

An estimated 26% of adult Americans, approximately 57.7 million people, experience mental illness during any given year. In addition, roughly 45% of those people will be diagnosed with two or more mental disorders. However, the percentage of people who endure serious mental illness (disorders that result in disability) remains smaller- about 6%, or 1 in 17 people (National Institute of Mental Health [NIMH], 2009).

Mental illness refers to all diagnosable mental disorders, which “are characterized by abnormalities in cognition, emotion or mood, or . . . social interactions (and) planning of future activities” (Surgeon General, 1999, p. 39). Mental illness is often more difficult to diagnose than physical illness because there are currently no definitive laboratory tests used for diagnosis; instead, conclusions are based on the patient’s intensity and frequency of symptoms and the doctor’s observations. In addition, “the signs and symptoms (of mental illness) exist on a continuum and there is no bright line separating health from illness, distress from disease” (Surgeon General, 1999, p.39). In the United States, mental disorders are diagnosed using the *Diagnostic and Statistical Manual of Mental Disorders*, also referred to as the DSM-IV (Psychiatry Online, n.d). The DSM-IV contains 16 classes of mental disorders. The most commonly diagnosed classes of mental illness include anxiety disorders, personality disorders, mood disorders, impulse-control disorders, eating disorders, and psychotic disorders (NIMH, 2009).

Anxiety disorders

Anxiety disorders are the most prevalent class of mental disorders, affecting approximately 40 million American adults, or 18.1% of the

population. Though everyone experiences anxiety, it is considered a disorder when it becomes overwhelming, persistent, or interferes with daily life. Anxiety disorders are believed to result from brain chemistry, genetic predisposition, life events, and personality. Women are more likely than men to suffer from most anxiety disorders, though social phobias and obsessive-compulsive disorder occur equally in both genders (Anxiety Disorders Association of America, 2009).

TYPES AND PREVALENCE OF ANXIETY DISORDERS IN ANY GIVEN YEAR FOR AMERICANS 18 YEARS AND OLDER

<i>Type of Disorder</i>	<i># in millions</i>	<i>% of population</i>	<i>Average age of onset</i>
Specific Phobias	19.2	8.7	7
Social phobias	15	6.8	13
Post-traumatic stress disorder	7.7	3.5	23
Generalized anxiety disorder	6.8	3.1	31
Panic disorder	6	2.7	24
Obsessive Compulsive disorder	2.2	1	19
Agoraphobia (fear of open spaces)	1.8	.8	20

(NIMH,2009)

Personality Disorders

“Personality disorders are patterns of perceiving, reacting, and relating to other people and events that are relatively inflexible and that impair a person’s ability to function socially” (The Merck Manuals, 2006). It is estimated that at least 15% of the population deals with one or more personality disorders. There are at least 10 conditions considered to be personality disorders.

Though each is distinctive, personality disorders are typically grouped within three clusters: Cluster A (odd, eccentric behavior), Cluster B (dramatic, emotional behavior), and Cluster C (anxious, fearful behavior) (Mayo Clinic, 2008).

Mood disorders

Mood disorders, also known as depressive disorders, affect roughly 20.9 million American adults, or 9.5% of the population (NIMH, 2009). Women are more than twice as likely as men to experience depression, though men with depression are less likely to seek and receive help (Depression.com, 2009b). The elderly are also highly vulnerable to depression. Depression ranges from chronic, mild sadness lasting 2 years or longer (dysthymic disorder), to sadness occurring during particular seasons (seasonal affective disorder) or following childbirth (post-partum disorder), to intense, long-term sadness (major depressive disorder). Major depressive disorder, the most common mood disorder, is the leading cause of disability for adults from the age of 15-44 in the United States (NIMH, 2009).

Bipolar disorder, where people experience extreme changes in mood, thought, energy, and behavior, is also considered a mood disorder. Bipolar disorder occurs equally between genders and racial groups, and tends to be hereditary (Depression and Bipolar Support Alliance, 2009). Like anxiety disorders, mood disorders are diagnosed based on intensity, length of time suffered, and level of interference with daily life (Depression.com, 2009a).

