

## Texas Mental Health Facts

### Mental Health Workforce Shortages

- In 2013, more than 23% of the Texas population lived in 199 different counties experiencing mental health workforce shortages.
- Texas' five most populous counties (Harris, Dallas, Tarrant, Bexar, and Travis) had roughly 43.4% of the population and 63% of the state's psychiatrists (9,507:1 ratio) while the remainder of the state had a ratio of 21,081:1
- 2.798 million Texans (10.5% of the population) live in counties with no psychiatrists.

Source: Texas Department of State Health Services

### Early Intervention

- In any given year less than half of children who need services will receive them.
- 50% of all biological brain disorders are present by the age of 14.
- The average age of onset of OCD is 10 years old.
- Children with mental illnesses have a drop-out rate of 50%, the highest of any disability group.
- 25-33% of all those initially diagnosed as having ADD or ADHD will later be diagnosed as having bipolar disorder.

Source: National Alliance on Mental Illness

*The mission of NAMI Austin—the Austin affiliate of the National Alliance on Mental Illness—is to improve the lives of all persons affected by serious mental illness by providing support, education, and advocacy throughout the metropolitan area of Austin, Texas to individuals and families affected by mental illness.*

**[www.namiaustin.org](http://www.namiaustin.org)**  
**[info@namiaustin.org](mailto:info@namiaustin.org)**  
**512.420.9810**

## MENTAL HEALTH WORKFORCE SHORTAGES

The state's health care professional shortage, particularly in rural and impoverished urban areas, is well known to those seeking services as well as to most policymakers. A critical shortage in mental health care professionals is often overlooked, yet the most severe health profession shortages are in mental health services. Texas ranks far below the national average in the number of mental health professionals per 100,000 residents. This gap will worsen if steps are not taken now to address the mental health workforce shortage in Texas. A critical 2015 legislative goal is implementation of recommendations from the House Select Committee on HB 1023 to ameliorate workforce shortages throughout the State.

### **Recommendations**

NAMI Austin supports increasing the size of the workforce; improving the distribution of the mental health workforce across Texas; targeting recruitment to provide better diversity of the mental health workforce; utilizing novel education models and telemedicine; and improving data collection and analysis.

## EARLY INTERVENTION

Children and youth who receive prompt, effective mental health care demonstrate surprising resilience, overcoming major challenges to thrive in school, home and the community. Emerging research indicates that intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability. Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school. School professionals and parents are the first line of defense in intervention.

### **Recommendations**

NAMI Austin advocates for early identification and early intervention for children, adolescents and young adults who experience the challenges of behavioral issues, emotional or social adjustment difficulties or other symptoms which often interfere with their learning and their development. We support educating all school personnel and parents/caregivers about the behaviors that can signal early onset of lifetime mental illnesses and how to provide appropriate accommodations to maximize learning; educating children and youth about the signs and symptoms of mental illness and how to ask for help; promotion of local and state leadership in early mental health identification and treatment; securing new and increasing levels of funding for early intervention and treatment.

## Texas Mental Health Facts

### Housing

- On any given night, more than 36,000 people in Texas experience homelessness. An estimated 26.2% of these have serious mental illness (SMI).
- People with SMI who do not have stable housing arrangements tend to cycle in and out of psychiatric hospitals, emergency rooms and temporary shelters where treatment is less effective and more expensive.
- The Texas Department of Housing and Community Affairs estimates that Texas meets less than 1% of its total affordable housing needs.

Source: Hogg Foundation for Mental Health

### Medicaid Benefits

- Many low-income individuals with severe mental illness leave state institutions without health insurance and therefore without financial access to the treatment they need to live successfully in their communities.
- A 2005 Department of Justice survey found 21% of jail inmates and 24% of state prisoners had a recent history of a mental health problem.
- Same survey found 43 percent of jail inmates and 32 percent of state prisoners had symptoms of mental illness.
- A series of studies investigating the post-release trajectory of jail detainees with mental illness found that those with Medicaid were more likely to access community services and had fewer subsequent detentions.

Source: SAMSHA

### Funding

- In 2010, Texas ranked 49<sup>th</sup> in the nation in per capita expenditures for mental health services, spending less than one dollar for every three spent per patient in other states.

### SUPPORTIVE HOUSING (Housing w/Individualized Support Services):

Supportive housing is a cost-effective model that combines housing with services to increase housing stability and markedly reduce shelter use, hospitalizations and criminal justice system involvement. Access to affordable housing and supportive housing services is a critical need in the State of Texas. Supportive housing is:

- An evidence-based best practice.
- A key component in the treatment plan of those with severe and persistent mental illness (SPMI), greatly reducing cycling through jails, prisons, mental hospitals and ERs, and reducing costs to taxpayers.
- In short supply, particularly in Austin with a shortage of 40,000 units of affordable housing and 3,000+ units of permanent supportive housing (PSH).
- Dependent on vouchers to bridge the gap between 30% of an individual's income and the rent in an affordable unit.

### **Recommendations**

NAMI Austin endorses increasing the supply of permanent supportive housing in the community; the inclusion of persons with felony convictions due to untreated or under-treated mental illness; and increasing housing voucher funds.

### IMMEDIATE REINSTATEMENT OF MEDICAID BENEFITS

Medicaid is a critical tool to provide health coverage for millions of low-income Americans living with mental illness. Under state regulations persons who are jailed or in a state hospital or other free standing psychiatric hospitals for longer lengths of stay have their Medicaid benefits suspended or terminated. It is challenging to have Medicaid benefits restored upon release; sometimes persons need to reapply for Medicaid benefits which can be a lengthy process. When Medicaid benefits are immediately reinstated, then follow-up treatment in the community is not jeopardized due to lack of payer source.

### **Recommendations**

NAMI Austin supports legislation which would ensure benefits are immediately reinstated upon the release of an inmate or person who has been hospitalized so that follow-up treatment is not jeopardized.

### FUNDING

Funding drives the availability of mental health services. It determines the type of services offered and who will be eligible to receive them. While significant gains were made in the 2013 session, Texas still ranks well below the national average in per capita spending for mental health.

### **Recommendations**

NAMI Austin supports maintenance of current budget levels with strategic increases to fund workforce enhancement, early intervention/early treatment programs and supportive housing.