Mental Health

Mental Health

The Legislative Budget Board estimates that the 2016-2017 General Appropriations Act allocates $3.6 billion to behavioral health (mental health and substance use) services. Funds are distributed among eighteen agencies that handle facets of behavioral health services.

According to the Texas Board of Nursing (BON), the state had 286,442 registered nurses in 2015. In a voluntary re-licensure survey regarding area of practice, only 7,517 registered nurses reported working in behavioral health practice settings, 545 of whom are advanced practice registered nurses.

The reality of our behavioral health care system is harsh. Individuals with serious mental illness have a mortality rate that is two to three times higher than the general population and a 13 to 30 year shorter life expectancy.[1] Because beds in appropriate facilities are often unavailable, individuals struggling with mental illness or substance use receive care in emergency rooms and general inpatient facilities. In practice, every Texas nurse cares for individuals with behavioral health issues.

The limited nursing workforce dedicated to behavioral health services is of particular concern when considering projections from the Texas Center for Nursing Workforce Studies regarding the nursing shortage. A recent supply/demand study predicts that the nursing shortage in Texas will **quadruple** by 2030, leaving us more than 60,000 nurses short of demand.[2] Access to appropriate behavioral health services for Texas citizens will be severely impaired without an adequate nursing workforce. Access is of particular concern for military veterans who often present with unique behavioral health needs as they return to civilian life.

The Texas Nurses Association urges the Legislature to consider how changes to the behavioral health system will affect the health care workforce. TNA has identified five key areas that affect nurses practicing in mental health.

Because of the state of health care today, realistically every nurse in Texas is a mental health nurse.

Safe Workplace

Issue Background

Currently, it is a felony to commit an act of violence against any emergency department (ED) health care worker. While this protection is important for nurses and all ED workers, violence also occurs in health care environments outside of EDs, such as psychiatric/mental health service settings. Many factors contribute to such violence — e.g. number, experience, and training of staff; environmental factors; and individual patient characteristics. Nurses who experience violence in the workplace are often seriously affected by the emotional trauma — some are unable to return to the workplace.

State psychiatric hospitals and community mental health centers currently cannot prohibit open or concealed carry of firearms. State hospitals, because they are not required to have state licensure, do not fall under the same exception that licensed hospitals have allowing them to prohibit the carrying of weapons onsite.

What it Means For Texas

Between 1993 and 1999, the annual, non-fatal, job-related violent crime rate was 12.6 per 1,000 workers across all occupations. Among physicians and nurses, the rates were 16.2 and 21.9, respectively. Moreover, for mental health professionals, including nurses, the workplace violence rate was an astounding 68.2 per 1,000.[3]

Although Texas hospitals have no centralized reporting requirement for staff injuries, data are publically reported and aggregated for state psychiatric hospitals. According to the State Hospital Section 2016 Management Plan by Department of State Health Services, there were **2,367** staff injuries in 2015.[4] Of these, **536 (more than one in five)** occurred as a result of patient aggression.

Staff injuries in mental health facilities occur despite extensive training. Not only does this statistic reflect resources wasted on worker's compensation and staff replacement, but it also affects the nursing shortage in Texas. Low staff retention and nurses leaving practice due to the high-risk work environment further exacerbate the already palpable shortage.

TNA Position

TNA is sensitive to the concern that increasing penalties for violence against nurses in all settings could have the unintended consequence of bringing more patients with mental illness into the criminal justice system.

TNA believes that two immediate strategies will promote a safer workplace for nurses working in mental health:

- Support legislation to provide nurses employed in all mental health hospitals the same weapons-free work environment already afforded to nurses in licensed hospitals. Support legislation **clarifying** that the protections the Legislature granted to licensed hospitals apply to **all** hospitals in Texas.
- Evaluate the feasibility of creating a statewide reporting system for staff injuries in all mental health facilities. This would help the Legislature and others understand the scope of the violence problem.

Legislative History

HB 2696 (2015)

- Requires the Texas Center for Nursing Workforce Studies to conduct a study and publish results of workplace violence against nurses.

