

MENTAL HEALTH

Following are descriptions of the identified mental health issues in Dallas County.

**Mental Health Community Plan
Focus Group Participant List
FY 2005 Grant Cycle**

Chairpersons

David Kellogg
Mental Health Association of Greater Dallas

Vacharee Buckland
Mental Health Association of Greater Dallas

Kinike Bermudez
Mental Health Association of Greater Dallas
www.mhadallas.org

Vacharee Buckland
Mental Health Association of Greater Dallas
www.mhadallas.org

Diana Burns
Phoenix House of Texas
www.phoenixhouse.org

Jerome Byers
NAMI Dallas
www.namidallas.nami.org

Pat Caballero
Mental Health Association of Greater Dallas
www.mhadallas.org

Melissa Cahill
Dallas County CSCD
www.dallascounty.org

Sharon DeBlanc
Community Volunteer

Amy Gill
City of Frisco
www.ci.frisco.tx.us

Vincent Golbeck
Dallas Police Department
www.dallaspolice.net

Sgt. Hampton
Dallas Police Department
www.dallaspolice.net

Glenn Harsch
Turtle Creek Manor
www.tcmanor.org

Jeanine Hayes
Consumer Council
www.nami.org/council

Helen Hicks
Dallas County Constable
www.dallascounty.org

Dave Hogan
City of Dallas
www.dallascityhall.org

Michael Johnson
TDCJ Parole
www.tdcj.state.tx.us

Michael Katz

David Kellogg
Mental Health Association of Greater Dallas
www.mhadallas.org

Dwayne Kurtz
Dallas County Constable
www.dallascounty.org

Vivian Lawrence
Mental Health Association of Greater
Dallas
www.mhadallas.org

Jan McCutchin
Dallas Area NorthStar Authority
www.dansatx.org

Mike Pappas
Constable Dallas County
www.dallascounty.org

Sgt. William Reese
Dallas Police Department
www.dallaspolice.net

Bob Stewart
Turtle Creek Manor
www.tcmanor.org

Tom Turnage
Dallas Area NorthStar Authority
www.dansatx.org

*NOTE: This list was compiled using
focus group sign-in sheets from
meetings held in 2002-2003.*

RECIDIVISM AMONG OFFENDERS WITH MENTAL ILLNESS

PROBLEM

What is the problem for Dallas County?

There is a high rate of recidivism among offenders with mental illness in the Dallas County criminal justice system.

Why is this a problem for Dallas County?

A significant number of offenders with mental illness are cycling in and out of jail as a result of crimes associated with untreated mental illness. Many offenses are low-level misdemeanors and nuisance crimes. Police sometimes make so-called "mercy arrests" and jail persons with mental illness because there is no place else to take them.

What needs to be done to alleviate this problem?

While there are a number of complex issues involved in the increasing criminalization of the mentally ill, including inadequate treatment while incarcerated and lack of pre-release planning and linkage to community services upon release, promising strategies for reducing recidivism in this population include pre- and post-incarceration diversion. Mental health courts, using post-adjudication conditional release approaches, have been successful in other jurisdictions. Dallas County is currently examining alternatives to incarceration for individuals with mental illnesses encountering the criminal justice system. Limited funding continues to challenge these efforts.

Impact for Dallas County

Alternatives to incarceration would place mentally ill offenders into treatment rather than jail and help reduce recidivism for offenses related to untreated mental illness.

SUPPORTING STATISTICS

Nationally, at least 16% of the inmates in county jails across the country have mental illness, according to a 1999 report by the U.S. Department of Justice. In Texas, nearly 6,000 county jail inmates - 10% of the inmate population - were receiving medications or other psychiatric care in 1998, according to the State Criminal Justice Policy Council. In Dallas County, 16% of jail inmates were followed by psychiatric services in the year-to-date (2002), with 5% being closely followed and considered at high risk of recidivism.

