



the mental health

advocate

FALL 2003

The President's New Freedom Commission on Mental Health Report

by Lynn Lasky, LMSW, President & CEO

On April 29, 2002, President Bush announced the creation of the New Freedom Commission on Mental Health. He declared, "Our country must make a commitment. Americans with mental illness deserve our understanding and they deserve excellent care." The President identified stigma that surrounds mental illnesses, unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and the fragmented mental health delivery system as obstacles preventing people with mental disorders from getting the excellent care they deserve.



After a year of study, the Commission found that recovery from mental illness is now a real possibility and detailed six goals with recommendations to transform America's mental health system.

However, the Commission also reported that mental health services and supports needed by Americans with mental disorders remain fragmented, disconnected and often inadequate—a patchwork relic resulting from disjointed reforms and policies.

The same is true of the Texas mental health system. A recent study revealed that over 18 of Texas' 24 health and human service agencies deliver some form of mental health care. Navigating the mental health care delivery system in

Texas is cumbersome, confusing, and disjointed. Consumers and family members find that many times mental health serving agencies do not coordinate services for the best possible care of children and adults seeking treatment which frustrates the opportunity for optimal mental health care and efficiency of state funding.

The need for mental health services is great in Texas. An estimated 4.3 million Texans experienced some form of diagnosable mental health disorder in 2002.

Of those, 1.5 million children, youth, and adults had a serious mental illness that impaired their ability to function at home, work, school, and in the community. Last year, nearly 550,000 adults and children at con't page 2

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risk and eligible for public mental health services; however, due to lack of funding only about 190,000 were served.

Prior to the 78th legislative session, Texas' mental health service delivery system was in a state of crisis. Texas was ranked 47th in the nation in per capita spending for public mental health care. And resulting budget cuts and public policy changes will only make the situation more dire.

As a result of the 78th legislative session, the State balanced the budget on the backs of Texas' most needy citizens, including children, youth and adults with mental disorders. For example, the Texas Department of Mental Health and Mental Retardation (TDMHMR) will receive \$58.5 million less than necessary to maintain services to the approximately 30% of those who needed services in 2002. In other measures to save money, the Texas Legislature radically reduced mental health benefits in the Texas CHIP program and eliminated counseling services by professionals other than psychiatrists for adults over the age of 18 receiving Medicaid.

HB 2292 mandates some of the most detrimental mental health policy changes, including those to the Texas CHIP and Medicaid programs. Additionally, HB 2292 requires TDMHMR to change the definition of adults to be served which largely restricts people with mental illnesses from receiving care unless they have a diagnosis labeled schizophrenia, bipolar disorder, or "clinically severe" depression. This new, restrictive adult priority population is contrary to the definition of serious mental illness contained in the Commission's report.

The Mental Health Association in Texas (MHAT) is already hearing from mental health consumers, family members, and professionals about the devastating impact that mandated

budget cuts and policy changes will have on them. For example,

"The local office of mental health . . . will not help me unless I am going to hurt myself or others. What I don't understand is why I must slip that far into the abyss to get help. I have always thought and been told that prevention is the key, not wait until drastic measures must be used to recover. I do not under any circumstances want to return to the place I was nearly four years ago, but don't know what else to do . . . I don't know where to turn or what to do . . . "

-Consumer of Mental Health Services

“What I don't understand is why I must slip that far into the abyss to get help.”

"These changes most definitely impact the patients that I see—traditionally most of them are on Medicaid, since they are severely mentally ill. It is a cost-foolish proposal, since my patients tend to go to the ER if they do not have therapy, and tend to increase their medical visits if they do not have therapy . . . "

-Provider of Mental Health Services

Inspired by the vision and leadership of MHAT's Board of Directors, the Association is challenging old systems and taking action to improve mental health care for Texans with mental disorders.

In accordance with MHAT's 2003-2006 Strategic Plan and in alignment with the Commission's recommendations, the Association is working with other collaborators to enhance the mental health system for all Texans. The Strategic Plan addresses consumer needs, considers internal and external trends, as well as the political, economic and technology factors affecting the mental health system.