HB 910 (2015)

- Allows the open carry of handguns in public places and on property owned or leased by the government by individuals licensed to carry handguns.
- Extends current restrictions on carrying a handgun in licensed hospitals, but does not extend to public mental health facilities.

HB 705 (2013)

- Enhanced protections to nurses and other health care workers who provide care in emergency departments by increasing the penalty for assaults from a Class A misdemeanor to a third degree felony.

Access to Inpatient Care

Issue Background

DSHS currently operates 2,463 beds across 11 state psychiatric hospitals. These beds are categorized by legal status (civil and forensic) as well as age group (child/adolescent, adult, and geriatric). In addition, DSHS has contracts for 456 beds across 13 community settings, resulting in a total in 2015 of 2,919 beds owned or contracted by DSHS in Texas.[5] In 2014, there was a latent or unmet need of 1,376 beds for indigent mental health patients. By 2024, the unmet need will grow to 1,849 beds.

The public sector is serving higher numbers of individuals on criminal commitment (forensic commitments). These individuals require more resources due to elevated levels of supervision and care. As beds are converted to serve individuals on a criminal commitment, fewer beds are available for civil commitments and voluntary admissions. In fact, in 2015 waiting lists at state hospitals included 1,668 persons for forensic-use beds, with an average length of wait time of 102 days for admission into a maximum security unit.[6]

What it Means For Texas

Health care providers, including nurses, are regularly confronted with indigent patients needing inpatient services while resources are unavailable. Patients are sent back to community settings that cannot meet acute needs, resulting in further decompensation — the gradual or sudden decrease in a person's ability to function due to the re-emergence of psychiatric symptoms — and ultimately, admission in the emergency room. Unnecessary emergency stays are expensive, and they strain nurses and other staff trying to meet the needs of patients with life-threatening medical conditions. Additionally, they make it difficult for staff to maintain a safe environment.

Additional challenges arise in mental health community-service settings. With few resources available for acute conditions, one of two things happens: staff resources intended for existing patients are re-allocated disproportionately to patients with acute symptoms; or, even more unfortunately, the patient with acute conditions must decompensate further until their behavior results in arrest or commitment.

TNA Position

The Texas Nurses Association encourages the Legislature to strengthen language in the Mental Health Code that will facilitate civil commitment of individuals judged to be a danger to self or others. Individuals should not have to severely decompensate or commit a crime to access an inpatient bed. The Legislature should also explore ways to provide mental health services via telemonitoring, telenursing, and telehealth capabilities across all patient settings.

2,919

Total beds owned or contracted by DSHS in Texas

1,376

Unmet need of beds for indigent mental health patients 2014

1,849

Projected unmet need by 2024

The demand for nurses in all settings is outpacing supply. 2016 data from DSHS shows the nursing shortage will more than quadruple by 2030.

Mental Health Funding

Issue Background

In the last legislative session, $3.6 billion was appropriated for mental health services through state agencies and local mental health authorities. Additionally, Article IX, Sec. 10.04, called for the creation of a Statewide Behavioral Health Strategic Plan to coordinate behavioral and mental health services across agencies and delivery methods. The Legislature changed Article IX to: 1) address deficits in funding for mental health services, and 2) promote coordination to improve mental health services.

Although the Legislature passed SB 239 in 2015, providing loan repayment for certain mental health professionals as an incentive to work in the field, the demand for nurses in all settings is outpacing supply. 2016 data from DSHS shows the nursing shortage will more than quadruple by 2030. While SB 239 was an important first step, the Legislature needs to do more to ensure reliable access to quality mental and behavioral health care.

What it Means For Texas

When the system is more efficient and effective, nurses can provide better care to those who need it in the most appropriate settings, and innovation in care service to patients can be better utilized.

TNA Position

TNA strongly encourages the Legislature to fund programs that will reduce the nursing shortage in Texas. TNA also supports funding increases for community-based mental health services to decrease wait lists and unnecessary referrals, in addition to the need for an increase in Medicaid reimbursement rates for mental health providers. Finally, the Legislature should explore mutually-funded partnerships with the Department of Veterans Affairs to provide community support, including the Veteran Services Provider Network (VSPN) and programs offered through TexVet.[7]

Legislative History

SB 200 (2015)

- Prior to SB 200, DSHS operated state hospitals and administered funding for community-based mental health services. Meanwhile, the Department of Aging and Disability Services (DADS) operated state supported living centers (formerly known as special schools and then state schools) and administered state funding for community-based programs for people with intellectual and developmental disabilities.

