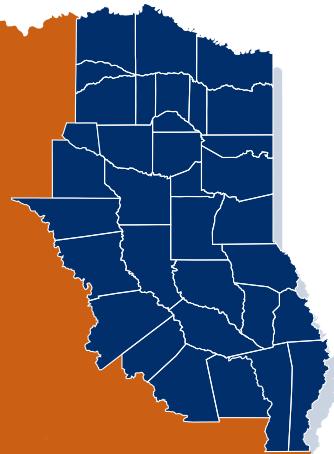


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THE STATUS OF MENTAL HEALTH

in Northeast Texas



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EXECUTIVE SUMMARY

The 2025 Mental Health Care Status Report for Northeast Texas (NETX) provides a comprehensive overview of the current state of mental health within the 35-county area. This report aims to shed light on the underlying causes and potential solutions to the mental health crisis in the region. Key findings include:

- **Demographics and Non-medical Drivers of Health:** NETX has a less dense, older, and predominantly non-Hispanic White population compared to the rest of Texas. The region faces significant non-medical drivers of health risks, including higher rates of poverty, unemployment, and poor health behaviors.
- **Health Outcomes:** NETX residents have worse health outcomes compared to the state average, with lower life expectancy and higher rates of childhood mortality, firearm-related deaths, motor vehicle fatalities, and suicides.
- **Youth Mental Health:** The Youth Risk Behavioral Survey (YRBS) data indicate that Texas youth report similar percentages of negative mental health as the rest of the country, with higher rates of alcohol and drug use and exposure to violence.
- **Access to Mental Health Care:** The region faces a significant shortage of mental health professionals, with all 35 counties classified as mental health professional shortage areas. This shortage is particularly acute in rural areas, contributing to higher suicide rates.

This report highlights the urgent need for targeted mental health interventions, improved access to healthcare resources, and increased mental health workforce training in Northeast Texas.

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PURPOSE

The purpose of this report is to present an overview of the current state of mental health within a 35-county area of Northeast Texas. The goal of this report is to examine underlying causes and potential solutions to the mental health crisis present in Northeast Texas (NETX). The report will begin by presenting the key demographics and non-medical drivers of health within the NETX region. It will then examine the systems and services providing mental health care in the region. Finally, the report will explore factors correlated with county-level suicide rates in NETX and propose strategies and solutions to mitigate these rates.

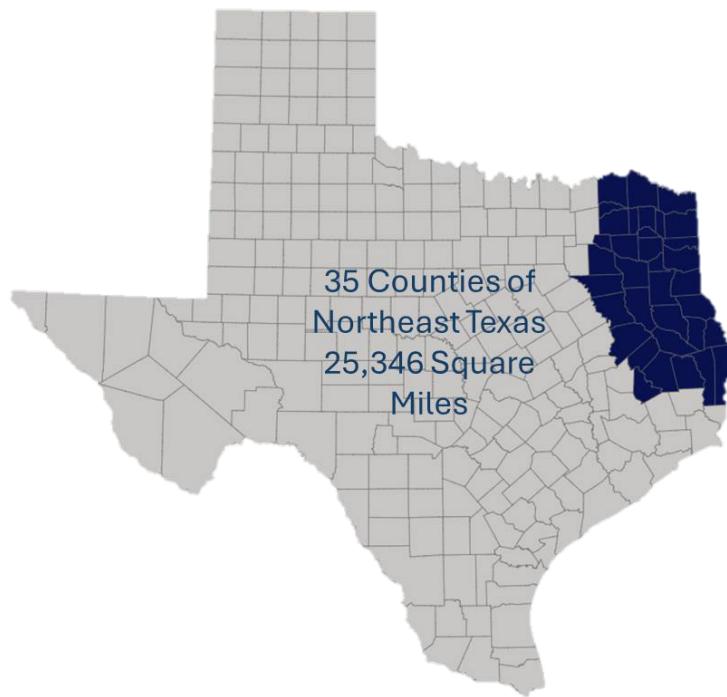
This report will provide an overview of the mental health status of NETX compared to statewide Texas statistics, including mental health prevalence, associated risk factors, and access to care. It will also shed light on the significant challenges and concerns related to suicide rates in NETX driven by rising mental health issues, limited access to care, and impact of health disparities, particularly rural impact. This report will also examine mental health challenges comparing youth and adults and conclude with strategies to address these challenges in Northeast Texas.

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

NETX Region

In this report, the bounds of NETX include 35 counties in Texas Public Health Regions 4/5 North (Fig. 2). Compared to other areas of the U.S., the area of NETX is larger than each of the following states: New Jersey, Vermont, Connecticut, Delaware, Rhode Island, and New Hampshire.

Figure 2: 35 Counties in NETX Region 4/5N



- Anderson
- Angelina
- Bowie
- Camp
- Cass
- Cherokee
- Delta
- Franklin
- Gregg
- Harrison
- Henderson
- Hopkins
- Houston
- Jasper
- Lamar
- Marion
- Morris
- Nacogdoches
- Newton
- Panola
- Polk
- Rains
- Red River
- Rusk
- Sabine
- San Augustine
- San Jacinto
- Shelby
- Smith
- Titus
- Trinity
- Tyler
- Upshur
- Van Zandt
- Wood

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Demographics

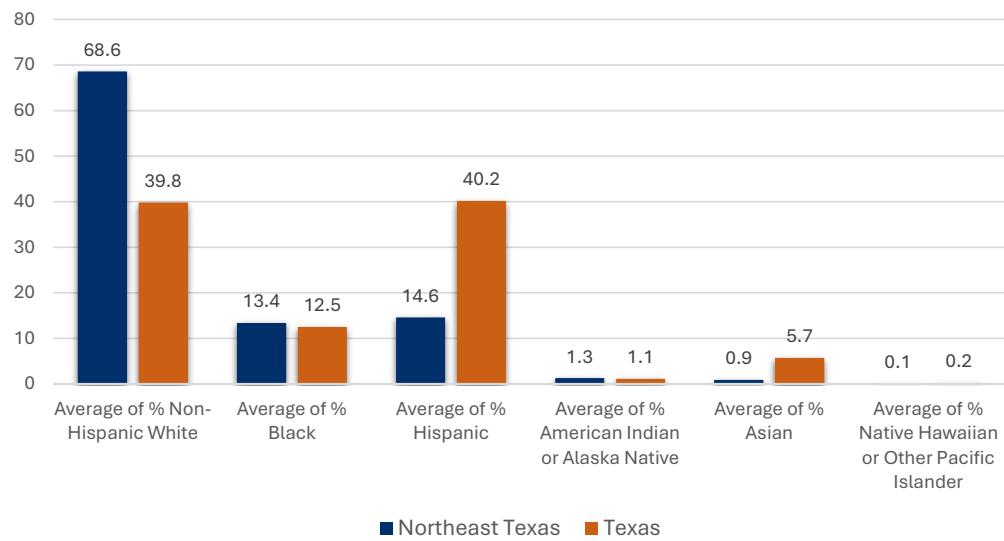
The NETX population is less dense, older, and more non-Hispanic White than the rest of Texas. The population density of Northeast Texas, at 60 people per square mile, is just over half that of Texas, which has 112 people per square mile. Over 1.5 million residents of NETX span an area of over 25,000 square miles (Table 1). The population of Texas is approximately 40.2% Hispanic and 12.5% African American, while the population of NETX is predominantly non-Hispanic White (68.6%) with 14.6% identifying as Hispanic and 13.4% identifying as Black or African American (Fig. 3). Additionally, the population of NETX is older compared to the state overall, with 21% of residents aged 65 and older, compared to 13% in Texas and 17% nationally (Fig. 4).

Table 1: Population Comparison Between Northeast Texas and the State of Texas¹

	Northeast Texas	Texas
Land area (sq. mi.)	23,346	261,194
Total Population	1,550,513	29,145,505
Population Density (people/sq. mi.)	61.2	111.6
Sex (% male)	50.2	50.2
Median age (years)	38.5	35.6

Data source: U.S. Census Bureau. "PROFILE OF GENERAL POPULATION AND HOUSING CHARACTERISTICS." Decennial Census, DEC Demographic Profile, Table DP1, 2020, <https://data.census.gov/table/DECENNIALDP2020.DP1?g=040XX00US48&d=DEC Demographic Profile>. Accessed on September 10, 2024. Note: NETX is public health regions 4 and 5 as defined in Figure 2.

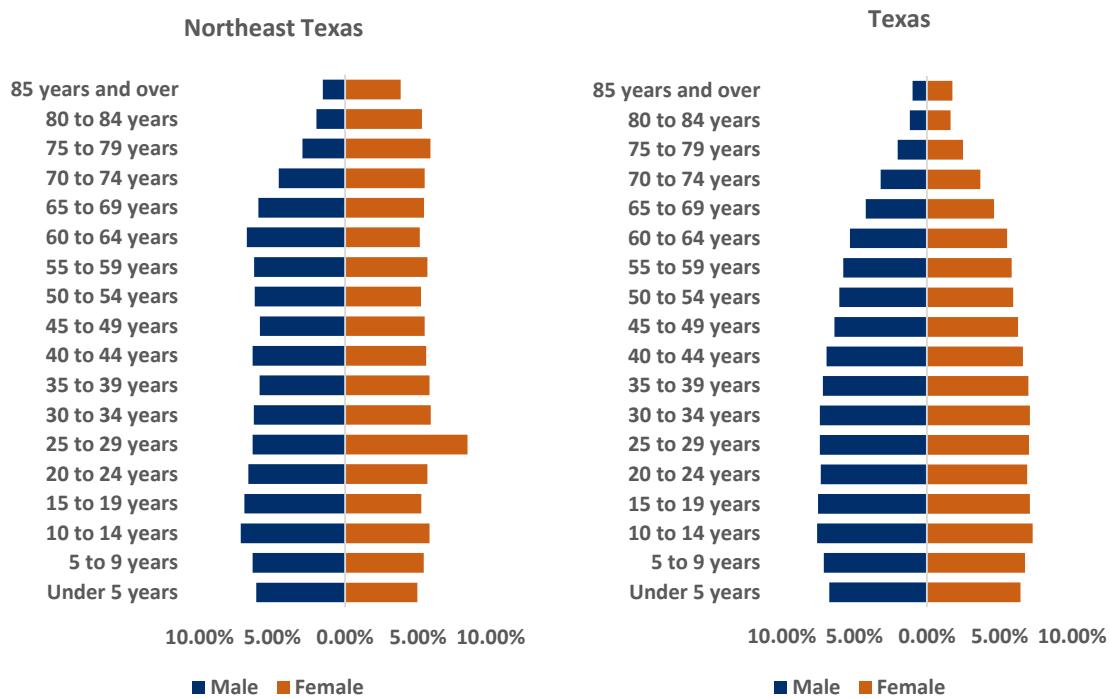
Figure 3: Demographics: Race/Ethnicity of NETX



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Figure 4: NETX Age Distribution



Data source: *County Health Rankings and Roadmaps*. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

Non-Medical Drivers of Health

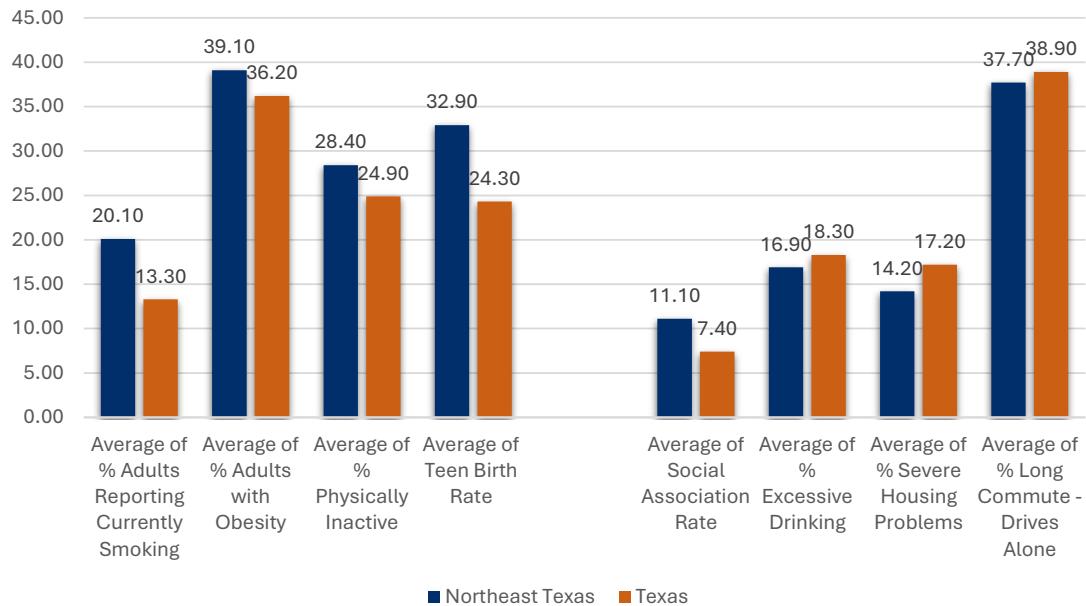
NETX, both as a region and by county, is burdened by many non-medical drivers of health risk factors that are associated with poor health outcomes. Economically, NETX has higher rates of poverty, unemployment, and lower rates of college attendance (Fig. 6) compared to Texas as a whole. NETX also has about the same rate of uninsured, higher rates of retired individuals, higher home ownership, higher disability, and higher rurality.

Risk Factors: smoking, physical health, poor mental health

There are many risk factors that can affect a person's health. In Figure 5, 8 such risk factors are illustrated. On average, Northeast Texas performs worse than the rest of Texas in smoking, obesity, physical activity, and teen birth rate and better, on average, in social association, excessive drinking, housing problems, and long commutes.

