Mental Health in Dallas: An Assessment of Strengths and Needs
Technical Report

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Introduction

This report represents the cumulation of a year of qualitative research with the support of Mental Health America of Greater Dallas. Mental Health America of Greater Dallas champions for the mental well-being of all of our neighbors throughout Dallas county. Since 1947, Mental Health America of Greater Dallas has helped our community improve mental health through advocacy, community education and resources for both adolescents and adults. As a non-profit they are committed to helping our Dallas-area community by giving a voice to people without one, helping people help themselves, and changing how people think about mental illness and mental health.

With a distinct focus on the questions; "what is prevention?", "what areas are the most underserved?", and "what are the unique strengths and critical considerations within Dallas county?" the following pages explore the distinct populations and considerations unique to the Dallas area. The final pages of the report explore potential avenues for the advancement of service based on the myriad data gathered throughout the course of this study.

This project is the foundation for the researcher's master's thesis and practicum study. Brittney Sanderson is an independent researcher and graduate student enrolled in the dual MPH-MSc. In Applied Anthropology program at the University of North Texas and the University of North Texas Health Science Center in Fort Worth. Her research interests include the integration of GIS and social sciences, access to mental health services, and the rural/urban divide in medicine.

Methodology

This report builds on several phases and strategies of data acquisition. The compilation of this report relied on the use of mixed method research including extensive literature review, fifteen semi-structured qualitative interviews with community leaders, spatial analysis, and quantitative analysis of common themes and demographic data unearthed in the data acquisition process.

By compiling the narratives of key community members in Dallas County this report explores the availability of mental health services, community strengths, and community concerns. This is a mixed methods research study which uses in-depth semi-structured interviews. Only an individual or individuals who were previously approved by the IRB to participate in data collection were allowed to obtain informed consent and facilitate the interviews. The interviews followed a semi-structured interview protocol with some additional probing questions as needed. All questions remained relevant and applicable to the study purpose and topics of interest and did not include questions that are considered to be more than minimal risk. The interviews were audio recorded, transcribed, aggregated and anonymized after transcription.

Integrating semi-structured interviews with publicly available data sources, this report presents a snapshot of the state of mental health in Dallas County between August 2018 and May 2019. All data presented is timely and reflects the researcher's efforts to include the most up to date information about the following topics. The subsequent ten indicators were chosen using grounded theory; each one represents a common theme that was discussed by multiple data sources. The fifteen key informant interviews were coded individually and parsed out by theme, which resulted in over a thousand passages. From these passages this study identified the following special populations, considerations, and community strengths as the most critical indicators to consider moving forward.

Limitations of the study include the demographic makeup of the key informants. Ideally, a research study focused on strengths and needs within a community would speak with individuals who manage support services as well as those individuals who utilize the services. This study did not have the opportunity to speak with individuals who are navigating social support services due to difficulties surrounding recruitment. Instead, each key informant interview was done with a director of an area nonprofit, community advocate, direct care staff, or counselor. Scheduling focus groups with service utilizers such as people experiencing homelessness, survivors of domestic abuse who utilize domestic violence shelters, and individuals who participate in subsidized counseling and support groups would augment this data considerably. Included in the appendix are the interview questions used in the original study to help facilitate this additional research.

Introduction

Dallas County is the most heavily populated county in North Texas, and the second most populous in the state. The population has increased by 11.4% since 2010, and currently sits at just over 2,630,000 people. The median age in Dallas County is 33 years old, making it a young community relative to some of its neighbors[1]. Although Texas overwhelmingly scores below national averages on mental health indicators, Dallas county is a mix. The age adjusted death rate due to suicide and the number of people living with a cognitive or self-care disability in Dallas County is below the state and national average[2]; however, the amount of people reporting frequent mental distress is higher than the state average[1]. The estimated number of adults living with serious mental illnesses in Dallas County in 2015 was over 88,000 – or approximately 4.9%[3].

Access to mental health services is a critical issue throughout North Texas and the greater Dallas area is no exception. Variables such as insurance status, housing stability, physical access, and cultural competence all influence accessibility and should be addressed moving forward to promote mental wellbeing across the metroplex. In Dallas County, 22% of the population under 65 is uninsured and the ratio of the population to mental health providers is insufficient to provide regular, comprehensive care[4].

The greater Dallas area is facing an accessibility crisis; in fact, each interview participant explained that given the choice to focus on either prevention or crisis services they would choose to augment crisis services due to the critical need in the community. Many community members recognize the consequences of the intersection between risk factors such as unstable housing, a lack of physical access, and language barriers and an individual's ability to receive help. However, developing programs to address these considerations is only possible through collaboration and philanthropy. Luckily, Dallas area community leaders and nonprofits are quick to partner with one another to achieve common goals.

[1] United States Census Bureau (2017). American Factfinder: Dallas county. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

[2] Healthy North Texas (2018). Dallas County Indicators. Retrieved from http://www.healthyntexas.org/?module=indicators&controller=index&action=indicatorsearch&doSearch=1&showComparisons=1&l=2631

[3] Texas Medical Center Health Policy Institute (2017). TMC Health Policy Program Request Response. Retrieved from https://www.tmc.edu/health-policy/wp-content/uploads/sites/5/2017/02/024-TMC72-Response-Psychiatric-Beds-HCPC.pdf

[4] Robert Wood Johnson Foundation (2019). County Health Rankings and Roadmaps. University of Wisconsin Population Health Institute, School of Medicine and Public Health.

