



An Affiliate of the National Mental Health Association

Mental Health Association in Texas

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Mental Illnesses are Common and are Commonly Untreated

- **Half** of all Americans will experience a mental disorder at some point in their lives.¹
- **4.3 million** Texans (3.1 million adults and 1.2 million children) had some form of diagnosable mental health disorder in 2002 (20%).²
- **1.5 million** Texans suffered *serious* mental illness, which impaired their ability to function at work, school, and in the community in 2002 (7%).³
- **548,630** Texans were considered 'At Risk' (having a significant impairment due to a mental disorder) and eligible to be served by the Texas Department of Mental Health and Mental Retardation in 2002.

Due to budget constraints in 2002, only one in four children considered at risk and eligible for services were served by Texas Department of Mental Health and Mental Retardation.

Many Texans who need new and improved medications and treatments cannot afford them or do not have access to them.

TDMHMR was only able to serve 26% of eligible children and 38% of eligible adults in 2002.

	At Risk ⁴ and Eligible	Number Served	Percent Served
Adults	397,166	150,267	38%
Children	151,464	39,598	26%
TOTAL	548,630	189,865	35%

	Adults At Risk AND Eligible	Total Adults Served	Percent Adults Served	Children At Risk AND Eligible	Total Children Served	Percent Children Served
Bexar	26,232	6,897	26%	10,147	2,023	20%
Dallas	42,227	23,462	56%	16,129	4,671	29%
El Paso	12,343	5,705	46%	5,577	1,322	24%
Harris	64,138	13,911	22%	25,388	6,334	25%
Tarrant	27,479	7,805	28%	10,507	1,185	11%
Travis	16,458	5,900	36%	5,080	1,173	23%

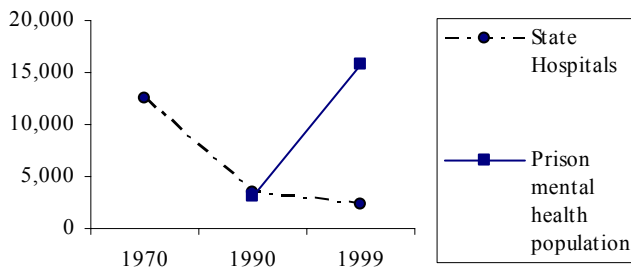
Source: TDMHMR Dallas County includes the NorthSTAR program.

Inadequate treatment and lack of community support transfers the burden of disease to our jails, hospitals, homeless shelters, foster homes, and mortuaries —at much higher cost to taxpayers—

As the population of our state hospitals has declined, the prison mental health population has dramatically increased.⁵

Deinstitutionalization without adequate community supports (such as supported housing and employment) contributes to an increase of people with mental illness in prisons.

People with mental illness are more likely to be victims than perpetrators of violence.
(National Institute of Justice, 1996)



	1970	1990	1999
Average daily population in State Hospitals	12,413	3,476	2,309
Prison mental health population*		3,148	15,716

Source: Texas Criminal Justice Policy Council.
*The prison numbers are from 1988 and 1998.

There is an overrepresentation of people with mental illness in our prison system. While only 3% of violent behavior is attributable to mental disorder⁶, an estimated 16% of prisoners have mental illness and 50% of youth in the Texas Youth Commission have a mental disorder.⁷ TYC further reported in 2002 that 21% of its institutional population was on psychotropic medication.⁸

Treating people with mental illness in the community could save the State millions of dollars each year.⁹

Mental health disorders are not character flaws—mental illnesses respond to treatment and medication.¹⁰

- Treatment success for serious mental illnesses ranges from 60–80 percent, whereas the treatment success rate for heart disease ranges from only 41–52 percent.¹¹ In particular, the New Generation medications are found to result in huge savings from reduced inpatient hospitalization and crisis stabilization.¹²

In FY99 the State of Texas spent more than \$51 million on mental health in our justice system alone.

(Health and Human Services Commission, 2000)

Community-based services can reduce recidivism and close the revolving door.

