MH - MR

JUN 30 1981

REPORT ON A STATEWIDE CITIZEN APPROACH TO ASSESSING MENTAL HEALTH AND MENTAL RETARDATION NEEDS IN TEXAS

CITIZENS
FOR
HUMAN
DEVELOPMENT

CITIZENS FOR HUMAN DEVELOPMENT is a statewide, non-profit voluntary organization whose goals are to achieve mental health and mental retardation planning that is the product of grassroots participation and to improve the mental health and mental retardation service delivery system in Texas.

Board of Directors

Shirley K. Camfield, Fort Worth
President
Martha Tevis, Ph.D., Edinburg
Secretary
Ward R. Burke, Lufkin
Executive Committee
Helen Farabee, Wichita Falls
Executive Committee

James E. Payne, Ph.D., Austin
Vice President
Belinda Pillow, Waco
Treasurer
Blair Justice, Ph.D., Houston
Executive Committee

C. L. Abernethy, Plainview
Frank M. Adams, Beaumont
Woodrow W. Allen, Plainview
David Briones, M.D., El Paso
Albert G. Bustamante, San Antonio
Bo Byers, Austin
James R. Carroll, D.D., Amarillo
Louis E. DeMoll, Austin

Bob Dickson, Midland
Josue Gonzalez, Ph.D., San Antonio
Roy Griffin, Irving
Franklin Harbach, Houston
Pablo Holguin, El Paso
Kay R. Lewis, M.D., Houston
Margaret G. Loftis, Tyler
Al Wells, Dallas

Project Staff

Elyse R. Barry,
Executive Director

Pam Fridrich,
Administrative Assistant

Technical Assistance

Terrence R. Tutchings, Ph.D.
The Hogg Foundation for Mental Health

This project was made possible with grants from the Hogg Foundation for Mental Health, Austin, Texas, and the Moody Foundation, Galveston, Texas.

Report on a Statewide Citizen Approach to Assessing Mental Health and Mental Retardation Needs in Texas

Citizens for Human Development
4600 Burnet Road, Suite 201
Austin, Texas
(512) 452-2792

June, 1981

ACKNOWLEDGMENTS

The study on which this report is based was a collaborative effort involving the cooperation of literally thousands of people throughout Texas. To those who assisted in developing our survey sample, those who took the time to respond to our survey, and those who have followed through on this endeavor by participating in our regional activities, we extend our deepest appreciation.

In addition, we gratefully acknowledge the kindness, patience and support of the following members of the Hogg Foundation staff, whose help has guided and assisted us throughout the duration of this project: Wayne H. Holtzman, President, and the other members of the Executive Committee for believing in us from start to finish; Betty Jones and Judy Wygle for many long hours of toil on CITIZENS' behalf; Chuck Grigsby for his computer expertise; Robbie Davis, Diane Spearly and Chuck Grigsby for the many hours they devoted to our telephone follow-up survey; Crescencia Stanley for the Spanish translation of the questionnaire; and most especially Terry Tutchings, our guiding light in more ways than modesty allows him to realize.

We also thank the following people who were members of our staff during various stages of this project: Wayne Gregory, Cathy Galavotti, Lois Leonard, Christine Galavotti, Buddy Volpe, Mary Ellen Nudd, and of course, our former Executive Director, Louis E. DeMoll.

Finally, our appreciation goes to the following organizations for their cooperation: The Mental Health Association in Texas, the Texas Council of Community MHMR Centers, the Texas Association for Retarded Citizens, the Texas Society for Autistic Citizens, the Texas Department of MHMR, and the Health Systems Agencies in each of the state's twelve health service areas.

TABLE OF CONTENTS

Page

Report on a Statewide Citizen Approach to Assessing Mental Health and Mental Retardation Needs in Texas 1-10

Figures and Tables

Figure 1.	Mean (Average) Judgments of Amount of Unmet Needs for Selected Problem Areas	11
Figure 2.	Judgments of Service Adequacy for Selected Problem Areas	12
Figure 3.	Descriptions of Services Existing in Communities	13
Figure 4.	Judgments of Unmet Needs for Age and Ethnic Groups	14
Figure 5.	Judgments of Representation in Decision-Making for Age and Ethnic Groups	15
Table 1.	Sex of Respondents	17
Table 2.	Age of Respondents	17
Table 3.	Highest Level of School Completed	17
Table 4.	Occupational Characteristics of Respondents	17
Table 5.	Volunteer Involvement with Organization(s) Concerned with Mental Health/Mental Retardation Problems	18
Table 5-A.	Number of Organizational Involvements of Individual Respondents	18
Table 6.	Yearly Household Income	18
Table 7.	Residence by Size of City/Town	18
Table 8.	Distribution of Respondents by County	19
Table 9.	Ethnic Background	20
Table 10.	Marital Status	20
Table 11.	Number of Children of Respondents	20
Table 12.	Number Reporting a Family Member Classified as Mentally Retarded	20
Table 13.	Number of Respondents (or Member of Immediate Family) Who Sought Help for Mental Health Problem	20
Table 14.	Membership on Governing Boards of Community Organizations	21
Table 15.	Number of Respondents Reporting Multiple Board Memberships	21
Table 16.	Judgments of Amount of Unmet Needs Existing in Communities for Selected Problem Areas	22
Table 17.	Respondents' Descriptions of Services Existing in Communities for Selected Problem Areas	23
Table 18.	Judgments of Unmet Mental Health and Mental Retardation Needs for Age and Ethnic Groups	24
Table 19.	Judgments of Age and Ethnic Groups that are Not Well Represented in Decisions or Planning for Mental Health Services	24

Instructions for Obtaining Additional Information 25

WHY THIS REPORT?

Every day, thousands of Texans are faced with problems. A large number of these problems are small and easily overcome. Others are major, and often an individual's resources are insufficient for solving them.

Some of the problems made more visible in recent years are those related to families with needs for mental health and mental retardation services. Since the early 1960s, those needs and the answers to those needs have become more and more matters of public knowledge and public responsibility. By all accounts, every person has a need for mental health services at some time in his or her life. And for the mentally retarded, more and better services have begun to ensure richer and more productive lives. Economic and political pressures seem to call for more productivity from the citizens on the one hand, while the same pressures appear likely to affect greatly and adversely the human services that further productivity.

Surely, we are aware of many problems. Taxes, inflation, bureaucratic "red tape," energy shortages, water depletion, international strife — these concerns, and others like them, command the attention of headlines and news broadcasts around the clock. Yet global, national, state and local "answers" seem remiss in their failure to ask people affected by decisions just what they might think of such decisions. Of course, there are the national polls of public opinion, but what do they reflect? What really goes on in our communities? What do people say? No nation is great because of its government; no state is a leader among states because of its government. People make greatness and leadership, but only when they are allowed the opportunity to affect those decisions that impact upon their lives. Clearly, no one expects the "grass roots" of America to speak with a singular voice, but we all expect the plurality of voices to be heard.

Decision makers at all levels of the political sphere are increasingly being called upon to sacrifice a variety of human services in the name of economic and political efficacy. Yet none of the people who call for cutbacks in government spending actually wants such policies to promote human suffering, or to deprive mentally disabled persons from living their lives in the most productive manner with their basic human rights and dignity preserved.

In light of such dilemmas, it becomes increasingly important to know what is actually believed about mental health and mental retardation services. Who do they help? Are services too few or too abundant? Do they help all people in need, or selectively exclude certain people? Do the benefits seem to justify the costs? To begin to answer these questions, Citizens for Human Development asked thousands of Texas citizens for their opinions about the mental health and mental retardation problems in their communities and the services designed to cope with these problems.