- SB 200, the Health and Human Services Commission (HHSC) sunset bill, consolidated many health-related agencies under the umbrella of HHSC. The HHSC will absorb substantial parts of the Department of Assistive & Rehabilitative Services (DARS) and DADS. DSHS will continue operating with a narrower scope, focusing on public health functions. This should be completed by Sept. 1, 2017.[8]

SB 239 (2015)

- Established a loan repayment assistance program for certain mental health professionals within the Texas Higher Education Coordinating Board with an appropriation rider of just over $2 million.

Texas Peer Assistance Program for Nurses

Issue Background

Mental illness is pervasive, affecting about one in five Americans. Substance use disorder affects about 8.5% of the population nationwide[9] and around 6% of the population in Texas.[10] That means 1.6 million Texans suffer from the disorder, and many more are impacted because the person suffering is a family member or coworker. Prevalence of substance use among health care professionals is similar to that of the general population and is where peer assistance programs have proven efficacy. If left unaddressed, such problems can have dramatic consequences.

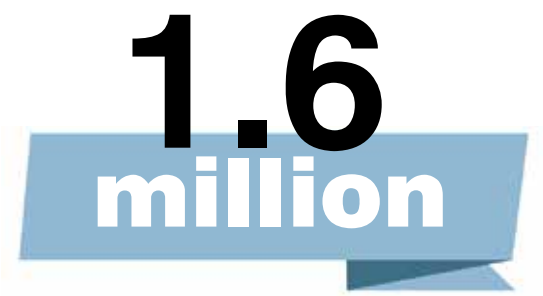
For almost 30 years, the BON has contracted with the Texas Peer Assistance Program for Nurses (TPAPN) to provide peer assistance to Texas nurses suffering from substance use disorders and mental health issues. TPAPN is funded by nurse licensure fees — no general revenue is implicated in the funding and operation of TPAPN.

What it Means For Texas

TPAPN provides a non-punitive, voluntary alternative for nurses who seek recovery from substance use or mental health issues. Participants are supported and monitored by professional case managers throughout their recovery. TPAPN enables nurses to help themselves and receive support from peers so that they can resume safe practice.

TNA Position

TNA wants to ensure that TPAPN is able to continue serving the hundreds of nurses per year that participate in the program. The Texas Statewide Behavioral Health Strategic Plan (May 2016) even notes that "use of peer services" is a key gap in mental health service to Texans, and Texas should increase access to programs (like TPAPN) that offer peer support services. TNA recommends that the Texas Legislature, through the sunset review process, continue its 30-year span of support for TPAPN and allow the program to continue helping the nurses that serve patients across Texas.



Texans with substance use disorder

Historical Background

The Texas Peer Assistance Program for Nurses was founded in 1987 as a program of the Texas Nurses Foundation under Texas Health & Safety Code, Chapter 467. A voluntary program that has operated successfully for the last 30 years, TPAPN facilitates assessment and treatment, offers case management and peer support services, and coordinates closely with the BON.

Nurses may participate in four ways: (1) they may enter the program voluntarily, (2) a third party (usually an employer) may refer them, (3) the BON may refer them to defer disciplinary action pending successful completion, or (4) the BON may order the participant to the program. Licensed case managers regularly monitor participants, and volunteer peer nurse advocates work with participants to encourage success. For nurses with substance use disorders, this monitoring includes random drug screens. The program lasts three years for Registered Nurses and Licensed Vocational Nurses, and five years for Advanced Practice Registered Nurses with substance use disorders.

TPAPN supervises participants' return to safe practice. Case managers negotiate the application of graduated safety parameters with the employer so participants can demonstrate their ability to practice safely before completing from the program. Completion rates are comparable to similar health care-professional peer assistance programs (approximately 75%).