In the United States it is estimated that 18.1% of adults (approximately 43.4 million individuals in 2015) experience mental illness during any given year. The percentage of people who endure serious mental illness (disorders that result in disability) remains smaller – about 4.0% of the adult population in 2015 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). The 2010-2014 American Community Survey 5 Year Estimates indicated that 4.8% of Bexar County's population, equivalent to around 84,225 residents, suffered from a cognitive disability. For the same years it was estimated that 4.9% of Comal County's population, roughly 5,624 people, were also living with a mental difficulty. Kendall County had 7.0% (2,490 individuals) and Bandera County had 4.0% or approximately 818 residents with cognitive disabilities (U.S. Census Bureau, 2016). The State of Texas Behavioral Risk Factor Surveillance System estimated that 9.4% of Texans were taking medicine or receiving treatment for a mental health condition in 2014 (Texas Department of State Health Services [DSHS], 2015).

Mental illness refers to all diagnosable mental disorders, which "are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities" (Surgeon General,1999, p. 39). Mental illness is often more difficult to diagnose than physical illness because there are currently no definitive laboratory tests used for diagnosis; instead, conclusions are based on the patient's intensity and frequency of symptoms and the doctor's observations. In addition, "the signs and symptoms of mental illness exist on a continuum and there is no bright line separating health from illness, distress from disease" (Surgeon General, 1999, p. 39). In the United States, mental disorders are diagnosed using the *Diagnostic and Statistical Manual of Mental Disorders,* also referred to as the DSM-V (Psychiatry Online, n.d.). Some of the most commonly diagnosed classes of mental illness include anxiety disorders, attention-deficit/hyperactivity disorders, autism, eating disorders, mood disorders, personality disorders, and schizophrenia disorders (NIMH, n.d.a).

ANXIETY DISORDERS
Anxiety disorders are the most prevalent class of mental disorders, affecting approximately 40 million American adults, or 18% of the population (NIMH, n.d.a). Though nearly everyone experiences anxiety, it is considered a disorder when it becomes overwhelming, persistent, or interferes with daily life. Common types of anxiety include generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and social anxiety disorder. Anxiety disorders are believed to result from brain chemistry, genetic predisposition, life events, and personality. Both children and adults may develop anxiety disorders. Women are twice as likely as men to suffer from most anxiety disorders, though social phobias and obsessive-compulsive disorder occur equally in both genders (Anxiety Disorders Association of America, 2016).

TYPES AND PREVALENCE OF ANXIETY DISORDERS IN ANY GIVEN YEAR FOR AMERICANS 18 YEARS AND OLDER		
Type of Disorder	*% of Population*	*Average age of onset*
GAD	3.1	31
OCD	1.0	19
Panic disorder	2.7	24
PTSD	3.5	23
Social phobias	6.8	13
Specific phobias	8.7	7
(NIMH, n.d.a)		

PERSONALITY DISORDERS

A personality disorder is a mental illness that affects a person's way of perceiving situations and relating to people, which leads to an inability to function socially. There are at least 10 conditions considered to be personality disorders. Though each is distinctive, they are typically grouped within three clusters: Cluster A (odd, eccentric behavior), Cluster B (dramatic, emotional behavior), and Cluster C (anxious, fearful behavior) (Mayo Clinic, 2016).

MOOD DISORDERS

Mood disorders, also referred to as depressive disorders, affect 9.5% of the population (NIMH, n.d.a). Two of the most common mood disorders are depression and bipolar disorder.

Depression is a disorder of the brain that results in the alteration of mood, behavior and cognition. Depression ranges from chronic, mild sadness lasting 2 years or longer (dysthymic disorder), to sadness occurring during particular seasons (seasonal affective disorder) or following childbirth (post-partum disorder), to intense, long-term sadness (major depressive disorder) (NIMH, 2015). Major depressive disorder, the most common mood disorder, is the leading cause of disability in the United States (NIMH, n.d.a). In Bexar County, 24% of respondents to a 2016 Health Assessment survey reported that they had "five or more days of poor mental health" in the past month (Health Collaborative, 2016). Women are almost twice as likely as men to experience depression; though men with depression are more likely to mask their condition with alcohol abuse or working long hours (NIMH, 2015). The elderly are also highly susceptible to depression. More

than two million Americans age 65 and older suffer from the illness (Mental Health America, n.d.).

Bipolar disorder, also known as manic-depression, is characterized by extreme changes in mood, thought, energy, and behavior. Persons with this type of mood disorder experience extreme highs (mania) and lows (depression), also known as "mood swings," that may last for hours, days, weeks or months. Approximately six million adults in the U.S. have been diagnosed with the illness. Bipolar disorder occurs equally between genders and racial groups, and is often hereditary (Depression and Bipolar Support Alliance, n.d).

