



THE MEADOWS MENTAL HEALTH
POLICY INSTITUTE FOR TEXAS



THE HACKETT CENTER

FOR MENTAL HEALTH

**“The System is Broken”
Creating Integrated Adult and Children’s Mental Health Systems**

Andy Keller, PhD | October 22, 2018

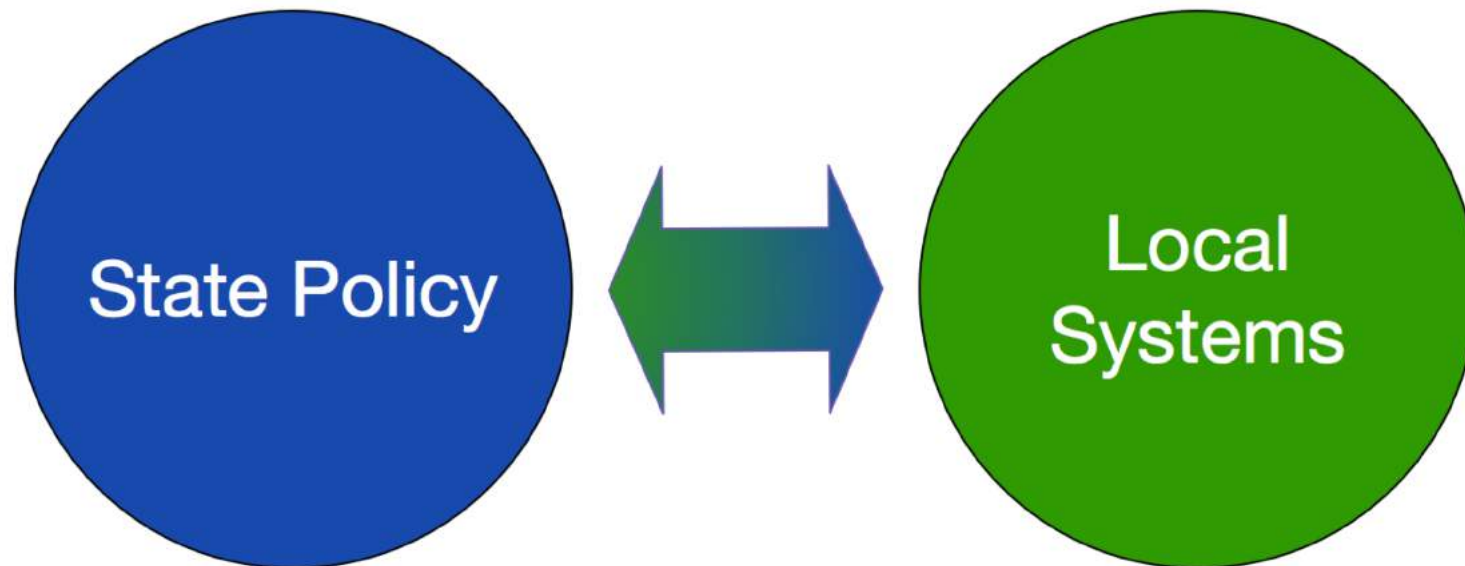
Meadows Mental Health Policy Institute

Vision

We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement

To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



Some Important Terms

- **Mental Health (MH)**: Emotional, psychological, & social well-being.
- **Mental Illness**: A health condition involving thinking, emotion, or behavior, involving distress or problems in functioning.
- **Intellectual and Developmental Disorders (IDD)**: Usually present at birth (but not always), IDDs (1) negatively affect physical, intellectual, or emotional development and (2) impede major life activities (language, mobility, learning, independent living).
- The *Texas Statewide Behavioral Health Strategic Plan* defines:
 - **Behavioral Health**: Both mental illnesses and addictions.
 - **Serious Mental Illness (SMI)**: The most severe disorders among adults; most likely to present in public programs.
 - **Severe Emotional Disorder (SED)**: The most severe disorders for children/youth; most likely to present in public programs.
 - **Co-occurring Disorders**: Coexisting MH, addiction, &/or IDD.