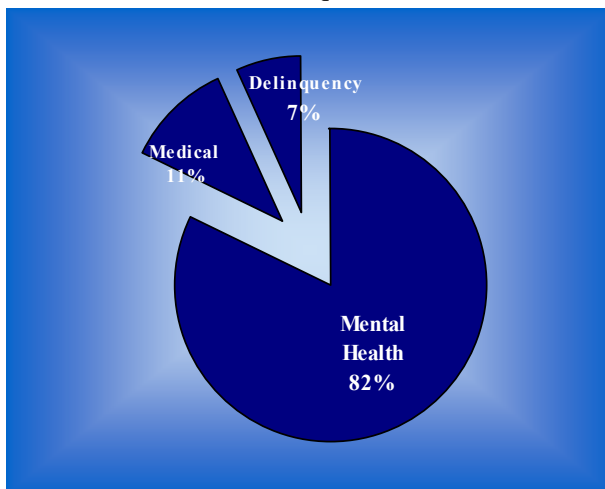
- In the course of one year a person who has been repeatedly jailed, hospitalized, or admitted to detoxification centers can cost the State an estimated **\$55,000 each**.¹³

People with mental illness tend to serve longer prison sentences and recidivate at a higher rate than other inmates.

- **79%** of local jail inmates with mental illness had prior criminal convictions compared to 71.6% of other inmates.¹⁴
- **The cost to Texas for ‘revolving door offenders’ is an estimated \$682 million per year as compared to \$92 million for treatment in a community mental health center.**¹⁵

Ensuring that mental health care has the same insurance coverage as physical health care (full parity) along with managed care can result in a 30 to 50 percent reduction in total mental health costs.¹⁶

‘Last Resort’ Child Relinquishment for Services¹⁷



Source: TDPRS, 2003

The Texas Department of Protective and Regulatory Services (TDPRS) has documented that 82% of the children in custody of that agency under parental relinquishment criteria are there because parents had no other way to access mental health services. **There were 244 children relinquished in this "last resort for mental health care" category in 2002.**

With an average cost of \$109.38 per day, these 244 children will cost the State **\$9.7 million for a year of care as compared to \$6.3 million for community-based services.**

Texas cannot afford to continue under-funding mental health services. We must provide access to treatment—including new medications—and community support services such as supported housing, supported employment, respite, mentoring, and interagency case management.

1 U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General, 1999.

2 U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General, 1999; Criminal Justice Policy Council August 2000, Presentation to the House County Affairs Committee; DHHS, NIMH. This was calculated using 20% of current population estimates.

3 U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General, 1999; President's New Freedom Commission on Mental Health, 2002. This was calculated using 7% (as a midpoint of the 5-9% quoted in the report) of current population estimates.

4 At risk is defined as a significant impairment due to a mental disorder. Eligibility is based on prevalence and priority population assumptions in the MHMR strategic plan, 2003.

5 Public Mental Health System in Texas and its relation to Criminal Justice. Criminal Justice Policy Council, 2000 p.11; p.18

6 John Monahan (1996). Mental Illness and Violent Crime. National Institute of Justice Research Preview.

7 Criminal Justice/Mental Health Consensus Project. <http://consensusproject.org/topics/gp/factsheet>; Overview of the Enhanced Mental Health Services Initiative. Criminal Justice Policy Council, May 2002 p. 10

8 Financing Mental Health Services for Juvenile Offenders with Mental Illness. TDMHMR, 2003.

9 Texas Department of Criminal Justice, 1999; In the Box: Delivery of Mental Health and Substance Abuse Services through Texas State Agencies Texas Health and Human Services Commission. 12-15-2000. The \$51 million dollars includes expenditures for mental health and does not include substance abuse services by the Texas Council of Offenders with Mental Impairments, Texas Department of Criminal Justice, and the Texas Youth Commission.

10 U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General, 1999.

11 Substance Abuse and Mental Health Services Administration, 1995

12 Texas Atypical Antipsychotic Medication Outcome Study, Southeastern Consulting Inc. 2002.

13 Criminal Justice/Mental Health Consensus Project. <http://consensusproject.org/topics/gp/factsheet>

14 Public Mental Health System in Texas and its relation to Criminal Justice. Criminal Justice Policy Council, 2000

15 Assumes 79% of prison mental health population (12,416 in 1999) times \$7,399 estimated cost of providing MHMR services to the indigent.(MHMR, 2001).

16 National Institute of Mental Health, Parity: The Equivalence of Mental Illnesses with General Medical Illnesses, 1999.

17 Fact Sheet from Texas Department of Protective and Regulatory Services; 2003 (based on reading of 1395 cases). Cost of community services based on average cost of Children's Partnership services (\$2,600 per month with average length of stay of 10 months).