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MENTAL HEALTH  
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**Senate Select Committee on  
Mass Violence Prevention and Community Safety**

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# What Is Mental Illness?

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Mental illnesses are discrete and treatable health conditions involving distress or functional impairment related to thinking, emotion, or behavior.

## Examples:

- anxiety
- depression
- post-traumatic stress disorder
- bipolar disorder
- schizophrenia and other psychotic disorders

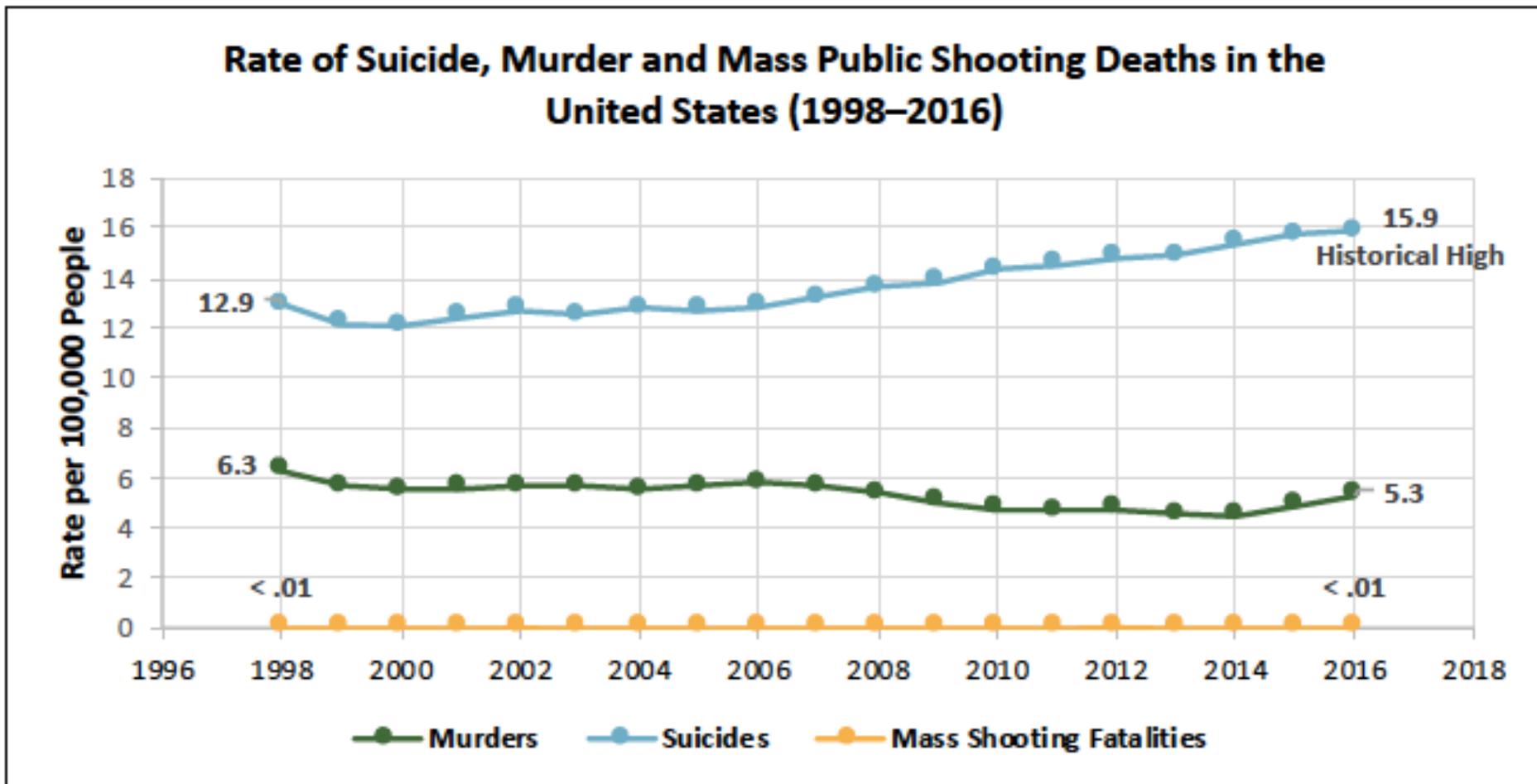
# What Mental Illness Is Not

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- **Negative, antisocial traits** associated with typical human functioning (e.g., anger, temper, envy, grievance, reactivity) are normal human behaviors, not mental illnesses.
- Humans are also capable of carrying out **extreme acts**, which **ideology** and **training** can teach people to normalize.