The Progression of Mental Health Conditions

- Half of all mental health conditions manifest by age 14; interventions work best at this early stage when symptoms are *less severe, more treatable*, and *more readily kept from escalating* to more dangerous conditions that increase risk.
- By young adulthood, 75% of lifetime cases have presented.



We Treat the Brain Differently From the Body

THE CURRENT MENTAL HEALTH SYSTEM

LIFE IN COMMUNITY



PHYSICAL

MENTAL

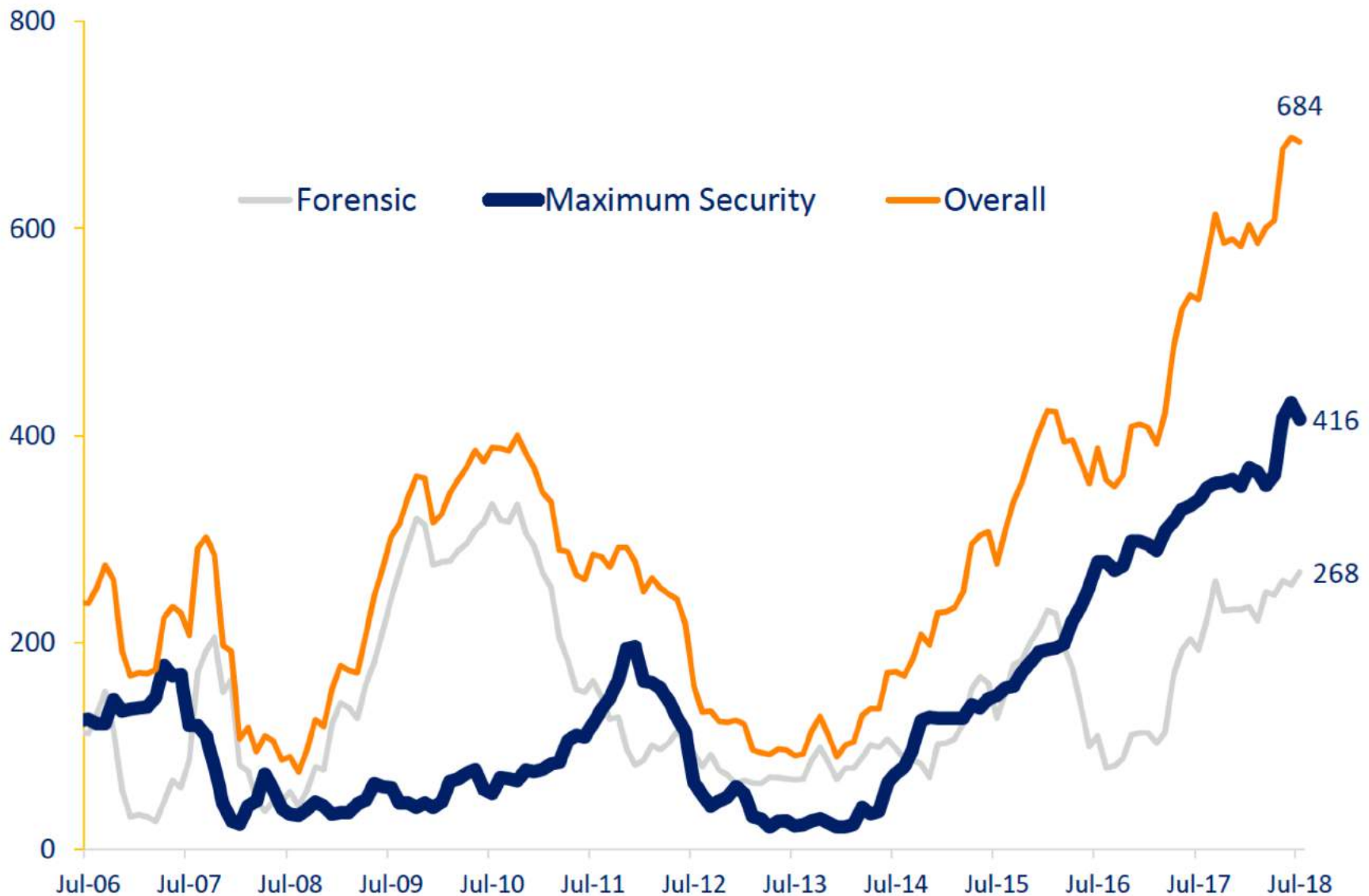


The best Mental Health Care should be just like the best Health Care



Forensic Commitment Waiting List

The waiting list has risen over 600% since 2013.



The Sequential Intercept Model



Intercept 1
Law Enforcement

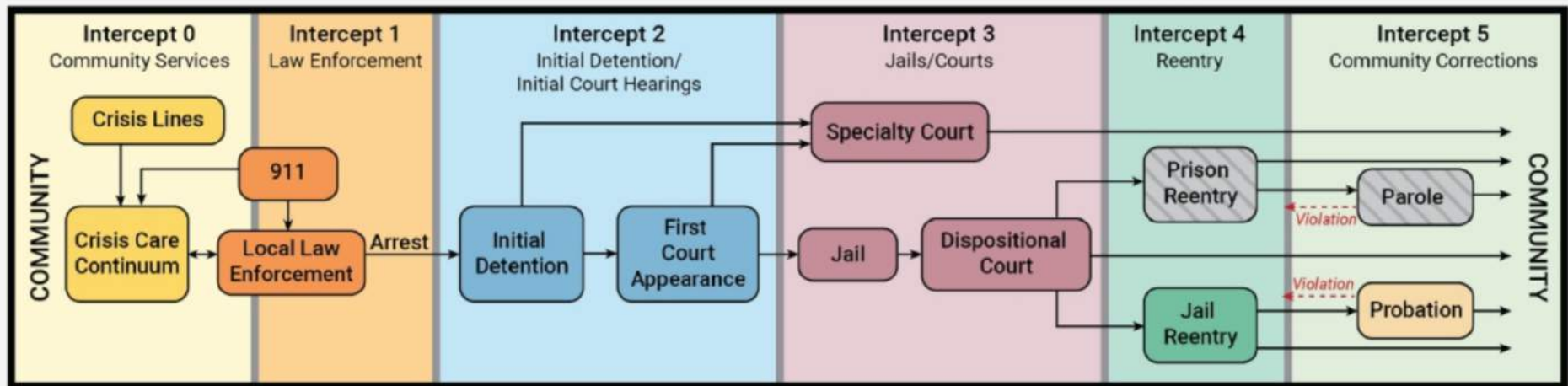
Intercept 2
Initial Detention and Court Hearing