Areas of Interest

Key stakeholders highlighted the areas of greatest health inequity in the greater Dallas area. Dallas County is diverse and home to a variety of distinct neighborhoods- several of which are known to have more limited access to mental health services than others. Interview participants identified South Dallas, Vickery Meadow, and far North Dallas as the areas with the most limited access to affordable mental health services defined by characteristics such as geographic location, demographic makeup, and the quality of infrastructure.

South Dallas

There is a recorded disparity in Mental Health resources between North and South Dallas. Due to the high rates of poverty, many Dallas residents living south of Interstate 30 are exposed to greater risk factors for mental illness but have significantly less access to help. In 2015, 52% of the behavioral health calls requiring police response were from South Dallas, with the most originating in South Central Dallas. 39% of all calls throughout the county resulted in apprehensions by the police, with slightly over 56% of the apprehensions taking place in South Dallas[5]. Beginning in early 2018, Dallas County unrolled the Rapid Integrated Group Healthcare Team (RIGHT) Care pilot program to address some of the inequities in South Dallas[6]. At the end of the first year of the pilot, RIGHT care staff reported that they responded to more than 2,500 emergency mental health calls and were able to divert 31% of calls from jail or the emergency room through interprofessional teams of police, paramedics, and licensed social workers[7],[8]. Building on this model, community stakeholders could offer increased support for diversion programs targeting the mentally ill in South Dallas.

Vickery Meadow

Vickery Meadow sits in North Dallas, bordered by Northwest Highway and Central Expressway. The area is currently home to thousands of refugees and has been for several decades. The demographic makeup of the neighborhood has shifted, but it has remained a haven for refugees and immigrants who have contributed to Dallas' diversity and economy since the 1970s. Literacy Achieves serves many of the families in the neighborhood, but due to cultural differences and language barriers the area could benefit from additional, culturally competent mental health services in a variety of different languages.

Far North Dallas

Despite being more suburban and noticeably more affluent, several key stakeholders mentioned that, for some people, living in far North Dallas can introduce challenges to accessing mental health care. Greater than 12% of the population of far North Dallas lives below the poverty line, and 20% of residents work in the service industry or as farm workers. The vast majority of people who live in Far North Dallas are renters, approximately 68.5%[9], which suggests that many community members may be priced out of ownership in this area. Far North Dallas has also been identified as a "transit desert"[10], further compounding issues of access for people living in far North Dallas.

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[5] Dallas Morning News Editorial (2017) Why is it so difficult to get mental health help in southern Dallas? The Dallas Morning News. Retrieved from https://www.dallasnews.com/opinion/editorials/2017/02/09/difficultto-get-mental-health-help-southern-dallas

[6] Salazar, D. (2017) RIGHT Care pilot program. Public Safety and Criminal Justice Committee. Retrieved from https://dallascityhall.com/government/Council%20Meeting%20Documents/pscj_3_right-care-pilot-program_combined_121117.pdf

[7] Parkland Hospital (2019). RIGHT Care team responds to mental health crisis calls. Retrieved from https://www.parklandhospital.com/news-and-updates/right-care-team-responds-to-mental-health-crisis-c-1488

[8] Results for America (2018). Case study: Dallas forms multidisciplinary team to respond to mental health 911 calls. John Arnold Foundation. Retrieved from https://results4america.org/wp-content/uploads/2018/12/DallasCaseStudy_FINAL-1.pdf

[9] D Magazine (2017). Dallas neighborhood guide: Far North Dallas. Retrieved from https://neighborhoods.dmagazine.com/dallas/far-north-dallas/

[10] Jiao, J & Nichols, A. (2015). Identifying transit deserts in Texas cities: the gap between supply and demand. Center for Sustainable Development. Retrieved from https://soa.utexas.edu/sites/default/disk/Texas%20Transit%20Deserts%20(Center%20for%20Sustainable%20Development).pdf

Special Populations

Children and Youth

The number of children living in Dallas county has steadily increased since 2010[11]. Correspondingly, the number of children in Dallas County receiving publicly funded mental health services has also increased[12]. According to the Texas Medical Association, more than 4.2 million Texans live with a mental health disorder - over a quarter of who are children[13]. Suicide, abuse, and childhood homelessness are the current most pressing issues surrounding childhood and adolescent mental health in the metroplex.

Suicide

Suicide is the second leading cause of death among children and adolescents[14]. This statistic is alarming, and our concerns are compounded by the fact that initial suicidal ideation typically occurs before adulthood. This means that prevention geared towards youth has the potential to drastically decrease the rate of suicide and suicidal ideation among all age groups. Historically, teenage boys were much more likely to commit suicide than teenage girls, but recently this gap has lessened and the suicide rate for young girls has more than doubled since 2007[15]. This trend is visible in Dallas County - between 2011 and 2017 sixty-five children and adolescents committed suicide. The proportion of young women committing suicide rose significantly faster than the proportion of young men.

Abuse and Neglect

Child abuse can refer to physical abuse, psychological abuse, sexual abuse and/or neglect. Abuse and neglect have the potential to produce profound and often enduring consequences. Adverse childhood experiences are associated with a variety of long-term health consequences including ischemic heart disease, chronic obstructive pulmonary disease, mental illnesses, addictions, and reproductive health concerns[16]. In addition to the physiological and mental toll of abuse, survivors often suffer from substantial lifetime economic consequences. In a 2012 study published in the journal of Child Abuse and Neglect researchers found that the average lifetime cost of abuse per survivor can be expected to exceed $210,000.00[17]. The substantiated child abuse rate in Dallas county has steadily risen over the past several years and currently sits at 9 cases per 1,000 children[18].