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Figure 5: Health Behaviors in NETX



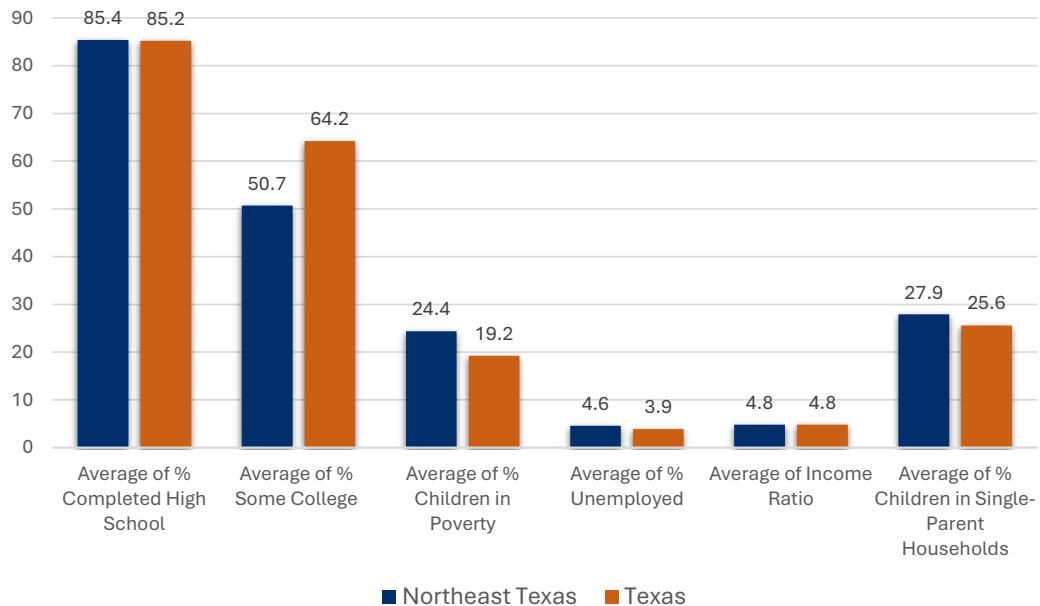
Data source: *County Health Rankings and Roadmaps*. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

Northeast Texas exhibits higher rates of smoking, physical inactivity, and obesity compared to the state average with 20.1% of adults engaging in smoking, 28.4% reporting physical inactivity, and 39.1% being classified as obese. Additionally, teen birth rates are higher in the region (32.9 per 100,000) compared to the state average (24.3 per 100,000). On the positive side, Northeast Texas has lower rates of excessive drinking, severe housing problems, and long commutes. The region also has a higher social association rate than the state average, indicating higher community connections. These factors contribute to the region's overall mental health and well-being challenges.

In summary, while Northeast Texas shares some health challenges with the State of Texas as a whole, it also faces its own unique set of barriers to better health outcomes. High rates of poverty, unemployment, and poor health behaviors, combined with economic disparities and rural challenges, create a complex health environment for the region's residents. Addressing these non-medical drivers of health will require a comprehensive approach that includes improving access to healthcare, promoting healthier lifestyles, and creating economic opportunities that can help alleviate some of the social challenges facing the region.

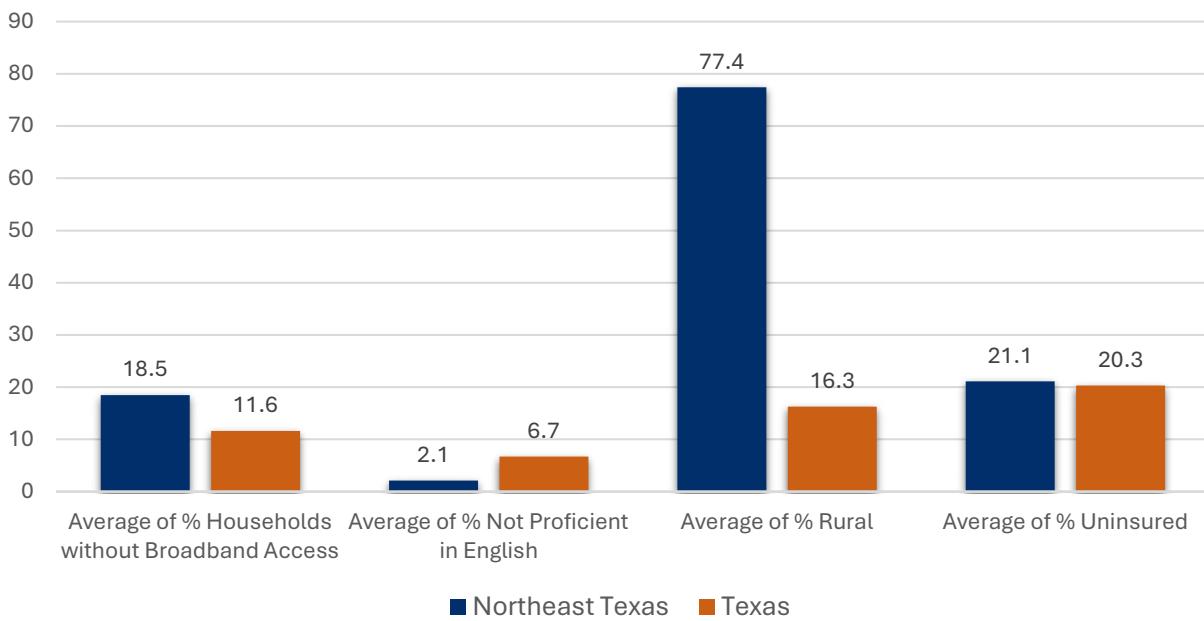
BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Figure 6: Economic Non-Medical Drivers of Health in NETX



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

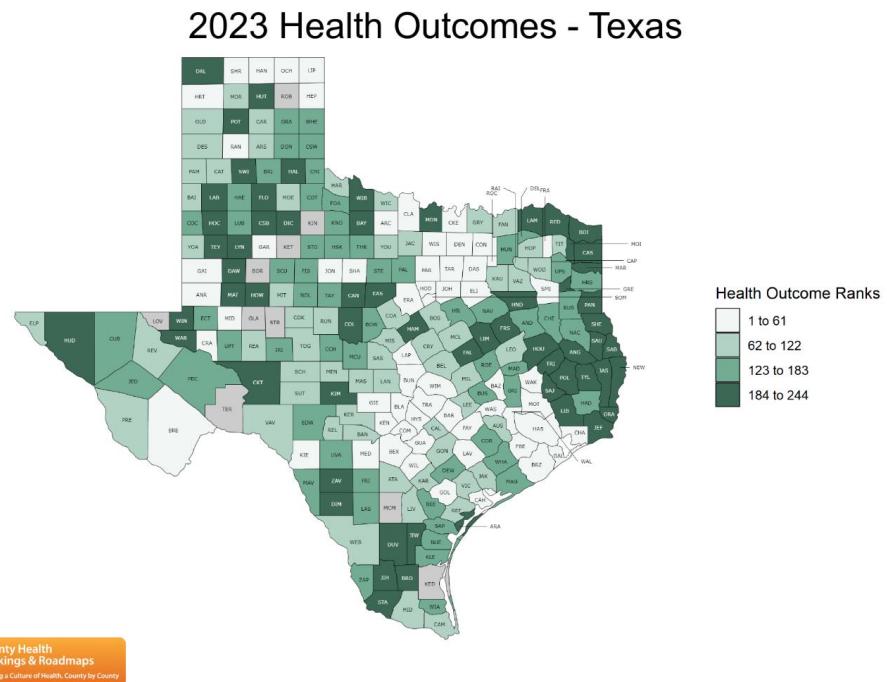
Figure 7: Household Barriers in NETX



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Figure 8: 2023 Health Outcomes Texas



Overall Health Risks and Outcomes

Poor overall health and poor health outcomes are highly linked to poor mental health and mental health outcomes. In this section, we will discuss multiple health outcomes and risks that are seen in Texas.

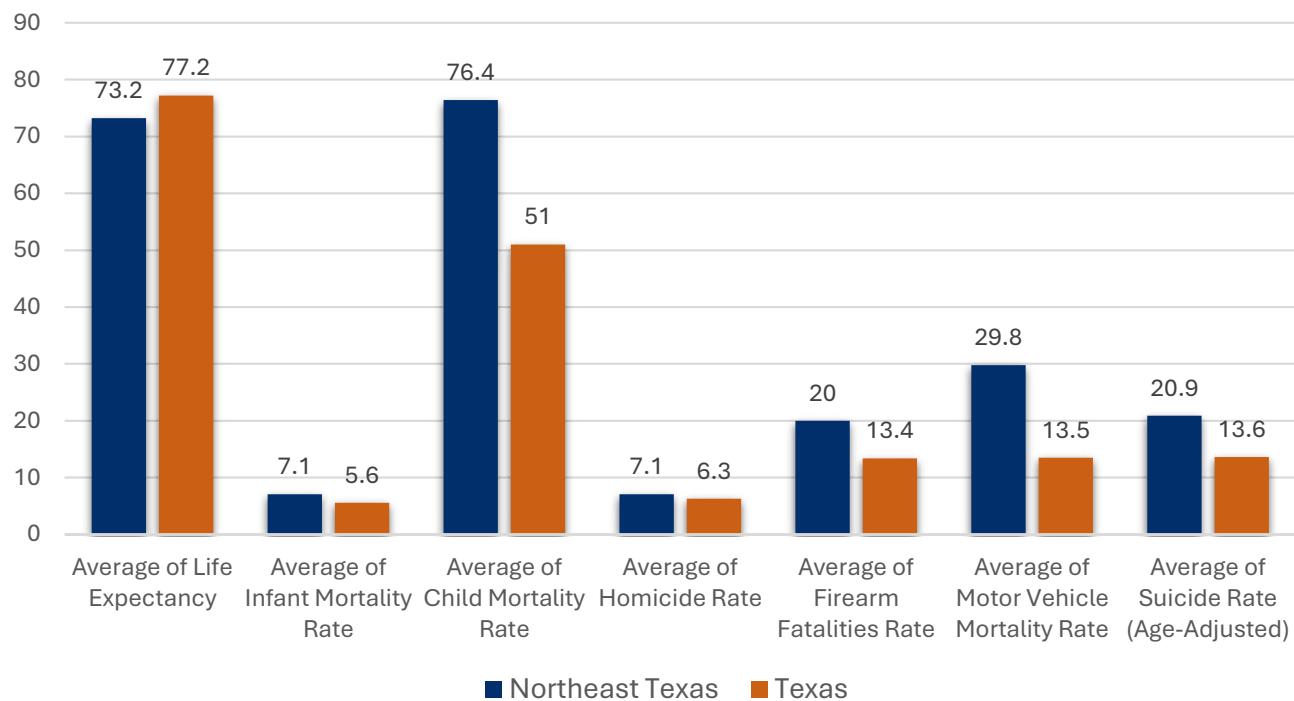
The County Health Rankings are a detailed assessment of community health, considering a wide range of factors. These components help identify areas where communities can improve health and well-being, including health outcomes (mortality and morbidity) and health factors (behaviors, clinical care, social and economic factors, and the physical environment²). Figure 8 is a graphic depiction of the health outcomes of the State of Texas by quartile ranking. A health outcome ranking number is determined by examining a region's premature death rate, rate of reported poor health, rate of reported poor mental health rate, and rates of low birth weight. In Figure 8, higher scores indicate worse health outcomes and darker green represents the counties within the worst quartile of health outcomes in Texas. Northeast Texas has a very high representation of the worst health outcomes in the state.

Life expectancy and mortality rates in Northeast Texas (NETX) are notably worse than the state average (Fig. 9). Residents of NETX have a life expectancy that's 5.2% lower than the state average (73.2 vs. 77.2 years). Childhood mortality is 49.8% higher, while firearm-related deaths, motor vehicle fatalities, and suicides are 49.3%, 120.7%, and 53.7% higher, respectively. Infant mortality is 26.8% higher, and homicide rates are 12.7% higher in NETX compared to the state overall. These statistics highlight significant health disparities in the region, pointing to the need for targeted public health initiatives and improved healthcare access.

The Status of Mental Health in Northeast Texas

BACKGROUND: WHAT IS NETX AND WHAT MAKES IT UNIQUE?

Figure 9: Mortality Rates in NETX Across Causes



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute. Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

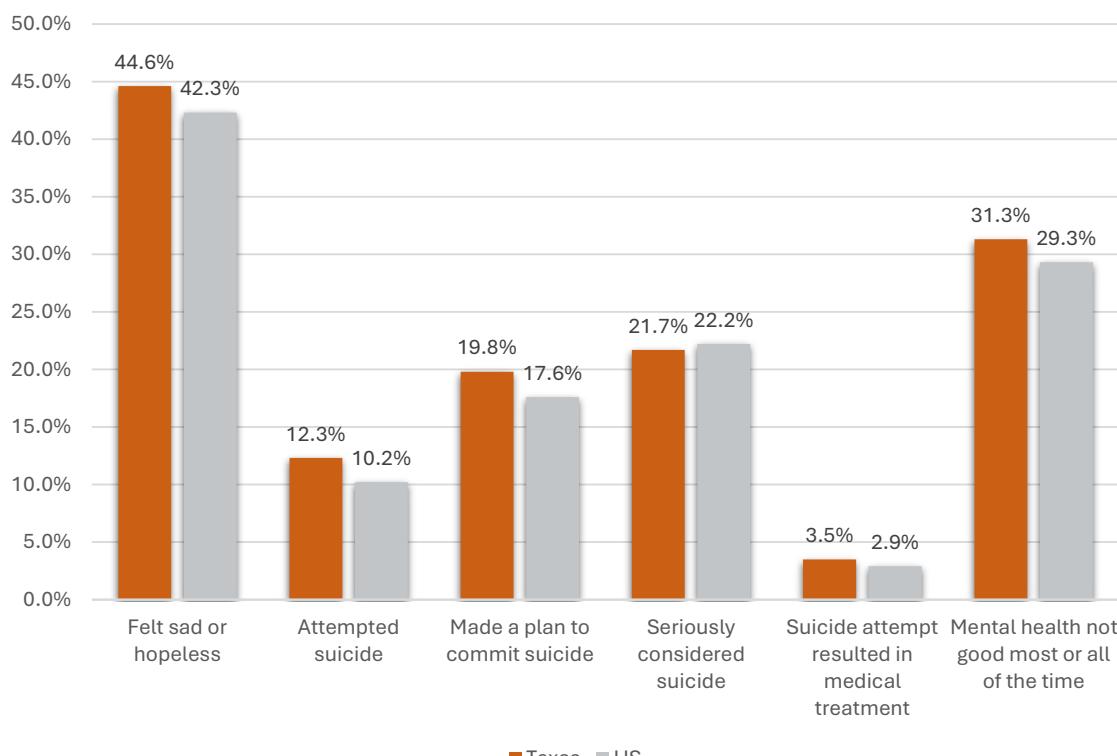
Little data exist on youth mental health at the county level. This section will first review available data on mental health of the youth population of Texas through the Youth Risk Behavioral Survey 2021 Report, and then it will review data on suicide rates specific to counties in Northeast Texas.