Intercept 3
Jail and Courts

Intercept 4
Continuity of Care from Jail

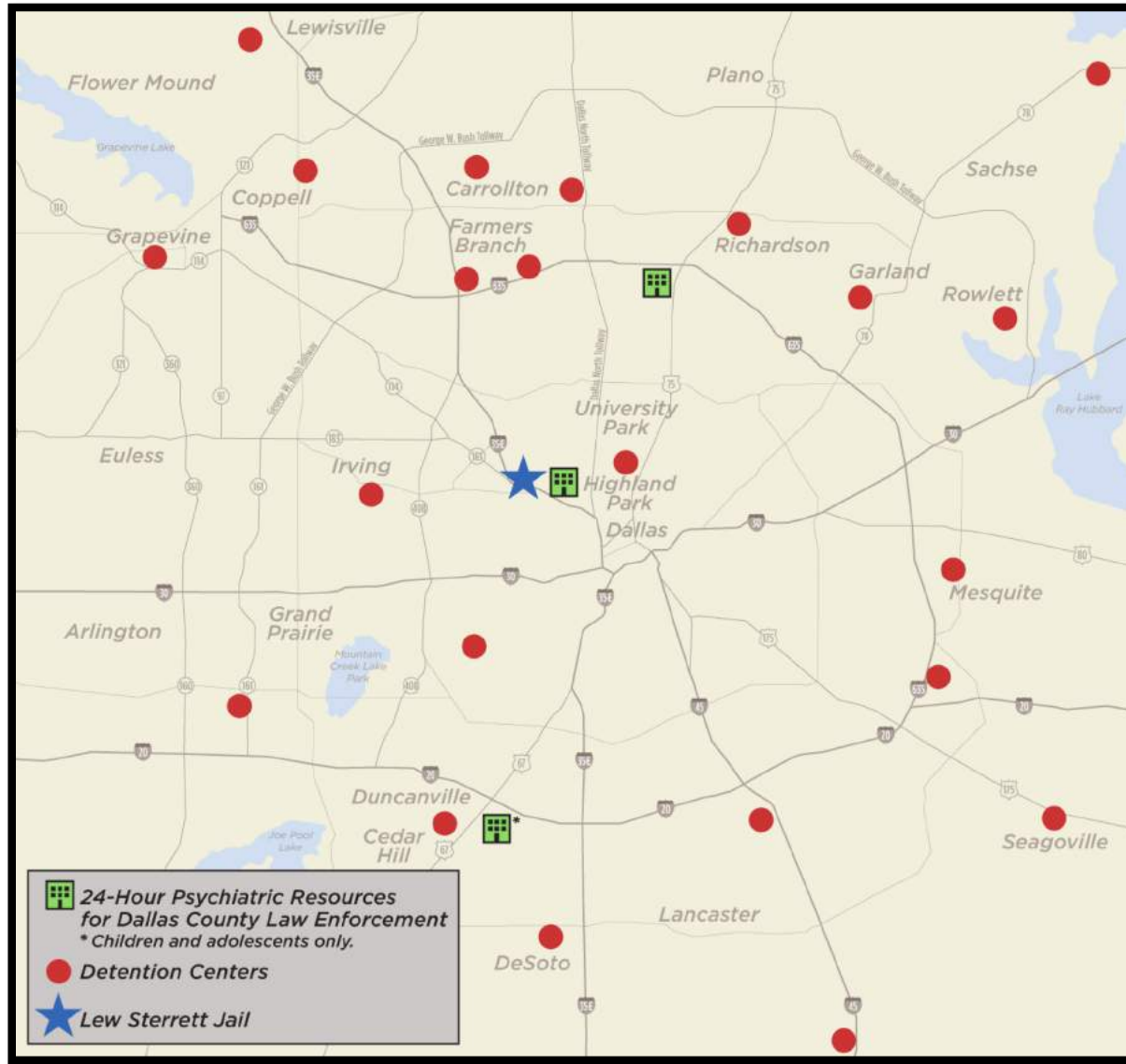
Intercept 5
Forensic-Focused and Community-Based Care