EDUCATION FOR JUSTICE SYSTEM PERSONNEL

PROBLEM

What is the problem for Dallas County?

There is a lack of education on dealing with people with mental illness among criminal justice system personnel, including law enforcement officers, judges, and attorneys representing people with mental illness.

Why is this a problem for Dallas County?

Prejudice and stigma associated with mental illness diminishes the capacity of many criminal justice system personnel to interact responsibly and effectively with people with mental illness. Ignorance and fear of mental illness effects law enforcement and corrections officers, as well as judges and attorneys. In the field, this lack of education can threaten the lives of peace officers and people with mental illness. In the courtroom, people with mental illness may receive inadequate representation by counsel or be incarcerated by judges instead of directed into treatment. Initial law enforcement training only provides a few hours of mental illness awareness instruction, and no training opportunities are consistently provided to attorneys and judges on dealing with mentally ill offenders.

What needs to be done to alleviate this problem?

More education on mental illness should be provided to criminal justice system personnel both as part of initial training and on an on-going basis. Judges and attorneys representing people with mental illness should also be required to have such education.

Impact for Dallas County

Improved education of criminal justice system personnel, judges, and attorneys will reduce injury and death in the field, promote recovery for people with mental illness while incarcerated, and help place low-level offenders into appropriate treatment rather than incarceration.

RAPID RESPONSE TO PEOPLE IN PSYCHIATRIC CRISIS

PROBLEM

What is the problem for Dallas County?

There is a critical need for specially trained law enforcement officers to deal with individuals in psychiatric crisis in the community.

Why is this a problem for Dallas County?

Too often, law enforcement officers who are not adequately trained in basic symptomology of mental illnesses and chemical dependency will make an arrest of a mentally ill or chemically dependent person, when the most appropriate disposition would be psychiatric treatment through the Green Oaks Psychiatric Crisis Stabilization Unit or the Parkland Hospital Psychiatric Emergency Room. The problem is further complicated by the fact that those who are trained in Dallas County to respond to those in psychiatric crisis have no law enforcement training nor are they empowered by law to take into custody mentally ill or chemically dependent persons.

What needs to be done to alleviate this problem?

Currently, there is one, two-officer countywide law enforcement team trained in the basic symptomology of various mental disorders who facilitate treatment needs of the mentally ill and chemically dependent in the community. Unless Dallas County continues the funding for this two-officer unit, there will be a gap in the assistance to the countywide enforcement agencies and the community. The welfare and safety of the persons in crisis, their families, and the crisis teams will be in jeopardy. There is a need to expand this program to 24 hours a day, 7 days a week. This grant program ended September 30, 2003.

Impact for Dallas County

The continuation of the countywide team mentioned above will protect the safety of the persons in crisis, the law enforcement and crisis teams, and the general public.

SUPPORTING STATISTICS

During the last full reporting year of 2002, these two officers took into custody and transported 731 persons in crisis for immediate psychiatric evaluation and/or treatment. Due to their training and knowledge, they were also able to provide referral information to 756 families and other service providers. In addition, they diverted 586 persons from situations where, but for that diversion, the persons would have been placed in jail because of behavioral problems resulting from their mental illness or chemical dependency issues.

ACCESS TO MEDICATIONS

PROBLEM

What is the problem for Dallas County?

There is a waiting list for new generation anti-psychotic medications in the NorthSTAR program.

Why is this a problem for Dallas County?

Access to advanced medications is a critical element in recovery from mental illness. New generation medications have fewer side-effects than older medications and promote adherence to treatment plans and enhance treatment outcomes.

What needs to be done to alleviate this problem?

Increased use of the Texas Medication Algorithm Program (TMAP) by prescribing physicians may help reduce the NorthSTAR waiting list over time, but there is a need for more state funding targeted to new generation medications to fully remedy this problem. Increased use of technology in promoting implementation of TMAP will aid this goal. Resources are needed for physician training and enhanced computer access.