Factors other than mental illness, including **ideology**, **personal grievance**, and **antisocial traits** within the range of human behavior (sometimes related to past trauma or made worse by mental illness or substance use), are the most common factors motivating violence in general and mass murder in particular.

# Mass Murder Is Tragic But Rare



Because mass shootings and other forms of mass murder are so rare and multi-determined, no factor or combination of factors, including mental illness, can predict them.

# The Link Between Violence and Mental Illness

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*Most mental health conditions are associated with a comparable or lower risk of violence.*

- **Severe mental illness** drives slightly more risk.  
(3 in 100 versus between 1 and 2 in 100)
- **Mood disorders**, such as **major depression**, are the primary drivers of violence directed at the self, with suicide rates now at historical highs.
- People with **anxiety disorders** are *no more likely to harm themselves* than the general population and also *no more likely to harm others*.

# Specific Subsets at Higher Risk

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- *About 3,000 Texans ages 14 to 35 who first experience an episode of psychosis each year*
  - Psychosis is characterized by **hallucinations** and **delusions**.
  - Those with *untreated psychosis* are 15 times more likely to **commit homicide**. Effective treatment decreases the risk.
  - They also have a dramatically **elevated risk of suicide** and **other mortality**: 24 times the risk for their peers.
  - Today, treatment is delayed for five years post-onset.
- *About 20,000 Texas children and youth with the most severe needs and the fewest economic and family resources*

# Treating Psychosis: Coordinated Specialty Care

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Coordinated Specialty Care (CSC), a team-based approach, starts *assertive and intensive treatment as soon after the initial psychosis as possible*.

Texas currently has **26 CSC teams** located at **23 community centers** across the state.

- Funded through **federal (SAMHSA) block grant funding**.
- Expected caseload for each team is **30 to 35**.
- Current capacity is approximately **25%** of the 3,000 new cases per year and **12.5%** of needed capacity given a two-year treatment period.

# CSC Expansion Options

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- **Add CSC as a Medicaid bundle.** While most components of CSC are currently covered under Medicaid, it is the flexible use of the entire package of services, tailored to the individual's needs, that makes the program effective.
- **Expand CSC through general revenue** (see HHSC exceptional item 19 from the 86th Legislative Session).
- **Ensure CSC is included as an “in lieu of option” through SB 1177 implementation** (currently pending before HHSC and the Medicaid Managed Care Advisory Committee).
- **Encourage private health plans and employers to cover CSC** under recently-developed CSC billing codes.

# Reducing Violence: Multisystemic Therapy

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**Multisystemic Therapy (MST)** is a well-established, evidenced-based program for at-risk youth with intensive needs.

- MST is most effective for treating youth (ages 12 to 17) who have committed violent offenses, have serious mental health or substance abuse concerns, are at risk of out-of-home placement, or have experienced abuse and neglect.
- MST has been proven to reduce violent crimes by 75%, compared to routine congregate and other care as usual.

Texas currently has three MST programs (in Harris, El Paso, and Nueces counties) with a total of four teams that operate primarily through juvenile justice and Medicaid waiver dollars.

- Expected caseload for each team is 20.

# MST Expansion Options

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- **Ensure MST is included as an “in lieu of option” through SB 1177 implementation** (currently pending before HHSC and the Medicaid Managed Care Advisory Committee).
- **Expand MST through general revenue**, beginning with additional funding to juvenile probation departments through the Texas Juvenile Justice Department.
- **Add MST as a Medicaid benefit**, starting with STAR Health. Approximately **7,000 Texas youth and their families** would benefit from MST services and are Medicaid eligible.
- **Expand MST availability through the Youth Empowerment Services (YES) waiver.**

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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](http://okaytosay.org)

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