TYPES AND PREVALENCE OF MOOD DISORDERS IN ANY GIVEN YEAR FOR AMERICANS 18 YEARS AND OLDER			
<i>Type of Disorder</i>	<i># in millions</i>	<i>% of pop</i>	<i>Average age of onset</i>
Major Depressive disorder	14.8	6.7	32
Bipolar disorder (Manic depression)	5.7	2.6	25
Dysthymic disorder (chronic, mild depression)	3.3	1.5	31
(NIMH,2009)			

Impulse Control Disorders

People with impulse control disorders cannot resist the impulse to carry out actions that harm either themselves or others. The most common types of disorders in this class include intermittent explosive disorder (aggressive outbursts resulting

in assault or destruction of property), kleptomania (non-planned theft of worthless objects), pyromania (setting fires), compulsive gambling disorder (excessive gambling and money loss), and trichotillomania (pulling hair from one's own body) (Mental Health Association NSW INC, 2008). Intermittent explosive disorder and pyromania are more common in men, while kleptomania and trichotillomania occur more frequently in women. Impulse control disorders occur in approximately 8.9% of the population (Harvard Medical School Office of Public Affairs, 2005).

Eating Disorders

Anorexia nervosa (a persistent quest for thinness to the point of starvation), bulimia nervosa (includes continual dieting, bingeing, and purging), and binge-eating disorder (repeated consumption of large amounts of food) are the most common eating disorders recognized by mental health professionals. It is estimated that 10 million women and 1 million men suffer from an eating disorder in the United States. Forty percent of eating disorder cases are among women 15-24, and only one-third of individuals diagnosed receive mental health care. Eating disorders have a higher mortality rate than many other forms of mental illness (National Eating Disorders, 2008).

Psychotic Disorders

“Psychotic disorders involve distorted awareness and thinking. Two of the most common symptoms of psychotic disorders are hallucinations -- the experience of images or sounds that are not real, such as hearing voices -- and delusions -- false beliefs that the ill person accepts as true, despite evidence to the contrary” (WebMD, 2009). The most common psychotic disorder is schizophrenia. Schizophrenia affects 2.4 million American adults, or approximately 1.1% of the population. In Texas in 2002, 35,069 people were known to have schizophrenia, 2,155 of whom were in Bexar County (Mental Health America of Texas (MHAT), 2003). The rate of occurrence is the same between men and women, but men tend to develop the disease earlier. Schizophrenia is believed to be biologically based and is chronic, debilitating, and severe.

Treatment of Mental Illness

“Most studies suggest that for major mental health disorders, a treatment approach involving both drugs and psychotherapy is more effective than

either treatment method used alone” (Merck Manuals, 2007). Medications come in many forms. Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the newest and most often prescribed anti-depressant medications for patients dealing with depression and certain types of anxiety. Electroconvulsive therapy is also considered an effective and safe physical treatment for major depression. In addition to anti-depressants, those with anxiety disorders also have a variety of anti-anxiety medications available, such as clonazepam, lorazepam, and diazepam. Schizophrenics are prescribed anti-psychotics, or mood stabilizers, such as lithium. Though all of these drugs are helpful treatments, they do not cure mental illness alone.

Another important area of the treatment spectrum is psychotherapy. Psychotherapy consists of talking through the problems that the mentally ill are experiencing. Using a variety of techniques, the psychotherapist seeks to identify the source of the patients’ difficulties and provide alternatives for dealing with them. The goal of therapy is to improve the quality of the patient’s life (Merck Manuals, 2007).

Helping Texans with Mental Illness

In 2004, community mental health services in Texas were taken over by the Texas Department of State Health Services (TDSHS). Today, the TDSHS provides state-wide services using Local Mental Health Authorities, 10 state hospitals, and 39 Community Mental Health Centers (TDSHS, 2007). The State Mental Health Authority for Bexar County is housed at the Center for Health Care Services, while the Hill Country Community MHMR Center represents Bandera, Comal, and Kendall Counties. The San Antonio State Hospital serves Southern Texas. The chart at the end of this brief provides state demographic statistics for 2008.