In an effort to educate the public and

eliminate the stigma that surrounds mental illnesses, Fox 7, KTBC TV-Austin has partnered with MHAT to begin broadcasting public service announcements (PSAs). These PSAs inform the public about mental health and mental disorders. The Association is also involved in the Eliminating Barriers Initiative which will develop public education practices designed to decrease stigma and discrimination associated with mental illness. MHAT continues to be in regular contact with radio, television, and print media outlets resulting in statewide awareness of mental health issues including budget cuts and policy changes.

The Association's long history of facilitating diverse coalitions to assist in the resolution of pressing issues has led to the formation of expanded partnerships and new initiatives. To begin addressing the fragmentation of Texas' mental health service delivery system, MHAT is sponsoring the Invisible Children's Project which will identify the needs of children with parents diagnosed with mental illness, resulting in recommendations and an action plan to improve services for these families. Another new project sponsored by MHAT, the Texas Partners in Crisis initiative, will link a diverse group of stakeholders from the criminal justice, law enforcement, substance abuse, and mental health fields to address the criminalization of children, youth, and adults with mental disorders.

MHAT is also represented on the Mental Health Transformation Summit Steering Committee made up of mental health advocates, public providers, professional organizations, academic leadership, and former new Freedom Commissioners to create a Mental Health Treatment Summit to begin changing the mental health system in Texas. The Association has been a partner in the Infant and Early Childhood Mental Health State Planning Team and the [con't page 7](#)

Children's Health Insurance Plan (CHIP) and MEDICAID Benefit Reductions



Children's Health Insurance Plan (CHIP) Benefit Reductions *Most mental health benefits in CHIP ended September 1, 2003.*

- ◆ Texas now has the most limited mental health benefit in any state CHIP program in the nation.
- ◆ Approximately 57,000 children received mental health services through CHIP in the last year and a half. All of these children will have to look elsewhere for these essential services.
- ◆ Starting September 1, 2003, CHIP mental health services are limited to 1 outpatient diagnostic visit and 6 medication management visits per enrollment period (every six months). All other mental health services have

been eliminated, including evaluation, treatment and therapy after a crisis, rehabilitation, and counseling and early intervention to prevent a more serious illness from occurring.

- ◆ The public mental health system will not be able to pick up new clients because of budget cuts to that system.
- ◆ Approximately HALF of youth in the Juvenile Justice System have at least one mental disorder.
- ◆ Policy changes to the CHIP program will affect about 169,000 children because of changes in eligibility requirements and the elimination of benefits—primarily the mental health

benefit.

- ◆ Because of changes in the income eligibility guidelines, some families are being notified that they may no longer be eligible for CHIP at all unless their income has gone down.
- ◆ Even more children will be uninsured in a state with the nation's highest rate of uninsured children.
- ◆ CHIP cuts, including the mental health benefit, will cause Texas to lose \$550 in federal matching funds over 2 years.
- ◆ These cuts will result in reductions in our provider network and will erode patient access to care.

MEDICAID Benefits Reduction *Mental health counseling benefits ended September 1, 2003*

- ◆ Nearly 625,000 elderly and disabled Texans enrolled in Medicaid are being forced to terminate services with some healthcare providers as a result of the recent cuts made to the state's Medicaid program. A bill passed by the 78th legislature eliminated optional Medicaid services including mental health counseling, podiatry, eyeglasses, chiropractic services, and hearing aids.

con't page 8

CONSOLIDATION OF HEALTH AND HUMAN SERVICES AGENCIES

H.B. 2292 -78th Legislature, Regular Session, 2003

MAJOR RESTRUCTURING APPROVED

Through the enactment of House Bill 2292, the Governor and the Legislature have directed Texas health and human services agencies to consolidate organizational structures and functions, eliminate duplicative administrative systems, and streamline processes and procedures that guide the delivery of health and human services to Texans.

Currently, health and human services are provided to millions of Texans through an array of services within a complex and confusing framework of policy-making, management and administration, and delivery systems. At present, 12 separate agencies expend an estimated \$19.5 billion per year (all funds) to administer over 200 programs, employ about 50,000 state workers, and operate from over 1000 different locations across the state.