TYPES AND PREVALENCE OF MOOD DISORDERS IN ANY GIVEN YEAR FOR AMERICANS 18 YEARS AND OLDER		
Type of Disorder	*% of Population*	*Average age of onset*
Bipolar disorder (Manic depression)	2.6	25
Dysthymic disorder (chronic, mild depression)	1.5	31
Major depressive disorder	6.7	32
(NIMH, n.d.a)		

IMPULSE CONTROL DISORDERS

Impulse control disorders affect approximately 10.5% of the population (Grohol, 2010). People with impulse control disorders cannot resist the impulse to carry out actions that harm either themselves or others. The most common types of disorders in this class include intermittent explosive disorder (aggressive outbursts resulting in assault or destruction of property), kleptomania (non-planned theft of worthless objects), pyromania (setting fires), compulsive gambling disorder (excessive gambling and money loss), and trichotillomania (pulling hair from one's own body). Intermittent explosive disorder and pyromania are more common in men, while kleptomania and tricholtillomania occur more frequently in women (Mental Health Association NSW INC, 2014).

EATING DISORDERS

Anorexia nervosa (a persistent quest for thinness to the point of starvation), bulimia nervosa (continual dieting, binging, and purging), and binge-eating disorder (repeated

consumption of large amounts of food) are the most common eating disorders recognized by mental health professionals. It is estimated that 30 million people suffer from an eating disorder at some point in their lives in the United States (National Eating Disorders, n.d.). Ninety-five percent of eating disorder cases are among students between the ages of 12 and 25. Eating disorders often coexist with other disorders and illnesses; nearly 50% of persons diagnosed with an eating disorder are also considered to be depressed. A combination of health complications and suicide contribute to eating disorders holding the greatest prevalence for premature mortality among all mental illness (National Association of Anorexia Nervosa and Associated Disorders, 2016).

PSYCHOTIC DISORDERS

Psychotic disorders disturb a person's emotional state, behavior and perception of reality. Two of the most common symptoms are hallucinations: unusual sensory experiences or perceptions of things that aren't actually present; and delusions: false beliefs that are persistent and organized, and that do not go away after receiving logical or accurate information (U.S. Department of Health and Human Services [HHS], n.d.). Schizophrenia is a debilitating psychotic disorder that affects nearly 2.4 million American adults over the age of 18 (National Alliance on Metal Illness [NAMI], 2016c). Individuals with schizophrenia often resist treatment because they believe their delusions are real and they do not need help. However, a majority of sufferers who are aware of the illness and seek treatment are able to effectively manage the disease. The rate of occurrence is the same between men and women, but men tend to develop the disease earlier. Schizophrenia is believed to be biologically based and is chronic, disabling, and severe (NIMH, 2016b).

TREATMENT OF MENTAL ILLNESS

There is often no cure for most mental illnesses; however, almost all disorders may be effectively managed. The combination of medication and psychological care offer the most effective treatment for those suffering

from a mental illness. Medications come in many forms. Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the most often prescribed anti-depressant medications for patients dealing with depression (NAMI, 2016b). In addition to anti-depressants, those with anxiety disorders have a variety of anti-anxiety medications available called benzodiazepines, such as clonazepam, lorazepam, and alprazolam. Schizophrenics are prescribed anti-psychotics, or mood stabilizers, such as risperidone and quetiapine. Though all of these drugs are helpful treatments, they do not cure mental illness alone (NIMH, 2016b).

Another important area of the treatment spectrum is psychotherapy. Psychotherapy consists of talking through the problems that individuals with mental illness are experiencing. Using a variety of techniques, the psychotherapist seeks to identify the source of the patients' difficulties and provide alternatives for dealing with them. The most common form of therapy used to treat patients with mental disorders is cognitive behavioral therapy or CBT. This particular form of therapy uses a combination of both cognitive and behavioral therapies to focus on the patient's thoughts or beliefs (cognition) and actions (behavior). The goal of CBT is to help patients recognize distorted or unhealthy thinking patterns and inaccurate beliefs, and find ways to modify their behavior (NIMH, n.d.b).

HELPING TEXANS WITH MENTAL ILLNESS

In 2004, community mental health services in Texas were taken over by the Texas Department of State Health Services (DSHS). Today, the DSHS provides state-wide services using Local Mental Health Authorities (LMHA), state hospitals, and Community Mental Health Centers. The State Mental Health Authority for Bexar County is housed at the Center for Health Care Services, while the Hill Country Community MHMR Center represents Bandera, Comal, and Kendall Counties (DSHS, 2016). The chart at the end of this brief provides state demographic statistics for 2015.

In 2009, the National Alliance on Mental Illness published a report on America's health care system for adults with serious mental illness titled *Grading the States 2009*. Texas received a state ranking of "D" regarding its mental health care system. Lack of equitable funding for LMHAs, difficult access to all mental health services, a high number of uninsured mentally ill persons, a deficiency in cultural competence and workforce shortages all have led to Texas' decline in providing acceptable mental health care to residents. The state ranks 49th on mental health spending. "Greater investment is needed in order for the state to truly transform and move toward an evidence-based, cost-effective mental health system" (NAMI, 2009). Texas has made recent improvements to address some of the issues it is facing. Mental health crisis services have been restructured, local areas are utilizing planning and network development, and Bexar County has introduced a jail diversion program.