Children who are Experiencing Homelessness

Housing instability among children has steadily increased in Dallas county. Throughout the United States, youth who are homeless with adult family members comprise 37% of the US homeless population[19]. This population is often underrepresented in point-in-time homeless counts, because many parents with children will couch surf or sleep in a car before they enter a shelter or sleep outdoors. These children, and all children who are enrolled in Medicaid, are often exposed to an increased number of risk factors for mental illness compared to adolescents who live in more

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[11] United States Census Bureau (2018). Table S0901: Children characteristics, Dallas County. Retrieved from https://factfinder.census.gov

[12] The Institute for Urban Policy Research at the University of Texas at Dallas (2017). Beyond ABC: assessing the well-being of children in North Texas, 2017. Children's Health Hospital System.

[13] Texas Medical Association (2014). Mental Health Funding. Retrieved from http://www.texmed.org/Template.aspx?id=6491

[14] Cha, C. B. (2017). Annual research review: suicide among youth – epidemiology, (potential) etiology, and treatment. The Journal of Child Psychology and Psychiatry 59(4): 460-482.

[15] Ruch, D. (2019). Trends in suicide among youth aged 10 to 19 years in the United States, 1975-2016. JAMA Netw Open (2)5:e193886.

[16] Silverman A., Reinherz H., Giaconia R. The long-term sequelae of child and adolescent abuse: a longitudinal community study. Abuse & Neglect. 1996;20(8):709–723. [PubMed

[17] Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child abuse & neglect, 36(2), 156-65

[18] Dallas Fort Worth Hospital Council (2018). Healthy North Texas: Substantiated child abuse rate. Retrieved from http://www.healthyntexas.org/indicators/index/view?indicatorId=10&localeId=2631

[19] Barnes, A. J. (2018). Emotional health among youth experiencing family homelessness. Pediatrics 141(4). Retrieved from https://pediatrics.aappublications.org/content/141/4/e20171767

stable environments[20]. Research shows that the suicide rate among pre-teens enrolled in Medicaid is significantly higher relative to their peers not enrolled in Medicaid. More recent research has found that nearly half of homeless youth reported high levels of emotional distress and 21% reported suicidal ideation. Homeless youth are twice as likely to attempt suicide than their peers[21].

[20] Fontanella, C. (2019). A national comparison of suicide among Medicaid and non-medicaid youth. American Journal of Preventative Medicine (56)3: 447-451.

[21] Barnes, A. J. (2018). Emotional health among youth experiencing family homelessness. Pediatrics 141(4). Retrieved from https://pediatrics.aappublications.org/content/141/4/e20171767

Seniors

Globally, depression occurs in approximately 7% of older adults and negatively influences perception of health and increase health care utilization[22]. Despite this, mental illness in seniors often goes unaddressed. In Dallas County, 10% of the population is 65 years old or older[23] and 36% of seniors living in Dallas County live with a disability. Nearly 20% of the Medicare population in Dallas County has been diagnosed with depression, and between 2011 and 2017 the medical examiner's office reported that 176 seniors committed suicide in Dallas County – the oldest being 98 years old[24]. The CDC explains that men over the age of 85 years have a suicide rate of 45 per 100,000 people. This is especially alarming when compared to the overall rate of 11 suicides per 100,000 people[25].

Elevated exposure to factors such as isolation, bereavement, financial stress, and chronic illness may exacerbate the risk of developing mental illness. Considering that 21.4% of seniors in Dallas County live on less than 150% of the federal poverty line, or less than $18,210.00 annually, it is no surprise that many seniors throughout the greater Dallas area may be forced to navigate these stressors without professional support. Key stakeholders explained that to promote mental wellbeing among Dallas area seniors more should be done to target isolation and help to manage comorbid mental and physical illnesses.

Isolation:

Isolation plays a significant role in depression among seniors. Social isolation and loneliness have substantial consequences on the physical and mental wellbeing among seniors, but they have widely been understudied[26]. Social isolation is typically defined as a more objective measure of relationships, while loneliness is more often defined as the perception of isolation and is therefore more subjective[27]. Regardless, both variables are recognized risk factors for a variety of conditions including depression, insomnia, high blood pressure, and premature death[28]. A critical measure of social isolation among seniors is whether or not that person lives alone – 7.5% (approximately 68,000) seniors live alone in Dallas County. Being able to age in place is important for many people, however community members need to work together to ensure that they are providing services to these vulnerable seniors throughout the metroplex.

Comorbid mental illness and Alzheimer's or dementia:

Chronic, neurodegenerative illnesses are an unfortunate reality for many elderly adults and being diagnosed with dementia or Alzheimer's disease can lead to a reduction in perceived self-efficacy and loneliness[29]. 13.5% of Dallas County residents enrolled in Medicare have been diagnosed with Alzheimer's disease or dementia, which is a significantly higher rate than the national average[30]. Although Alzheimer's Disease is the most common progressive form of dementia among seniors, receiving this diagnosis can still be devastating. Managing the disease while being

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[22] World Health Organization (2017). Mental health of older adults. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

[23] United States Census Bureau (2017). Table S0103: Population 65 Years and Over in the United States. Retrieved from https://factfinder.census.gov

[24] Dallas County Medical Examiner's Office (2018). [Deaths in Dallas County, 2011-2017]. Unpublished raw data.