Linear depiction of the Sequential Intercept Model

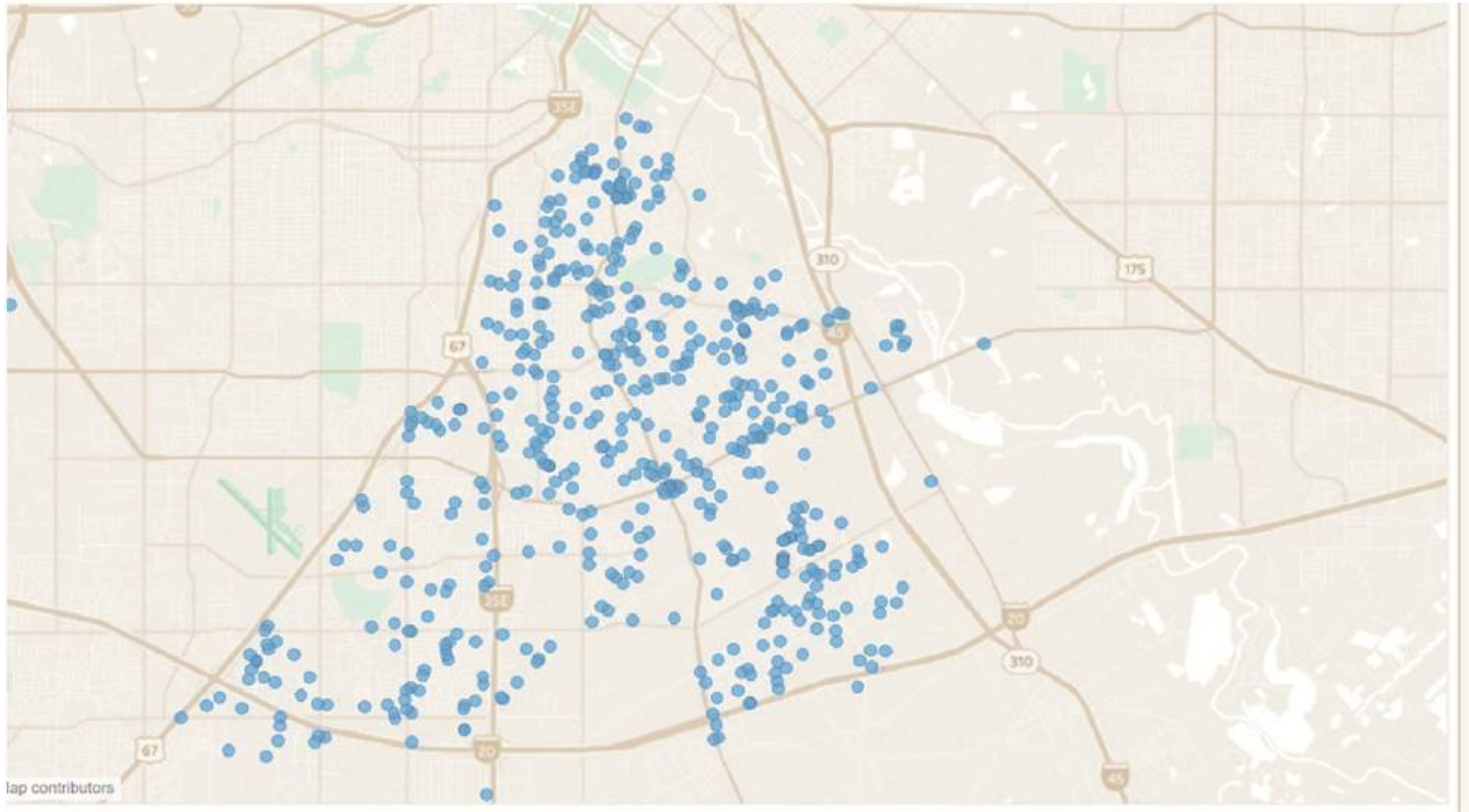


Source: Abreu et al., 2017. Used by permission.

Jail Vs. Care in One County: Dallas in 2016



911 Calls in the South Central Patrol District



Dallas RIGHT Care Team



Parkland

First 180 days of RIGHT Care deployment:

- 892 responses, 880 unique people, 367 follow-ups;
- 40 arrests (<5%), 24 for previous warrants;
- 453 successful linkages to care (and only 59 – less than 8% – went to a hospital).

How Many Adults Need Help?

Comparable statistics:

- New cases of breast cancer: 16,000
- Breast cancer survivors: 100,000
- Texans with diabetes: 2 million

Twelve-Month Prevalence of Mental Health Disorders in Adults in Texas, 2016	Prevalence
Total Adult Population	20,450,000
All Behavioral Health Needs (Mild, Moderate, Severe)	4,800,000
Mild and Moderate Conditions	3,850,000
Severe - Serious Mental Illness (SMI)	950,000
SMI in Poverty	520,000
Complex Needs/ Super Utilization	10,000
Subset with High Forensic Needs	8,000
Specific Diagnoses	
Schizophrenia	100,000
First Episode Psychoses (FEP) Incidence (Ages 18–34)	2,000
Major Depression	1,450,000
Bipolar I Disorder	110,000
Posttraumatic Stress Disorder	720,000
Substance Use Disorders	1,650,000
Deaths Due to Suicide	3,339
Deaths Due to Opioid Use	1,261
Deaths Due to Alcohol Use	1,261

Figures rounded for simplicity; citations available on request

Addressing Substance Use Disorders

A substance use disorder (SUD) is a medical illness involving: (1) repeated misuse and (2) functional impairment.