To the best of our knowledge, the study on which this report is based was the first of its kind. Through this study, Citizens for Human Development has attempted to reach people all across Texas and ask for their opinions about human service issues that impact the lives of people in every community in Texas every day. The questions we asked, which dealt primarily with mental health and mental retardation problems, reflected our desire to maximize the potential for citizens' perceptions and opinions to affect formal planning and decision-making processes. To that end, we share this report with you in the hope that you and others like you will create the opportunity for the voices it reflects to be heard.

WHAT IS CITIZENS FOR HUMAN DEVELOPMENT?

Citizens for Human Development (CITIZENS) was incorporated in August, 1978, during a time of heightened attention to mental health issues in Texas and across the nation. In May of that year, the Hogg Foundation held a conference in Austin for hundreds of mental health leaders representing Texas and the nation.

The purposes of this first Robert Lee Sutherland Seminar in Mental Health were to react to the Report of the President's Commission on Mental Health and to examine its implications for the delivery of mental health services in Texas.

Texas was the first state in the nation to undertake such a response to the President's Commission Report; and at the close of the seminar, a call for a continued examination and evaluation of Texas' mental health care delivery system was issued. Four dedicated mental health advocates, representing the Mental Health Association in Texas, the Texas Association for Retarded Citizens, and the Texas Council of Community MHMR Centers, volunteered to set this activity in motion and shortly thereafter formed Citizens for Human Development.

CITIZENS is a private, nonprofit organization whose mission has been to involve a broad spectrum of Texas citizens to (1) assess the effectiveness of Texas' mental health and mental retardation service delivery system and make recommendations for improvement; (2) effect local change by identifying and implementing local priorities; and (3) have an ongoing role in formulating plans which affect mental health and mental retardation services.

CITIZENS' activities in pursuit of this mission have involved the development of three interdependent efforts: *education and information, research and policy analysis,* and *citizen participation.* The newsletter, forming the main thrust of the education and information component, has a circulation of nearly 6,500. Its purpose is to create an information-sharing network among people in Texas who are concerned in various ways with mental health and mental retardation issues. Research and policy analysis have also been major activities of CITIZENS, corresponding to the goal of evaluating the mental health and mental retardation service delivery system. The statewide needs assessment survey reported here has been our major effort toward the goal of examining how well Texas' MHMR service delivery system is meeting the needs of its citizens.

CITIZENS' survey has already created a much needed source of information regarding perceptions of service priorities and adequacy, culled from thousands of respondents across the state. For this reason, the survey has received a great deal of positive attention from individuals and organizations throughout the state. The Texas Department of Mental Health and Mental Retardation, private mental health and mental retardation organizations, service providers, regional health planning agencies, local United Ways, and many others have expressed interest in utilizing this unique and innovative information as a tool to contribute a citizen's perspective to human services planning.

Both the newsletter and survey efforts entailed generating extensive lists of Texas citizens — consumers and providers of mental health, mental retardation and many other human services, inhabiting urban as well as rural regions, and representing a diversity of age, ethnic, and other

special groups. This diverse network of people, spanning the entire state, is the basis of another important component of CITIZENS, our citizen participation efforts. Utilizing the information network and the results obtained from the survey, local CITIZENS groups are encouraged to begin setting priorities for local mental health needs and planning for improved services.

WHY CONDUCT A SURVEY?

The survey was designed to give a broad picture of community needs and services. Specific questions addressed mental health and mental retardation problems that are most commonly included in health systems agencies' plans for services. The 13 problems addressed were:

- Alcohol Abuse and Alcoholism
- Drug Abuse or Misuse
- Developmental Disabilities of Children
- Mental Retardation
- Personality Disorders or Neuroses
- Psychoses and Incapacitating Behavior Disorders
- Temporary Problems, Family Problems, Divorce, Other Stresses
- Runaway Adolescents and Children
- Crime and Delinquency
- Suicide
- Family Violence and Child Abuse
- Rape
- Mental Health of the Elderly.

Some of these problems are clearly of a psychological nature while others encompass broader concerns with quality of life which indeed have strong mental health implications. In all, though, these problems form a nucleus of concerns commonly thought to be within the purview of the mental health and mental retardation service delivery system.

The first set of survey questions dealt with the amount of *unmet needs* existing in people's communities with respect to the 13 problem areas previously listed. For each of the problems, the survey respondents were asked to indicate whether very great, great, some, or no unmet needs existed.

The second portion of the survey sought information on the adequacy of services, including any problems with each of the 13 services, allowing the respondents to write in comments as necessary. Services could be described as adequate or inadequate; and in either case, a description allowed respondents to indicate whether there were not enough services or none at all, whether they cost too much, or did not help, whether lack of transportation was a problem, or whether no major problems with the services seemed to exist.

There is obviously much variation among the many communities reached by this survey, and this variation naturally affects the degree to which services are available in any given locale. Because our survey was designed to be as relevant to citizens in a large city as in a small rural county, we did not ask questions about specific agencies or programs. Instead, the focus was on people's impressions about the level to which problems and needs were being met. The results of this survey, then, do not evaluate any specific service provider, although the written comments we received did shed light on the problems that individual agencies have in meeting community needs.

It is generally well known that different age groups and ethnic groups have different and specific needs. For this reason, one section of the survey sought information on the specific degree of unmet needs for each of the possible ethnic and age groups. Following this section of the survey came a rating of how different minority and age groups are represented in those decision-making processes affecting mental health and mental retardation services.

The remainder of the survey asked questions about membership in various decision-making groups and allowed each person to provide information on employment, education, income, place of residence, age, and family status. These data provide a description, in a general way, of the persons responding to the questionnaire. Two very significant questions dealt with prior experience with mental health and mental retardation services.

WHO TOOK PART IN THE SURVEY?

Nearly 2,000 Texans took part in this unique sharing of information. Responses came from people as young as 16, as old as 82, and all ages in between; from rural areas, the major urban areas, and the smaller cities throughout the state; from physicians and other health care givers, from students and teachers, attorneys, judges, elected city and state officials, from MHMR workers, and from other public service and social service workers — people from all walks of life.[1]

The common thread that was shared by the people responding was their knowledge of their communities and in the contributions they make to those communities:

- Over 1,000 are active in civic and community organizations.
- Nearly 1,000 of the respondents are employed in the MHMR field or in some other public welfare or social service field.
- Some 841 are volunteer workers in community agencies, and a similar number are active church volunteers.
- Nearly 300 of the respondents are physicians or other health care givers.
- 254 are teachers and 124 are students.
- Over 100 are elected officials at the city, county, or state level.

Additionally, 74 clergymen, 52 attorneys, 50 law enforcement or probation officials, and 36 judges also took part in the survey.

Many of those responding have special knowledge of mental health and mental retardation services in their communities, for 688 (37.9%) indicated that they or a member of their immediate family had sought help for a mental health problem and another 151 (8.31%) reported a family member who had been classified as mentally retarded. Therefore, much of the information received is from people with firsthand contact as consumers of mental health and mental retardation services.

The respondents possess special knowledge in yet another way, for nearly 60% have served as board members of community mhmr centers, health systems agencies, mental health associations, associations for retarded citizens, and of other community organizations. Nearly 50% are actively involved as volunteers with organizations concerned specifically with mental health and mental retardation problems. In short, these are people who are knowledgeable about their communities and the problems faced by the people of those communities.

[1]Characteristics of the survey respondents are presented in *Tables 1-15* at the end of this report.

WHAT NEEDS WERE IDENTIFIED?