[25] CDC & National Association of Chronic Disease Directors (2008). The state of mental Health and aging in America: Issue Brief 1. Retrieved from https://www.cdc.gov/aging/pdf/mental_health.pdf

[26] Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social Isolation, Depression, and Psychological Distress Among Older Adults. Journal of Aging and Health, 30(2), 229–246. https://doi.org/10.1177/0898264316673511

[27] Newall, N. E. G., & Menec, V. H. (2019). Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. Journal of Social and Personal Relationships, 36(3), 925–939. https://doi.org/10.1177/0265407517749045

[28] Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science, 10(2), 227–237. https://doi.org/10.1177/1745691614568352

[29] Emerson, K., Boggero, I., Ostir, G., & Jayawardhana, J. (2018). Pain as a Risk Factor for Loneliness Among Older Adults. Journal of Aging and Health, 30(9), 1450–1461. https://doi.org/10.1177/0898264317721348

[30] Dallas Fort Worth Hospital Council (2017). Healthy North Texas: Alzheimer's disease or dementia. Retrieved from http://www.healthyntexas.org/indicators/index/view?indicatorId=2051&localeId=2631

depressed introduces additional complications, and more should be done to coordinate care effectively among patients with a co-morbid mental illness and chronic neurodegenerative disease. There are currently very few programs dedicated specifically to helping seniors manage mental illness throughout the metroplex, and even fewer dedicated to managing chronic physical and mental comorbidities.

Refugees

Violence and conflict are ubiquitous in the lives of refugees before they arrive in the United States. Refugees work diligently to be resettled in the United States so that they may build a better life for themselves and their families. Resettlement programs have effectively placed between 100,000 and 200,000 refugees in the Dallas-Fort Worth area since 2002. In fact, in 2016 more refugees were resettled in the metroplex than in any other U.S. metropolitan area[31]. However, that same year Texas officially withdrew from participating in the federal refugee resettlement program. The withdrawal doesn't prohibit refugees from coming to the state, but instead restructured state infrastructure and reallocated assets away from resettlement programs[32]. The International Rescue Committee explains that the impact of new laws surrounding resettlement, "on families who have waited for years to find refuge, gone through rigorous vetting and prepared to travel to safety is wrong. These defective policies see's America turn its back on the world's most vulnerable people".[33] In 2018 approximately 22,000 refugees resettled in the United States, a drastic decrease compared to recent years[34].

It is no surprise that many refugees struggle with the reverberations of violence and conflict after they arrive. The after-effects of trauma are pervasive; however, many newly resettled refugees are unfamiliar with our healthcare system and the avenues necessary to access care efficiently. Without the requisite knowledge or ability to access preventative care many recently resettled people may find themselves in the emergency room - at a significantly higher cost to the individual.

Culturally specific stigmas surrounding mental health and fear of discrimination may pose additional barriers to accessing care. Parkland Hospital offers refugee outreach programs at the Hatcher Station Health Center and other organizations across the metroplex offer refugee specific programs to dissuade some of this fear. However, the need often overwhelms the supply. Research has shown that refugees and asylum seekers suffer from mental illnesses such as PTSD and major depression at a higher rate than the general population[35], however refugee mental health is largely determined by the conditions they are placed in[36]. Risk of developing or exacerbating an existing mental illness is influenced by the infrastructure, levels of discrimination, amount of social support, ability to speak the language, and ability to find work after arrival. Research has found that maintaining connection to an individual's culture and engaging in meaningful work both act as protective factors among refugees[37] [38].

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[31] New City Fellowship (2018). Refugees in Texas. Retrieved from https://www.newcitydallas.org/refugees

[32] Kennedy, M. (2016). Texas pulls out of federal refugee resettlement program. Retrieved from https://www.npr.org/sections/thetwo-way/2016/09/30/496098507/texas-pulls-out-of-federal-refugee-resettlement-program

[33] International Rescue Committee (2017). Annual Report, 2017. Retrieved from https://www.rescue.org/sites/default/files/document/2813/mkt1801annualreportwebfinal.pdf

[34] Department of the State Bureau of Population, Refugees, and Migration (2019). [Chart depicting number of refugees resettled by year by nationality]. Unpublished raw data.

[35] Hynie, M. (2018). The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. The Canadian Journal of Psychiatry, 63(5), 297–303. https://doi.org/10.1177/0706743717746666

[36] Li SSY, Liddell BJ, Nickerson A. The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. Curr Psychiatry Rep. 2016;18(82):1–9.

[37] Hess, J. M. (2018). Refugee mental health and healing: understanding the impact of policies of rapid economic self-sufficiency and the importance of meaningful work. Journal of International Migration and Integration. Retrieved from https://link.springer.com/article/10.1007/s12134-018-0628-3#enumeration

[38] Lustig, S. L. (2004). Review of child and adolescent refugee mental health. Journal of the American Academy of Child and Adolescent Psychiatry (43)1:24-36. DOI: 10.1097/01.chi.0000096619.64367.37

People with Criminal Records

The Dallas County jail is the second largest mental health provider in the state. Nationwide over 35% of prisoners suffer from a mental illness, and the percentage increases when measuring county and local jails[39]. People diagnosed with a mental illness are 10x more likely to be incarcerated than admitted to a hospital[40], which indicates that this is a large segment of the population who are not receiving the support they need. Both locally and nationwide, the number of prisoners with a diagnosed mental illness has grown. This is largely due to the lack of effective diversion programs and nationwide shortages of accessible outpatient mental health care[41].

