

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

**Senate Special Committee
to Protect All Texans**

Andy Keller, PhD | June 22, 2022

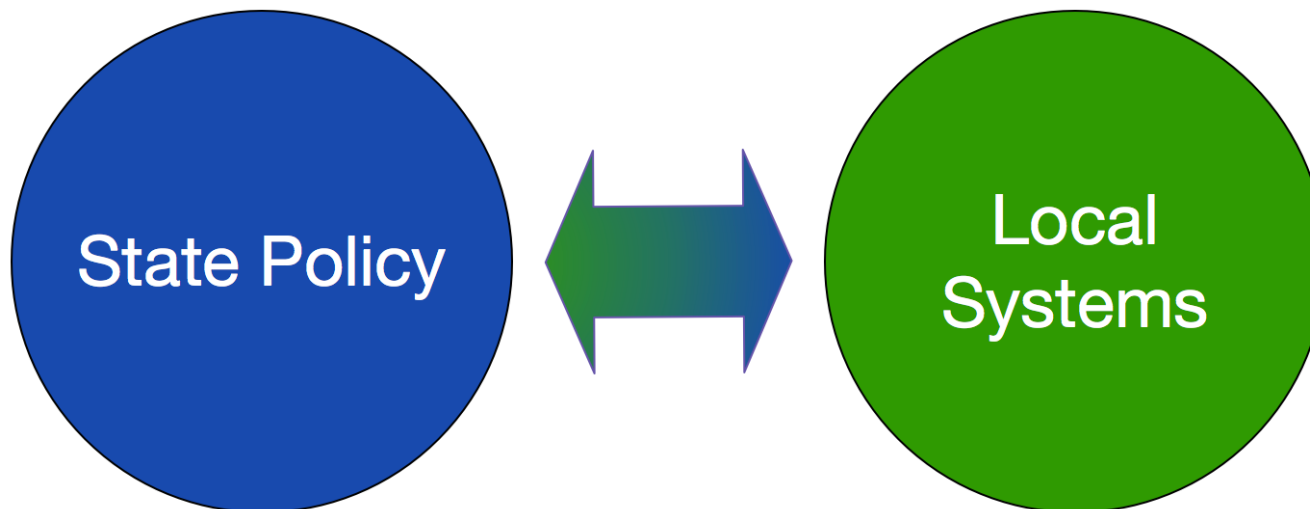
Meadows Mental Health Policy Institute

Vision

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

Mission Statement

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



What Is Mental Illness?

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

Examples:

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

What Mental Illness Is Not

- **Mental illnesses, on their own, do not cause violence, and violence is not a mental illness.** Violence is a **human act**; its motivations can range widely, from self-sacrifice to hate.
- **Negative, antisocial thoughts, feelings, and actions** associated with typical human functioning (e.g., anger, aggression, 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.
- Centuries of prejudice against people with mental illnesses have created a belief among many members of the public that mentally ill people, overall, are **violent**. They are not.

The Link Between Violence and Mental Illness

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.
- People with **anxiety disorders** are no more likely to harm anyone, including themselves, than the general population.
- Those with **untreated psychosis** are 15 times more likely to **commit homicide.** Effective treatment eliminates this risk.

New Research on Mass Violence in Schools

Two 2021 publications have refined our understanding of mass violence, including mass violence in schools:

- The U.S. Secret Service published *Averting Targeted School Violence*, analyzing **67 averted plots** to identify common characteristics of mass murderers in schools. It concluded: **pre-violence intervention is “almost always” possible.**
- Two researchers then compiled the **first comprehensive database of mass shooters**, called *The Violence Project*.
 - Included **every mass shooter since 1966** (i.e., who shot and killed four or more people in a public place).
 - Also included every shooting incident at **schools, workplaces, and places of worship since 1999.**