Not surprisingly, these persons identified a significant number of unmet needs in their communities.[2] Leading the list were (numbers in parentheses are percentages indicating "very great" or "great" unmet needs):

- Crime and delinquency (75.9%)
- Drug abuse and misuse (74.9%)
- Temporary problems, family problems, divorce, other stresses (73.6%)
- Family violence and child abuse (70.4%)
- Mental health of the elderly (69.9%)
- Alcohol abuse or alcoholism (65.8%)

Close behind the top-ranked unmet needs came the following:

- Personality disorders (56.3%)
- Rape (55.7%)
- Runaway adolescents and children (52.9%)
- Developmental disabilities of children (52.0%)

The remaining three areas ranked in relation to perceived unmet needs are:

- Psychoses and incapacitating behavior disorders (49.6%)
- Mental retardation (41.0%)
- Suicide (35.1%)

Ranking these areas by amount of perceived unmet needs is not meant to suggest priorities, since survey respondents were not asked to prioritize the problem areas one against the other. While there is obviously a certain degree of relativity implied in the findings, there are several other ways to consider the relative importance of the various needs, and some of the open-ended comments made on the survey forms corroborate these suggestions.

The seriousness and potential physical danger in each area could be considered to come up with altogether different rankings. Obviously, suicide is the most life threatening problem in the list, but rape and family violence and child abuse likewise present life-threatening situations. On the other hand, these same three types of problems are those most likely to be "hidden problems." For example, a great number of rapes and incidents of family violence and child abuse are known to go unreported; many suspected suicides are written off as accidental deaths.

Further caution in interpreting ratings of unmet needs is warranted by observations that many of the top-ranked unmet needs consistently make the news. Crime and delinquency, divorce, drug abuse, and isolated violent incidents often are spectacularized far out of proportion to their actual community-wide impacts. Furthermore, there are periodic emphases accorded to the elderly and to the problem of runaway adolescents and children. Conversely, problems such as personality disorders, developmental disabilities of children, psychoses and incapacitating behavior disorders, and mental retardation consistently fail to be front page news unless they are contributing factors in other, more spectacular occurrences.

Along with considerations of seriousness and public discussion of these crucial issue areas, we would presume that incidence rates of the respective problems would influence perceptions

[2]A more complete description of respondents' judgments of unmet needs for selected problem areas is presented in *Table 16.* Mean (average) judgments of unmet needs are presented in *Figure 1.*

A possible explanation of the needs of certain population groups is that those groups are not well represented in decision making processes that affect their lives. This idea appears to be borne out by the data, even though over 50% of the respondents judged that each of the age and ethnic groups had adequate representation. Conversely, from 16.8% to 45.8% were seen to lack representation in service decisions. Although actual percentages were considerably lower compared with unmet needs, underrepresentation showed similar patterns for age and ethnic groups. That is, the age groups birth to 5, 13 to 17, and 60 and older, are more likely to be perceived as being unrepresented, especially those who are members of minority groups.[5]

Ethnicity of the respondents themselves had little bearing on how they perceived unmet needs. Over 80% of the respondents were "Anglo/White," while 5.9% and 11.2% were Black or Mexican-American, respectively. "Other" ethnic groups accounted for only 1.4% of the surveys received. Each *minority* group tended to see its needs as being the greatest and its underrepresentation being the most severe, but the preponderance of "Anglo/White" responses tended to perceive unmet service needs and lack of representation as being greater for minority groups than their own group.

WHAT ABOUT DIFFERENCES OF OPINIONS?

In spite of the great diversity of persons responding to the survey, the most noteworthy difference of perceptions was found to exist as a slight difference between those persons employed in the mental health/mental retardation and social service fields compared with elected officials. And by no means were the opinions of those two groups as to needs or problems with services diametrically opposed. Rather, on average, both groups indicated that unmet needs *do* exist; but those persons employed in service delivery systems tended to see the greatest amount of unmet needs and the greatest number of problems in all the service areas. Conversely, elected officials tended to see fewer unmet needs and fewer problems. The other categories of respondents (e.g., physicians and other health-care givers, teachers, clergymen, judges, attorneys, law enforcement officials and others) fit in between these two groups that differed only on the severity of needs and problems.

Indeed, the most significant statement that can be made is that people from all walks of life consistently and overwhelmingly see great unmet needs in their communities and predominantly indicate that the needs are associated with the sheer lack of services. Moreover, the responses consistently point out the interrelationship among the 13 problem areas. From the point of view of the information contained in the numerous comments provided for each service and from the statistical relationships among the ratings of needs and service problems, it is clear that systematic relationships exist among all of the needs. Persons with high, active levels of involvement in one segment of the broad mental health/mental retardation field were shown to be sympathetic with problems ranked highest by other constituencies. There was virtually no evidence of so-called single issue blocs of responses.

[5]Described in more detail in *Table 19* and *Figure 5*.

WHAT CAN BE DONE? — A CHALLENGE TO ACTION

It is not enough to know that great unmet needs are recognized by a great number of knowledgeable persons across the state, for knowledge is not power. Knowledge is potential, and action is the catalyst that turns potential into power. Some of the possible actions that follow the learning of new facts or the relearning of previously held points of view have taken place already in some of the regional groups of Citizens for Human Development. These groups have looked at the results of CITIZENS' survey for their own regions.[6] Their major goal has been to develop local priorities and plans for addressing those priorities through local action.

For example, in one small community, a meeting was held among professionals and volunteers representing the human services interests in that geographic region. Participants from the community decided to take further steps in coordinating volunteer resources for stabilizing and increasing services available to families. Others present began planning their own community meetings elsewhere in the region.

A series of similar meetings took place in one of the largest metropolitan areas of the state. Among the several results of these meetings were further information gathering through local studies, information dissemination activities, and the involvement of many of the participants in ongoing, problem-oriented committees. Another example of how such findings can be used is the case of a health planner who took some preliminary findings for his region to his board members as a model of what kinds of information they should seek in their decision-making.

The models mentioned here represent just some of the potential uses of the data base provided by CITIZENS' survey. What is important to note is that in each instance, the model was planned to maximize the use of existing resources such as established planning groups and other available data. For example, in a medium-sized metropolitan area, a representative committee incorporated the CITIZENS' findings along with some 70 other data sources in setting up a plan for the development and coordination of county-wide services. Further data collection and analysis, carried out by volunteers and professionals, found a reassuring convergence among the numerous data sources.

In fact, convergence is what we see as the key to effective use of any data base that attempts to identify levels of human need. In other words, how well does the information collected in CITIZENS' study parallel, or converge with, other indicators such as incidence and prevalence rates, utilization rates, or other social characteristics of communities such as the number of people living below poverty level? In any community, surely there are multiple factors that account for people's perceptions of need. Each source of information offers a partial picture, and each is strengthened to the extent that its implications concur with those of other sources. During the coming months, CITIZENS will be studying the question of convergence in order to develop a perspective of how well the views of the knowledgeable people who responded to our survey match various other established indicators of need and service priorities.

[6] Data reflecting the survey responses of each of the state's 12 Health Service Areas have been tabulated separately and are available through Citizens for Human Development. For your convenience, an order form can be found in the back of this booklet. Further information on regional activities can also be obtained by contacting Citizens for Human Development.

Better knowledge of what *is* is but a small part of knowing what *can be*. A recent telephone survey carried out by CITIZENS shows a great and growing concern with the uncertainties brought about by drastic shifts in federal and state funding patterns for human services. Apparently there is a great worry that those most in need are likely to be overlooked as major dislocations of human service programs occur. It is extremely difficult to set priorities when the very existence of methods for meeting needs is in a state of flux.

However, what must not be overlooked in these times of rapid and significant change is that there are important resources at the grassroots level. There are caring and knowledgeable people across the state who are keenly aware of problems in their communities. These are people with many responsibilities who have given their time and opinions in the hope that great unmet needs in mental health and mental retardation services can be met somehow. These are people who were most willing to praise those programs doing a good job and were also willing to offer constructive suggestions for improving services they found lacking.