Mental Health America supports diversion programs, investment in evidence-based programs that delay incarceration, improving continuity of care for people as they transition out of the criminal justice system, and working towards cutting off the school to prison pipeline in our communities[42]. Treating this population as a public health challenge, rather than a criminal challenge, encourages recovery and rehabilitation. However, funding the development of new interventions targeting people with both a mental illness and a criminal record poses a unique challenge - especially in a county with only three psychiatric drop off-sites and twenty-five detention centers[43].

Introducing preventative measures to direct people with serious mental illnesses away from the criminal justice system has the potential to decrease expenditures. In Texas prisons, inmates with mental illnesses cost the state up to $30,000.00 more a year – approximately $50,000.00 annually – and the mentally ill remain incarcerated longer[44]. Despite this, people with mental illnesses are still disproportionately incarcerated relative to their peers. Attorney Kathryn Lewis from *Disability Rights Texas* writes that,

> *"Behavior related to an individual's mental illness is too often criminalized – not because these individuals pose a greater risk to society (research consistently refutes this) – but because the individual's behavior heightens their visibility and risk of interaction with law enforcement. Examining the biases and policies that lead to the criminalization of disability-related behavior is key to reducing the number of people with serious mental illness in Texas jails*."[39]

The criminalization of mental illness is the result of poor planning, ineffectual policies, stigma, a lack of funding, and a lack of outpatient resources[45]. In Texas, for every one person with a serious mental illness in a psychiatric hospital there are eight seriously mentally ill patients in jail[42]. Each of these people incarcerated are more likely to spend time in solitary confinement and less likely to receive the help they need once they are released. After their release they are faced with new challenges finding housing and employment as a person with a criminal record; which in turn effects their ability to receive mental health services and stay on their medications. The process from arrest to release compounds the effects of mental illness and decreases the possibility of rehabilitation among the seriously mentally ill.

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[39] Dallas Morning News Editorial (2019). The largest mental health facility in Texas shouldn't be a jail. Dallas Morning News. Retrieved from https://www.dallasnews.com/opinion/editorials/2019/02/17/largest-mental-health-facility-texas-shouldnt-jail

[40] Treatment Advocacy Center (2018). Criminalization of Mental Illness. Retrieved from https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness

[41] University of Texas school of Law Civil Rights Clinic (2016). Preventable tragedies: how to reduce mental health related deaths in Texas jails. Retrieved from https://law.utexas.edu/wp-content/uploads/sites/11/2016/11/2016-11-CVRC-Preventable-Tragedies.pdf

[42] Mental Health America (n.d.) Criminal justice issues. Retrieved from http://www.mentalhealthamerica.net/position-statements/criminal-justice-issues

[43] Nye, E. (2019). Jails: Texas' largest mental health institutions. The University of Texas at Austin Center for Health and Social Policy. Retrieved from https://chasp.lbj.utexas.edu/jails-texas-largest-mental-health-institutions

[44] Treatment Advocacy Center (2014). How many individuals with serious mental illness are in jails and prisons?. Print.

[45] Hogg Foundation for Mental Health (2011). The criminalization of mental illness. Retrieved from http://hogg.utexas.edu/the-criminalization-of-mental-illness

Survivors of Domestic Violence

People with diagnosed mental health disorders are more likely to have experienced domestic violence[46]. Between 2014 and 2018 the Dallas Police Department made 22,650 arrests on misdemeanor domestic violence charges and 6,422 felony domestic violence arrests[47]. The number of felony arrests reached an all-time high during the 2017-2018 fiscal year – 1,754 people were arrested for felony domestic violence, an increase of 14% from the year before. On average, the Dallas Police Department makes roughly 18 arrests due to domestic violence *a day*.[48]

Domestic violence is detrimental to an individual's physical and mental well-being. After experiencing violence, survivors are more likely to report an increase in depressive symptoms, higher suicide risks, and decreased life satisfaction[49]. Often, abuse goes on for long periods of time before survivors are able to successfully escape. Fleeing domestic violence is a complex issue that is exacerbated by concerns over safety, health, and financial resources. Many interview participants expressed concerns over the lack of available shelter for families fleeing domestic violence throughout the metroplex. Besides capacity, other barriers to placement in a shelter include a woman's inability to bring pets or teenage sons with them due to shelter restrictions.

The vast majority of clients served in the greater Dallas area live below 100% of the federal poverty line[45], which means that other forms of shelter while they leave their abuser may not be possible. Even among more affluent individuals fleeing domestic violence there is a significant possibility they are experiencing economic abuse. Economic abuse is when one partner maintains control over the financial resources and withholds access to these assets[50]. This further complicates separating from an abusive partner even among affluent survivors. In situations where abuse escalated to homicide in Dallas between 2014 and 2018, the average age of the victim was 38 years old.[47]

[46] Paddock, C. (2012) Mental health disorders linked to domestic violence. Medical News Today. Retrieved from https://www.medicalnewstoday.com/articles/254475.php

[47] The Institute for Urban Policy Research at the University of Texas at Dallas (2018). Domestic Violence Task Force annual report. Retrieved from https://dallascityhall.com/government/citycouncil/district13/dvtf/PublishingImages/Pages/default/2018%20DV%20annual%20report.pdf

[49] Liu, M., Xue, J., Zhao, N., Wang, X., Jiao, D., & Zhu, T. (2018). Using Social Media to Explore the Consequences of Domestic Violence on Mental Health. Journal of Interpersonal Violence. https://doi.org/10.1177/0886260518757756

[50] National Coalition Against Domestic Violence (2017). Quick Guide: Economic and Financial Abuse. Retrieved from https://ncadv.org/blog/posts/quick-guide-economic-and-financial-abuse

Special Considerations

Housing and Mental Health

Navigating through a series of unstable housing is incredibly stressful. It is no surprise then that unstable housing and homelessness are both known risk factors for mental illness and may exacerbate already existing conditions. Median housing costs in Dallas County sit at just over $1,000.00 a month[51], and median rent in Dallas County is $980.00 a month. A third of Dallas County residents pay between $1000.00 and $1499.00 a month on rent and nearly 40% of people living in Dallas County pay 35.0% or more of their household income on rent[52]. Nationally, experiencing foreclosure or difficulties finding affordable housing is associated with elevated anxiety and depression and poorer self-reported health[53].