- *A pattern of harmful, continued use, not occasional misuse.*
- Includes a spectrum from **mild** to **severe**.
- **Severe SUD** is commonly referred to as addiction and causes *significant impairment* in a person's life.

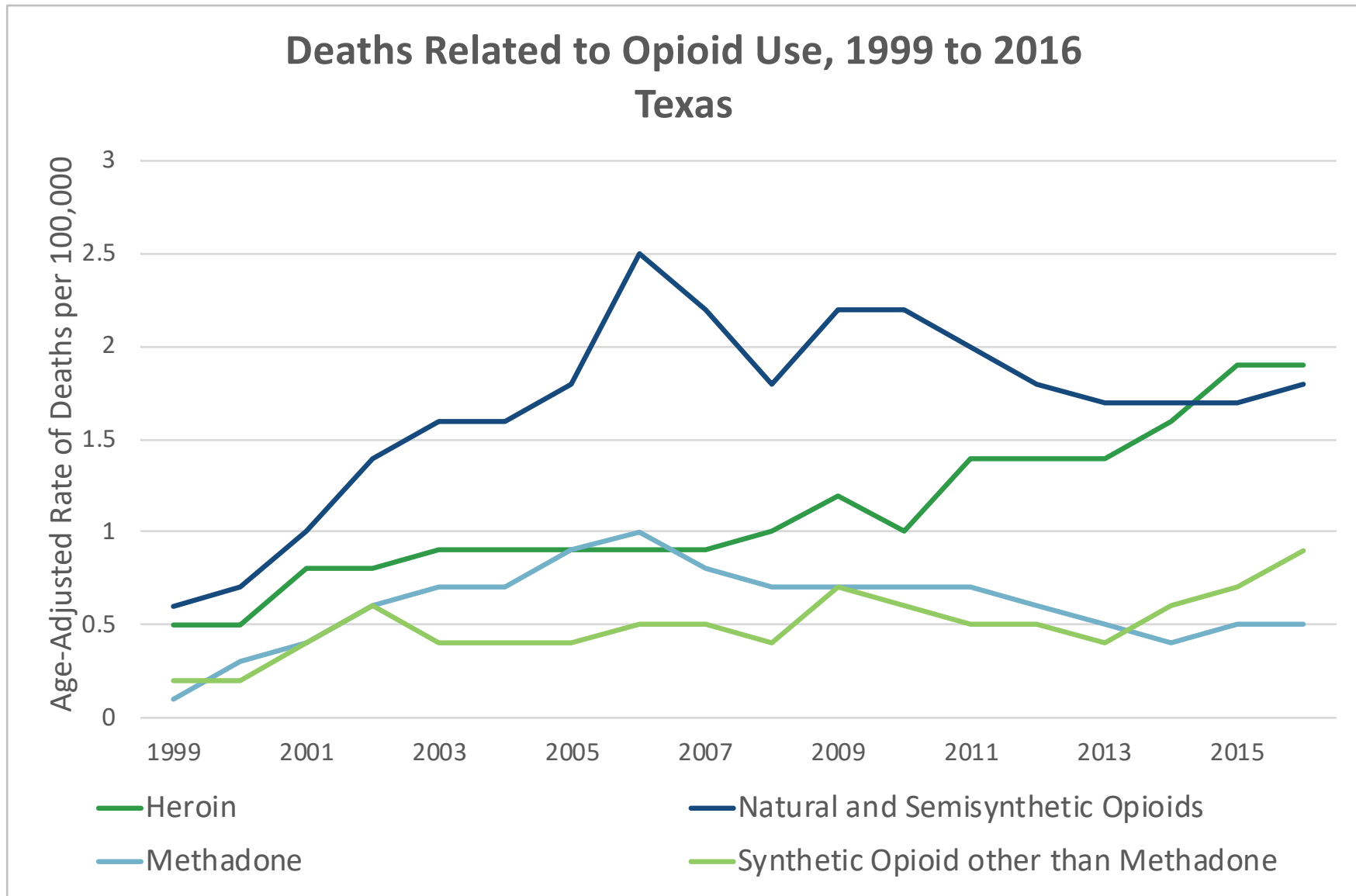
Nearly eight of every 100 Texans have a substance use disorder.

