

In the United States it is estimated that 20% of adults (approximately 51.5 million individuals in 2019) experience some form of mental illness. The percentage of people who endure serious mental illness (disorders that result in disability) remains smaller – about 4% of the adult population (13.1 million) in 2019 (National Institute of Mental Health [NIMH], 2021b). The 2019 American Community Survey 5 Year Estimates indicated that 6% of Bexar County’s population, equivalent to around 106,559 residents, suffered from a cognitive disability. For the same years it was estimated that 5.4% of Comal County’s population, roughly 7,193 people, were also living with a mental difficulty. Kendall County had 5.1% (2,084 individuals) and Bandera County had 6.8% or approximately 1,439 residents with cognitive disabilities (U.S. Census Bureau, 2021). The Substance Abuse and Mental Health Services Administration estimated that 9% of Texans were taking medicine or receiving treatment for a mental health condition in 2019 (SAMHSA, 2021).

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, 2021). Some of the most commonly diagnosed classes of mental illness include anxiety disorders, attention-deficit/hyperactivity disorders, autism spectrum disorders, eating disorders, mood disorders, personality disorders, and schizophrenia disorders (National Institute of Mental Health [NIMH], 2018).

ANXIETY DISORDERS

Anxiety disorders are the most prevalent class of mental disorders, affecting 19.1% of the population in the past year. An estimated 31.1% of U.S. adults experience any anxiety disorder at some time in their lives (NIMH, 2018). 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. “Researchers are learning that anxiety disorders run in families, and that they have a biological basis, much like allergies or diabetes and other disorders. Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events” (Anxiety Disorders Association of America, 2021).

Both children and adults may develop anxiety disorders. An estimated 31.9% of adolescents had any anxiety disorder in 2017, with an estimated 8.3% of those having a severe impairment (NIMH, 2018). Women are twice as likely as men to suffer from most anxiety disorders.

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	2.7	35
OCD	1.2	24
Panic disorder	2.7	30
PTSD	3.6	26
Social phobias	7.1	14
Specific phobias	9.1	11
(NIMH, 2018; Lijster, et al., 2017)		

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, 2021).

MOOD DISORDERS

Mood disorders are a category of mental illnesses in which the underlying problem primarily affects a person’s persistent emotional state (their mood) and affect 9.7% of the population (NIMH, 2018). 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, 2021a). Major depressive disorder, the most common mood

disorder, is the leading cause of disability worldwide (World Health Organization [WHO], 2020). 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 (National Center for Health Statistics, 2020). The elderly are also highly susceptible to depression. More than two million Americans age 65 and older suffer from the illness (Mental Health America, 2021). Although depression often begins in adulthood, it is now recognized as occurring in children and adolescents. In 2017, “[A]n estimated 3.2 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 13.3% of the U.S. population aged 12 to 17” (NIMH, 2018).

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, 2021).

IMPULSE CONTROL DISORDERS

Impulse control disorders affect approximately 10.5% of the population. 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), oppositional defiant disorder (frequent loss of temper, often becomes angry or resentful), conduct disorder (persistent behavior that violates social rules, rebellious, disobedient), kleptomania (non-planned theft of worthless objects), and pyromania (setting fires) (Thomas, 2021).

Impulse control disorders usually develop during childhood or adolescence. Oppositional

defiant disorder is a childhood behavior disorder with symptoms starting between the ages of 5-10. Intermittent explosive disorder occurs most commonly in late childhood or adolescence and affects up to 10% of children in the U.S. Kleptomania can occur at any age (Zambon, 2020). Pyromania occurs in adolescents and adults but is considered relatively rare with the lifetime prevalence of people in the United States who intentionally set fires reported to be around 3.3% (Thomas, 2021). Intermittent explosive disorder, conduct disorder, and pyromania are more common in males, while kleptomania occurs more frequently in females (Zambon, 2020).

EATING DISORDERS

Anorexia nervosa (a persistent quest for thinness to the point of starvation), bulimia nervosa (continual dieting, bingeing, 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 Association, 2021). Eating disorders often coexist with other disorders and illnesses; “a study of more than 2,400 individuals hospitalized for an eating disorder found that 94% of the participants had a co-occurring mood disorder, with 92% of those in the sample struggling with a depressive disorder. Of the 56% of individuals who were diagnosed with anxiety disorders, 20% had OCD” (National Eating Disorders Association, 2021). Children and adolescents are also at risk of developing eating disorders. According to the National Association of Anorexia Nervosa and Associated Disorders (2021):

- 42% of 1st-3rd grade girls want to be thinner
- 81% of 10 year old children are afraid of being fat
- 46% of 9-11 year-olds are “sometimes” or “very often” on diets
- 35-57% of adolescent girls engage in crash dieting, fasting, self-induced vomiting, diet pills, or laxatives

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. Schizophrenia is a debilitating psychotic disorder that affects between 0.25% to 0.64% of American adults over the age of 18. “Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40” (National Alliance on Mental Illness [NAMI], 2021c).