The living wage in Dallas County for a single person is $11.71 an hour. For a single parent with one child the living wage jumps to $23.99 an hour[54], or approximately $46,000.00 a year. This means that a single mother who earns $12.00 an hour would need to work 100 hours a week to meet their basic needs in Dallas County. Housing is often the largest monthly expense for low-income community members, and the need for more affordable housing was often discussed in interviews with local stakeholders. Many participants discussed the importance of permanent supportive housing programs for individuals experiencing chronic mental illnesses specifically. One participant explained that,

> *"Close to 90% of the people that we place into permanent supportive housing and the programs that we have, who I've been placed in a housing first approach, they never returned to homelessness again. Of course, that, that requires a setting where they can have rent assistance and onsite case management for the rest of their lives. People say, well, isn't that expensive? Yeah, it's expensive, it is close to 16 to $18,000 a year per person to do it. But when you consider that those individuals are costing the county $40,000 while they're homeless through interactions with the police, Parkland, the jail, and mental health services where they're cycling through all of those systems inefficiently they're costing the county $40,000 a year. So, it's a significant cost saving mechanism, we just don't have the system built out to do it. "*

Permanent supportive housing is a model that combines low-barrier affordable housing, health care, and supportive services to help people lead more stable lives[55]. Dallas County lacks well over 1,000 permanent supportive housing units for people experiencing homelessness[56], which is necessary to effectively combat chronic homelessness among the severely mentally ill and disabled. Aside from permanent supportive housing programs people experiencing homelessness are able to access shelters, rapid rehousing programs, and boarding homes. However, in Dallas County emergency shelters are consistently at 95% occupancy, meaning that many people are turned away. Further compounding this issue, the average stay in an emergency shelter is approximately 7.5 weeks[57].

Many people may choose to remain on the streets to avoid strange crowds, shelter rules that may impede their ability to work, or stigma associated with shelters. Despite this, the prevalence of violent victimization among both sheltered

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[51] United States Census Bureau (2018). Table S2503: Financial Characteristics. Retrieved from https://factfinder.census.gov.

[52] United States Census Bureau (2018). Table DP04: Selected Housing Characteristics. Retrieved from https://factfinder.census.gov.

[53] Downing, J. (2016). The health effects of the foreclosure crisis and unaffordable housing: a systemic review and explanation of evidence. Journal of Social Science & Medicine (162):88-96.

[54] Massachusetts Institute of Technology (2019). MIT Living Wage Calculator. Retrieved from http://livingwage.mit.edu/counties/48113

[55] National Health Care for the Homeless Council (2019). Permanent Supportive Housing. Retrieved from https://www.nhchc.org/policy-advocacy/issue/permanent-supportive-housing/

[56] Catholic Charities Dallas (2019). Permanent supportive housing initiative. Retrieved from https://ccdallas.org/get-involved/permanent-supportive-housing-initiative/

[57] Metro Dallas Homeless Alliance (2018). Homeless response system quarterly dashboard, Q2 2018. Retrieved from https://mdhadallas.org/wp-content/uploads/2018/08/Q2-2018-6-Measure-Homeless-Response-System-Quarterly-Dashboard.pdf

and unsheltered homeless is estimated to range from 14% to 21%[58]. In a report on violence among homeless, Meinbresse et. al writes that the, "mental health consequences of violence include post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and panic disorders."[24]

For those unable to access a shelter, Dallas has many boarding homes throughout the city. Mental Health America of Greater Dallas participates in ongoing efforts to encourage boarding home reform in the metroplex. Establishing standards, regulating facilities, and clarifying authority of counties and municipalities in the area of boarding home regulation[59] is a critical first step. When asked about boarding homes specifically one interview participant explained that,

> *"You know, they're not run well and they're truly just falling apart. Like, I mean, candidly, I have people who run boarding homes who come down here and just try to find a homeless person that they can get to run their boarding home, you know, and they basically say, "Hey, I'll let you stay here for, you know, free or reduced rent if you'll cook, you know, meals a couple times, you know, uh, dinner every night and just kind of what, look over the place", without any sort of real screening or anything like that as to the person they are about to employ. So you're like, that's not a way to run a business, you know? Um, yeah, we've found some boarding homes that that we will work with and they do a decent job, but, you know, there are a lot of them out there that, uh, that are, that are just no good."*

[58] Meinbresse, M. (2014). Violence and Victims, Volume 29. Springer Publishing Company, LLC. Retrieved from https://www.nhchc.org/wp-content/uploads/2014/08/vv-29-1_ptr_a8_122-136.pdf

[59] Mental Health America of Greater Dallas (2013). Regulating boarding homes: progress on boarding home reform. Retrieved from http://boardinghome.org/regulating-boarding-homes/

Transportation

Approximately 64,000 Dallas county residents do not own a vehicle[21]. Transportation is necessary to access healthcare and depending on what part of the county you live a lack of transportation can be an unyielding barrier to mental health services. Dallas County spans 909 square miles, with most of the available resources located in the urban center. Several resources in the Dallas area provide transportation[60], however many more do not. Transportation is a critical factor in employability, self-efficacy, and access to care. Each of these components is critical to promote mental well-being, and unfortunately Dallas county transportation infrastructure is not built to address the current need.

