The Legislative Budget Board estimates the 2018-2019 General Appropriations Act allocates $3.5 billion to behavioral health (mental health and substance use) services. Funds are distributed among eighteen agencies that handle behavioral health services.

According to the Texas Board of Nursing (BON), the state had 320,059 registered nurses in 2018. However, under 9,000 nurses reported on their BON re-licensure survey that they work in behavioral health practice settings. Additionally, the shortage of psychiatrists in Texas is projected to increase 13% by 2030 to an estimated 1,208 psychiatrists short of actual demand in the state.¹

The reality of our behavioral health care system is harsh. People with serious mental illness have a mortality rate two to three times higher than the general population and a 13- to 30-year shorter life expectancy.² Because specialized inpatient care is often inaccessible, people with mental illness or substance use disorders often receive care in emergency rooms and general inpatient facilities that are not equipped to provide optimal care.

In practice, every Texas nurse cares for people with behavioral health issues.

The limited nursing workforce for behavioral health services is of particular concern when considering projections regarding the nursing shortage. A recent Texas study predicts the shortage will triple by 2030, leaving the state more than 60,000 nurses short of demand.³ Access to appropriate behavioral health services for Texas citizens

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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 (TNA) urges the legislature to consider how changes to the behavioral health system will affect the health care workforce. TNA has identified six key areas that affect nurses practicing in mental health.

SAFE WORKPLACE

ISSUE BACKGROUND

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, including psychiatric or 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 may be seriously affected by the emotional trauma—some are unable to return to the workplace.

Local mental health authorities currently cannot prohibit open or concealed carry of firearms. These authorities do not fall under the same exception that licensed hospitals have allowing them to prohibit carrying weapons onsite.

WHAT IT MATTERS TO TEXAS NURSES

Nationwide, health care workers face higher rates of violence than other workers. Between 1993 and 1999, the annual, non-fatal, job-related violent crime rate among all occupations was 12.6 per 1,000 workers. 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.

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.

Nationwide, health care workers face higher rates of violence than other workers.

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TNA POSITION

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

- Support a weapons-free work environment for all local mental health authorities, as is already afforded to licensed hospitals and mental hospitals
- Evaluate the feasibility of creating a statewide reporting system for staff injuries in all health facilities, including mental health facilities like state hospitals and local mental health authorities. This would help the legislature and others understand the scope of violence in health care settings.

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
- 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

In 2015, DSHS operated 2,463 acute inpatient 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).\(^5\) In addition, DSHS contracts for 456 beds in 13 community settings, resulting in a total of 2,919 beds in Texas.\(^6\) There was an estimated unmet need of 570 beds for low-income patients requiring inpatient mental health care.

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The public sector is serving higher numbers of people on criminal commitment (forensic commitments) who require more resources due to elevated levels of supervision and care. As beds are converted from civil to forensic to serve those 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.5

WHAT IT MATTERS TO TEXAS NURSES

Nurses regularly encounter people who are low-income needing inpatient services while resources are unavailable. Patients are sent back to community settings that cannot meet acute needs, resulting in further decompensation—reduced ability to function related to the re-emergence of psychiatric symptoms—and ultimately, emergency department visits. Preventable emergency department visits mean additional expenses for patients and strain on nurses and other staff.

Additional challenges arise in mental health community-service settings. As resources are shifted to address acute episodes of illness in emergency and inpatient settings, resources intended to help people manage their mental health conditions to prevent acute episodes become unavailable, leading to patients with acute conditions decompensating further until their behavior results in arrest or commitment.

TNA POSITION

TNA encourages the legislature to strengthen language in the Mental Health Code to facilitate civil commitment of people judged to be a danger to self or others. The current code limits the ability to provide treatment when a person refuses care due to the nature of their illness. People with acute mental health conditions should not have to severely decompensate or commit a crime to access an inpatient bed.

Funding community programs can prevent decompensation and reduce the need for emergency or inpatient care. The legislature should also explore ways to expand mental health services via telemonitoring, telenursing, telehealth, and telepsychiatry capabilities across all patient settings.

MENTAL HEALTH FUNDING

ISSUE BACKGROUND

In the last legislative session, $3.5 billion was appropriated for mental health services through state agencies and local mental health authorities. Additionally, Article IX, Sec. 10.04, continued the efforts of the Statewide Behavioral Health Strategic Plan to coordinate behavioral and mental health services across agencies and delivery methods. The legislature adopted 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, and then passed HB 3808 and HB 3083 in 2017, expanding the types of persons who may receive repayment, the demand for nurses in all settings is outpacing supply. 2016 data from DSHS shows the nursing shortage will more than triple by 2030. While SB 239, HB 3808, and HB 3082 were important first steps, the legislature needs to do more to ensure reliable access to quality mental and behavioral health care.

WHAT IT MATTERS TO TEXAS NURSES

When the system is more efficient and effective, nurses can provide better care to those who need it in the most appropriate settings and better utilize innovation in care service to patients. Nurses, including advanced practice nurses, are critical providers in the behavioral health workforce and can contribute to developing and implementing coordinated systems of care across the continuum to meet the mental health needs of Texas residents.