There are several hospitals and non-profit centers in the San Antonio area that provide treatment for mental illness. A full listing of mental health providing agencies can be found on the Bexar Behavioral Network of Care (2016) website. About 10 people per 1,000 are hospitalized for mental disorders every year in Bexar County (Health Collaborative, 2016). Local organizations and facilities that offer treatment include Laurel Ridge, Nix Behavioral Health Services, Excel...Rise Above the Rest (a non-profit agency focused on children, adolescents and their families), and University Health System Psychiatric Outpatient Services. Housing geared towards those with mental health related issues in the San Antonio area is provided by the Fairweather Lodge Program and Fairweather Family Lodge, two unique programs run by San Antonio Family Endeavors (2015). Clarity Child Guidance Center (2014) provides both in-patient and out-patient

mental health care for children ages 3-17 and offers free screening evaluations and financial aid.

Organizations that provide reduced fee or free mental health counseling in the San Antonio area include: Ecumenical Center for Religion and Health (2016), The Center for Health Care Services (n.d.), CentroMed (n.d.), Family Service Association (2015), Jewish Family Services (n.d.), Methodist Healthcare Ministries (2016), and La Paz Community Health Center (2015).

BURDEN OF MENTAL ILLNESS

Mental illness is one of the most prevalent disorders in the United States. Mental health disorders are the leading cause of disability. In addition, mental illness often coincides with substance abuse, incarceration and suicide. Nearly 50% of the mentally ill population has a drug or alcohol dependency problem (NAMI, 2016a). Mental illness is also intimately linked to a higher potential for suicide. In fact, over 60% of those who succeed in killing themselves had a mood disorder and the "vast majority (80%) of patients with bipolar disorders have either suicidal ideation or ideation plus suicide attempts" (HHS, 2012, p.116). Mental illness is prevalent in the United States prison population. "The Bureau of Justice Statistics estimates that sixteen percent of adult inmates in state prisons and local jails are mentally ill. There are three times as many mentally ill people in prisons than in mental health hospitals, and the rate of mental illness in prisons is two to four times greater than in the general public" (Fellner, n.d., p. 392).

Economically, the direct costs for mental illness care are estimated to be 6% of overall healthcare costs in the U.S., but the complete economic burden of mental illness is unknown, in that the "social costs due to disability, unemployment, and incarceration" (Insel, 2011) are not quantified in most cost estimates.

DEMOGRAPHIC CHARACTERISTICS OF PERSONS SERVED IN STATE/COMMUNITY MENTAL HEALTH PROGRAMS DURING FY 2015												
	State Mental Health Agency				State Psychiatric Hospital				Community Mental Health Programs			
	US		Texas		US		Texas		US		Texas	
	#	%	#	%	#	%	#	%	#	%	#	%
Age												
0-17	2,066,013	27.7%	75,259	21.6%	10,183	7.4%	1,105	8.5%	2,041,716	28.0%	75,042	21.7%
18-20	324,105	4.4%	15,667	4.5%	5,684	4.1%	828	6.4%	315,260	4.3%	15,588	4.5%
21-64	4,688,546	62.9%	245,701	70.6%	114,398	82.9%	10,746	82.6%	4,577,072	62.8%	244,096	70.5%
65+	361,942	4.9%	11,519	3.3%	7,688	5.6%	326	2.5%	348,338	4.8%	11,395	3.3%
N/A	7,774	0.1%	1	0.0%	3	0.0%	-	-	6,228	0.1%	1	0.0%
Total	**7,448,380**	**100%**	**348,147**	**100%**	**137,956**	**100%**	**13,005**	**100%**	**7,288,614**	**100%**	**346,122**	**100%**
Gender												
Male	3,576,125	48.0%	173,539	49.8%								
Female	3,862,676	51.9%	174,597	50.2%								
N/A	9,579	0.1%	1	0.0%								
Total	**7,448,380**	**100%**	**348,147**	**100%**								
Race/Ethnicity												
American Indian/ Alaskan Native	89,822	1.2%	948	0.3%								
Asian	92,867	1.2%	2,715	0.8%								
Black/African American	1,443,784	19.4%	81,624	23.4%								
Native Hawaiian	16,829	0.2%	154	0.0%								
White	4,588,378	61.6%	250,929	72.1%								
Hispanic	68,501	0.9%	*	*								
Multi-racial	189,933	2.5%	11,779	3.4%								
N/A	958,266	12.9%	1	0.0%								
Total	**7,448,380**	**100%**	**348,147**	**100%**								

	US		Texas	
***Hispanic Origin**	#	%	#	%
Hispanic or Latino	1,029,735	14.4%	91,583	26.3%
Not Hispanic or Latino	5,537,361	77.2%	256,563	73.7%
Hispanic Status Unknown	605,941	8.4%	1	0.0%
Total	**7,448,380**	**100.0%**	**348,147**	**100.0%**

*Reported under Hispanic Origin

(Center for Mental Health Services (CMHS) Uniform Reporting Systems, 2016)

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