According to the Center for Neighborhood Technology, 45.2% of households in Dallas are underserved by public transit, and the average wait time is 69 minutes[61]. The underserved communities are often in areas where riders depend on public transit the most; to get to work, to get to school, to get to the doctors, and to fill their medication. Ineffective transportation can have disastrous effects on employment, education, health, and finances. From a systems approach, transportation is a critical element to address to improve the existing behavioral health system in Dallas and throughout North Texas. One interview participant explained that,

> *"Oh yeah. Transportation is hard. It takes a while to get anywhere. So, I mean, if I don't have the resources in my neighborhood or close by, right... Hopefully within walking distance... I'm not really going to go."*

Urban design that complements or promotes mental well-being is a burgeoning field with the potential to decrease local health expenditures and crime through promoting healthy behaviors. Since mental illness effects at least one out of every four people in their life, designing infrastructure to augment mental well-being is a cost-effective and sustainable choice. Reliable transportation is a valuable first step to improve behavioral health and increase access to services. The risk of mental illness is elevated for people who live in cities – up to 40% for depression, 20% for anxiety, and perhaps double for schizophrenia[62] - and mental illness is exacerbated by stressors such as unemployment, which relies heavily on reliable transportation. A recent report by researchers at the University of Texas at Arlington found that more than 65% of metroplex residents who are dependent on public transit have access to less than 4% of regional jobs[63]. With this information, it is no surprise that encouraging reliable, sustainable, and equitable public transit is a necessary element of promoting mental well-being in the greater Dallas area.

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[60] North Dallas Shared Ministries (2018). Dallas area guide to emergency assistance. Retrieved from https://www.ndsm.org/wp-content/uploads/2018-dallas-area-guide-to-emergency-assistance.pdf

[61] Center for Public Transit (2019) AllTransit Gap Finder. Retrieved from https://alltransit.cnt.org/gap-finder/

[62] Abassi, M. L. (2017). Scoping assessment of transport design targets to improve public mental health. Journal of Urban Design and Mental Health (3)8. Retrieved from https://www.urbandesignmentalhealth.com/journal-3---transport-and-mental-health.html

[63] Hamidi, Dr. Shima. (2017). Transportation equity and access to opportunity for transit-dependent population in Dallas. University of Texas at Arlington. Retrieved from http://dallascityhall.com/government/Council%20Meeting%20Documents/msis_2_transportation-equity-and-access-to-opportunity-for-transit-dependent-population-in-dallas_combined_102317.pdf

Medication adherence

Approximately one-million adults in Texas are diagnosed with a serious, chronic mental illness[64]. Roughly half of these diagnoses include schizophrenia, bipolar disorder, major depression, and post-traumatic stress disorder. Intuitively, access to medication is necessary to increase medication adherence. Although Texas Medicaid funds psychotropic medications for those eligible or enrolled in Medicaid, without a safe place to store your medication or without reliable transportation to a pharmacy it becomes increasingly difficult to maintain medication adherence. Similarly, for people with excessive co-morbid conditions the act of managing their medications between providers can be difficult and perhaps even dangerous. Several community members discussed the importance of reforming the way medicine is distributed throughout the community – for example, one key stakeholder explained that,

> *"If a guy has everything he owns in his backpack or in his tent and he leaves and the property owner throws everything away well, now he lost everything and he's going to be 30 days without his meds. Now he's much more likely to have a major psychotic episode. So, I think some kind of better distribution model for medications, I think that would be great... the hardest thing for people to get is this consistency on their medications. If you're on it for a few days and off it for three weeks, it's not going to work."*

Regular access to medication and maintaining adherence is a growing public health concern. During interviews, many community members shared stories of people they had known who needed medication but did not have access to it. The consequences of non-adherence may include difficulties maintaining employment, violence, depression, anxiety, and in some cases delusions. Management of mental illness is highly influenced by medication non-adherence[65], but unfortunately there is not a one-size-fits-all solution to the problem. Improving coordination between support services and physicians is an evidence-based practice proven to improve medication adherence[66], however augmenting those services requires both increased funding and political will.

[64] Texas Health and Human Services Commission (2016). Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2017-2021. Retrieved from https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf

[65] Semahegn, A., Torpey, K., Manu, A., Assefa, N., Tesfaye, G., & Ankomah, A. (2018). Psychotropic medication non-adherence and associated factors among adult patients with major psychiatric disorders: a protocol for a systematic review. Systematic reviews, 7(1), 10. doi:10.1186/s13643-018-0676-y

[66] El-Mallakh, P., & Findlay, J. (2015). Strategies to improve medication adherence in patients with schizophrenia: the role of support services. Neuropsychiatric disease and treatment, 11, 1077–1090. doi:10.2147/NDT.S56107

Increasing Capacity

Texas has the second highest number of mental health professional shortage areas (HPSAs) in the United States[67]. Over twelve million Texans live in a health professional shortage area, which means that the population to provider ratio must be at the least 30,000:1. This lack of available mental health and social service professionals has severe consequences for the state. Texas Medical Association writes that, "despite improved funding, Texas continues to lag far behind other states in spending per person for mental health care. Inadequate state funding puts the burden on local resources and leads to increased rates of incarceration and higher use of public hospital emergency rooms, homeless shelters, and the foster care system"[68].