Although there is no central starting point for seeking out mental health services, there are several hospitals and non-profit centers in the San Antonio area that provide treatment for mental illness, often daytime, outpatient services. A full

listing of mental health providing agencies can be found on the Network of Care for Behavioral Health website

<http://bexar.tx.networkofcare.org/mh/resource/searchbycat.cfm?cat=4554>

They include Laurel Ridge, Nix Specialty Health Center, the Southwest Mental Health Center (a non-profit focused on children and adolescents), and St. Mary’s University Family Life Center (State of Texas: Bexar County, 2009). Housing geared towards those with mental illness in the San Antonio area is provided by the Fairweather Lodges, a program run by San Antonio Family Endeavors (2008).

Organizations that provide reduced fee or free mental health counseling in the San Antonio area include: Ecumenical Center for Religion and Health (2009), The Center for Health Care Services (2009), CentroMed (Texas Association of Community Health Centers, n.d.), Family Service Association (2009), Jewish Family Services (n.d.), Methodist Healthcare (2009), and La Paz Community Health Center (2009).

Burden of Mental Illness

Mental illness is one of the most prevalent disorders in the United States. Only exceeded by cardiovascular disease, the burden of mental illness is higher than that caused by all types of cancer. For Americans aged 15 to 44, mental disorders are in fact the leading cause of disability. In addition, mental illness often coincides with substance abuse. A mentally ill person is nearly three (3) times more likely to have a drug or alcohol dependency than someone not mentally ill (Substance Abuse and Mental Health Services Administration, 2008). Mental illness is also prevalent in the United States prison population, estimated to affect more than half of all prison and jail inmates in 2005 (Bureau of Justice, 2006). Mental illness is intimately linked to a higher potential for suicide. In fact, at least 90% of those who succeed in killing themselves have a diagnosable mental illness, most often including depression and substance abuse (NIMH, 2009).

Demographic Characteristics of Persons Served in State/Community Mental Health Programs during FY 2008												
	State Mental Health Agency				State Psychiatric Hospital				Community Mental Health Programs			
	US		Texas		US		Texas		US		Texas	
	#	%	#	%	#	%	#	%	#	%	#	%
Age												
0-17	1,711,187	27.0%	51,284	19.8%	14,971	8.6%	1,172	8.0%	1,534,212	27.2%	50,997	19.9%
18-20	300,746	4.7%	12,229	4.7%	8,670	5.0%	802	5.5%	264,308	4.7%	12,142	4.7%
21-64	4,020,003	63.5%	187,953	72.7%	142,270	82.1%	12,191	83.4%	3,577,913	63.4%	186,346	72.7%
65+	290,390	4.6%	7,004	2.7%	7,341	4.2%	446	3.1%	254,013	4.5%	6,844	2.7%
N/A	10,658	0.2%			55	0.0%			9,291	0.2%		
Total	6,332,984	100%	258,470	100%	173,307	100%	14,611	100%	5,639,737	100%	256,329	100%
Gender												
Male	3,039,387	48.0%	125,398	48.5%								
Female	3,246,076	51.3%	132,620	51.3%								
N/A	47,520	0.8%	452	0.2%								
Total	6,332,983	100%	258,470	100%								
Race/Ethnicity												
American Indian	74,947	1.2%	641	0.2%								
Asian	86,497	1.4%	1,893	0.7%								
Black/African American	1,252,828	19.8%	56,417	21.8%								
Native Hawaiian	12,925	0.2%	0									
White	4,011,883	63.3%	192,464	74.5%								
Hispanic	103,190	1.6%	*									
Multi-racial	122,205	1.9%	6,590	2.5%								
N/A	668,508	10.6%	465	0.2%								
Total	6,332,983	100%	258,470	100%								

	US		Texas	
	#	%	#	%
*Hispanic origin				
Hispanic or Latino	731,285	12.2%	69,807	27.0%
Not Hispanic or Latino	4,679,009	77.8%	188,211	72.8%
Hispanic Status Unknown	601,698	10.0%	452	0.2%
Total	6,011,992	100.0%	258,470	100.0%

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