AGENCY CONSOLIDATION

The operations of the existing 12 Health and Human Services Agencies will be re-aligned by consolidating similar functions within 5 agencies. The agencies within the health and human services system will be:

- * Health and Human Services Commission (HHSC)
- * Department of State Health Services
- * Department of Aging and Disability Services
- * Department of Assistive and Rehabilitative Services
- * Department of Family and Protective Services

OVERSIGHT AND ACCOUNTABILITY

An executive commissioner appointed by the Governor for a two-year term and confirmed by the Senate will oversee the operations of the Health and Human Services Commission. The operations of each of the other agencies within the health and human services (HHS) delivery system will be supervised by a commissioner appointed by the executive commissioner with the approval of the Governor. These commissioners will report to the executive commissioner of HHSC. A council composed of nine gubernatorial appointees will be created for each agency to advise the agency commissioner on agency policies and programs. The commissioners of the individual agencies will assist in the development of rules

for their respective agencies, although the authority to adopt rules for each HHS agency is delegated to the executive commissioner of HHSC.

TRANSITION TO CONSOLIDATED SYSTEM

The transition to the consolidated system will be governed by a "Transition Plan" to be developed by HHSC and submitted to the Governor and the Legislative Budget Board by December 1, 2003. The Transition Plan will reflect the initial vision and timelines for the transformation to a consolidated system. Since it is anticipated that the full consolidation of HHS agencies and functions will take place over the next four to six years, modifications to the plan will be developed, reviewed and submitted as appropriate. Some of the consolidation and streamlining efforts have already begun, such as the consolidation of all human resource (personnel) functions from multiple agencies into HHSC and the migration to a common automated system for accounting and administrative transactions.

TRANSITION OVERSIGHT AND PUBLIC INPUT

A Health and Human Services Transition Legislative Oversight Committee will be created to facilitate the HHS agency consolidation with minimal disruption of services and to provide ongoing guidance on the health and human services delivery system in Texas. The Committee will consist of two Senators appointed by the Lieutenant Governor, two Representatives appointed by the Speaker of the House, and 3 public members appointed by the Governor. The executive commissioner will serve as an ex-officio member.

The Oversight Committee will solicit public input in the development of the transition plan and must hold public hearings on the proposed transition plan no later than November 1, 2003. The final plan must be submitted to the Governor and Legislative Budget Board no later than December 1, 2003.

See new organizational chart on page 5. Taken from the Texas Health and Human Services Commission website <http://www.hhsc.state.tx.us/>.

PRESIDENT'S MENTAL HEALTH COMMISSION RECOMMENDS TRANSFORMING AMERICA'S MENTAL HEALTH CARE SYSTEM

President Bush's New Freedom Commission on Mental Health presented its final report *Achieving the Promise: Transforming Mental Health Care in America* to the President, as part of a week-long recognition of the anniversary of the Americans with Disabilities Act. The product of a year of study, the report finds that the nation's mental health care system is beyond simple repair.

Building on research, expert testimony and input from over 2,300 consumers, family members, service providers and others, the report concludes that "traditional reform measures are not enough...". Instead, it recommends a wholesale transformation that involves consumers and providers, policymakers