Schizophrenia may have several possible causes including:

- Genetics – likelihood of developing schizophrenia is six times higher if a family member (parent or sibling) has the disorder
- Environment – exposure to viruses or malnutrition before birth; autoimmune disorder
- Brain chemistry – problems with the neurotransmitters dopamine and glutamate
- Substance use – taking mind-altering drugs during teen and young adult years (NAMI, 2021c).

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, 2021d). 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 (NAMI, 2021d).

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 (NAMI, 2021d).

HELPING TEXANS WITH MENTAL ILLNESS

Texas Health and Human Services (HHS) provides state-wide services using Local Mental Health Authorities (LMHAs), 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 (HHS, 2021). The chart at the end of this brief provides state demographic statistics for 2020.

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 (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. "In January of 2018, the Texas Supreme Court and the Texas Court of Criminal Appeals joined hands in launching the Judicial Commission on Mental Health to assist these members of our society through collaboration, education, and implementation of services for appropriate care" (Court of Criminal Appeals, 2019, p.1).

There are a variety of hospitals and non-profit centers in the San Antonio area that provide treatment for mental illness. Listings of mental health providing agencies can be found in the Center for Healthcare Services (2021) program directory, the Court of Criminal Appeals (2019) resource guide, and the Alamo Service Connection (2021) resource center.

Types of programs available include adult behavioral health services, adult and juvenile justice programs, support housing programs, wellness clinics, children's behavioral health programs, early childhood and adolescent mental health services, restoration and transformational services, and long-term care services.

BURDEN OF MENTAL ILLNESS

Mental illness is one of the most prevalent disorders, and are the leading cause of disability, in the United States. In addition, mental illness often coincides with substance abuse, incarceration and suicide. Nearly 9.5 million adults experienced both mental illness and a substance use disorder in 2019 (NAMI, 2021a). 46% of people who die by suicide had a known mental health condition (NAMI, 2021b). 37% of inmates in state and federal prisons have been diagnosed with a mental illness (Prison Policy Initiative, 2021).

Economically, the direct costs for mental illness care are estimated to be \$225 billion in 2019, 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 are not quantified in most cost estimates (Leonhardt, 2021).

DEMOGRAPHIC CHARACTERISTICS OF PERSONS SERVED IN STATE/COMMUNITY MENTAL HEALTH PROGRAMS DURING FY 2020												
	State Mental Health Agency				State Psychiatric Hospital				Community Mental Health Programs			
	US		Texas		US		Texas		US		Texas	
	#	%	#	%	#	%	#	%	#	%	#	%
Age												
0-17	2,212,706	27.6%	92,527	22.3%	7,472	6.0%	1,152	7.0%	2,189,167	28.1%	92,410	22.4%
18-20	378,464	4.7%	21,217	5.1%	5,035	4.0%	1,051	6.4%	366,512	4.7%	21,149	5.1%
21-64	5,321,010	66.4%	305,840	73.6%	104,890	83.7%	13,818	84.5%	4,786,066	61.3%	282,738	68.4%
65+	545,202	5.7%	16,983	4.1%	7,905	6.3%	339	2.1%	436,181	5.6%	16,831	4.1%
N/A	25,478	0.3%	0	0.0%	3	0.0%	-	-	23,440	0.3%	0	0.0%
Total	8,013,396	100%	415,350	100%	125,305	100%	13,005	100%	7,801,366	100%	413,128	100%
Gender												
Male	3,806,212	47.5%	207,692	50.0%								
Female	4,165,457	52.0%	207,658	50.0%								
N/A	41,727	0.5%	0	0.0%								
Total	7,448,380	100%	348,147	100%								
Race/Ethnicity												
American Indian/ Alaskan Native	144,169	1.8%	1,421	0.3%								
Asian	113,401	1.4%	3,606	0.9%								
Black/African American	1,406,075	17.5%	89,203	21.5%								
Native Hawaiian	20,489	0.3%	422	0.1%								
White	4,752,713	59.3%	300,542	72.4%								
Hispanic	*	*	*	*								
Multi-racial	217,180	2.7%	20,156	3.4%								
N/A	1,359,369	17.0%	0	0.0%								
Total	7,379,879	100%	415,350	100%								

	US		Texas	
*Hispanic Origin	#	%	#	%
Hispanic or Latino	1,229,256	16.9%	120,625	29.0%
Not Hispanic or Latino	5,515,915	75.9%	294,725	71.0%
Hispanic Status Unknown	518,733	7.1%	0	0.0%
Total	7,263,904	100.0%	415,350	100.0%

*Reported under Hispanic Origin

(Substance Abuse and Mental Health Services Administration (SAMHSA), 2020)

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