Youth Risk Behavioral Survey 2021 Report Findings

The Youth Risk Behavioral Survey (YRBS) is a national survey done by the Centers for Disease Control and Prevention (CDC) that asks high school students (15-18 years old) about lifestyle behaviors and their health. We can look at how Texas youth compare with U.S. youth on many categories from the 2021 YRBS survey data, with responses ranging from the late 1990s and early 2000s to 2021³.

The figure below compares various results from the YRBS pertaining to mental health, including feelings of sadness and hopelessness and suicidal thoughts and actions. As the YRBS does not include county-or-region-level data by state, comparisons from this survey will be between the state of Texas and the US. In this figure, we can see that Texas reported slightly higher percentages of negative mental health as the rest of the country for all questions except Seriously Considering Suicide.

Figure 10: Comparing US and Texas youth mental health's

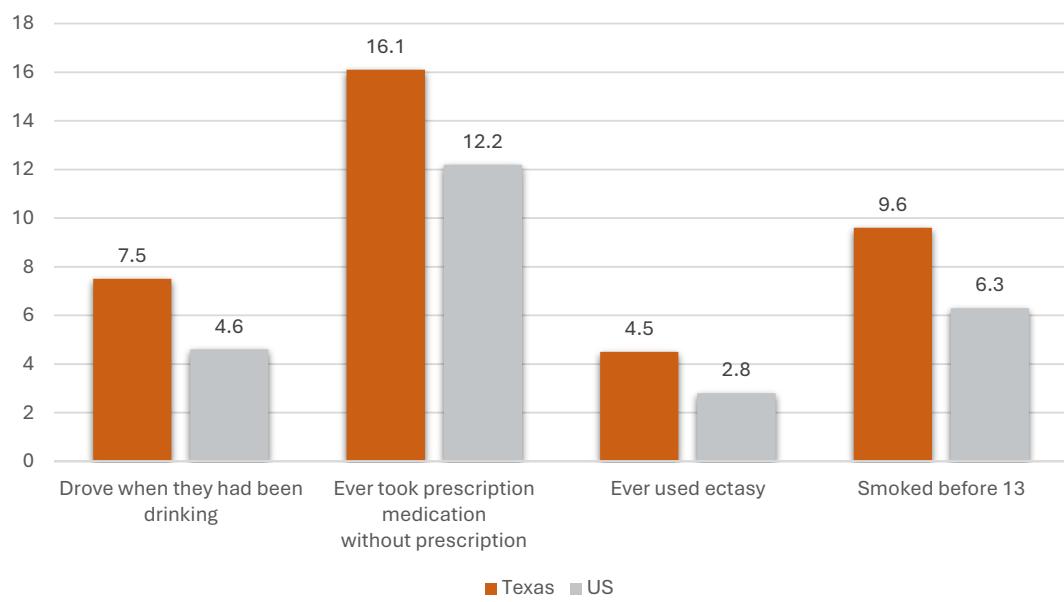


Data source: Youth Risk Behavioral Survey (YRBS) Data 2021 Report

Behaviors and Environment

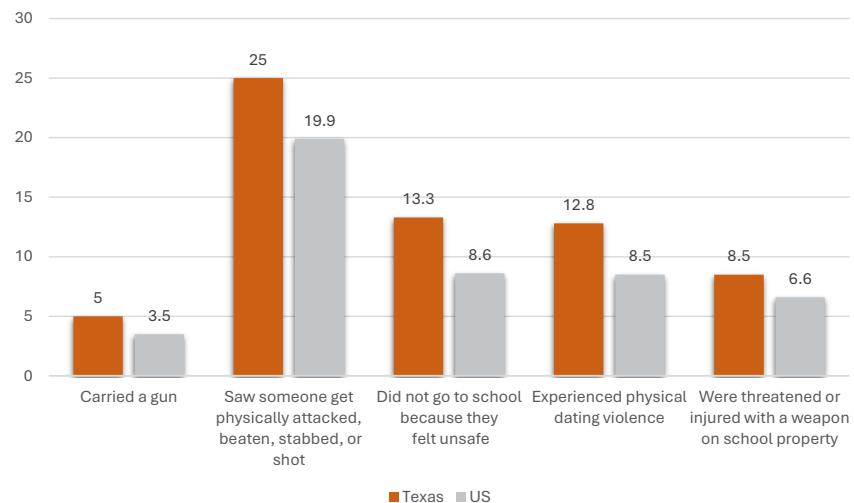
Certain risk behaviors and determinants in the environment may predispose Northeast Texas youth to adverse mental health outcomes. Determinants such as alcohol and drug use, exposure to violence, and risky sexual behaviors have been widely associated with decreased academic achievement, lower life satisfaction, and poor mental health⁴. Texas youth report significantly more alcohol and drug use and exposure to violence than the rest of the nation (Figs. 11, 12).

Figure 11: Comparing significant differences between Texas and US Youth: Alcohols and Drugs



Data source: Youth Risk Behavioral Survey (YRBS) Data 2021 Report

Figure 12: Comparing significant differences between Texas and US Youth: Exposure to Violence

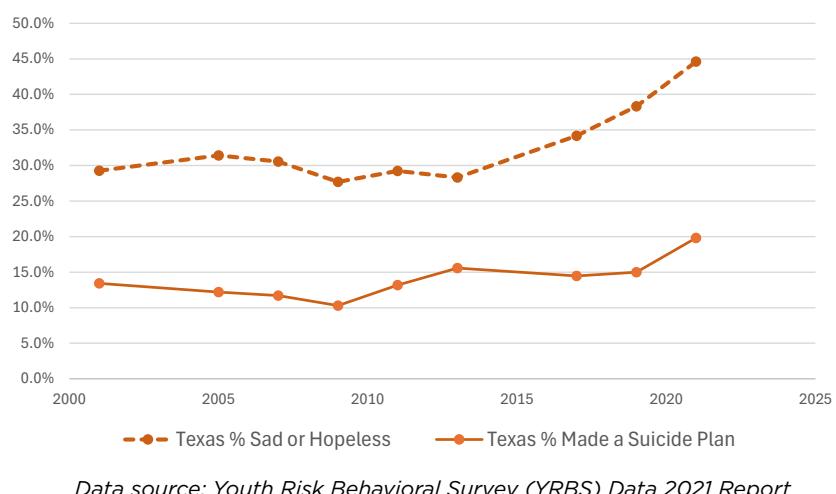


Data source: Youth Risk Behavioral Survey (YRBS) Data 2021 Report

Change Over Time

The YRBS data track the changes in mental health among high school age children over the past 2 decades, both in the U.S. and in Texas. Sadness and hopelessness are both symptoms of poor mental health, symptoms of depression, and notably high-risk markers for death by suicide. Figure 13 tracks responses from Texas students over the past 2 decades on feelings of sadness or hopelessness and whether they made a suicide plan. From the dotted line, we can see the increase in feelings of sadness or hopelessness, particularly starting from 2013. These feelings of sadness or hopelessness are significantly positively correlated at the 1% level with making a suicide plan at this epidemiological level of analysis.

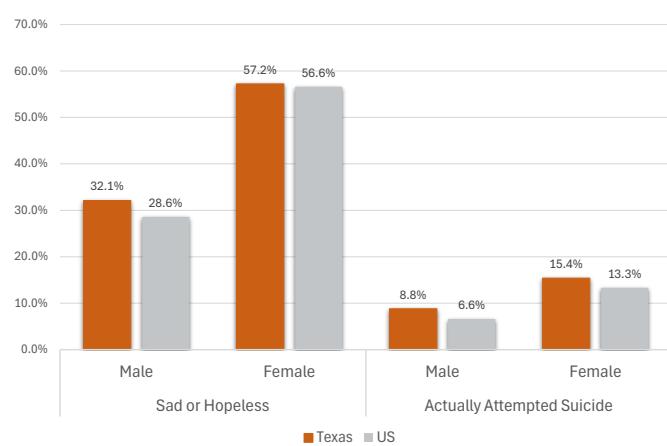
Figure 13: Comparing Mental Health and Suicide from 2001 to 2021



Demographics

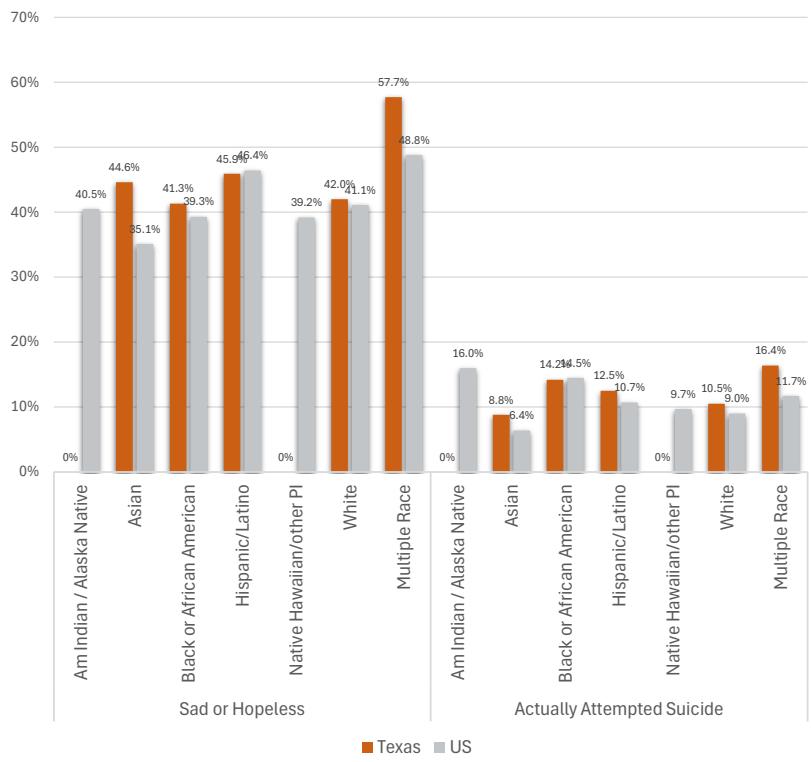
Demographic differences in youth mental health outcomes show similar trends in Texas as seen in the United States as a whole (Figs. 14, 15, 16). Notably, more sadness, hopelessness, and suicide attempts are reported by females and LGBTQ+ youth (Figs. 14, 16).

Figure 14: Comparing 2021 Youth Mental Health Among Males and Females



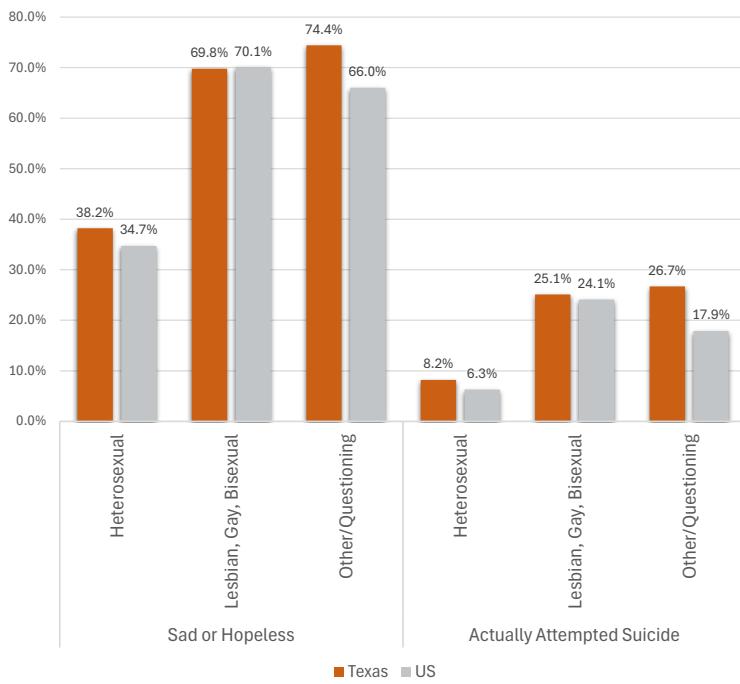
The Status of Mental Health in Northeast Texas

Figure 15: Comparing 2021 Youth Mental Health by Race in Texas vs the United States



Data source: Youth Risk Behavioral Survey (YRBS) Data 2021 Report

Figure 16: Comparing 2021 Youth Mental Health Among LGBTQ+ in 2021



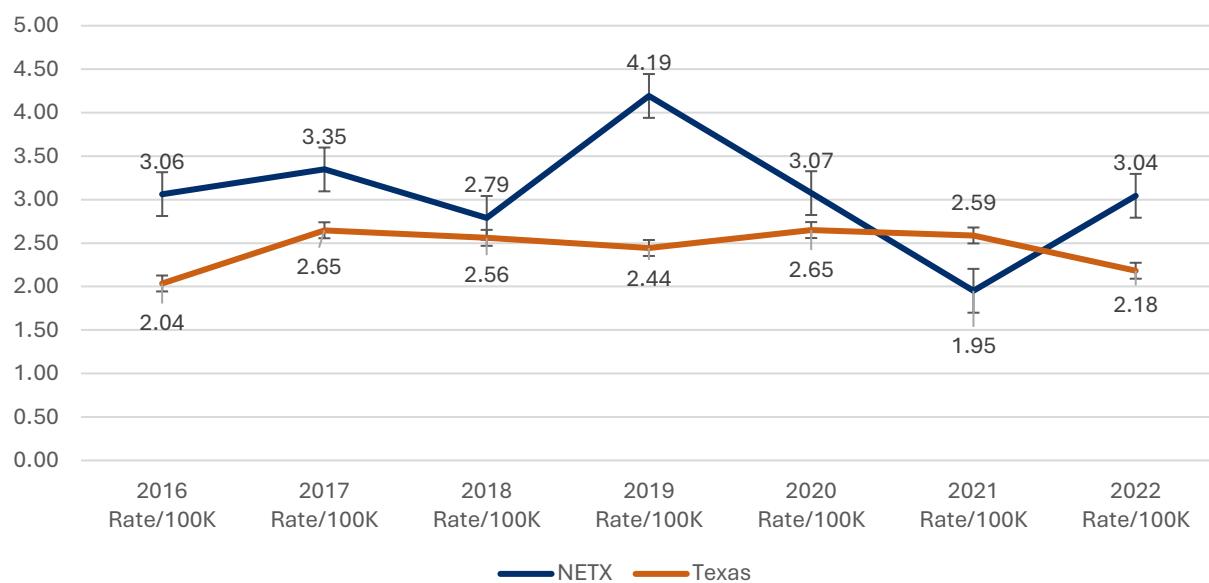
Data source: Youth Risk Behavioral Survey (YRBS) Data 2021 Report

The Status of Mental Health in Northeast Texas

Suicide Rates

Northeast Texas youth have significantly higher rates of suicide than youth (aged 0-17 years old) across the rest of the state every year over the past 5 years, except for 2021. The following figure was calculated by: (1) obtaining the number of youth suicides by year in the 35 counties of NETX and (2) dividing the count by the population estimate for the 35 counties by year and multiplying by 100,000.