It is these involved *citizens* across the state of Texas who represent our best chances for overcoming the impacts of the new fiscal conservatism on human services. It is these people who can mobilize other human resources at the grassroots level through education, citizen participation and reaffirmation of the strengths that they represent. And it is these people who will need to overcome the kind of turfism that pits advocates of one type of human service against another, creating a situation in which no one truly wins.

Developing an understanding of the interrelatedness of human needs, developing baseline levels of adequacy of resources to meet service needs in our communities, and learning to work together to assure that these baseline levels do exist — these are the challenges of the 80's for those of us concerned with preserving a society that cares about the most vulnerable and needy among us.

FIGURE 1
Mean (Average) Judgments of Amount of Unmet Needs For Selected Problem Areas

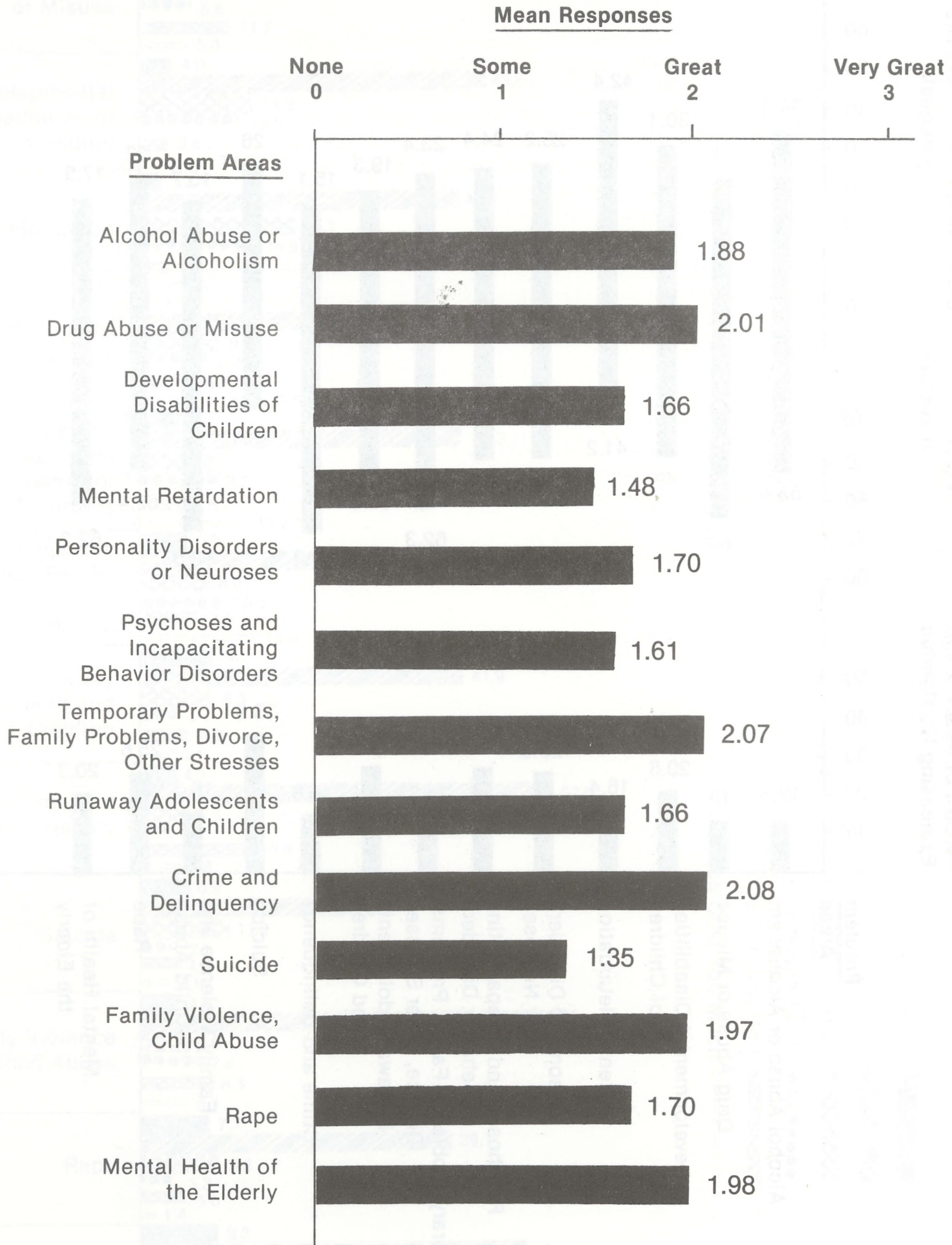


FIGURE 2
Judgments of Service Adequacy
For Selected Problem Area

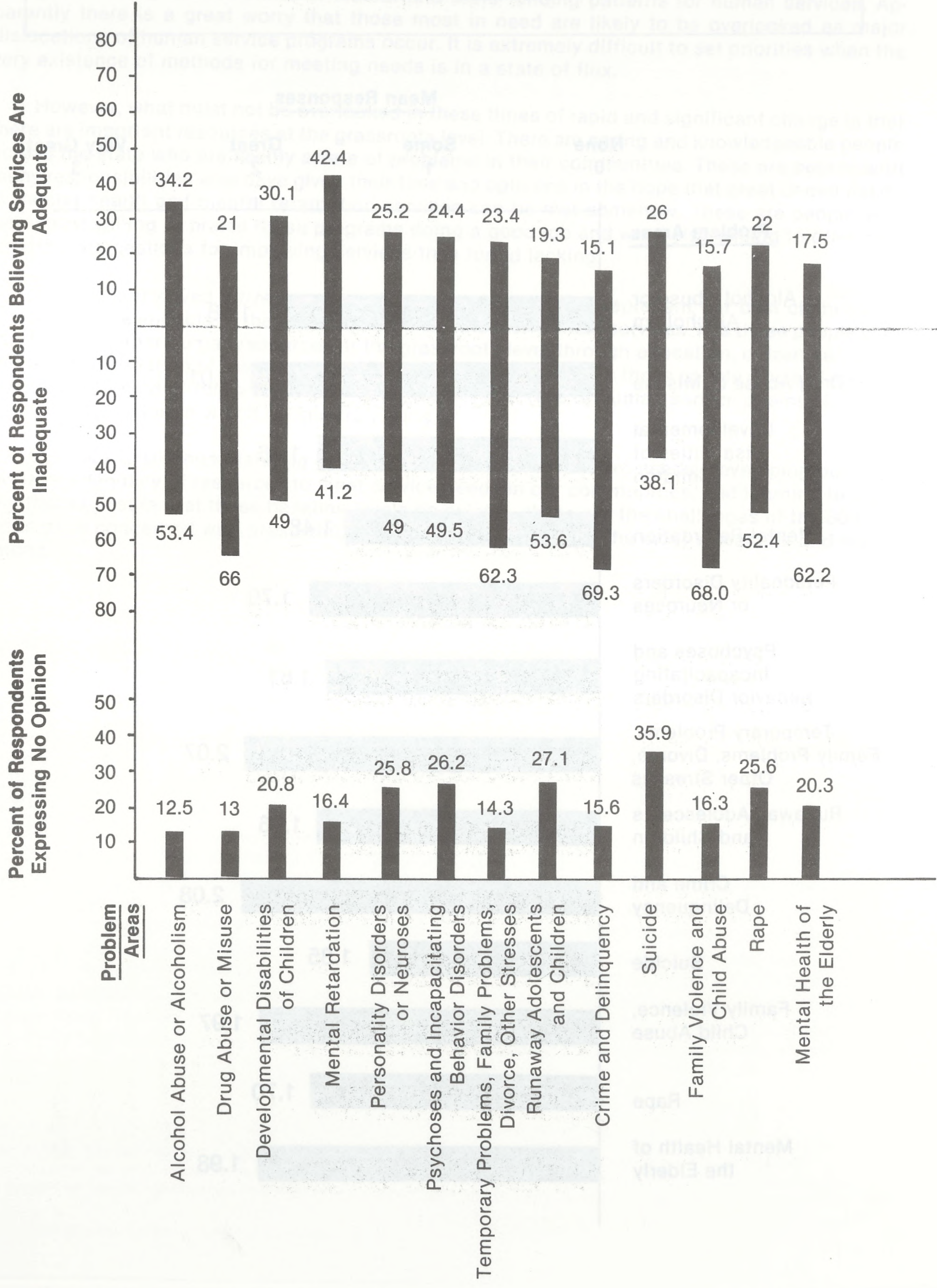
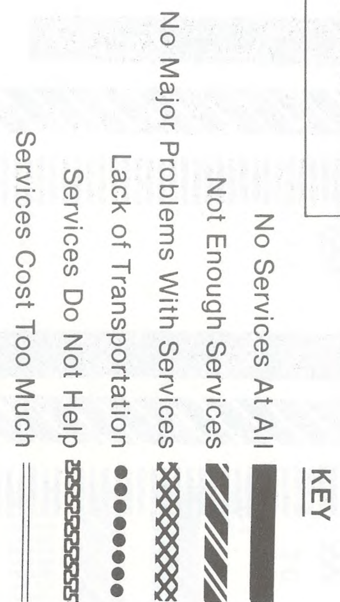


