



## Hogg Foundation for Mental Health

### House County Affairs Committee Request for Information November 12, 2020

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#### *Charge #8 – Examine factors that contribute to inequitable physical and behavioral health outcomes, and to declining health insurance coverage among Texans.*

The Hogg Foundation for Mental Health applauds the House Committee on County Affairs for addressing the existing inequities in mental healthcare outcomes and insurance coverage in Texas.

Institutional racism, disparities, and inequities cause/exacerbate already existing trauma, anxiety, depression, PTSD, substance use, and other mental health conditions. Communities of color face discrimination that prevent them from accessing mental health and substance use treatments, services, and supports. The global COVID-19 pandemic and subsequent economic downturn disproportionately impacted communities of color and heightened those disparities. Additionally, the murders and shootings of George Floyd, Jacob Blake, Breonna Taylor, Ahmaud Arbery, and numerous other Black Americans in 2020 has sparked global unrest against racism and police brutality. Various racial health disparities have resulted in institutional oppression of people of color, and policy solutions must address these systemic barriers to equity.

Attention must focus on building healthy communities, which can begin by addressing the social determinants of mental health. This refers to a variety of social and cultural factors that both affect and are affected by the mental wellness of individuals. One way to address these determinants is to reduce the impact of trauma on communities. Texas should prioritize creating safe environments where people live, learn, work, play, and pray. This would bring a population health approach that supports community resilience, mental health, and well-being.

Texas communities have been significantly affected by substance use. Whether resulting in interactions with the criminal justice system, involvement with the child welfare system, or the tragic loss of life due to an overdose, substance use gravely impacts communities across a number of systems. Harm reduction, prevention, treatment, and recovery supports for individuals and families can improve community trauma caused by punitive approaches to substance use.

Individuals living in communities where violence is prevalent are at increased risk for a broad range of negative health and behavior outcomes.<sup>1</sup> According to The National Child Traumatic Stress Network, community violence is identified as a type of trauma. Exposure to trauma stemming from community violence has been linked to mental health concerns that negatively impact emotional well-being.<sup>2</sup> One way to address community trauma as a result of violence would be to implement gun safety policies. Gun violence exposure impacts community well-being, and chronic exposure leads to anxiety, depression, PTSD, constant agitation, sleep disturbances, hopelessness, and other mental health conditions.<sup>3</sup> Research consistently links this exposure to less healthy and safe communities, as well as decreased economic investment from businesses, employment opportunities, completion of schooling, and maintaining employment.<sup>4</sup>

Communities of color are also affected by racial trauma. Racial trauma accumulates throughout a person's life, leading to activation of stress responses and hormonal adaptations. This increases the risk of non-communicable

diseases and biological aging.<sup>5</sup> Racial trauma is transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.<sup>6</sup> Racism causes trauma, making it a mental health issue.<sup>7</sup> Lower rates of access to mental health services, lower usage of these services for those who do have access, and numerous health disparities makes the burden of trauma incredibly harmful to communities of color.

Overwhelming evidence suggests that community and other forms of trauma may cause illnesses or aggravate existing conditions.<sup>8</sup> Trauma reaches beyond those who directly witness or experience it, affecting communities on many levels. It can lead to a greater need to support mental health within communities. However, supports and services are not always available to individuals based on the capacity of their communities to provide these resources. Texas should prioritize the prevention of community trauma, as well as provide safe environments that support community well-being.

### **Hogg Foundation Recommendations:**

- 1. Create an Office of Health Equity to correct the inequities inherent in the systems of services and supports in Texas. This office could provide the resources needed to:**
  - a. Collaborate across agencies working to identify and eliminate systemic barriers to accessing healthcare services, including those that support mental well-being;**
  - b. Provide training and technical assistance to agencies and communities;**
  - c. Collect and analyze data to identify barriers and develop potential solutions;**
  - d. Provide programmatic assistance to help organizations implement changes; and**
  - e. Disseminate information that promotes health equity.**
- 2. Establish increased outreach and educational programming in communities of color to reduce stigma around obtaining mental healthcare services.**
- 3. Expand Medicaid statewide to provide low-income individuals with coverage for mental health and substance use treatments and supports.**
- 4. All state agencies should review policy initiatives, rules, statutes, programs, and services through an equity lens to ensure that existing disparities are addressed and new disparities are not being created.**
- 5. Ensure communities have greater availability of a continuum of resources for individuals with mental health and substance use conditions, including harm reduction strategies, prevention, treatment, recovery housing, and community-based aftercare.**
- 6. Reduce disproportionality in classroom removals and exclusionary school discipline by requiring disparities and discipline improvement plans, and by directing TEA to identify best-practices and technical assistance for evaluating policies and procedures through an equity lens.**
- 7. Reduce trauma caused by gun violence in communities by: codifying a safe storage mandate, implementing extreme risk protection orders that allow for due process and assess for dangerousness (not mental health diagnoses), and requiring criminal background checks to be conducted on firearm transactions by unlicensed firearm sellers (with few exceptions).**
- 8. Reduce the inequitable impacts of police brutality on the mental wellbeing of people of color by:**
  - a. Codifying reoccurring implicit bias trainings into law enforcement curriculums. Trainings should cover racial bias, de-escalation, and prejudices, especially when officers are potentially dealing with people with mental health conditions.**
  - b. Banning chokeholds and no-knock warrants by law enforcement officers, requiring officers to intervene and render aid if a colleague is using excessive force, and weakening qualified immunity to allow victims of police brutality to hold officers more accountable.**

**Submitted by The Hogg Foundation for Mental Health. For additional information, please contact Sean Walker, MPAff, Policy Fellow, [sean.walker@austin.utexas.edu](mailto:sean.walker@austin.utexas.edu), Colleen Horton, MPAff, Director of Policy, [colleen.horton@austin.utexas.edu](mailto:colleen.horton@austin.utexas.edu), or Shannon Hoffman, MSW, Policy Specialist, [shannon.hoffman@austin.utexas.edu](mailto:shannon.hoffman@austin.utexas.edu).**

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<sup>1</sup> Whaley-Lynn, J., & Sugarmann, J. (2017). *The relationship between community violence and trauma: How learning affects learning, health, and behavior*. The Violence Policy Center. Retrieved from <https://vpc.org/studies/trauma17.pdf>

<sup>2</sup> Cecil, C.A., Viding, E., Barker, E.D., Guiney, J., & McCrory, E.J. (2014). Double disadvantage: the influence of childhood maltreatment and community violence exposure on adolescent mental health. *The Journal of Child Psychology and Psychiatry*, 55, (7), 839-848. Retrieved from <https://acamh.onlinelibrary.wiley.com/doi/pdf/10.1111/jcpp.12213>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Bécares, L., Nazroo, J., & Kelly, Y. (2015, August 15). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0277953615300770?via=ihub>

<sup>6</sup> Krieger, N. (2020, April). Measures of Racism, Sexism, Heterosexism, and Gender Binarism for Health Equity Research: From Structural Injustice to Embodied Harm-An Ecosocial Analysis. Retrieved from <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040119-094017>

<sup>7</sup> Mental Health America. Racism and Mental Health. Retrieved from <https://mhanational.org/racism-and-mental-health>

<sup>8</sup> <https://www.preventioninstitute.org/publications/fact-sheets-links-between-violence-and-chronic-diseases-mental-illness-and-poor-learning>