Figure 17: Rate/100K youth suicide in NETX vs Texas from 2016-2022



*Data source: National Center for Health Statistics on CDC Wonder. Rates are per 100,000 youth population.
Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.*

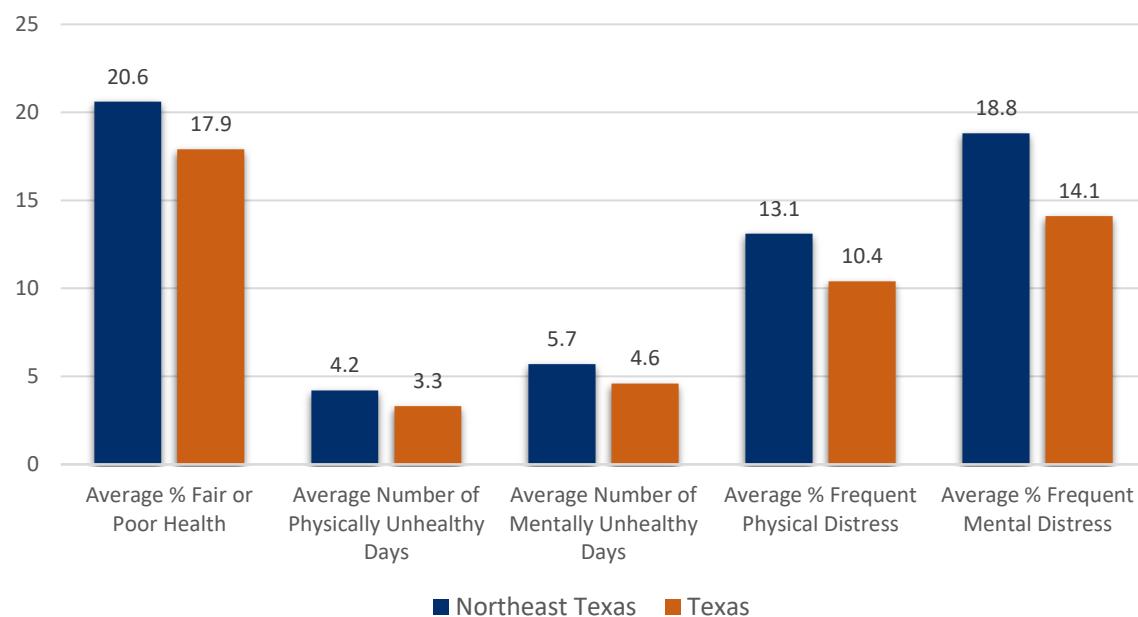
The suicide rate per 100K youth population in NETX has been fairly consistent in its significantly higher rate compared to the State of Texas from 2016-2022. The one exception being in 2021, when Northeast Texas had a lower youth suicide rate. Note: the low actual numbers of death by suicide in NETX in any given year make any detailed conclusion from these numbers or any apparent trends seen impossible. Based on mortality rates from 2018-2022, if Northeast Texas were its own state, it would rank as the 40th state for youth suicide, including Washington D.C. That would put it 15 places below the State of Texas⁵.

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

Poor Mental Health

Northeast Texas residents report higher rates of mentally unhealthy days and much higher prevalence of mental distress compared to the rest of Texas. Northeast Texas residents also reported more poor health and more physical distress. Future work will explore the relationships between these self-reports and other health outcomes.

Figure 18: NETX Residents Self-Assessment of Health and Distress



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

Rates of Selected Psychiatric Illnesses

Depression, alcohol use disorder, and substance use disorder are among the most common psychiatric illnesses.

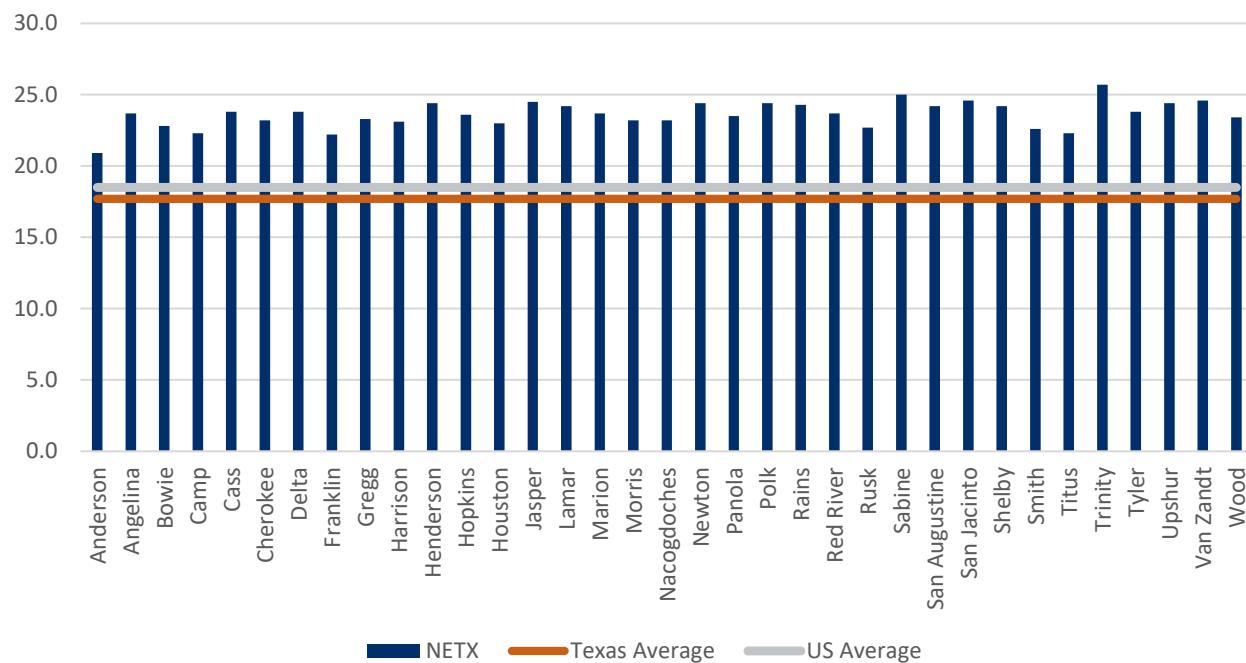
Depression

The Behavioral Risk Factor Surveillance Survey (BRFSS) has surveyed self-reported rates of depression. Notably, the age-adjusted rate of depression across all 35 counties in Northeast Texas is notably higher than both the State of Texas average (17.5%) and the national average (18.5%) (Fig. 19).

The higher-than-average depression rates in NETX counties could be attributed to several known risk factors, including non-medical drivers of health such as economic hardship, limited access to mental health services, and higher levels of poverty and unemployment. Additionally, the rural nature of many NETX counties may further complicate access to mental health care and social support systems, which are critical in both the prevention and management of depression.

Understanding and addressing the high rates of depression in Northeast Texas will require targeted mental health interventions, better access to healthcare resources, and community-based efforts to reduce stigma and improve mental health literacy.

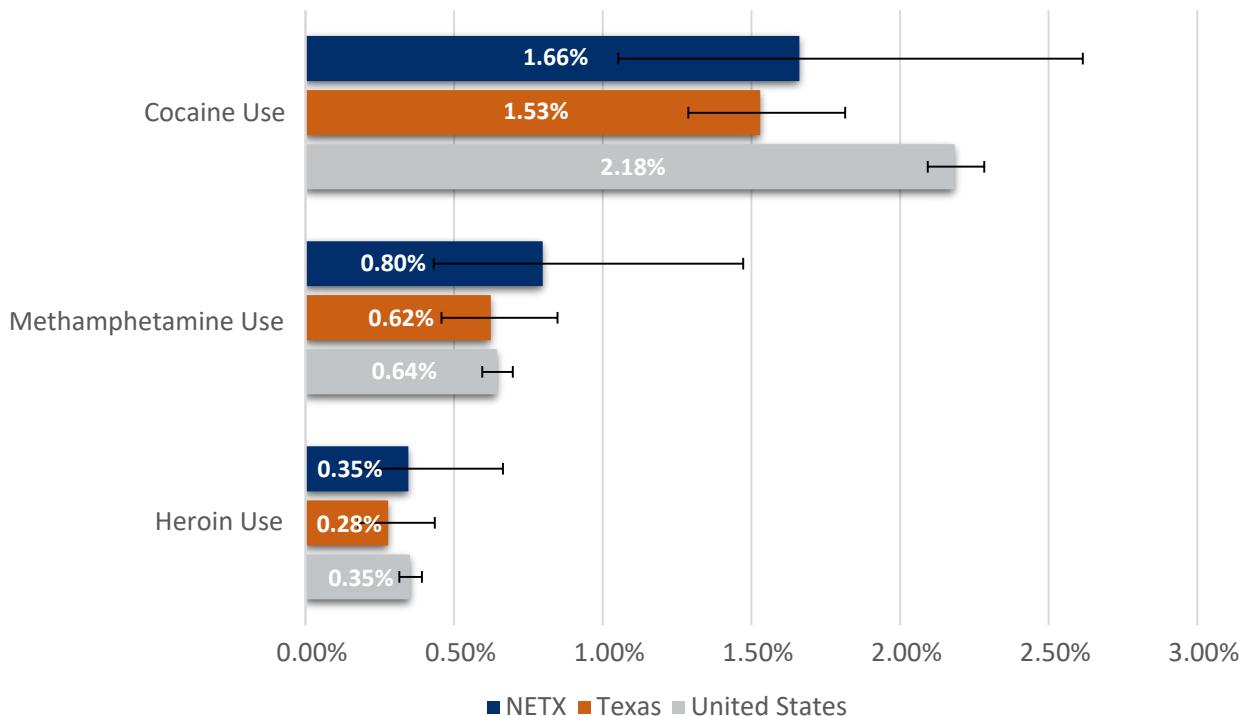
Figure 19: Prevalence of Depression in NETX counties 2020⁷



ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports substate estimates from the National Survey on Drug Use and Health. We can use this data to approximately compare NETX to the state for several self-reported outcomes, including heroin, cocaine, and methamphetamine use in the past year and incidence of serious mental illness or serious thoughts of suicide in the past year. One important note, however, is that SAMHSA reports data are based on public health regions. Texas public health regions 4 and 5 were used to identify the 35 counties of NETX found in Figure 2, but SAMHSA also included Hardin, Jefferson, and Orange County in these estimates, which were not included in this report's definition of NETX⁸. The self-reported rates of heroin use in the past year are not substantially different in the U.S., the State of Texas, and the NETX region. The self-reported rates of cocaine use in Texas and NETX are similar but are both lower than the rates in the U.S. overall. The rates of methamphetamine use appear higher in NETX than in Texas or U.S. as a whole, but this difference is not statistically significant (Fig. 20). Rates of self-reported serious mental illness or serious thoughts of suicide in the past year are not measurably different between NETX and Texas as a whole (Fig. 21).

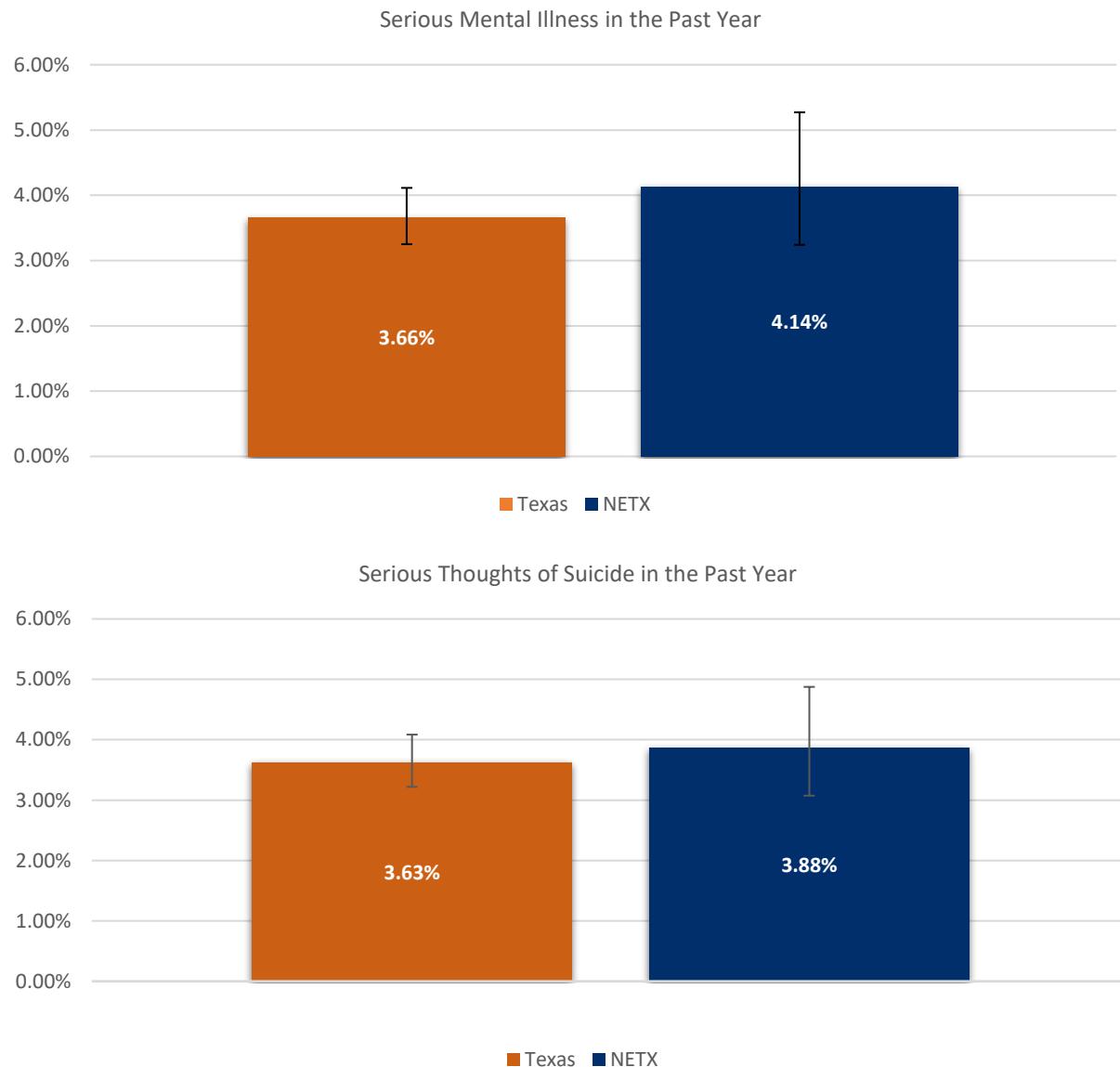
Figure 20: Cocaine, Methamphetamine, and Heroin Use in the Past Year in NETX versus Texas and the U.S., 2016-2018, 18 years or older



Data source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health. Note: NETX is public health regions 4 and 5 as defined in Figure 2 with the additions of Hardin, Jefferson, and Orange County. Texas includes Northeast Texas.

