

Mental Health is defined by the U.S. Department of Health and Human Services as inclusive of emotional, psychological, and social aspects of well-being (U.S. Department of Health & Human Service [HHS], 2017). 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 2016, 18.3%, or 44.7 million, of the adult population in the U.S. reported having some degree of mental illness during the past year. Of those, 4.2%, or 10.4 million, reported having a serious mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017b). Major depressive disorder is one of the most common mental disorders in the U.S. In 2016, an estimated 16.2 million people reported having at least one major depressive episode (MDE), and 10.3 million adults reported having an MDE with severe impairment in 2016 (National Institute of Mental Health, 2017).

Mental illness also affects children. The CDC (2018) describes mental disorders among children as “serious changes in the ways children typically learn, behave, or handle their emotions.” The CDC reported 13-20% living in the U.S. experience a mental disorder a year. The healthcare costs amount to an estimated \$247 billion to treat childhood mental disorders. In 2016, around 3 million children aged 12-17 had at least one major depressive episode and, of those, 2.1 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, 2017b).

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, 2015). Gender is a major biological factor; it is well documented that women are more likely than men to have any mental illness (21.7% versus 14.5% respectively in 2016), although men are more likely than women to have co-occurring mental illness and substance use disorder (3.6% versus 3.2% respectively in 2016) (SAMHSA, 2017b).

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 and 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, 2015).

TREATMENT OF MENTAL HEALTH ISSUES

Timely treatment of mental health issues contributes to improved life expectancy. 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, 2018). The primary treatment for mental illness is counseling. The scope of services provided by mental health counselors includes:

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

(NAMI, 2017)

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, 2017).

ACCESS TO MENTAL HEALTH CARE

Research indicates that the availability, utilization, and quality of mental health services in the United States are particularly disproportionate among minority and low-income people and rural versus urban areas. There is lower utilization of services among African American and Hispanic children compared with white children, while white children in rural areas are less likely to receive services than white children in urban areas (Hodgkinson, Godoy, Beers, & Lewin, 2017).

Children living in poverty are likely to develop mental health issues due to environmental

factors (e.g. exposure to crime, violence, drugs) and poor parenting due to familial stressors (e.g. food insecurity, housing problems). Yet, less than 15% receive services (Hodgkinson, Godoy, Beers, & Lewin, 2017). According to the National Center for Children in Poverty (2018), 75% to 80% of children and youth in need of mental health services do not receive them.

Furthermore, minority children who are covered by Medicaid or Children’s Health Insurance Program (CHIP) are less likely to receive specialty health care than white children covered by the same plans (Kenny, Coyer, & Anderson, 2013).

THE MENTAL HEALTH CARE SYSTEM IN TEXAS

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 (DSHS) oversees all mental health services in the state of Texas, runs the state hospitals, and contracts with providers for community-based services (DSHS, 2013). Its impact is far-reaching: in the 4th Quarter of FY 2015 (most recent data available), 94,776 adults and 23,376 children received community mental health services from DSHS (DSHS, 2017).

State Hospitals

There are eleven state hospitals in Texas, one of which is located in San Antonio: San Antonio State Hospital (DSHS, 2016c). These facilities provide inpatient hospitalization for people dealing with severe mental illness and who need intense long- and short-term counseling.

Community Mental Health Centers

Community mental health centers, also known as Local Mental Health Authorities, are geographically based, providing services to specific geographic locations 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 (DSHS, 2016a). In 2016, Texas has 110 community mental health centers (SAMHSA, 2017a).

The Hill Country MHDD serves as the local mental health authority for Bandera, Comal,

and Kendall counties, as well as sixteen other South Texas counties. Care for each patient is provided using a Disease Management Model that “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. Its four clinics throughout the city provide services including psychiatric evaluation, medication management, rehabilitation services, intensive case management, counseling, group therapy, family support, and more.

Other Mental Health Agencies

In the San Antonio area, a wide variety of other hospitals, university-based programs, nonprofit agencies, and religious institutions serve as an additional mental health safety net by providing services for those experiencing mental health issues. A listing of many of those programs is provided below.

Hospitals providing mental health services:

- Baptist Health System (adult inpatient psychiatric program)
- CentroMed (various locations; outpatient)
- Clarity Child Guidance Center (acute care program, residential treatment program, hospital program, outpatient services, psychology services for children and adolescents; sliding scale)
- CHRISTUS Santa Rosa: Child and Adolescent Behavioral Health (outpatient); Senior Behavioral Health Center (inpatient)
- Laurel Ridge Treatment Center (252 beds-provides acute, residential, and partial hospitalization)
- Methodist Health Care (inpatient and outpatient)
- Nix Specialty Health Center (acute care program, inpatient and outpatient, serving all ages)
- University Health System (emergency psychiatric care, inpatient and outpatient)

Universities providing mental health services:

- Our Lady of the Lake University

- St. Mary’s University Family Life Center

Nonprofit/religious counseling programs:

- BCFS (n.d.) – STAR Program youth ages 0-17 and their families (free)
- Boys Town Long-Term Residential Program (residential, serving children & adolescents)
- Catholic Charities (individual, couples, and family counseling; sliding scale)
- Center for Health Care Services (crisis and outpatient 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)
- Depression and Bipolar Support Alliance (group therapy; free)
- Ecumenical Center for Religion and Health (sliding scale)
- Excel Rise Above the Rest (youth & their families; Medicaid recipients)
- Family Endeavors, Inc. (military family clinic providing comprehensive mental health care to veterans; free)
- Family Services Association (n.d.) (counseling)
- Family Violence Prevention Services (includes specialized services for battered women)
- Gifts from Within (specializing in PTSD treatment)
- Haven for Hope (counseling services provided by Center for Health Care Services; children’s mental health care provided by Clarity Child Guidance Center)
- JOVEN (services for youth; free)
- Jewish Family Service (counseling; low cost or at no charge)
- Madonna Neighborhood Center (individual and group counseling; free)
- Methodist Healthcare Ministries (various locations; sliding scale)
- Presa Community Center (counseling; sliding scale)

- Rape Crisis Center (counseling; sliding scale)
- SLEW Cancer Wellness Center (counseling and support for disadvantaged women recovering from cancer; free)
- South Texas Veterans Health Care System (outpatient services for veterans)
- St. PJ’s Children Home (counseling and services for youth & families; sliding scale) (Network of Care, 2018)

INITIATIVES TO IMPROVE SERVICES

The Substance Abuse and Mental Health Services Administration (SAMHSA) initiated the Mental Health Transformation State Incentive Grants (MHTSIG) program in 2005, where it awarded grants totaling \$92.5 million to seven states to be used to improve public mental health services. Texas, one of the seven states, “was charged with building a solid foundation for delivering evidence-based mental health services, fostering recovery, [and] improving quality of life” (DSHS, 2016b). In a program evaluation, Leff, Cichocki, Chow, and Lupton (2014, p. 947) concluded that the program did not “take into account evidence that infrastructure changes alone do not necessarily contribute to better consumer outcomes.” The program concluded in 2011 (DSHS, 2016b).

Despite the grant’s conclusion, advancements have been made in the area of evidence-based practices (EBP) in Texas as shown in the following table:

Received Evidence-Based Practices, FY 2016		
	Penetration Rate: % of Consumers	
	Texas	U.S.
Adult EBP Services		
Supported Housing	4.6%	3.1%
Supported Employment	4.8%	2.1%
Assertive Community Treatment	1.8%	2.1%
Dual Diagnosis Treatment	4.4%	10.5%
Illness Self-Management	56.5%	19.0%
Medication Management	38.7%	32.0%
Child/Adolescent EBP Services		
Multi-Systemic Therapy	0.0%	2.6%

(SAMHSA, 2017c)

Furthermore, many of the infrastructure changes have proven successful. Core accomplishments such as Via Hope, a key component of the infrastructure developed by

MHTSIG, demonstrate progress. Via Hope aims to transform the state’s mental health system so that is “foster resilience, promotes recovery, is person-centered, and is person-, family-, and youth-driven” (Via Hope, 2018).

Texas’ Legislature in its 2015 Regular Session authorized the establishment of the Behavioral Health Advisory Committee (BHAC) “as the state mental health planning council” to submit “stakeholder recommendations... regarding the allocation and adequacy of mental health and substance use services and programs” (Texas Behavioral Health Advisory Committee [BHAC], 2017, p. 3). BHAC made recommendations centering around personnel (e.g. develop a plan to increase and improve mental health/substance use workforce; and increase officer mental health training) and psychological evaluations (BHAC, 2017).

Despite these steps forward and an increase in state funding for behavioral health services in 2017, Texas still nationally ranks among the lowest for mental health spending and mental health care accessibility (Leonard, Cawthon, & Ezzone, 2017). However, local benefits are on the horizon: the Texas Health and Human Services Commission announced it would award grants to a number of organizations, including Center for Healthcare Services of Bexar County, as part of its first phase of Texas’ Mental Health Grant Program for Justice-Involved Individuals (Smith, 2018).

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 five goals, one of which was to improve behavioral and mental well-being. The plan identifies key strategies to accomplish this:

- Promote building blocks for a community wide system of care
- Create a community wide awareness and education plan
- Facilitate telemedicine for behavioral health in Bexar County, including mental health and substance-related disorders in primary care settings

- Increase interest in behavioral health training and careers across professions

(Health Collaborative, 2017)

“This plan has little value if it is not executed. It is the community’s responsibility to implement the actions and strategies set forth in this plan, to monitor and report on the progress made on a regular basis, and to use the next three years as an opportunity to positively impact the health status of Bexar County residents” (Health Collaborative, 2017, p. 5).

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