Texas Prevalence	Major Depression	SUDs
Youth Ages 12-17	200,000	140,000
Adults Ages 18+	1,450,000	1,650,000
Total	1,650,000	1,800,000

Why Should Texans Care About SUDs?

- SUDs are the leading contributor to **children entering the child protective services system** (two-thirds of cases in 2016).
- Drug overdose is a leading cause of **maternal deaths in Texas**, most of which are due to licit or illicit use of **prescription opioids**.
- **Opioids** (prescription and heroin) kill over 1,000 Texans per year. There were 987 alcohol-related motor vehicle deaths in Texas in 2016 and 577 methamphetamine-related deaths.
- Unmet SUD needs result in an estimated **\$350 million per year in emergency room charges** (excluding costs for comorbid medical conditions, intoxication-caused accidents, and co-occurring psychiatric conditions).

Deaths Related to Opioid Use in Texas



How Many Children / Youth Need Help?

Twelve-Month Prevalence of Mental Health Disorders in Children / Youth in Texas, 2016	Prevalence
Total Population – Children and Youth (Ages 6 to 17)	4,900,000
All Behavioral Health Needs (Mild, Moderate, Severe)	1,900,000
Mild and Moderate Conditions	1,530,000
Severe Emotional Disturbance (SED)	370,000
SED in Poverty	210,000
At-Risk of Out-of-Home / Out-of-School Placement	20,000
Specific Disorders	
Depression - Youth	200,000
Bipolar Disorder - Youth	50,000
Posttraumatic Stress Disorder - Youth	95,000
Schizophrenia - Youth	6,000
First Episode Psychosis - Youth	900
Obsessive-Compulsive Disorder – Children/Youth	100,000
All Anxiety Disorders – Children	270,000
Depression/All Mood Disorders – Children	25,000
Deaths Due to Suicide	149

Figures rounded for simplicity; citations available on request

The Need for Trauma-Informed Care

“What’s Wrong With You” versus “What Happened to You”



About 730,000 children and youth (1 in 10 overall) have experienced three or more ACEs.

Nearly 90,000 have been exposed to 10 or more episodes of violence.

In the Texas juvenile justice system, at least 5,900 have experienced four or more ACEs.

In Texas foster care, at least 24,000 have experienced one or more ACEs.

Among children and youth served by LMHAs, at least 7,700 (1 in 5) have experienced trauma.