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

Figure 21: Serious Mental Illness and Thoughts of Suicide in NETX vs Texas, 2016-2018, 18 years or older



Data source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health. Note: NETX is public health regions 4 and 5 as defined in Figure 2 with the additions of Hardin, Jefferson, and Orange County. Texas includes Northeast Texas.

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

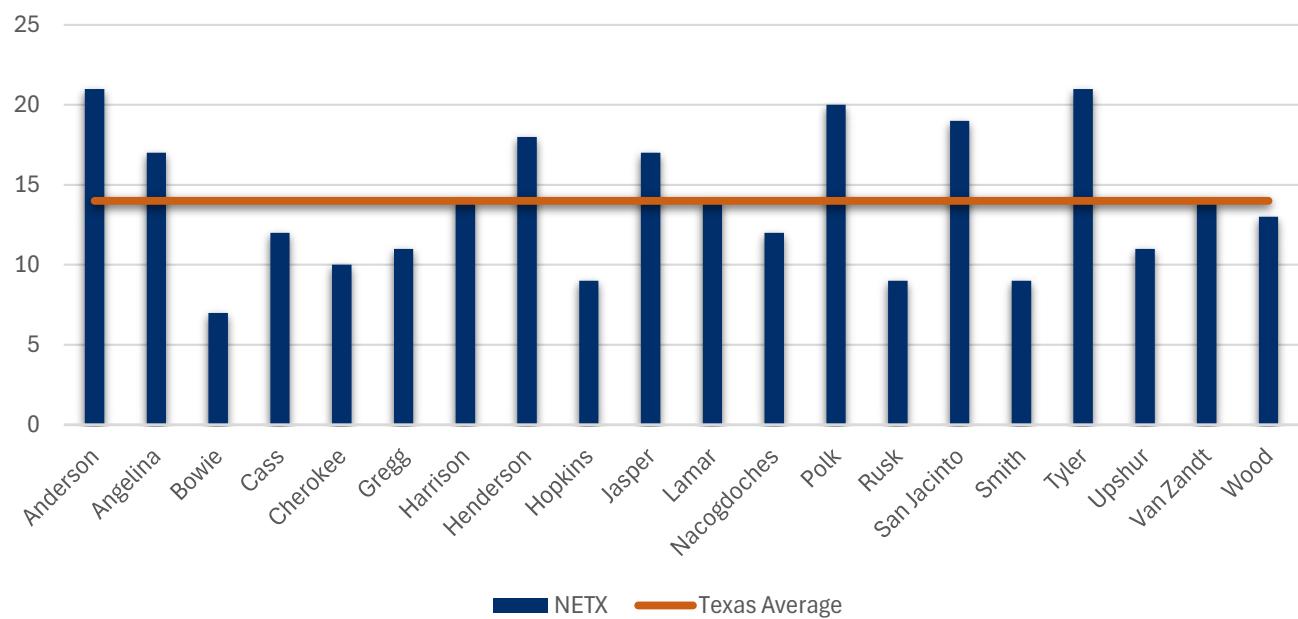
Mortality Outcomes

While poor mental health and psychiatric illness contribute overall to higher mortality rates from nearly all illnesses and from accidental death, overdose and suicide are mortality outcomes specific to psychiatric illness.

Overdose

In Northeast Texas, the range of overdose mortality rate is about 7 to 21 people per 100,000 population (Blue Bars, Fig. 22). But on average is not appreciably different from the State of Texas as a whole at just under 15 per 100,000 (Orange Line, Fig. 22). Because of the variability in overdose death rate among the counties of NETX, we examined whether the rurality of a county was correlated to the overdose death rate (Fig. 23). Our preliminary analysis shows a potential correlation between counties that are more rural and a higher rate of drug overdose deaths. Future work can help understand this data and its implications in light of treatment availability and other barriers to care.

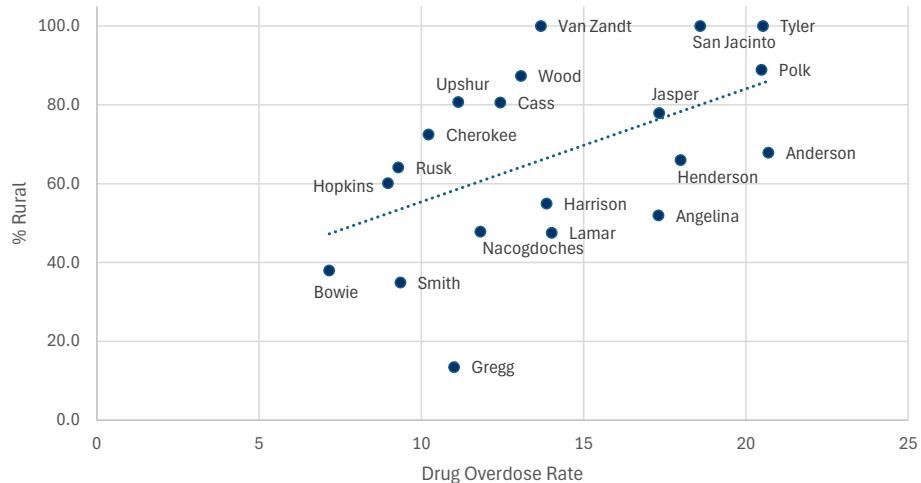
Figure 22: Drug Overdose Mortality Rate in NETX counties versus Texas



*Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.
Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.*

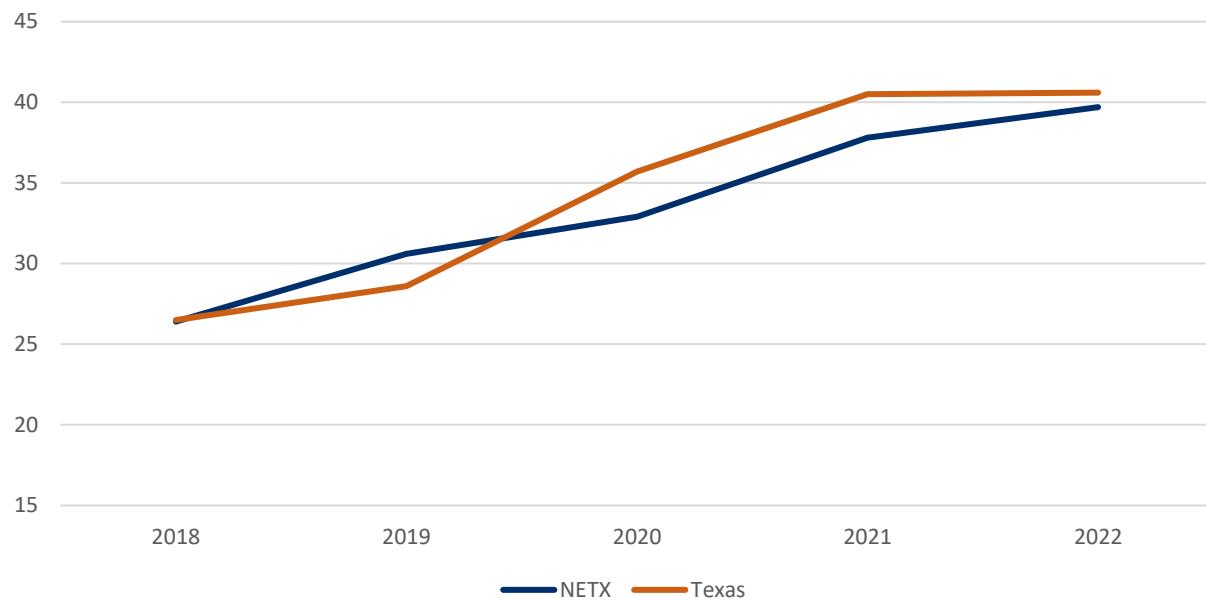
ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

Figure 23: Overdose Rates in NETX versus Rurality



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

Figure 24: Alcohol-and-drug-related Cause of Death 2018-2022 Crude Rate



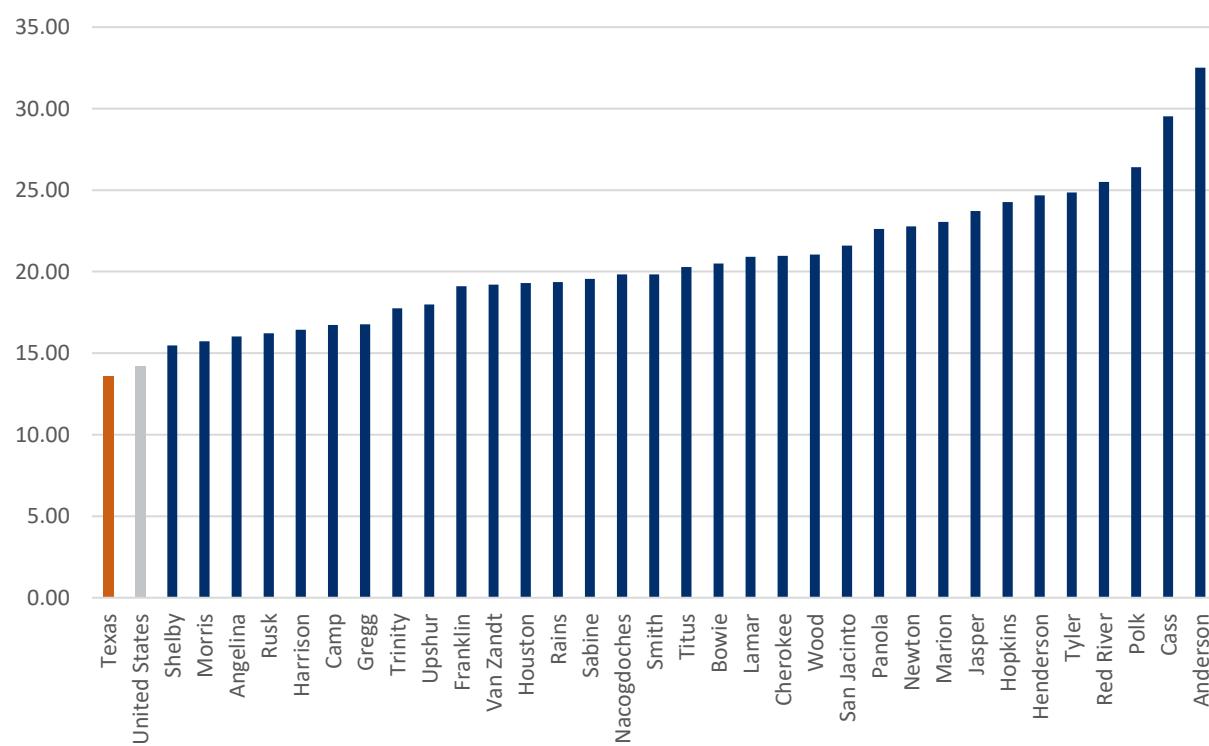
Similarly, the crude rate of deaths with alcohol-or-drug-related underlying cause of death from 2018 to 2022 does not differ significantly between Texas and NETX (Fig. 24).

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

Suicide

Suicide rates are a direct measure of the mental health of a region. Northeast Texas has one of the highest suicide rates in the nation, with the rate for all counties with available data (N = 33) higher than both national and state averages. In Figure 25, the age adjusted suicide rates per 100,000 population are graphed by county in Northeast Texas, with the orange bar showing the suicide rate for the state of Texas and the gray bar showing the suicide rate for the U.S.².

Figure 25: Suicide Rates in NETX Counties



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

ADULT PREVALENCE OF POOR MENTAL HEALTH, ILLNESS, AND MORTALITY

County-Level Risk Factors Correlated with County Suicide Rate

Suicide rates in rural areas are twice as high as those in urban areas. For example, in 2019, the suicide rate was 18.9 per 100,000 people in rural areas compared to 13.2 per 100,000 in urban areas. Between 2000 and 2020, suicide rates in rural areas almost doubled, while the increase in urban areas was less pronounced⁹.

In NETX, it's notable that 77.4% of our counties are rural compared to 16.3% in all of Texas. There is a positive correlation between rurality of a county and that county's suicide rate. As with the national trends, NETX has higher suicide rates in rural counties compared to urban counties.

Other county risk factors positively correlated with suicide rate include smoking and frequent mental distress. Counties with a higher percentage of smokers or a higher percentage of people reporting frequent mental distress also see a higher county suicide rate. Subsequently, NETX reports a higher rate of smokers and people with mental distress.