FIGURE 3
Descriptions of Services Existing in Communities

Percent of Total Number of Respondents

Problem Areas	No Services At All	Not Enough Services	No Major Problems With Services	Lack of Transportation	Services Do Not Help	Services Cost Too Much
Alcohol Abuse or Alcoholism	3.8	48.3	13.9	9.1	7.9	6.7
Drug Abuse or Misuse	4.4	53.9	8.5	6.6	11.7	5.3
Developmental Disabilities of Children	4.0	43.6	13.2	12.2	3.6	7.8
Mental Retardation	2.1	40.8	19.1	14.8	3.9	6.0
Personality Disorders or Neuroses	.1	40.1	9.9	8.4	6.8	15.5
Psychoses and Incapacitating Behavior Disorders	4.7	41.3	8.9	9.3	6.7	13.2
Temporary Problems, Family Problems, Divorce, Other Stresses	5.6	51.9	8.0	10.2	7.2	14.8
Runaway Adolescents and Children	8.9	41.9	8.3	4.1	6.0	3.1
Crime and Delinquency	4.1	52.5	5.9	3.7	13.6	4.8
Suicide	6.9	29.4	11.2	3.1	4.0	2.8
Family Violence and Child Abuse	4.6	56.2	6.0	7.4	8.3	5.1
Rape	7.7	39.1	9.6	3.3	5.0	1.4
Mental Health of the Elderly	9.3	48.9	7.5	20.0	3.7	10.2



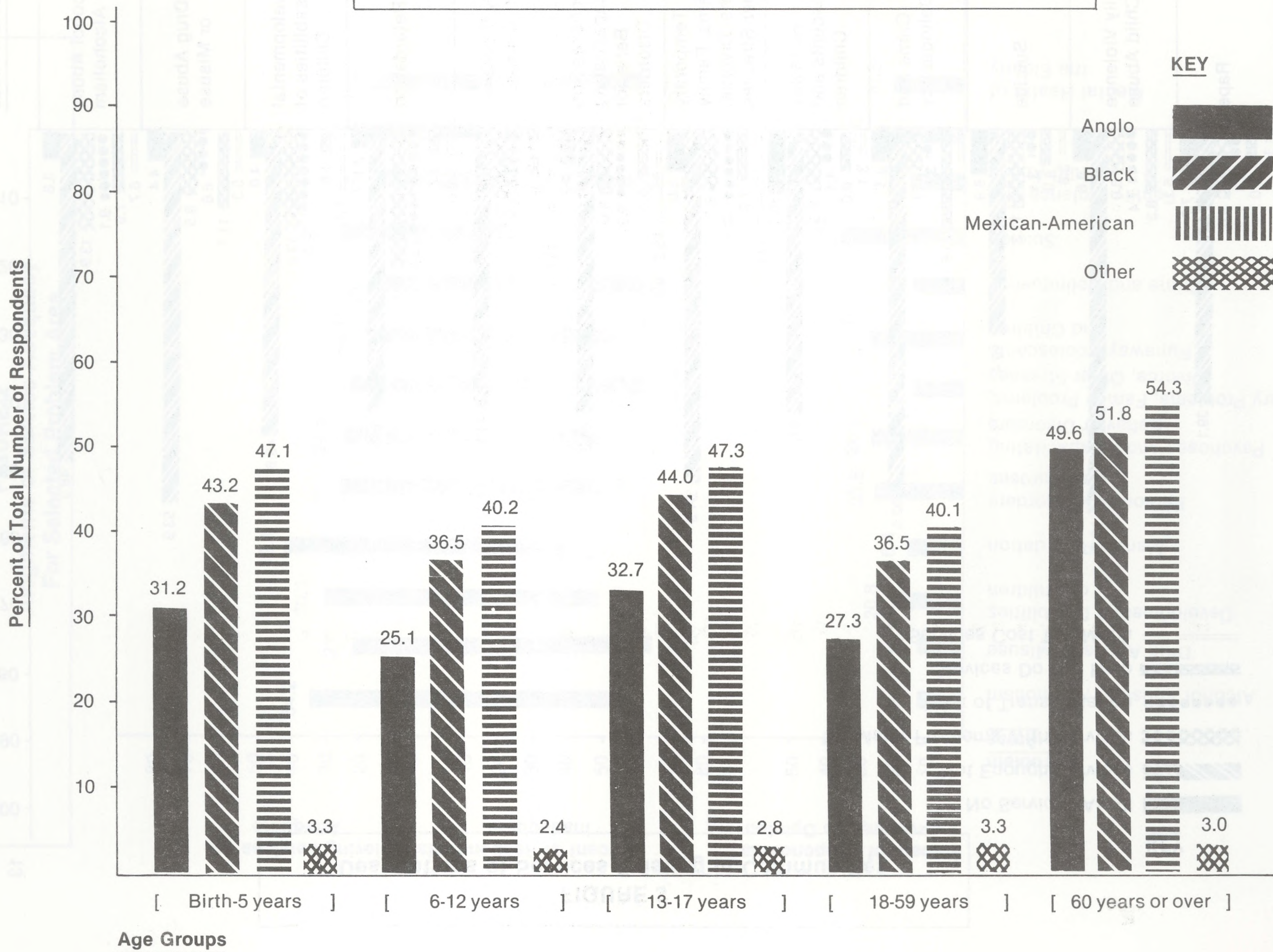


FIGURE 4
Judgments of Unmet Needs For Age and Ethnic Groups
KEY
Anglo
Black
Mexican-American
Other
Percent of Total Number of Respondents
100
90
80
70
60
50
40
30
20
10
31.2
43.2
47.1
3.3
25.1
36.5
40.2
2.4
32.7
44.0
47.3
2.8
27.3
36.5
40.1
3.3
49.6
51.8
54.3
3.0
[Birth-5 years]
[6-12 years]
[13-17 years]
[18-59 years]
[60 years or over]
Age Groups

FIGURE 5
Judgments of Representation In Decision-Making For Age and Ethnic Groups