TNA POSITION

TNA strongly encourages the legislature to fund programs that will reduce the nursing shortage in Texas, specifically for those that practice in the mental health field and in underserved areas where there is a considerable lack of available providers. Enabling advanced practice registered nurses to practice to their full scope of education and training will also help to close this gap. Read TNA’s policy brief on reducing barriers for psychiatric mental health advanced practice registered nurses.

TNA also supports funding increases for community-based mental health services to decrease wait lists and preventable emergency and inpatient care, in addition to increases 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 and programs offered through TexVet.

LEGISLATIVE HISTORY

HB 3808 (2017)
  - Expanded the loan repayment program to include marriage and family therapists

HB 3083 (2017)
  - Expanded the loan repayment program to include chemical dependency counselors

SB 200 (2015)
  - SB 200, the Texas Health and Human Services Commission (HHSC) sunset bill, consolidated many health-related agencies under the umbrella of HHS, which includes HHSC and DSHS. HHSC absorbed DADS and substantial parts of the Department of Assistive and Rehabilitative Services. DSHS continued operating with a narrower scope, focusing on public health functions.
Prior to SB 200, DSHS operated state hospitals and administered funding for community-based mental health services. The former Texas 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 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 almost one in five Americans.\(^7\) Substance use disorder, which is a behavioral disorder, affects about 6.2% of the population nationwide and around 6% of the population in Texas.\(^8\) 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.

For almost 30 years, the BON has contracted with the Texas Peer Assistance Program for Nurses (TPAPN) to provide assistance to Texas nurses with substance use disorders and mental health issues. TPAPN is funded by nurse licensure fees—no general revenue is used. During the 2017 sunset review, the legislature improved the program by requiring that program participation be individualized for participants, giving the program the flexibility to address the varied needs that nurse participants have.

### WHAT IT MATTERS TO TEXAS NURSES

TPAPN supports nurses in their recovery process so they can safely practice nursing.

TPAPN provides a non-punitive, recovery-focused and 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. Return to work is an important part of the program that enables nurses to demonstrate accountability for their practice. Nurses spend their lives helping others—TPAPN supports nurses in their recovery process so they can safely practice nursing.

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INCREASED USE OF MENTAL HEALTH OR DRUG COURTS

ISSUE BACKGROUND

The use of mental health courts reduces recidivism by persons with mental illness.\(^9\) Mental health courts offer offenders with mental illness the choice between engaging in and following a treatment program, including medications, or going to jail. This option has the potential for greater continuity of care, as the person is not transitioning in and out of jail, causing a lapse in medication administration.

WHY IT MATTERS TO TEXAS NURSES

Although Texas has taken measures to ensure incarcerated people receive mental health services, barriers still exist. Many rural counties are already operating with limited resources in smaller, rural jails. “Such jails need

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assistance with planning and developing appropriate inmate medical services, and with leveraging community health and mental health services, which are often stretched beyond capacity.\(^\text{10}\)

### TNA POSITION

Texas should expand and continue funding mental health grant programs for people involved in the justice system. The use of mental health and drug courts have reduced recidivism by people with mental illness and substance abuse issues. Mental health courts offer those with mental illness the opportunity to engage in an active treatment program in lieu of jail. This option has the potential for greater continuity of care, as the patient is not transitioning in and out of jail, causing a lapse in medication administration.

### LEGISLATIVE HISTORY

**SB 292 (2017)**

- Funds matching grants for county-based community collaboratives to reduce recidivism and wait time for people with mental illness placed on forensic commitment to a state hospital

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• Authorizes the continuation of the Harris County Jail Diversion program

SB 1507 (2017)
• Requires the DSHS to employ a state forensic director to improve forensic mental health services for those deemed incompetent to stand trial or not guilty by reason of insanity

HB 1083 (2017)
• Requires a mental health assessment to be performed by either a medical or mental health professional prior to an inmate being placed in administrative segregation

SCHOOL AGE AND YOUNG ADULT MENTAL HEALTH SCREENING

ISSUE BACKGROUND

Mental health problems often start early in life. The lifetime prevalence of depression among adolescents may be as high as 20%.11 Half of all mental health issues arise by 14 years of age, and 75% by the age of 24 years.12 Depression during adolescence is associated with suicidal ideation, self-injury, substance abuse, suicide, and academic underachievement.13 According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death for ages 10-34, and according to the World Health Organization depression is the leading cause of disability worldwide.

Each year over 555,000 children and adolescents in Texas experience serious mental health needs.

The Office of the U.S. Surgeon General stated in the National Prevention Strategy: “Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, [depression] and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol, and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV or STIs), and premature death.”

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WHY IT MATTERS TO TEXAS NURSES

With the increased prevalence of shootings in schools over the past decade, child and adolescent mental health concerns have become a national focus. A child in Texas spends around seven hours a day, 180 days per year in school.\textsuperscript{14} This equates to 22\% of a child’s waking time spent in the school environment. Texas needs to provide a safe environment for our children to learn and grow and prioritize the mental health needs of students to help with early detection and intervention.

TNA POSITION

TNA supports early mental health screening for early diagnosis and treatment and recognizes the need for it to take place in primary care and community settings such as schools and universities.

People identified in screenings as at-risk should be referred to additional resources and mental health care professionals for follow up as necessary.