Impact for Dallas County

Open access to new generations medications in the NorthSTAR program will improve treatment outcomes for many clients and promote recovery and re-integration into the community.

SUPPORTING STATISTICS

Over 1,000 people in Dallas County are on the NorthSTAR waiting list as of June 2003, according to ValueOptions.

CONTINUITY OF CARE FOR PEOPLE WITH MENTAL ILLNESS

PROBLEM

What is the problem for Dallas County?

There is a lack of continuity of care for people with mental illness in Dallas County.

Why is this a problem for Dallas County?

Effective mental health care involves a continuum of services including prevention, early intervention, treatment, and support. Too often this continuum is disrupted and people relapse and need emergency treatment for acute symptoms. Each relapse is associated with permanent reduction in brain function and diminished potential for recovery.

What needs to be done to alleviate this problem?

Continuity of care is best achieved through effective case management. Case management services must be more widely available.

Impact for Dallas County

Effective case management will prompt enhanced continuity of care and improved treatment outcomes.

COMMUNITY HOUSING FOR PEOPLE WITH MENTAL ILLNESS

PROBLEM

What is the problem for Dallas County?

There is a lack of community housing for people with mental illness in Dallas County.

Why is this a problem for Dallas County?

Shelter is among the most basic human needs. Many people with mental illness in Dallas County are homeless or living in emergency shelters or in unlicensed board-and-care homes. Others are dependent on aging family members. The general high cost of housing in Dallas County is a major contributing factor in this problem.

What needs to be done to alleviate this problem?

More affordable housing designated for people with mental illness must be made available in Dallas County. A range of housing options appropriate to the needs of the individuals is essential. Housing options which are necessary to promote successful community integration include transitional residences, supported housing, and assisted living residences.

Impact for Dallas County

Adequate shelter, and associated personal safety and stability, is essential to the effective treatment, recovery, and community integration of people with mental illness. Improved housing options for people with mental illness in Dallas County will reduce homelessness, promote entry into mental health treatment, improve treatment outcomes, promote community integration, and reduce criminal behavior and recidivism.

SUPPORTING STATISTICS

The 2003 count of homeless people living in the City of Dallas found 4,720 in shelters and 468 on the streets. According to interview data from the 2002 Dallas Homeless Survey, 24% of homeless people self-identify as having mental illness and 36% as having a substance abuse disorder.

CULTURALLY-COMPETENT MENTAL HEALTH SERVICES FOR ETHNIC AND RACIAL MINORITY GROUPS

PROBLEM

What is the problem for Dallas County?

A lack of culturally-competent services impedes access to mental health care for ethnic and racial minority groups.

Why is this a problem for Dallas County?

Dallas County is among the more diverse counties in the country. Of the six major mental health providers in the community, all provide Spanish-speaking services, though to a varying degree (i.e. solely medication management versus more comprehensive rehabilitation services). Only three agencies provide services in other languages.

What needs to be done to alleviate this problem?

There is a need to focus attention in order to develop, evaluate, and identify resources to meet the mental health care needs of the county's diverse population. The goal of achieving a culturally-competent mental health care system in a diverse society can only be accomplished if the system includes well-trained, culturally-competent providers and agency personnel. Cultural competency requires that knowledge of the customs and healing traditions of each consumer's culture be used in evaluation, diagnosis, and treatment decisions. Treatment must be tailored to address the choices consumers make based on their beliefs, values, and traditions. To promote cultural competency, providers must offer materials and literature in a consumer's language, provide on-going training to staff, and recruit multiethnic and multiracial staff.

Impact for Dallas County

Culturally-competent mental health services will encourage more people to access mental health services and reduce the social costs associated with untreated mental illness. Treatment outcomes will also be improved for culturally-diverse individuals with access to culturally-competent services.

SUPPORTING STATISTICS

According to the 2000 U.S. Census, Dallas County's population includes 26.4% Hispanic or Latino, 19.1% Black or African-American, and 4.1% Asian.