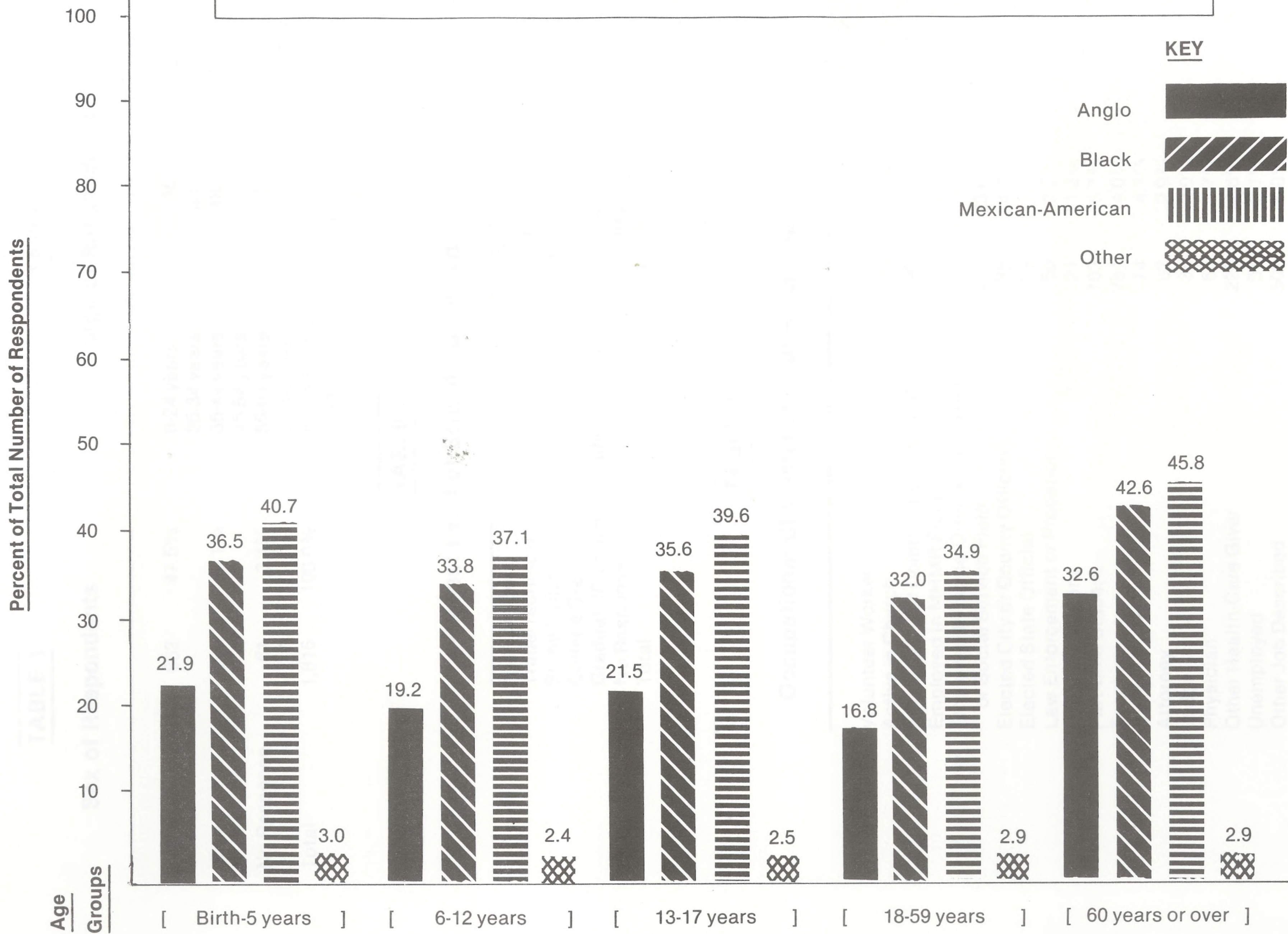


TABLE 1

Sex of Respondents

Female	862	47.5%
Male	892	49.1%
No Response	61	3.4%
Total	1,815	100.0%

TABLE 2

Age of Respondents

0-24 years	36	2.0%
25-34 years	395	21.8%
35-44 years	482	26.6%
45-54 years	447	24.6%
55-64 years	274	15.0%
65 and over	121	6.7%
No Response	60	3.3%
Total	1,815	100.0%

TABLE 3

Highest Level of School Completed

High School	91	5.0%
Trade/Technical School	14	.8%
Some College	227	12.5%
College Graduate	394	21.7%
Graduate/Professional School	1,024	56.4%
No Response	65	3.6%
Total	1,815	100.0%

TABLE 4

Occupational Characteristics of Respondents

Volunteer Worker	841	46.3%
Active in Church	886	48.8%
Active in Other Community Organizations	1,120	61.7%
Employed in MHMR Field	492	27.1%
Employed in Some Other Public Welfare or Social Service Field	418	23.0%
Elected City or County Official	85	4.7%
Elected State Official	23	1.3%
Law Enforcement or Probation	50	2.8%
Full-time Student	21	1.2%
Part-time Student	103	5.7%
Teacher	254	14.0%
Clergy	74	4.1%
Attorney	52	2.9%
Judge	36	2.0%
Physician	68	3.7%
Other Health-Care Giver	228	12.6%
Unemployed	57	3.1%
Other Job Described	509	28.0%

Note: Multiple responses were given on this question.

TABLE 5

Volunteer Involvement With Organization(s) Concerned With Mental Health/Mental Retardation Problems

Involved with one or more mhmr organizations	856	47.2%
No involvement with mhmr organizations	889	49.0%
No Response	70	3.8%
Total	1,815	100.0%

TABLE 5-A

Number of Organizational Involvements of Individual Respondents

Number of organizations		
1	601	33.1%
2	108	6.0%
3	45	2.5%
4 or more	21	1.1%
None/No Response	1,040	57.3%

TABLE 6

Yearly Household Income

Under $10,000	69	3.8%
$10,000 - 14,999	135	7.4%
$15,000 - 19,999	213	11.7%
$20,000 - 24,999	264	14.6%
$25,000 or more	1,099	60.6%
No Response	35	1.9%
Total	1,815	100.0%

TABLE 7

Residence by Size of City/Town

Out in the country	104	5.7%
In a town or small city of less than 25,000 people	372	20.5%
In a city of 25,000 to 100,000 people	382	21.1%
In a city of over 100,000 people	946	52.1%
No Response	11	.6%
Total	1,815	100.0%