Table 2: Positive Correlations between County Risk Factors and Age-Adjusted Suicide Rate by County

	Northeast Texas	Texas	Correlation with Suicide Rate by County
% Rural	77.4	16.3	.358**
% Frequent Mental Distress	18.8	14.1	.296**
% Adults Reporting Currently Smoking	20.1	13.3	.336**
Average Number of Mentally Unhealthy Days	5.7	4.6	.263**
% Uninsured Children	12.2	11.7	.230**

Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

***Correlation is significant at the .01 level (two tailed)*

Rural areas often have limited access to mental health services, which can contribute to higher suicide rates. The lack of resources and support systems can make it more challenging for individuals to receive the help they need. Addressing these disparities requires a comprehensive public health approach, including improving access to mental health care, community support, and targeted prevention strategies.

ACCESS TO MENTAL HEALTH CARE

Introduction to the Mental Health Care System

The mental health care system is complex. Those seeking help for the first time are faced with many questions. Can a primary care physician treat mental illness? Should they seek care from a therapist, psychiatrist, or both? Is the appropriate level of care inpatient or outpatient? What if I don't have insurance? Multiple provider types and entry points into the system can cause confusion, and people seeking help can face waitlists stretching out for months. This increases the likelihood of worsening symptoms or crisis before care is established.

Primary providers of mental health services include primary care providers, Local Mental Health Authorities (L-MHAs), state hospitals, private providers (psychiatrists and therapists), community health and non-profit programs, and crisis and support hotlines.

Primary Care

It is worth noting that primary care physicians (PCP) play a crucial role in addressing mental health issues. Often, they are the first point of contact for patients seeking mental health care. The American Academy of Family Physicians (AAFP) recommends that PCPs screen all adults and adolescents (12 years and older) for depression¹⁰. Screening is commonly done utilizing the Patient Health Questionnaire (PHQ). Per the AAFP, about two-thirds of patients with depression receive treatment from their PCP. They are the primary prescribers of antidepressant medication¹¹. Some patients may receive medication management from their PCP while working with a licensed mental health therapist in another setting. While mild to moderate depression and anxiety may be managed in the primary care setting, patients with more complex and/or severe issues such as severe depression, bipolar disorder, or schizophrenia can be referred to specialists.

Community Mental Health

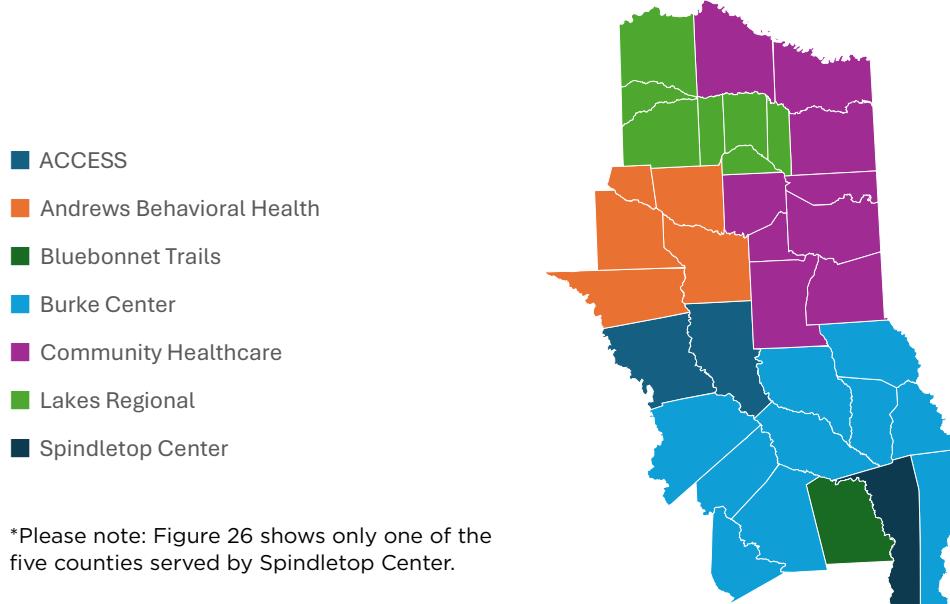
A Local Mental Health Authority is an entity designated by the Texas Health and Human Services Commission (HHSC) to manage and deliver mental health services within a specific geographic area¹².

There are 7 Local Mental Health Authorities, or Community Mental Health Centers serving Northeast Texas. Most community mental health services provide outpatient community-based services to support the recovery of adults, youth, and their families. Services can include medication-related services, rehabilitation services, counseling, case management, peer support services, family support services and, crisis intervention services¹³.

ACCESS TO MENTAL HEALTH CARE

Local Mental Health Authority	Counties Served
ACCESS	Anderson, Cherokee
Andrews Behavioral Health	Henderson, Rains, Smith, Van Zandt, Wood
Bluebonnet Trails	Tyler
Burke Center	Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity,
Community Healthcare	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, Upshur
Lakes Regional	Camp, Delta, Franklin, Hopkins, Lamar, Morris, Titus
Spindletop Center	*Jasper, Chambers, Hardin, Jefferson, Orange

Figure 26: Community Health Centers in NETX



Per the 2023 Mental Health America report, Texas ranks last among the states in access to care, a composite score which considers the following: access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability.

ACCESS TO MENTAL HEALTH CARE

Table 3: Rural and Underserved Areas¹⁴

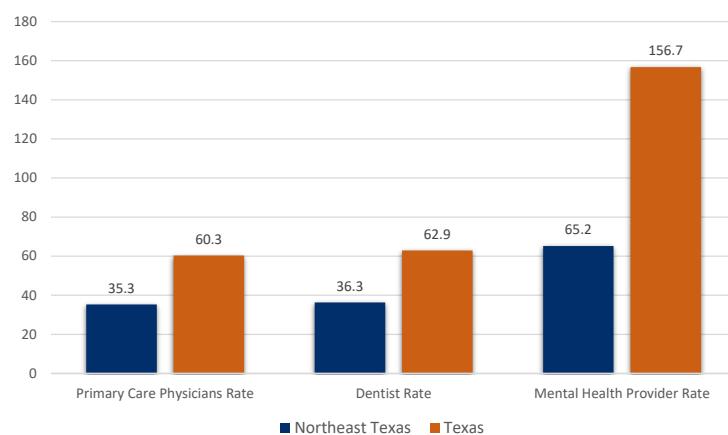
Northeast Texas Counties	Percentage of NETX Counties (#)	# of those that are Rural
Total	-	91% (32)
Full Health Professional Shortage Area	25% (9)	100 % (9)
Partial Health Professional Shortage Area	74% (26)	88 % (23)
Medically Underserved Area	69% (24)	96 % (23)
Dental Health Professional Shortage Area	83% (29)	90 % (26)
Mental Health Professional Shortage Area	100% (35)	32

Data source: Texas Primary Care Office, Center for Health Statistics, Texas Department of State Health Services. Note: NETX is public health regions 4 and 5 as defined in Figure 2.

Table 3 showcases the shortage of health professionals in NETX, particularly in the rural counties that make up over 90% of the region. All 9 counties that are classified as a full health professional shortage area are rural counties, and 23 out of 24 of the medically underserved counties are rural counties.

It's also notable that all 35 counties of NETX are classified as mental health professional shortage areas. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. While the NETX region has lower rates of primary care and dentistry providers than the State of Texas as whole, the rate of mental health providers is dramatically less than the rate for the state of Texas as a whole (already low compared to the U.S. national rates) (Fig. 27). Moreover, when we look at the mental health provider rate by county in NETX, there is a clear correlation between how rural the county is in NETX and the mental health provider rate (Fig. 28).

Figure 27: Health Providers in Northeast Texas



The rates shown represent the number of respective providers per 100,000 population.

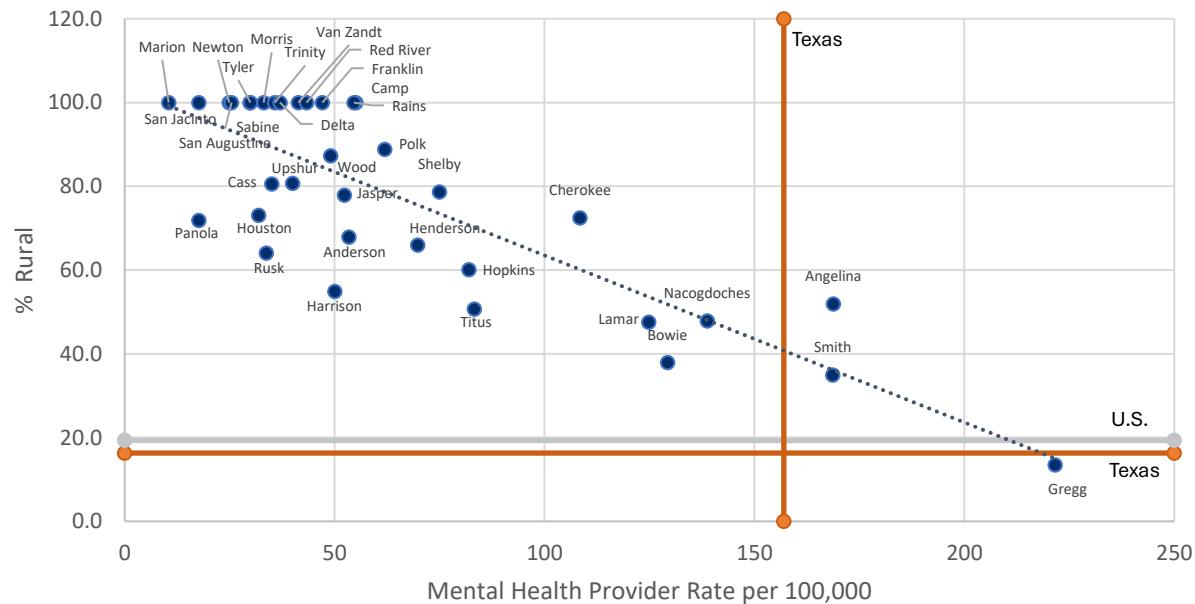
Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

ACCESS TO MENTAL HEALTH CARE

Northeast Texas has among the lowest rate of mental health and primary care providers in the State of Texas (Fig. 27). The more rural the county in Northeast Texas, the lower the mental health provider rate there (Fig. 28)²⁰. From the County Health Rankings and Roadmaps, rurality and mental health provider rate has a statistically significant correlation of -.445. Meaning the more rural a county is, the fewer mental health providers there tend to be.

Figure 28: NETX Counties plotted as % rural in the county vs Mental Health Provider Rate



Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

ACCESS TO MENTAL HEALTH CARE

Hospitals

Inpatient mental health services are available at state, community, and private hospitals for children, adolescents, and adults facing psychiatric crises due to mental illness. Inpatient hospitalization may be necessary to closely monitor individuals, allowing for accurate diagnosis, medication adjustments, intensive treatment during acute episodes, and assessment or restoration of mental competency for legal proceedings¹⁵.

State Hospitals

State hospitals provide inpatient services for children, adolescents, adults, and forensic patients. Texas operates 9 state hospitals, totaling 2,497 beds, 1 residential youth center, and an additional hospital currently under construction.

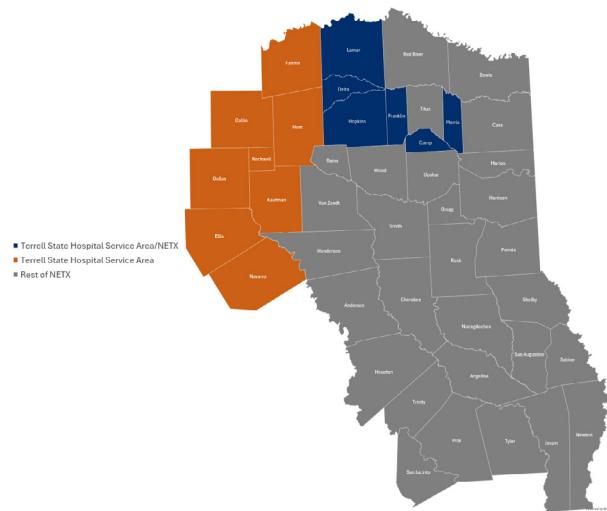
Texas Health and Human Services Commission (HHSC) also contracts with external hospitals for 100 additional competency restoration beds. One of those partnerships is with The University of Texas at Tyler Health Science Center, which has operated a 30-bed subacute unit since 2013 and a 14-bed acute unit since 2014, both serving adults.

State Hospitals serving Northeast Texas counties include Terrell State Hospital and Rusk State Hospital.

Future work can help understand this data and its implications in light of treatment availability and other barriers to care.

TERRELL STATE HOSPITAL

Figure 29: Terrell State Hospital Service Area



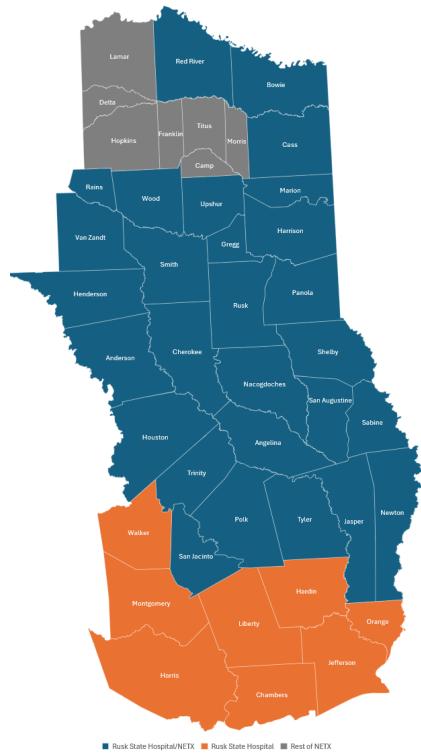
Terrell State Hospital (TSH)

opened in 1884 and currently has 304 beds providing adult, geriatric, child, and teenage psychiatric services and forensic competency restoration services.

ACCESS TO MENTAL HEALTH CARE

RUSK STATE HOSPITAL

Figure 30: Rusk State Hospital Service Area



Northeast Texas is home to **Rusk State Hospital (RSH)** in Cherokee county. Rusk State Hospital has been in operation since 1919. It houses 288 beds providing adult psychiatric services, maximum-security forensic psychiatric services for adult men, forensic competency restoration services, and residential psychiatric services in 36 Northeast Texas counties.

Rusk State Hospital received \$200 million in renovations with a grand re-opening of the new facility in June 2023¹⁶. The renovation included a 100 bed non-maximum-security unit (non-MSU) and an expanded 100 bed maximum security unit. This increased the number of maximum-security unit beds from 40 to 100. Rusk State Hospital has 288 beds total and serves adults¹⁷.