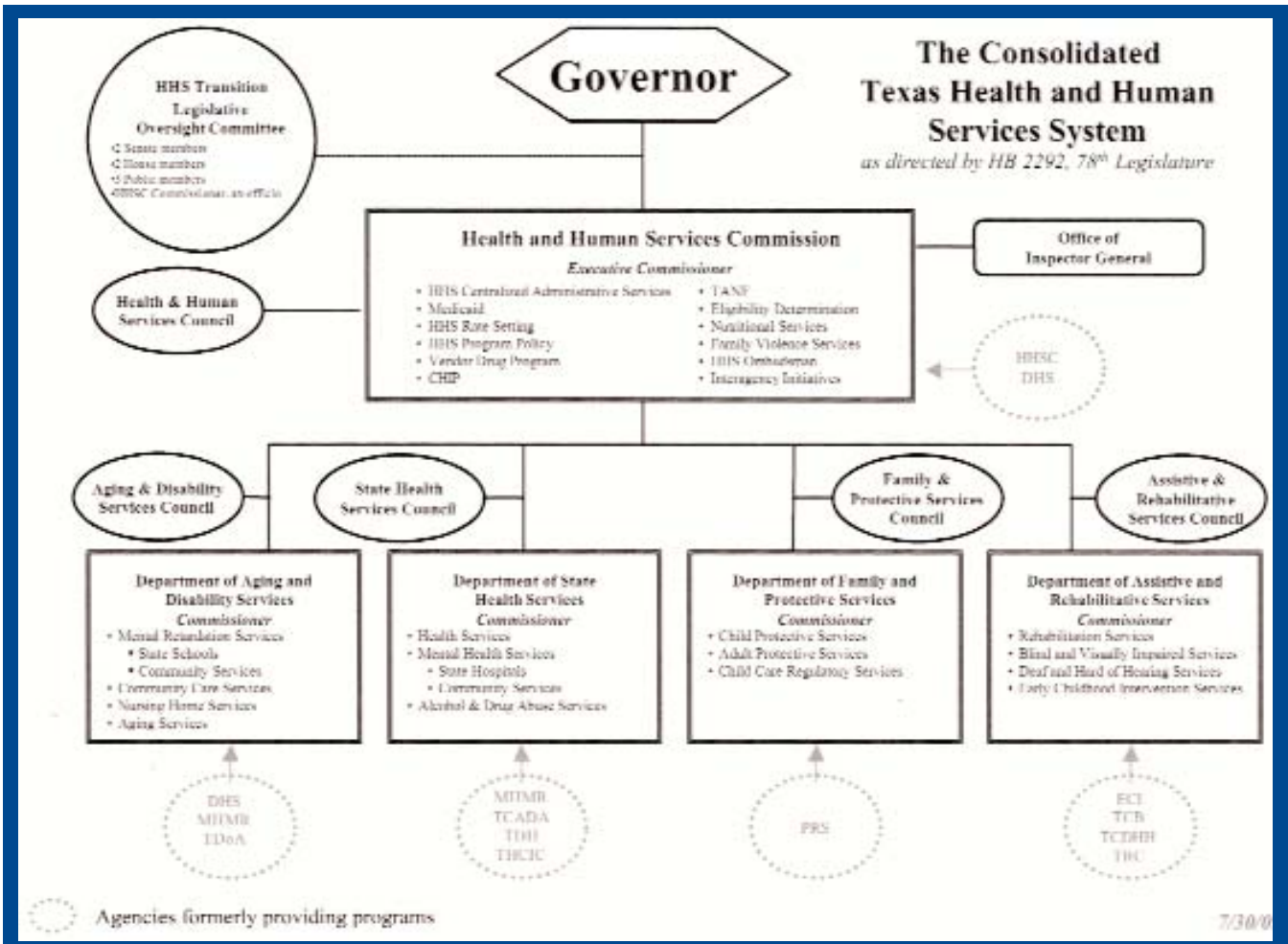
at all levels of government, and both the public and private sectors.

Commission Chair Michael F. Hogan, Ph.D., Director of the Ohio Department of Mental Health, declared "The time has long passed for yet another piecemeal approach to mental health reform. For too many Americans with mental illnesses, mental health services and supports they need are disconnected and often inadequate. The commission has found that the time has come for a fundamental transformation of the Nation's approach to mental health care. This report provides the President with a roadmap for that transformation. The destination is recovery. We ask consumers, family members, service providers, other members of the mental

health community and all Americans — to join us on that journey."

The commission finds that the current system is unintentionally focused on managing the disabilities associated with mental illness rather than promoting recovery, and that this limited approach is due to fragmentation, gaps in care, and uneven quality. These systems problems frustrate the work of many dedicated staff, and make it much harder for people with mental illness and their families to access needed care. Instead, the commission recommends a focus on promoting recovery and building resilience—the ability to withstand stresses and life challenges. *con't page 6*

from page 4 - New Organizational Chart



The approach recommended by the commission will move toward full community participation for children and youth, adults, and older Americans with mental illnesses—instead of school failure, institutionalization, long-term disability, and homelessness. The commission presents the President with six goals and a series of specific recommendations for federal agencies, states, communities, and providers nationwide. Together, working through both the public and private sectors, the recommendations would achieve the needed transformation in care, and put limited resources to their best use.

The goals the commission articulates underscore the urgency and magnitude of the changes it proposes. The commission believes that Americans must come to understand that mental health is integral to their overall health, and recommends that mental illnesses be addressed with the same urgency as other medical problems. The stigma attached to mental illness, which discourages people from seeking care, must be eliminated.

The commission finds that transforming mental health care demands a shift toward consumer and family-driven services. Consumers' needs and preferences, not bureaucratic requirements, must drive the services they receive. To achieve that goal, the commission recommends changes in federal programs, upgraded state responsibility for planning effective services, and placing consumers and their families at the center of service decisions.