TABLE 8

Distribution of Respondents by County

County	Number Residing	% Residing	County	Number Residing	% Residing	County	Number Residing	% Residin
Anderson	4	.2%	Gaines	1	.1%	Motley	2	.1%
Andrews	1	.1%	Galveston	29	1.6%	Nacogdoches	17	.9%
Angelina	20	1.1%	Garza	1	.1%	Navarro	4	.2%
Aransas	1	.1%	Gillespie	1	.1%	Nueces	52	2.9%
Archer	3	.2%	Goliad	1	.1%	Ochiltree	2	.1%
Armstrong	2	.1%	Gonzales	5	.3%	Orange	8	.4%
Atascosa	2	.1%	Gray	1	.1%	Palo Pinto	6	.3%
Austin	1	.1%	Grayson	6	.3%	Panola	2	.1%
Bailey	1	.1%	Gregg	15	.8%	Parker	3	.2%
Bastrop	1	.1%	Guadalupe	3	.2%	Parmer	2	.1%
Baylor	2	.1%	Hale	16	.9%	Pecos	1	.1%
Bee	2	.1%	Hamilton	4	.2%	Polk	2	.1%
Bell	9	.5%	Hardeman	1	.1%	Potter	35	1.9%
Bexar	115	6.3%	Hardin	3	.2%	Rains	1	.1%
Blanco	1	.1%	Harris	212	11.7%	Randall	37	2.0%
Bowie	8	.4%	Harrison	6	.3%	Real	1	.1%
Brazoria	20	1.1%	Hartley	1	.1%	Red River	3	.2%
Brazos	3	.2%	Hays	4	.2%	Reeves	2	.1%
Brewster	1	.1%	Henderson	2	.1%	Robertson	1	.1%
Briscoe	1	.1%	Hidalgo	23	1.3%	Runnels	1	.1%
Brown	5	.3%	Hill	1	.1%	Rusk	4	.2%
Calhoun	2	.1%	Hockley	6	.3%	San Augustine	2	.1%
Cameron	20	1.1%	Hood	1	.1%	San Patricio	1	.1%
Camp	1	.1%	Hopkins	1	.1%	Shelby	2	.1%
Cass	5	.3%	Houston	3	.2%	Smith	35	1.9%
Castro	2	.1%	Howard	22	1.2%	Sutton	1	.1%
Chambers	1	.1%	Hudspeth	2	.1%	Swisher	2	.1%
Cherokee	5	.3%	Hunt	8	.4%	Tarrant	77	4.2%
Cochran	2	.1%	Hutchinson	1	.1%	Taylor	29	1.6%
Coleman	1	.1%	Irion	1	.1%	Terry	1	.1%
Collin	11	.6%	Jackson	1	.1%	Titus	2	.1%
Collingsworth	1	.1%	Jasper	3	.2%	Tom Green	21	1.2%
Colorado	8	.4%	Jefferson	35	1.9%	Travis	126	6.9%
Comal	3	.2%	Jim Wells	1	.1%	Tyler	2	.1%
Comanche	1	.1%	Johnson	2	.1%	Upshur	3	.2%
Cooke	5	.3%	Karnes	2	.1%	Uvalde	2	.1%
Coryell	3	.2%	Kaufman	4	.2%	Val Verde	10	.6%
Cottle	.1	.1%	Kerr	5	.3%	Van Zandt	1	.1%
Crane	1	.1%	King	1	.1%	Victoria	4	.2%
Crockett	1	.1%	Kleberg	2	.1%	Walker	7	.4%
Crosby	4	.2%	Knox	1	.1%	Waller	1	.1%
Culberson	1	.1%	Lamar	6	.3%	Ward	6	.3%
Dallas	97	5.3%	Lampasas	2	.1%	Washington	5	.3%
Dawson	3	.2%	La Salle	3	.2%	Webb	7	.4%
Deaf Smith	1	.1%	Liberty	2	.1%	Wharton	4	.2%
Denton	10	.6%	Limestone	5	.3%	Wichita	41	2.3%
De Witt	4	.2%	Lubbock	80	4.4%	Wilbarger	4	.2%
Dimmit	5	.3%	Lynn	1	.1%	Willacy	3	.2%
Ector	28	1.5%	Martin	1	.1%	Williamson	7	.4%
Ellis	1	.1%	Matagorda	3	.2%	Wise	2	.1%
El Paso	107	5.9%	Maverick	3	.2%	Wood	2	.1%
Erath	5	.3%	McLennan	52	2.9%	Young	1	.1%
Falls	2	.1%	Midland	27	1.5%	Zapata	2	.1%
Fannin	2	.1%	Montague	2	.1%	Zavala	3	.2%
Floyd	3	.2%	Montgomery	5	.3%			
Fort Bend	24	1.3%	Moore	1	.1%	County Unknown	3	.2%
Frio	3	.2%	Morris	2	.1%	Total	1,815	100.0%

TABLE 8

Distribution of Respondents by County

County	Number Residing	% Residing
Anderson	4	.2%
Andrews	1	.1%
Angelina	20	1.1%
Aransas	1	.1%
Archer	3	.2%
Armstrong	2	.1%
Atascosa	2	.1%
Austin	1	.1%
Bailey	1	.1%
Bastrop	1	.1%
Baylor	2	.1%
Bee	2	.1%
Bell	9	.5%
Bexar	115	6.3%
Blanco	1	.1%
Bowie	8	.4%
Brazoria	20	1.1%
Brazos	3	.2%
Brewster	1	.1%
Briscoe	1	.1%
Brown	5	.3%
Calhoun	2	.1%
Cameron	20	1.1%
Camp	1	.1%
Cass	5	.3%
Castro	2	.1%
Chambers	1	.1%
Cherokee	5	.3%
Cochran	2	.1%
Coleman	1	.1%
Collin	11	.6%
Collingsworth	1	.1%
Colorado	8	.4%
Comal	3	.2%
Comanche	1	.1%
Cooke	5	.3%
Coryell	3	.2%
Cottle	.1	.1%
Crane	1	.1%
Crockett	1	.1%
Crosby	4	.2%
Culberson	1	.1%
Dallas	97	5.3%
Dawson	3	.2%
Deaf Smith	1	.1%
Denton	10	.6%
De Witt	4	.2%
Dimmit	5	.3%
Ector	28	1.5%
Ellis	1	.1%
El Paso	107	5.9%
Erath	5	.3%
Falls	2	.1%
Fannin	2	.1%
Floyd	3	.2%
Fort Bend	24	1.3%
Frio	3	.2%
Gaines	1	.1%
Galveston	29	1.6%
Garza	1	.1%
Gillespie	1	.1%
Goliad	1	.1%
Gonzales	5	.3%
Gray	1	.1%
Grayson	6	.3%
Gregg	15	.8%
Guadalupe	3	.2%
Hale	16	.9%
Hamilton	4	.2%
Hardeman	1	.1%
Hardin	3	.2%
Harris	212	11.7%
Harrison	6	.3%
Hartley	1	.1%
Hays	4	.2%
Henderson	2	.1%
Hidalgo	23	1.3%
Hill	1	.1%
Hockley	6	.3%
Hood	1	.1%
Hopkins	1	.1%
Houston	3	.2%
Howard	22	1.2%
Hudspeth	2	.1%
Hunt	8	.4%
Hutchinson	1	.1%
Irion	1	.1%
Jackson	1	.1%
Jasper	3	.2%
Jefferson	35	1.9%
Jim Wells	1	.1%
Johnson	2	.1%
Karnes	2	.1%
Kaufman	4	.2%
Kerr	5	.3%
King	1	.1%
Kleberg	2	.1%
Knox	1	.1%
Lamar	6	.3%
Lampasas	2	.1%
La Salle	3	.2%
Liberty	2	.1%
Limestone	5	.3%
Lubbock	80	4.4%
Lynn	1	.1%
Martin	1	.1%
Matagorda	3	.2%
Maverick	3	.2%
McLennan	52	2.9%
Midland	27	1.5%
Montague	2	.1%
Montgomery	5	.3%
Moore	1	.1%
Morris	2	.1%
Motley	2	.1%
Nacogdoches	17	.9%
Navarro	4	.2%
Nueces	52	2.9%
Ochiltree	2	.1%
Orange	8	.4%
Palo Pinto	6	.3%
Panola	2	.1%
Parker	3	.2%
Parmer	2	.1%
Pecos	1	.1%
Polk	2	.1%
Potter	35	1.9%
Rains	1	.1%
Randall	37	2.0%
Real	1	.1%
Red River	3	.2%
Reeves	2	.1%
Robertson	1	.1%
Runnels	1	.1%
Rusk	4	.2%
San Augustine	2	.1%
San Patricio	1	.1%
Shelby	2	.1%
Smith	35	1.9%
Sutton	1	.1%
Swisher	2	.1%
Tarrant	77	4.2%
Taylor	29	1.6%
Terry	1	.1%
Titus	2	.1%
Tom Green	21	1.2%
Travis	126	6.9%
Tyler	2	.1%
Upshur	3	.2%
Uvalde	2	.1%
Val Verde	10	.6%
Van Zandt	1	.1%
Victoria	4	.2%
Walker	7	.4%
Waller	1	.1%
Ward	6	.3%
Washington	5	.3%
Webb	7	.4%
Wharton	4	.2%
Wichita	41	2.3%
Wilbarger	4	.2%
Willacy	3	.2%
Williamson	7	.4%
Wise	2	.1%
Wood	2	.1%
Young	1	.1%
Zapata	2	.1%
Zavala	3	.2%
County Unknown	3	.2%
Total	1,815	100.0%