A recurring theme throughout each interview was the fact that the number of mental health professionals and social service capacity is not sufficient to respond to the current level of need in the community. Dallas County has a ratio of 94 social workers to every 100,000 individuals[69]. Despite being higher than the state average, this number is simply not enough to handle the demand throughout the community. The lack of behavioral health professionals, social service staff, and psychiatric beds throughout the metroplex means that, for many people with severe mental illness, help is simply unavailable until they are either arrested or hospitalized.

With adequate outpatient services hospital utilization would decrease[70]. In 2015 there were more than 41,623 recorded visits to emergency departments due to a mental health crisis in Dallas County[71], many of these could have been avoided if more behavioral health resources were available before they reached crisis level. With so few resources for people with Medicaid, the level of service fragmentation, and rampant housing instability increasing the capacity of outpatient services is critical moving forward.

[67] Henry j. Kaiser Family Foundation (2018). Mental Health Care Health Professional Shortage Areas. [Print].

[68] Texas Medical Association (2016) Mental Health Funding. Retrieved from https://www.texmed.org/Template.aspx?id=19994

[69] Dallas Fort Worth Hospital Council (2018) Social Worker Rate. Retrieved from http://www.healthyntexas.org/indicators/index/view?indicatorId=1917&localeId=2631

[70] Mcdonagh MS, Smith DH, Goddard M. Measuring appropriate use of acute beds A systematic review of methods and results. Health Policy (New York). 2000;53:157-184.

[71] Meadows Mental Health Policy Institute and Texas Conference of Urban Counties. (2015). Survey of County Behavioral Health Utilization. Unpublished Document. Dallas, TX: Meadows Mental Health Policy Institute.

Language Barriers

Limited language proficiency is related to underutilization of psychiatric services. Specifically, limited language proficiency often bars people from finding affordable and timely services and discourages continued use of community-based mental health services[72]. "Linguistic isolation" refers to households which have limited English proficiency, it is an important indicator of access because language barriers may prevent people from successfully communicating with providers or simply navigating through the process of setting up an initial visit. In Dallas County 11.5% of households are linguistically isolated, which is almost 2.5x higher than the national average[73].

Increasing the number of bilingual mental health providers is a priority among local practitioners. Spanish speaking counselors are incredibly valuable in our community - nearly 40% of Dallas County is Hispanic or Latinx[74], however only 19.6% of the population over 18 years old speaks Spanish[75]. Although 71% of the foreign-born population in the metroplex is from Latin America[76], providing counseling services in languages such as French and Arabic are also important. The top five native languages among refugees and asylum seekers entering the United States in 2018 were (1) Kiswahili, (2) Nepali, (3) Spanish, (4) Sgaw Karen, and (5) Burmese[77]. Some interview participants explained that they were uncomfortable using interpretation services, and that they limit the amount of counseling that is possible by altering the dynamic. Being able to communicate with one another is the most basic first step to forming relationships and accessing services, moving forward increasing the number and scope of bilingual mental health professionals in the metroplex would help thousands access the help they need.

[72] Ohtani, A. (2015). Language barriers and access to psychiatric care: a systematic review. The American Psychiatric Association, Psychiatry online. https://doi.org/10.1176/appi.ps.201400351

[73] Dallas Fort Worth Hospital Council (2019). Linguistic isolation. Retrieved from http://www.healthyntexas.org/indicators/index/view?indicatorId=297&localeId=2631

[74] The United States Census (2017). Table DP05: ACS Demographic and housing estimates. Retrieved from https://factfinder.census.gov

[75] The United States Census (2017) Table S1601: Language spoken at home. Retrieved from https://factfinder.census.gov

[76] The United States Census (2017) Table DP02: Selected social characteristics in the United States. Retrieved from https://factfinder.census.gov

[77] Department of State Bureau of Population, Refugees, and Migration (2019). [Top ten refugee native languages]. Unpublished raw data.

Moving Forward:

The following suggestions are based on interviews with community stakeholders and the literature reviewed within this report. During the interview participants were asked "if Dallas County was given more resources, should those assets be allocated towards prevention or crisis services?". Stakeholders almost unanimously responded crisis services. One local mental health professional explained that, *"Even though obviously I would love, I would really love to say that we should allocate resources to both prevention and crisis services... but crisis. Although prevention is obviously paramount, it is key, but when you're in the middle of a crisis and you feel like you have no options it can be detrimental. Yeah. I would say crisis".* Finding ways to increase capacity among crisis services is a critical next step for all mental health professionals and adjacent social service teams.

Interview participants also widely agreed that the greater Dallas area excels at collaboration between service entities. Building on these strengths to increase coordination between services and fill gaps in programs could have a significant long-term impact. Finally, increasing the amount of advocacy geared towards infrastructural and systems wide concerns relevant to mental health (housing, transportation, insurance) has the potential to benefit the mental well-being of all residents throughout the metroplex. Improving these systems will help address concerns over people with chronic mental illness and help prevent depressive symptoms due to a lack of housing, employment, or access to basic needs.

Suggestions:

- Build on community strengths - specifically collaboration between service providers
- Focus first on increasing crisis services capacity, then prevention
- Increase coordination between disparate services
- Advocate for more affordable housing throughout the metroplex
- Advocate for more efficient public transportation throughout the metroplex
- Work on increasing the number of bilingual mental health providers
- Design more evidence-based services to target demographics who are historically underserved