Many patients enter state hospitals following interaction with the criminal justice system. This happens for one of two reasons: either they were determined incompetent to stand trial due to mental health needs or were found guilty by reason of insanity. The number of patients admitted to state hospitals for forensic commitments has been increasing for several years. Beginning in 2016, forensic patients represented more than half of the state hospital census.

ACCESS TO MENTAL HEALTH CARE

Psychiatrists

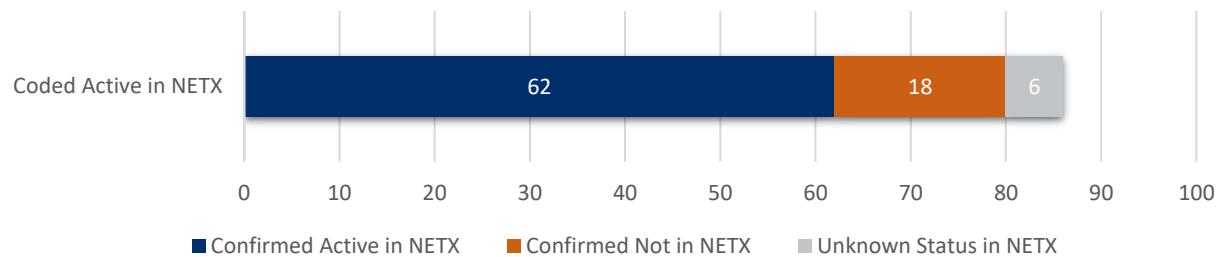
In 2023, Mental Health America ranked Texas 50th of U.S. states in mental health workforce availability. The shortage is particularly acute in rural and underserved areas, including Northeast Texas where all 35 counties are identified as mental health professional shortage areas. For this report, we opted to focus on the availability of psychiatry providers. We recommend that future reports expand into issues impacting the availability of other specialties.

According to the Texas Department of State Health Services (DSHS), in 2023, there were 2,651 psychiatrists in Texas, or 1 for every 11,758.9 people. In Northeast Texas, DSHS reported that there are 83 psychiatrists, or 1 for every 18,754 people, with over 62% of the counties in Northeast Texas having no psychiatrists at all. These numbers demonstrate the discrepancy in rural areas as providers tend to cluster in larger cities.

We compared the physician list from the Texas Medical Board (TMB), November 2023 to that reported by DSHS and were able to take a deeper dive into the number of psychiatrists available to provide care. What we discovered is a much more troubling picture impacting psychiatry access for Northeast Texans. Our goal was to identify not just who was listed as licensed in our region but who was actively practicing.

The first step was narrowing down the list to all those that were listed as being currently active, specialize in psychiatry, and were in 1 of our 35 counties. We could confirm only 62 psychiatrists as currently being active in NETX.

Figure 31: TMB Coded Active in NETX Confirmation



We identified some physicians that had listed a Northeast Texas county, but upon further validation were now practicing somewhere else, including previous UT Tyler Health Science Center faculty and residents. Eighteen psychiatrists had one of our counties listed on their TMB profile but were validated to be inactive in our region, with nearly half of these (8) now out of state and the other 10 practicing in Texas but not in the NETX region. Four were noted to be providing limited crisis-only tele-services through the East Texas Behavioral Health Network, from another area of Texas or out of state. An additional 6 were unable to be located, but only 1 of these had a mailing address listed in our region.

ACCESS TO MENTAL HEALTH CARE

This left us with 62 psychiatrists confirmed to be active in 1 of the 35 counties that make up NETX. Of these 62 psychiatrists, 17 only practice in an inpatient setting, 36 only practice in an outpatient setting, 4 practice in both, and 5 practice in an unknown setting (Fig. 32).

Figure 32: TMB Coded Active, Confirmed in NETX

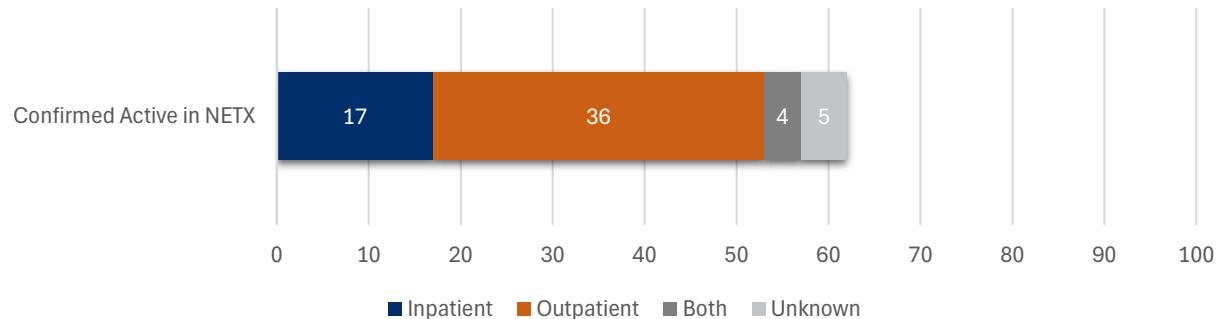
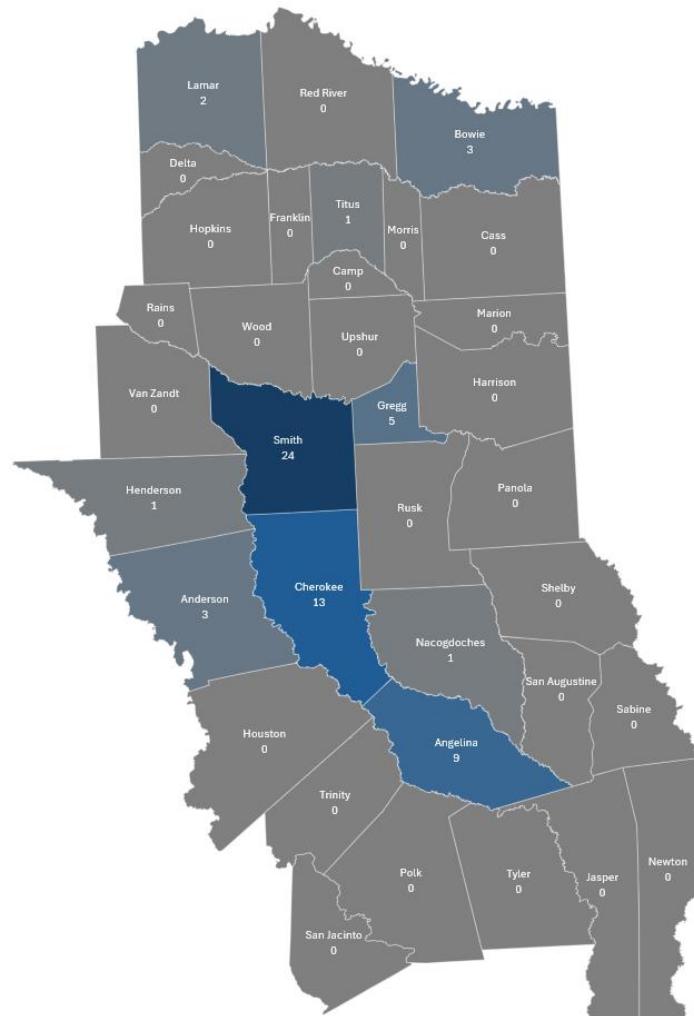


Figure 33: Distribution of active psychiatrists in NETX



The Status of Mental Health in Northeast Texas

ACCESS TO MENTAL HEALTH CARE

When we look at the distribution of these 62 psychiatrists across NETX, some stark patterns emerge. We could only confirm 10 of the 35 counties of NETX have at least 1 practicing psychiatrist. As shown above, the 10 counties with a practicing psychiatrist are as follows: Anderson, Angelina, Bowie, Cherokee, Gregg, Henderson, Lamar, Nacogdoches, Smith, and Titus.

Of the 62 psychiatrists we were able to identify as active in our region, 11 were identified as practicing at Rusk State Hospital, comprising 11 of the 13 psychiatrists in Cherokee County as a whole. Ten were employed by Local Mental Health Authorities (ACCESS, Andrews Behavioral Health, Burke Center, Community Healthcare), 10 on faculty at the UT Tyler School of Medicine, and 3 were psychiatry residents in the UT Tyler Psychiatry Residency program (for a total of 13 of the 24 psychiatrists listed in Smith County).

Of the 36 psychiatrists identified as providing outpatient services, at least 5 do not take insurance and 5 are not accepting new patients. It is also worth noting that outpatient practice does not indicate full-time hours. Further, the patient panels accepted may be limited. Due to demand, some providers limit referrals to within the organization. For example, UT Health East Texas (UTHET) only accepts outpatient adult psychiatry referrals from PCPs within the UTHET system. A psychiatrist at CHRISTUS Health was reported to only take referrals from existing patients within the CHRISTUS Health system.

Psychiatry Subspecialties and Shortages

Specialty information was gathered from the Texas Medical Board (TMB). This is based on what physicians self-report to TMB, not validated board certification. We noted some discrepancies within our own faculty with some specialty board certified psychiatrists not listed as such and vice versa. Therefore, we decided to look at the rates of psychiatrists practicing and self-reported as being board certified in several psychiatric subspecialties.

Of the 13 self-reported Child Adolescent Psychiatry providers in Northeast Texas located in Angelina, Lamar, Nacogdoches, and Smith County, at least 1 does not take insurance. Five of these reported seeing both youth and adults. We also found several psychiatrists who did not have Child Adolescent Psychiatry as a specialty but who do treat children.

Eight psychiatrists reported Forensic¹ Psychiatry as a specialty, with 6 of those located at Rusk State Hospital.

Two physicians located in Gregg and Smith County reported Addiction Psychiatry as a specialty. In 2016, we identified 1 physician listing Geriatric Psychiatry as a specialty per the TMB. That physician is now retired, bringing the number to 0. Note that others are likely working with this population without reporting this specialty to the TMB.

¹Forensic psychiatry refers to the application of psychiatry in court to determine criminal responsibility.

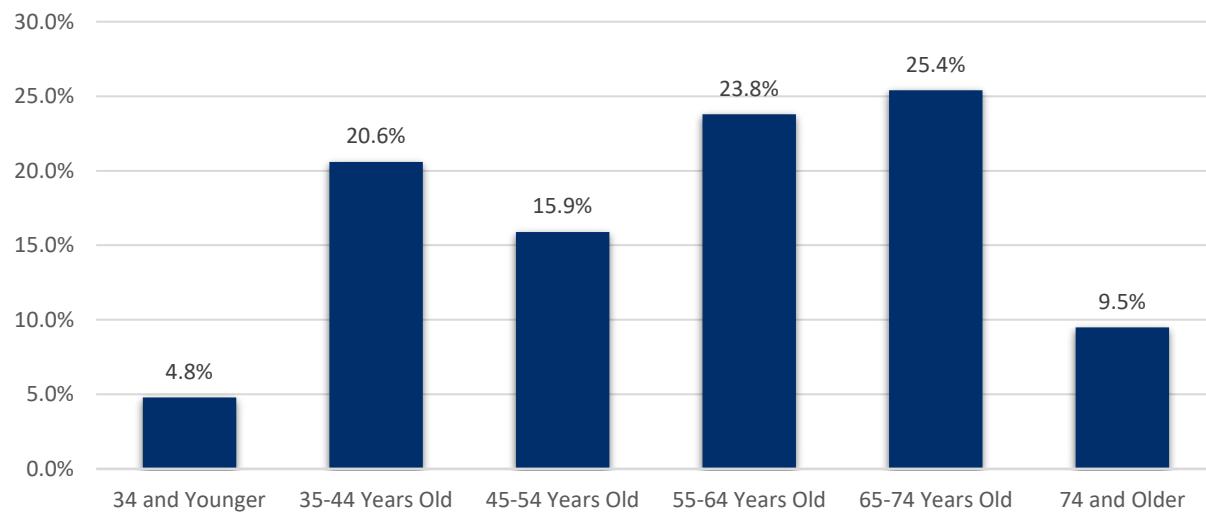
Merriam-Webster (nd) *Forensic psychiatry* In Merriam-Webster.com medical dictionary Retrieved January 21, 2025, from <https://www.merriam-webster.com/medical/forensic%20psychiatry>

ACCESS TO MENTAL HEALTH CARE

The shortage of specialty-trained Geriatric Psychiatrists is particularly significant for Northeast Texas, which has a population that trends older than the rest of the state.

The shortage of practicing psychiatrists has significant consequences for individuals and communities including limited access to care, increased burden on other providers, and longer wait times. An additional concern is the psychiatrist population that is aging out, which is particularly pronounced in NETX.

Figure 34: NETX's Psychiatrists Ages¹⁸



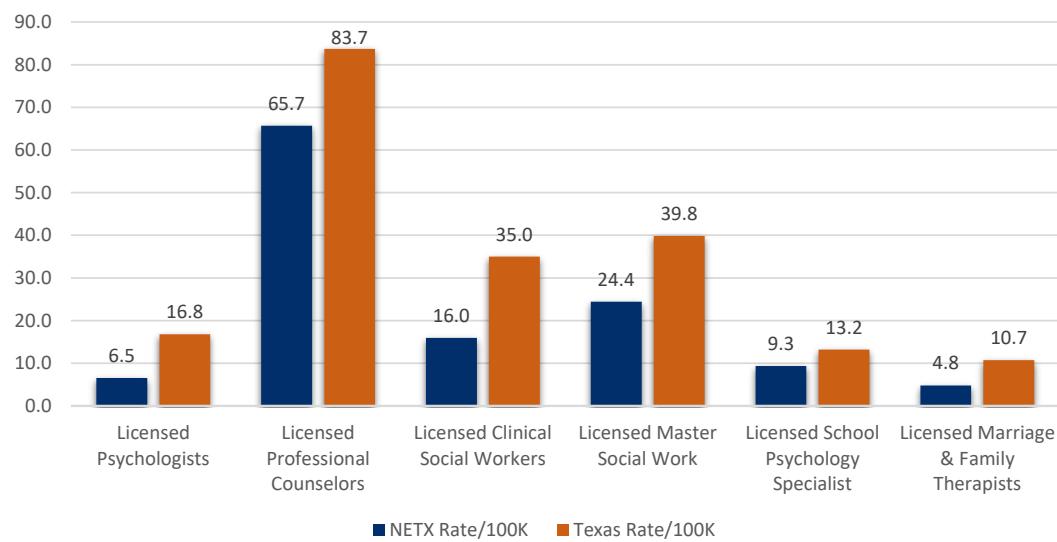
Whereas 23% of Texas psychiatrists in 2023 were over 65, almost 35% of NETX are currently over 65, according to the Texas Department of State Health Services. The agency estimates that nearly 42% of the Texas psychiatry workforce will be over 65 within 10 years, which we can only presume will be accelerated in NETX.

