authority for Bexar County and provides access to a variety of services including (not a complete list): psychiatric evaluation; medication management; rehabilitation services; intensive case management; counseling; group therapy; family support; and a crisis hotline.

**Other Mental Health Agencies:
*The mental health services safety net***

In the San Antonio area, a wide variety of other hospitals, university-based programs, non-profit agencies, and religious institutions serve as an additional mental health safety net by providing counseling services for those experiencing mental health issues, often on a sliding scale basis and for Medicaid and Medicare patients. A listing of many of those programs is provided below.

Hospitals providing mental health services:

- Centromed (El Centro del Barrio) Ascot and Walzem branches (outpatient)

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- Clarity Child Guidance Center (acute care program, residential treatment program, hospital program, outpatient services, psychology services for children and adolescents)
- CHRISTUS Santa Rosa Child and Adolescent Behavioral Health (outpatient)
- La Paz (partial hospitalization and outpatient services)
- Laurel Ridge Treatment Center (252 beds- provides acute, residential, and partial hospitalization)
- Methodist Health Care (inpatient and outpatient)
- Mission Vista Behavioral Health Center (inpatient treatment for adults and geriatrics)
- Nix Specialty Health Center (acute care program, inpatient and outpatient)
- University Health System (emergency psychiatric care, inpatient and outpatient)

Universities providing community mental health services:

- Our Lady of the Lake University
- St. Mary’s University Family Life Center

Non-profit/Religious counseling programs:

- BCFS – STAR Program youth ages 0-17 and their families (free)
- Barrio Comprehensive Family Health Care Center (sliding scale) part of Communicare
- Catholic Charities Counseling and Consultation Center (Medicaid, Medicare, sliding scale)
- Center for Health Care Services
- Children’s Bereavement Center provides outpatient mental health counseling and therapy for children who have experienced a loss (sliding scale)
- ChildSafe (Alamo Area Child Advocacy Center) provides counseling to children and non-offending family members dealing with sexual abuse (Medicaid, sliding scale)
- Communicare Health Centers (various locations) (Medicaid, sliding scale)
- Daughters of Charity (various locations) (free)
- Ecumenical Center for Religion and Health (sliding scale)
- Excel... Rise Above the Rest program (Medicaid)
- Family Services Association

- Family Violence Prevention Services (includes specialized services for battered women)
- Haven for Hope (counseling services provided by Center for Health Care Services; children’s mental health care provided by Clarity Child Guidance Center)
- JOVEN- focuses on prevention in at-risk youth
- Jewish Family and Children’s Service (includes specialized services for homeless children, sliding scale)
- Madonna Neighborhood Center (2014)
- Methodist Healthcare Ministries (various locations) (sliding scale)
- Presa Community Center (2016)
- The Rape Crisis Center for Children and Adults (n.d.) (free)
- San Antonio Family Endeavors (2015) Fairweather Lodge –residential and employment program for those with a mental health disability
- SLEW Wellness Center (2014) (provides support for disadvantaged women recovering from cancer)
- St. PJ’s Home provides services to children living there as well as the community (sliding scale)

(Network of Care for Behavioral Health, 2015)

Transforming Mental Health Services: The Future of Mental Health Care in Texas

According to the Substance Abuse and Mental Health Services Administration, “by 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide” (SAMHSA, 2011, p. 2). The Texas Mental Health Transformation (TMHT) project, begun in 2005, was initiated to improve the state infrastructure to provide “a foundation for delivering evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span” (TMHT, 2009, p3). The most recent update on the Texas Comprehensive Mental Health Plan (TMHT, 2009) reported improvements in six infrastructure innovation

categories including: consumer action, training, service integration, use of evidence-based practices, technology, and community collaboratives. Despite advancements such as the Aging Texas Well Evidence-Based Clearinghouse, only a small portion of mental health consumers actually received evidence-based practices (EBP) in 2014; however, Texas surpassed the national average in four categories as shown in the following table:

Received Evidence-Based Practices, FY 2014		
	Penetration Rate: % of Consumers	
	Texas	U.S.
Adult EBP		
Supported Housing	4.8%	2.9%
Supported Employment	4.6%	2.0%
Assertive Community Treatment	1.7%	2.0%
Dual Diagnosis Treatment	5.3%	10.9%
Illness Self-Management	55.1%	15.8%
Medication Management	43.5%	24.5%
Child/Adolescent EBP		
Multi-Systemic Therapy	0.0%	2.6%
(SAMHSA, 2015c)		

Although the TMHT project officially ended in December 2011, many of the infrastructure changes continue to operate and move forward. Core accomplishments such as *Via Hope* – the consumer, family, youth training and technical assistance center, and the web-based *Health Assessment* that supports primary/behavioral health care integration and continuity of care have made a significant impact in the lives of many Texans (TMHT, 2012). The Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders reported several accomplishments such as: an inventory of cross agency mental health initiatives, a one stop Mental Health website, and Mental Health First Aid Training across state agencies (DSHS, 2015).

Despite these steps forward, Texas still had the third lowest per capita spending for mental health in FY 2012 (\$38.05 per capita) (SAMHSA, 2015a). While all state reports are not yet available for FY 2013, per capita spending in Texas went up slightly (\$40.65 based on actual FY2013 spending). Total state expenditure for

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mental health was \$1.069 billion in FY2013 (SAMHSA, 2015c).

The Bexar County Community Health Collaborative and City of San Antonio Metropolitan Health District published a Community Health Improvement Plan for Bexar County that included the goal to “improve and expand a comprehensive, integrated behavioral health system to provide holistic services with access for all” (Health Collaborative, 2014, p.35).

Some specific outcome objectives were outlined including:

- By 2016, decrease preventable emergency room usage and 30-day readmissions related to behavioral health conditions by 2%
- Strengthen access to holistic behavioral health services by establishing the baseline of current capacity of culturally competent (defined by the Office for the Elimination of Disproportionality and Minority Health) community based services by 2016
- By 2016, increase community awareness of behavioral health issues and available resources to reduce mental health stigma (Health Collaborative, 2014, pp.35-36)

“Health is about more than the physical body. Behavioral health, including both mental health and problems with substance abuse, is related to how people think, feel, and act as they cope with life—how they handle stress, relate to others, and make choices. Stigma continues to be a barrier to seeking health” (Health Collaborative, 2014, p. 33).

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