Mental Health Needs, Post-Harvey

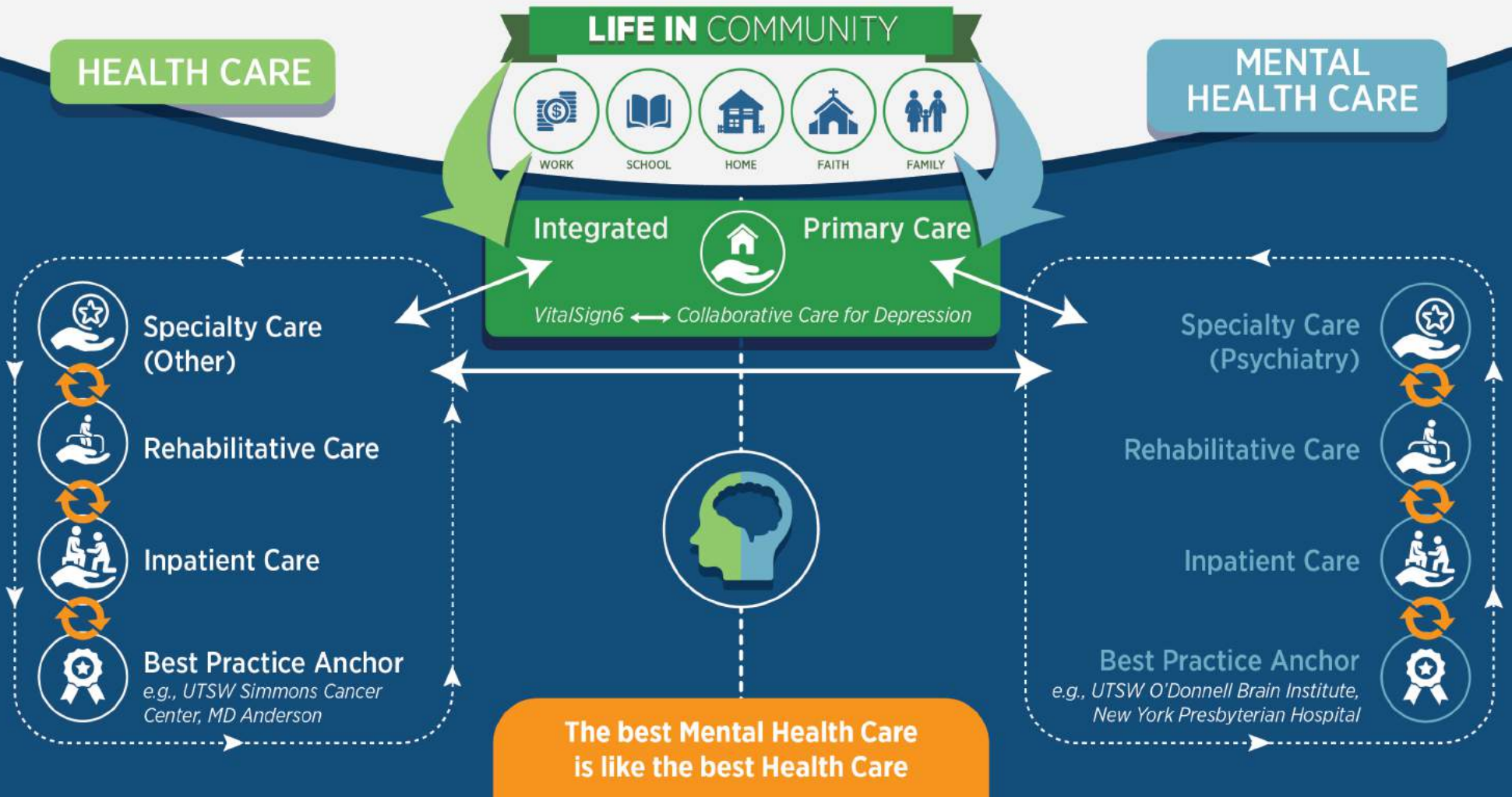
1.4 million children live in Harvey-affected counties. What do we expect the needs to be?

- We expected rates to begin to increase **60 – 90 days** out (and they have). Needs are still building now.
- For children and adolescents: We expect needs to **peak at 18 months**, then slowly reduce after 24 months as children age.
- In the worst affected areas, **new cases will increase overall by 20%**, and **rates of severe need will double**.
- For adults, the needs are even greater: We expect needs to **continue to trend higher even after 24 months**.
- **Needs will continue to emerge four years post-disaster.**

*This is driven by both **dramatic increases in posttraumatic stress disorder** and an **exacerbation of depression and anxiety**.*

Integrated Health Care: System of Tomorrow

● THE IDEAL MENTAL HEALTH SYSTEM ●



TEXAS STATE
— of —
MIND

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The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org