Members of minority groups and people in rural areas, the commission finds, have worse access to care, and often receive services that are not responsive to their needs. As a result, the burden of mental illness is heavier for these individuals. The commission urges a commitment to services that are "culturally competent"—acceptable to and effective for people of varied backgrounds.

The commission's review finds that too often, mental illness is detected late not early, and that as a result, services frequently focus on living with disability, not the better outcomes associated with effective early intervention. Therefore, the commission recommends a dynamic shift in care, moving toward a model that emphasizes early intervention and disability prevention. As the panel notes, "early detection, assessment, and linkage with treatment and supports can prevent mental health problems from compounding and poor life outcomes from accumulating..."

Achieving this goal will require greater engagement and education of first line health care providers - primary care practitioners - and a greater focus on mental health care in institutions such as schools, child welfare programs, and the criminal and juvenile justice systems.

The goal is integrated care that can screen, identify, and respond to problems early. The commission also notes that a majority of adults—even those with the most serious mental illness—want to work, but are held back by poor access to effective job supports, incentives to remain on disability status, and employment discrimination.

The commission finds that effective services and supports validated by research find their way into practice too slowly. It calls for a more effective process to make "evidence-based practices" the bedrock of service delivery. This will require that payers of mental health care reimburse such practices, that universities and professional groups support training and continuing education in research-validated interventions.

Acknowledging significant progress in research on mental illnesses, the panel urges the elimination of the 15-20 year lag between the discovery of effective treatments and their wide use in

routine patient care. It highlights the need for accelerated and relevant research to promote recovery and, ultimately, to cure and prevent mental illnesses.

The commission recommends that the mental health system move more effectively to harness the power of communications and computer technology to improve access to information and to care, and to improve quality and accountability. With strong protections for privacy, these technologies can improve care in rural areas, help prevent medical errors, and reduce paperwork.

Throughout the report, the commission identifies private and public-sector model programs that provide examples of how aspects of mental health care have been transformed in selected communities.

These examples of innovation—across America, across the age span, and addressing many needs—illuminate how dramatic change is possible, and serve as beacons for the broader improvements recommended by the commission.

With presentation of the report to the President, the charge to the commission has been fulfilled. Its findings, goals and recommendations are designed to be assessed and carried forward not only by federal agencies and offices, but also by states and communities, and public and private providers, nationwide. The commission urges all shareholders in mental health to work together to make recovery from mental illness the expected outcome.

The President's New Freedom Commission on Mental Health was established by Executive Order 13263 on April 29, 2002. The commission's work has been an essential part of the President's commitment - embodied in the New Freedom Initiative - to eliminate inequality for Americans with disabilities. This document responds to the legal requirement for a final report of the commission. Additional information about the commission, its Interim and Final Reports are available online at www.MentalHealthCommission.gov.

TEXAS APPESEED INDUCTED INTO THE RING OF HONOR

Each year, the Mental Health Association selects an individual or organization that has made a significant contribution in the field of mental health.



This year the Association honors Texas Appleseed and its founders—Kathy Patricks, *Gibbs & Bruns*, Ron Lewis, *Baker & Botts*, Gib Walton, *Vinson &*

Elkins, Greg Huffman, *Thompson & Knight*, Mike Lowenberg, *Gardere Wynn*, Joe Crews, *Ivy, Crews, and Elliot*, Chuck Herring, Eric Moye, Chrys Dougherty, *Graves, Dougherty, Hearon & Moody*.

Texas Appleseed is a local center of the Appleseed Foundation. It works to build a just society through legal advocacy, community activism, and policy expertise.

As a component of this program, Texas Appleseed created the Fair Defense Project where it works with social workers, public defenders, and other interested parties to guarantee that the needs of defendants with mental illnesses are addressed by the attorneys who represent them and to ensure that these

defendants are adequately served in the justice system.

To help identify and address these needs, Texas Appleseed developed a series of handbooks to help attorneys, families and individuals with mental illnesses. To date, Texas Appleseed has distributed more than 20,000 handbooks and has participated in speaking engagements supporting the handbooks statewide with emphasis in large urban centers like Dallas, San Antonio, El Paso, Fort Worth, and Austin—as well as smaller towns like Kerrville and Texas City.