Mass Murderers in Schools: A Distinct Subset

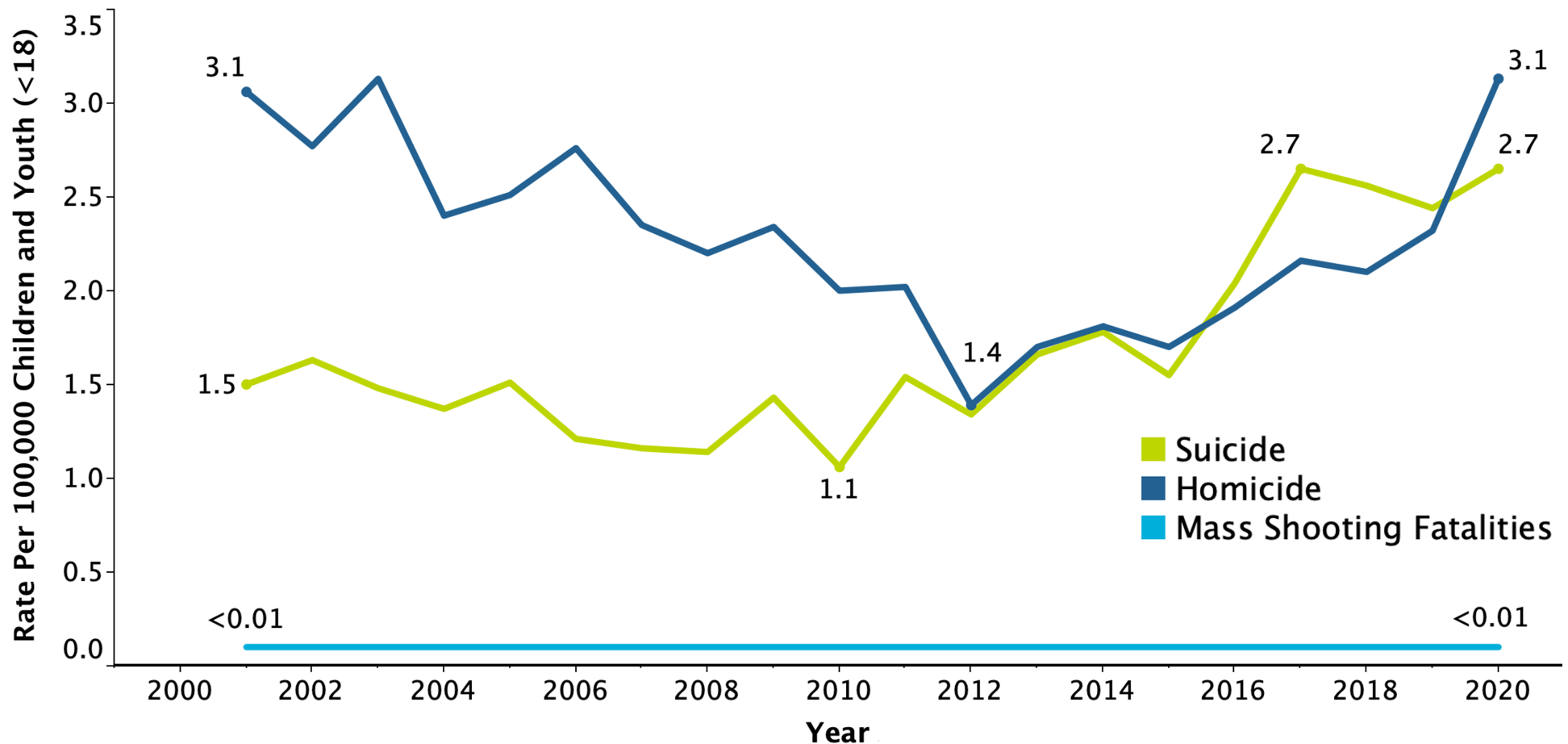
Those who plot school attacks share common characteristics:

- The plotter is always a teenage male (age 11 to 19)
- Exposed to early childhood trauma and school discipline
- Generally experience hopelessness, despair, and isolation
- Generally experienced bullying or abuse from others
- Often an identifiable crisis point with suicidal ideation
- Self-hate then turns against a particular group

Fewer than 10,000 Texas youth fit this profile. Almost none will commit mass murder, but nearly all suffer bad outcomes, including school dropout, gang involvement, criminal behavior, suicide, and violence towards others.

Deaths Among Texas Children & Youth

Rate of Suicide, Homicide, and Mass Shooting Deaths Among Children and Youth in Texas, 2001 - 2020



Texas Child Mental Health Care Consortium

In 2019, Senator Nelson filed 86(R) SB 10 to create the Texas Child Mental Health Care Consortium. The Consortium passed in 86(R) SB 11 with \$99 million to implement five initiatives:

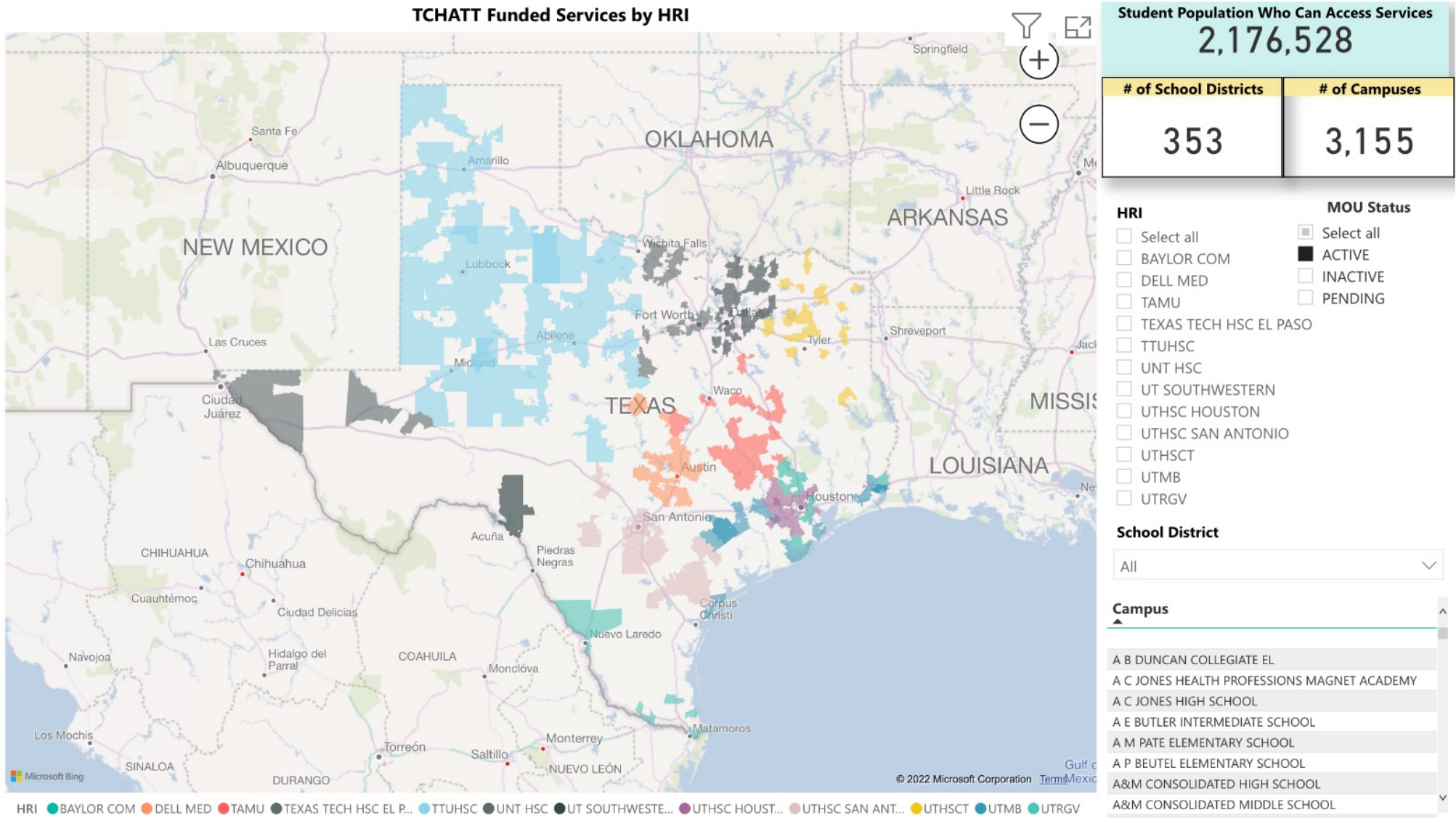
- 1) Child Psychiatry Access Network (CPAN)
- 2) Texas Child Health Access Through Telemedicine (TCHATT), in direct response to the Santa Fe High School tragedy
- 3) Community Psychiatry Workforce Expansion
- 4) Child and Adolescent Psychiatry (CAP) Fellowships
- 5) Mental Health Research



tcmhcc

87(R) SB 1 provided a \$19.5 million increase for the Consortium, and 87(3) SB 8 added \$113.1 million in American Rescue Plan Act (ARPA) funding.

TCHATT Reaches 40% of Our School Children



Multisystemic Therapy Reduces Youth Violence

Multisystemic Therapy (MST) is a well-established, evidence-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 use concerns, are at risk of out-of-home placement, or have experienced abuse and neglect.
- Proven to reduce violent crimes by 75%, compared to routine congregate and other care as usual, including RTCs.
- Texas has seven total teams (Harris, El Paso, Nueces counties) operating primarily through juvenile justice funding.

87(R) SB 1 gave \$2 million to establish two of these teams: pre-arrest diversion teams in El Paso and Houston.

Effective Care Reduces Psychosis Violence Risk

The “gold standard” of care is Coordinated Specialty Care (CSC), a team-based approach that starts intensive treatment as soon after the initial psychosis as possible.

- While only a *very small proportion of school shooters*, an **untreated psychosis** makes a person 15 times more likely to commit homicide. Treatment eliminates this higher risk.
- Texas currently has **37 CSC teams** located at **23 community centers** across the state. These are funded through **federal (SAMHSA) block grant funding**.
- Current capacity is approximately **35%** of the 3,000 new cases per year and **17.5%** of needed capacity given a two-year treatment period.

Responding to Children in Crisis Reduces Violence

Pediatric Crisis Stabilization and Response Teams (PCSRTs) are designed to stabilize high-risk situations (urgent and emergent) and provide a 30-to-90-day bridge to engage in ongoing care. They are also proven to reduce demand on foster care and hospital emergency rooms.

PCSRTs differ from traditional Mobile Crisis Outreach Teams (MCOTs) in two major ways:

1. Staffed exclusively by professionals who know how to work with families and child-serving systems; and
2. Staffed much more intensively to not just stabilize crises, but also to engage pre-crisis and provide follow-up.

Additional Considerations

- **iWatchTexas** can be leveraged to **assess and act effectively** on school safety-related threats.
- The **Texas Education Agency** should oversee technical assistance to help districts **implement research-based best practices** in their **safe and supportive school programs**.
- **Psychiatric bed capacity** is needed for people who require **inpatient care** to minimize a risk of violence to self or others. Current capacity is limited.
- **Workforce** is the major limitation. Higher wages in health and other industries have hired away employees from **the mental health workforce**, particularly at our local mental health authorities, which must be addressed.
 - **Licensing boards** should also identify strategies to help.

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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