ACCESS TO MENTAL HEALTH CARE

Therapists

Not all those struggling with mental health need to see a psychiatrist. There are several types of mental health professionals licensed to provide psychotherapy. Below is an overview of the number of various license types per county in NETX. While we chose to focus primarily on psychiatry for this report, we recommend further analysis of other providers in future reports.

Figure 35: Comparing Rates of Licensed Professionals per 100,000 in NETX versus Texas 2023¹⁹



Data source: Health Professions Resource Center, Center for Health Statistics, Texas Department of State Health Services.
Note: NETX is public health regions 4 and 5 as defined in Figure 2, and Texas includes Northeast Texas.

Licensed Professional Counselors make up over half of the therapy providers in the region. Information on the number of LPC-Associates was not provided, and DSHS confirmed that they were not included in the count. They did note that they would review this for future reporting. There are over 20 programs in Texas preparing students for licensure, including UT Tyler, which graduated 131 students from 2020 to 2024. Therefore, the addition of LPC-Associates is integral to the picture of the available workforce. Limitations on billing privileges for LPCs previously created barriers for senior citizens attempting to access therapy services. However, Congress passed The Mental Health Access Improvement Act (H.R.432), in December 2022 recognizing LPCs as approved Medicare Part B providers.

It is important to note that these numbers only reflect licensure and not practicing status. Therefore, there will be providers on this list that are not available for services. In addition, the growth of online therapy platforms means that licensed providers in this region could be working full time, seeing clients around the state via telepsych.

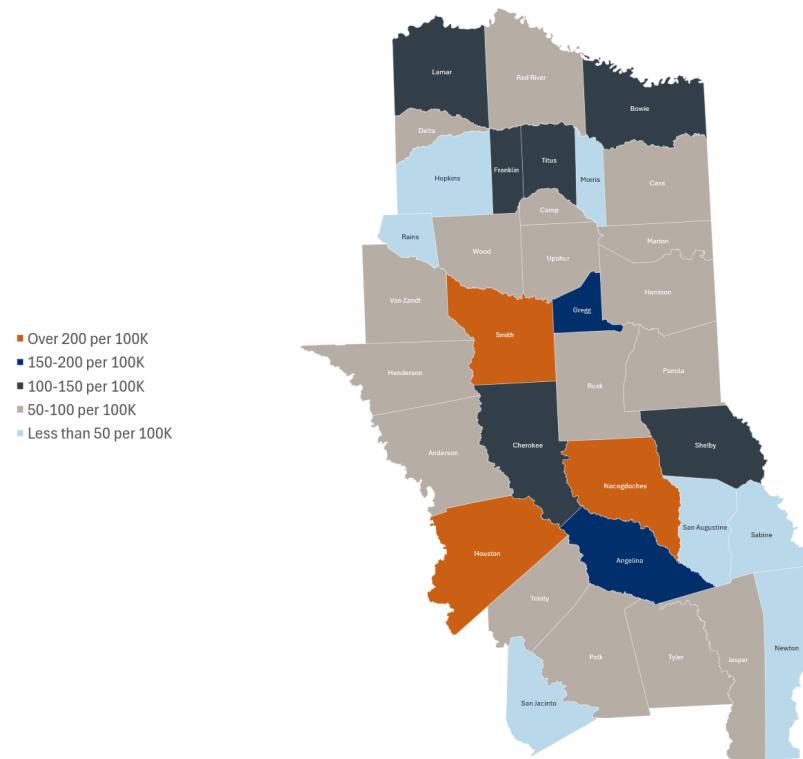
ACCESS TO MENTAL HEALTH CARE

Some of the gaps and barriers contributing to the current mental health workforce shortage include:

- Unwillingness of mental health providers to accept patients with Medicaid.
- Inequitable distribution across the state, primarily affecting rural areas.
- An aging workforce.
- Inadequate and inequitable reimbursement practices. Reimbursement rates are too low, and the rating structure allows for different rates for the same services depending on the provider type.
- Limited internship sites and the cost of supervision for psychology, social work, and counseling.
- Lack of high-quality broadband/internet access in rural communities that is needed to access telehealth/telemedicine services. The COVID-19 pandemic has further amplified the need for telehealth and telemedicine services and policy innovations¹⁵.

Mapping the distribution of mental health therapists in NETX demonstrates the same pattern of shortages as seen for psychiatrists (Fig. 36). These 2 maps demonstrate that, although the entire NETX region has a shortage of mental health professionals, shortages in mental health care are especially dire in rural areas.

Figure 36: Mental Health Therapists 2023 Rates per 100,000 in NETX



Data source: Health Professions Resource Center, Center for Health Statistics, Texas Department of State Health Services.

CONCLUSIONS

In conclusion, the poor state of mental health overall in Northeast Texas presents significant challenges that require immediate but lasting comprehensive interventions. The region faces higher rates of depression, suicide, and other mental health issues compared to state and national averages. These issues are exacerbated by non-medical drivers of health such as poverty, unemployment, and limited access to healthcare, particularly in rural areas and are clearly significantly accelerated by the shortage of mental health professionals, all of which make it difficult for community members to receive timely and adequate care.

Improving mental health for those in NETX not only improves the quality of life for individuals but also for the entire community, including financial indicators like unemployment, disability, and poverty, as well as reducing criminal justice involvement for those in mental health crises. For youth, the changes can be lifelong and profound.

The United Health Foundation states that (referring to Texas):

A lack of access to behavioral health services significantly affects children's well-being and has far-reaching consequences. When children and their families don't have adequate support, it can lead to school dropouts, unemployment, and potential involvement with the juvenile or criminal justice systems. Shockingly, approximately 70% of youth who need mental health treatment do not receive it, highlighting a critical gap in care. Even among those who can access services, only one in five children receives specialized mental health support. Unfortunately, barriers such as transportation limitations, financial constraints, and stigma often lead to premature termination of treatment for 40 to 50% of those who do seek help. Addressing these challenges is crucial to ensuring better mental health outcomes for our youth⁶.

Clearly, then, improving mental health outcomes requires a multi-faceted approach, including improving access to mental health services, increasing the number of trained professionals, and implementing community-based support systems. Our strategies should be cooperative and reach across governmental, nonprofit, healthcare, and other supporting agencies.

APPENDIX

Data Sources

County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps project generates 2 county-level composite measures related to health. These measures are based on a model of community health that considers contributions of the many factors that influence health. The project is supported by the Robert Wood Johnson Foundation and is implemented by the University of Wisconsin Population Health Institute.

[Texas | County Health Rankings & Roadmaps](#)

Demographic and Socioeconomic Data

The United States Census Bureau is a principal agency of the U.S. Federal Statistical System, responsible for producing data about the American people and economy. The Decennial Census of Population and Housing counts every resident in the United States and takes place every 10 years. The American Community Survey (ACS) is a mandatory, ongoing statistical survey that samples a small percentage of the population every year. The ACS collects information such as age, race, income, employment status, disability status, use of federal public assistance benefits, occupation, computer and internet access, and health insurance coverage.

[Census Bureau Data](#)

Health Behavior Data

The Behavior Health Risk Factor Surveillance System (BRFSS) is a federally supported landline and cellular telephone survey that collects data from Texas residents about their health-related risk behaviors, chronic health conditions, and use of preventive services.

[Behavioral Risk Factor Surveillance System](#)

The Youth Risk Behavioral Survey (YRBS) is a national survey that is conducted by various levels of health and education departments in public and private schools to monitor adolescent health and track changes over time. The survey includes data on demographics, physical health, mental health, diet, and exercise.

[About YRBSS | Youth Risk Behavior Surveillance System \(YRBSS\) | CDC](#)

Health Professions Data

The Health Professions Resource Center was established in 1989 and was transferred from the Texas Department of Health to the Statewide Health Coordinating Council in 1997. Administrative oversight is provided by the Center for Health Statistics, Texas Department of State Health Services. It is the mission of the Health Professions Resource Center to be the primary source of health workforce information in the State of Texas.

[Health Professions Resource Center \(HPRC\) | Texas DSHS](#)

APPENDIX

Mortality Data

Mortality data are based on information from all death certificates filed in the 50 states and the District of Columbia. Deaths of nonresidents (e.g. nonresident aliens, nationals living abroad, residents of Puerto Rico, Guam, the Virgin Islands, and other territories of the U.S.) and fetal deaths are excluded. Mortality data from the death certificates are coded by the states and provided to the National Center for Health Statistics (NCHS) through the Vital Statistics Cooperative Program or coded by NCHS from copies of the original death certificates provided to NCHS by the state registration offices.

[CDC WONDER](#)

Substance Abuse and Mental Health Services Administration

SAMHSA is an agency within the United States Department of Health and Human Services. The data used are from their National Survey on Drug Use and Health (NSDUH) which provides estimates about substance use and mental illness.

[SAMHSA](#)

APPENDIX

Additional Resources and Tables

Table #: NETX Licensed Professionals 2023

County	Licensed Psychologists	Licensed Professional Counselors	Licensed Clinical Social Workers	Licensed Master Social Workers	Licensed School Psychology Specialists	Licensed Marriage & Family Therapists	Total
Anderson	1	22	9	9	2	0	43
Angelina	8	80	21	36	12	6	163
Bowie	6	82	19	20	4	3	134
Camp	0	7	2	0	1	0	10
Cass	1	13	1	3	0	0	18
Cherokee	5	33	8	11	5	2	64
Delta	0	0	1	2	0	0	3
Franklin	1	7	0	4	1	0	13
Gregg	5	127	37	47	17	8	241
Harrison	5	30	6	11	9	3	64
Henderson	6	37	10	5	9	1	68
Houston	3	27	7	5	5	2	49
Hopkins	0	6	3	1	1	1	12
Jasper	1	11	3	8	0	0	23
Lamar	2	27	15	21	3	2	70
Marion	0	5	0	1	0	1	7
Morris	1	4	0	1	0	0	6
Nacogdoches	9	71	18	29	13	2	142
Newton	0	2	1	2	0	0	5
Panola	0	7	0	4	0	1	12
Polk	2	25	4	5	1	1	38
Rains	0	2	0	0	0	0	2
Red River	0	3	0	3	2	0	8
Rusk	2	20	0	15	2	1	40
Sabine	0	3	0	0	0	0	3
San Augustine	0	2	1	0	0	0	3
San Jacinto	0	4	1	3	3	0	11
Shelby	0	16	1	5	3	1	26
Smith	42	257	64	94	38	25	520
Titus	1	19	4	16	1	1	42
Trinity	0	6	0	2	1	1	10
Tyler	0	8	0	4	0	1	13
Upshur	1	17	4	5	7	4	38
Van Zandt	0	27	4	6	2	4	43
Wood	0	21	6	4	4	4	39
Total	102	1028	250	382	146	75	1983

Data source: Health Professions Resource Center, Center for Health Statistics, Texas Department of State Health Services

APPENDIX

Link	Source
Length of Life	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program 2019-2021
Premature Death	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program 2019-2021
Quality of Life	Behavioral Risk Factor Surveillance System 2021
Poor or Fair Health	Behavioral Risk Factor Surveillance System 2021
Poor Physical Health Days	Behavioral Risk Factor Surveillance System 2021
Poor Mental Health Days	Behavioral Risk Factor Surveillance System 2021
Low Birthweight	National Center for Health Statistics - Natality Files 2016-2022

Link	Source
Tobacco Use	Behavioral Risk Factor Surveillance System 2021
Adult Smoking	Behavioral Risk Factor Surveillance System 2021
Adult Obesity	Behavioral Risk Factor Surveillance System 2021
Food Environment Index	USDA Food Environment Atlas; Map the Meal Gap from Feeding America 2019 & 2021
Physical Inactivity	Behavioral Risk Factor Surveillance System 2021
Access to Exercise Opportunities	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles 2023, 2022 & 2020
Alcohol and Drug Use	Behavioral Risk Factor Surveillance System 2021

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Excessive Drinking	Behavioral Risk Factor Surveillance System 2021
Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System 2017-2021
Sexual Activity	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 2021
Sexually Transmitted Infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 2021
Teen Births	National Center for Health Statistics - Natality Files; Census Population Estimates Program 2016-2022

Link	Source
Uninsured	Small Area Health Insurance Estimates 2021
Primary Care Physicians	Area Health Resource File/American Medical Association 2021
Dentists	Area Health Resource File/National Provider Identifier Downloadable File 2022
Mental Health Providers	CMS, National Provider Identification 2023
Quality of Care Preventable Hospital Stays	Mapping Medicare Disparities Tool 2021
Mammography Screening	Mapping Medicare Disparities Tool 2021
Flu Vaccinations	Mapping Medicare Disparities Tool 2021

APPENDIX

Link	Source
Social & Economic Factors	
Education High School Completion	American Community Survey, 5-year estimates 2018-2022
Some College	American Community Survey, 5-year estimates 2018-2022
Employment Unemployment	Bureau of Labor Statistics 2022
Income Children in Poverty	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates 2022 & 2018-2022
Income Inequality	American Community Survey, 5-year estimates 2018-2022
Family and Social Support Children in Single-Parent Households	American Community Survey, 5-year estimates 2018-2022
Social Associations	County Business Patterns 2021
Community Safety Injury Deaths	National Center for Health Statistics - Mortality Files; Census Population Estimates Program 2017-2021

Link	Source
Physical Environment	
Air and Water Quality Air Pollution - Particulate Matter	Environmental Public Health Tracking Network 2019
Drinking Water Violations	Safe Drinking Water Information System 2022
Housing and Transit Severe Housing Problems	Comprehensive Housing Affordability Strategy (CHAS) data 2016-2020
Driving Alone to Work	American Community Survey, 5-year estimates 2018-2022
Long Commute - Driving Alone	American Community Survey, 5-year estimates 2018-2022

APPENDIX

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