In addition to the Fair Defense Project, Texas Appleseed promotes the idea of specially trained lawyers qualified to handle cases in which the defendant has a mental health disorder, and has started to focus on the creation of Mental Health Public Defender Offices (MHPD) in large urban areas.

A mental health public defender's office would provide a large urban county with highly trained attorneys, supported by social workers, who would provide quality representation to indigent defendants with mental illness. Some things attorneys and social workers in

such an office will know include: how to recognize obvious and subtle signs of mental illnesses; what questions to ask a client to confirm an initial suspicion of mental illness—and how to ask the questions; where to look for mental health records and other mitigation evidence—and how to present this evidence to prosecutors, judges, and juries; the special bond provisions that apply to persons with mental disabilities; how to request mental health evaluations; and how to pursue competency hearings.

Efforts to launch an MHPD office in Travis County is in the works.

Texas Appleseed will receive the Ring of Honor award on:

Thursday, October 23, 2003
5:30 pm - 8:00 pm
Capital Cruises
(Hyatt Regency Boat Dock)
208 Barton Springs Road
Business Casual Attire

This is a fundraising event that benefits the Mental Health Association in Texas. For information and tickets visit online www.mhatexas.org or call 512-454-3706 x 219.

from page 2- New Freedom Commission Report

State Education/Mental Health Oversight Committee. However, these committees may be transformed or eliminated as they are slated for abolishment in accordance with the mandates included in HB 2292.

Additionally, MHAT has sponsored the Texas Parents as Teachers (TXPAT) program for the past 16 years. TXPAT is a parenting program providing the early detection of mental health problems in children through early mental health screening, assessment, and referral. The program is in line with the Commission's recommendation

that early mental health screening, assessment, and referral to services are common practice.

In the words of Martin Luther King, Jr., "These are revolutionary times; all over the globe men are revolting against old systems of exploitation and oppression. The shirtless and barefoot people of the world are rising up as never before. The people that walked in darkness have seen a great light . . . we must move past indecision to action. . . If we do not act, we shall surely be dragged down the long, dark, and shameful corridors of time reserved for those who possess power without

compassion, might without morality, and strength without sight." These are revolutionary times for mental health care in Texas. The time has come for Texas' leaders to embrace the Commission's recommendations and make changes necessary to improve mental health care. Inadequate services and lack of community support transfer the burden of disease to other institutions, such as jails and prisons, and exacts an enormous toll on individuals, family members and society as a whole. Texas needs to make a commitment to its citizens with mental disorders. It is just and humane.

MHAT ANNOUNCES MEDIA AWARD WINNERS

The Mental Health Association in Texas (MHAT) announces the winners of the Texas Mental Health Media Awards.

"The Mental Health Media Awards remind us each year that journalists, make a profound difference in the way mental health and mental illness is portrayed to the general public," said Lynn Lasky, president and CEO of MHAT. "The journalists whose work we honor this year brought some of the most complicated and challenging issues in mental health to the forefront."

Awards will be presented on October

23rd during the Association's Annual Meeting.

This prestigious award attracted entries from across the media industry, from major broadcasters and newspapers to small independent television and radio.

The 2003 Mental Health Media Awards winners are:

Donna Fielder
Denton Record-Chronicle

Patricia Gras, Fujio Wantanabe, Frank Castro
Houston PBS

Polly Ross Hughes
Houston Chronicle

Harold "Hap" LeCrone, Ph.D.
Waco Tribune Herald

Dave Mann
Texas Observer

Karen Patterson
Dallas Morning News

Marina Pisano
San Antonio Express

Carolyn Poirot
Ft. Worth Star Telegram

Doug Shupe
News 8 Austin

Frank Michel
Houston Chronicle Editorial Board

from page 3 - CHIP and Medicaid Changes

◆ Medicaid recipients will no longer get counseling or therapy from their licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Social Worker-Advanced Clinical Practitioner.

◆ Health and Human Services Commission utilization data FY2002 shows that nearly 128,000 adult Medicaid recipients with mental health disorders used services provided by licensed psychologists, licensed master social workers-advanced clinical practitioners, licensed professional counselors, and licensed marriage and family therapists.

New state legislation now prohibits these professionals from providing counseling services to these and other Medicaid enrollees aged 21 and older.

◆ Texas' under-funded public mental health system will not be

able to take on new clients as a result of these cuts. Limiting Medicaid recipients' access to mental health services will force many into local emergency rooms- the cost of which will be paid through increased taxes at the local level.

SOLUTIONS

The Legislature has the power to restore these cuts. The Governor and Legislative Budget Board have the power to restore CHIP and Medicaid cuts-without action by the Legislature.

Comptroller Carole Keeton Strayhorn reported in May that there is approximately \$700 million in unallocated money, part of which could be used to restore the optional services in Medicaid and the mental health benefit in CHIP.

A part of that money (\$167 million) was appropriated to reduce the size of cuts to reimbursement rates for

Medicaid providers and to provide funding for community care hours.

Experts estimate that it would cost approximately \$52.5 million to partially restore these Medicaid and CHIP benefits (there would still be \$800-\$850 million GR in cuts even after spending the \$52) for the biennium.

- \$8.5 million to restore the mental health benefit in CHIP
- \$35 million to restore the mental health provider benefit in Medicaid
- \$9 million to restore the other essential optional services in Medicaid such as podiatry, eyeglasses, chiropractic, hearing aids.



Anti-Stigma: Do You Know the Facts?

Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma, and the resulting discrimination, discourages individuals and their families from getting much needed help.

Mental illness is one of the most stigmatized conditions in our society.

The misconceptions about the “mentally ill” is often linked with descriptions like dangerousness and unpredictability.

People who are labeled mentally ill are incorrectly assumed to have the behavioral characteristics of being dangerous and unpredictable.

Half of all Americans experience a mental disorder at some point in their lives, but nearly 2/3 of those with mental illnesses do not seek treatment.

As with most health problems, avoiding treatment can make the illness and its symptoms worse, and postpone recovery.

People identified as “mentally ill” are seen as different and are set apart from others our in society.

Those identified as former psychiatric patients are stigmatized whether or not their behavior is seen as normal or abnormal AND whether or not their illness is in remission. As a result they are often:

- * turned down for jobs in which they qualify

- * denied admission to schools
- * counseled to lower their expectations for a productive life
- * denied insurance
- * turned down for housing
- * rejected and avoided in social situations
- * discriminated against in legal proceedings (e.g., child custody or divorce)

Stigma negatively impacts the lives of people with mental illness.

Perceived dangerousness is central to the stigma of mental illness. The general public’s fear of people with mental illnesses has increased over the past 50 years despite the fact that only a small portion of people with severe mental illnesses ever engage in violence.

For the vast majority of Americans, mass media and entertainment is the main source of information on mental health and mental illnesses.

Images of people with mental disorders and mental illnesses are typically negative and/or inaccurate.

They are often portrayed as violent, dangerous, unpredictable, incompetent and unlikable.

These often very vivid images paint a picture of danger, evoking fear and misconception that further stigmatizes the term mental illnesses and the people affected.

People with mental illnesses are more likely to be victims rather than perpetrators of crime.

Severe mental illness is a factor in few violent acts. *Severe mental illness does not pose a significant risk in comparison with the big risk factors—being male, young or less educated or having been violent in the past.*

Stigma impacts a person’s mental health.

People with mental illnesses who anticipate stigmatizing responses experience more depression and lower self-esteem.

The psychological harm of stigma persists even after people recover from mental illness.

Stigmatizing beliefs about people with mental illnesses take different forms.

Authoritarian Attitude: People with mental illnesses are thought as inferior and dangerous and incapable of making life choices. So, decisions about their lives should be made by those who “know better”.

Benevolent Attitude: Adults with mental illnesses are viewed as child-like and irresponsible. This attitude of “charity” appears sympathetic; however, it denies those with mental illnesses the respect of being competent.

Both stances influence acceptance and often result in individuals keeping their *social distance* from (e.g., an unwillingness to employ, live near, befriend, or marry) people with mental illness.

We are ALL vulnerable to mental illness. Mental illnesses can affect anyone, at any age, of any race, of any gender and at any time in their lives.

The Mental Health Association in Texas encourages the use of positive images to refer to people with mental illness and underscores the reality that mental illness can be successfully treated.

For more information on the stigma associated with mental health, call the Mental Health Association in Texas at (512) 454-3706.

Children's Mental Health Matters

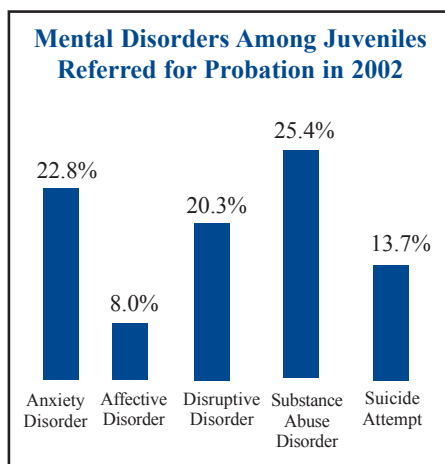
Infants, children and adolescents of every race, age and gender can experience mental health disorders.

In Texas, 1 in 5 children and adolescents have a mental health problem. Yet, two-thirds of them do not get the help they need because of stigma or because it is often assumed that the warning signs or problems they are experiencing will disappear or that the child will simply grow out of it.

The fact is that childhood mental illnesses are real and serious and will not improve with age or time. If left undiagnosed or untreated these disorders can significantly interrupt a child's life and even factor into whether or not they will have a positive and progressive school year or a frustrating and unsuccessful one.

Without proper intervention, children's mental, emotional and behavioral problems can grow worse and often lead to far worse problems later on, including the development of full blown mental illnesses and/or involvement in the juvenile justice system.

In 2002, more than 419,000 Texas children suffered serious mental illnesses, which impaired their ability to function at school, at home, and in the community.



Recent data show that untreated mental health problems can put young people on a trajectory toward jail rather than college.

In fact, data indicates that:

- approximately HALF of youth in the Juvenile Justice System have at least one mental disorder.
- 2,585 youth in the Texas Youth Commission and (50%) and nearly half referred to the Juvenile Probation Commission (48%) had a mental illness.
- 12,737 youth on probation or paroled had mental illness in 2001. Only 3,976 (31%) were receiving mental health

care either through MHMR or the justice system.

Neglecting to get a child help can lead to serious and sometimes life-threatening consequences.

The good news is with proper treatment many people—even children—can get better and good lives.

If you believe your child or adolescent, may have a mental health disorder talk to a mental health professional, doctor, school nurse or school counselor.

For free brochures on child and adolescent mental health, visit the Mental Health Association in Texas online at www.mhatexas.org/, www.ParentingInformation.org/ or www.InformacionParaPadres.org/.

New Children's Mental Health Brochures Available



The Mental Health Association in Texas introduces two new brochures in the Children's Mental Health Public Information and Community Outreach Project publication series.

MIND...YOUR BUSINESS

Growing up can be tough, but there are simple things early adolescents can do to make their lives a little easier, to feel great about themselves, and to have good mental health. **Mind...Your Business/Tu Mente...Tu Control** is an easy-to-read brochure designed for pre-teens aged 10-14.

THE ANGRY CHILD/EL NIÑO FURIOSO

Showing anger is a normal part of growing up. But, when a child shows a firmly established, continuous pattern of uncooperative, defiant, and hostile behavior toward authority figures or establishes a pattern of violating the personal or property rights of others and aggressively acting toward people and/or animals and destroys property these may be warning signs of Conduct Disorder and Oppositional Defiant Disorder (ODD). **The Angry Child/El Niño Furioso** helps parents, and other individuals who work with children and early adolescents identify some of the early warning signs and treatment options.



A limited number of printed copies of each publication is available AT NO CHARGE.

You may request these publications by completing the order form and mailing or faxing it to: **Mental Health Association in Texas, 8401 Shoal Creek Boulevard, Austin, TX 78757 * Fax: 512-454-3725.**

Electronic versions of these brochures are also available downloadable from the Mental Health Association in Texas parenting websites www.ParentingInformation.org and www.InformacionParaPadres.org.

These publications are produced by the Mental Health Association in Texas in collaboration with the Texas Department of Mental Health and Mental Retardation, Hogg Foundation for Mental Health, United ISD (Laredo), & Andrews Elementary Parents as Teachers program (Austin ISD).

PUBLICATIONS ORDER FORM

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 () Mind...Your Business/Tu Mente...Tu business

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 _____ Outreach _____ Other _____



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