TABLE 5

Volunteer Involvement With Organization(s) Concerned With Mental Health/Mental Retardation Problems

Involved with one or more mhmr organizations	856	47.2%
No involvement with mhmr organizations	889	49.0%
No Response	70	3.8%
Total	1,815	100.0%

TABLE 5-A

Number of Organizational Involvements of Individual Respondents

Number of organizations		
1	601	33.1%
2	108	6.0%
3	45	2.5%
4 or more	21	1.1%
None/No Response	1,040	57.3%

TABLE 6

Yearly Household Income

Under $10,000	69	3.8%
$10,000 - 14,999	135	7.4%
$15,000 - 19,999	213	11.7%
$20,000 - 24,999	264	14.6%
$25,000 or more	1,099	60.6%
No Response	35	1.9%
Total	1,815	100.0%

TABLE 7

Residence by Size of City/Town

Out in the country	104	5.7%
In a town or small city of less than 25,000 people	372	20.5%
In a city of 25,000 to 100,000 people	382	21.1%
In a city of over 100,000 people	946	52.1%
No Response	11	.6%
Total	1,815	100.0%

TABLE 8

Distribution of Respondents by County

County	Number Residing	% Residing	County	Number Residing	% Residing	County	Number Residing	% Residin
Anderson	4	.2%	Gaines	1	.1%	Motley	2	.1%
Andrews	1	.1%	Galveston	29	1.6%	Nacogdoches	17	.9%
Angelina	20	1.1%	Garza	1	.1%	Navarro	4	.2%
Aransas	1	.1%	Gillespie	1	.1%	Nueces	52	2.9%
Archer	3	.2%	Goliad	1	.1%	Ochiltree	2	.1%
Armstrong	2	.1%	Gonzales	5	.3%	Orange	8	.4%
Atascosa	2	.1%	Gray	1	.1%	Palo Pinto	6	.3%
Austin	1	.1%	Grayson	6	.3%	Panola	2	.1%
Bailey	1	.1%	Gregg	15	.8%	Parker	3	.2%
Bastrop	1	.1%	Guadalupe	3	.2%	Parmer	2	.1%
Baylor	2	.1%	Hale	16	.9%	Pecos	1	.1%
Bee	2	.1%	Hamilton	4	.2%	Polk	2	.1%
Bell	9	.5%	Hardeman	1	.1%	Potter	35	1.9%
Bexar	115	6.3%	Hardin	3	.2%	Rains	1	.1%
Blanco	1	.1%	Harris	212	11.7%	Randall	37	2.0%
Bowie	8	.4%	Harrison	6	.3%	Real	1	.1%
Brazoria	20	1.1%	Hartley	1	.1%	Red River	3	.2%
Brazos	3	.2%	Hays	4	.2%	Reeves	2	.1%
Brewster	1	.1%	Henderson	2	.1%	Robertson	1	.1%
Briscoe	1	.1%	Hidalgo	23	1.3%	Runnels	1	.1%
Brown	5	.3%	Hill	1	.1%	Rusk	4	.2%
Calhoun	2	.1%	Hockley	6	.3%	San Augustine	2	.1%
Cameron	20	1.1%	Hood	1	.1%	San Patricio	1	.1%
Camp	1	.1%	Hopkins	1	.1%	Shelby	2	.1%
Cass	5	.3%	Houston	3	.2%	Smith	35	1.9%
Castro	2	.1%	Howard	22	1.2%	Sutton	1	.1%
Chambers	1	.1%	Hudspeth	2	.1%	Swisher	2	.1%
Cherokee	5	.3%	Hunt	8	.4%	Tarrant	77	4.2%
Cochran	2	.1%	Hutchinson	1	.1%	Taylor	29	1.6%
Coleman	1	.1%	Irion	1	.1%	Terry	1	.1%
Collin	11	.6%	Jackson	1	.1%	Titus	2	.1%
Collingsworth	1	.1%	Jasper	3	.2%	Tom Green	21	1.2%
Colorado	8	.4%	Jefferson	35	1.9%	Travis	126	6.9%
Comal	3	.2%	Jim Wells	1	.1%	Tyler	2	.1%
Comanche	1	.1%	Johnson	2	.1%	Upshur	3	.2%
Cooke	5	.3%	Karnes	2	.1%	Uvalde	2	.1%
Coryell	3	.2%	Kaufman	4	.2%	Val Verde	10	.6%
Cottle	1	.1%	Kerr	5	.3%	Van Zandt	1	.1%
Crane	1	.1%	King	1	.1%	Victoria	4	.2%
Crockett	1	.1%	Kleberg	2	.1%	Walker	7	.4%
Crosby	4	.2%	Knox	1	.1%	Waller	1	.1%
Culberson	1	.1%	Lamar	6	.3%	Ward	6	.3%
Dallas	97	5.3%	Lampasas	2	.1%	Washington	5	.3%
Dawson	3	.2%	La Salle	3	.2%	Webb	7	.4%
Deaf Smith	1	.1%	Liberty	2	.1%	Wharton	4	.2%
Denton	10	.6%	Limestone	5	.3%	Wichita	41	2.3%
De Witt	4	.2%	Lubbock	80	4.4%	Wilbarger	4	.2%
Dimmit	5	.3%	Lynn	1	.1%	Willacy	3	.2%
Ector	28	1.5%	Martin	1	.1%	Williamson	7	.4%
Ellis	1	.1%	Matagorda	3	.2%	Wise	2	.1%
El Paso	107	5.9%	Maverick	3	.2%	Wood	2	.1%
Erath	5	.3%	McLennan	52	2.9%	Young	1	.1%
Falls	2	.1%	Midland	27	1.5%	Zapata	2	.1%
Fannin	2	.1%	Montague	2	.1%	Zavala	3	.2%
Floyd	3	.2%	Montgomery	5	.3%			
Fort Bend	24	1.3%	Moore	1	.1%	County Unknown	3	.2%
Frio	3	.2%	Morris	2	.1%	Total	1,815	100.0%

TABLE 16

Judgments of Amount of Unmet Needs Existing in Communities For Selected Problem Areas

PROBLEM AREAS	AMOUNT OF UNMET NEEDS				No Opinion/ No Response	Adjusted Totals	Mean Response
	Very Great	Great	Some	None			
1. Alcohol Abuse or Alcoholism	439 25.1%	712 40.7%	551 31.5%	46 2.6%	67	1,748	1.88
2. Drug Abuse or Misuse	484 27.6%	831 47.3%	414 23.6%	27 1.5%	59	1,756	2.01
3. Developmental Disabilities of Children	296 17.5%	584 34.5%	759 44.8%	56 3.3%	120	1,695	1.66
4. Mental Retardation	208 12.0%	502 29.0%	930 53.6%	94 5.4%	81	1,734	1.48
5. Personality Disorders or Neuroses	284 17.2%	644 39.1%	669 40.6%	52 3.2%	166	1,649	1.70
6. Psychoses and Incapacitating Behavior Disorders	258 16.0%	542 33.6%	746 46.2%	68 4.2%	201	1,614	1.61
7. Temporary Problems, Family Problems, Divorce, Other Stresses	613 35.4%	662 38.2%	424 24.5%	35 2.0%	81	1,734	2.07
8. Runaway Adolescents and Children	301 18.3%	569 34.6%	688 41.9%	85 5.2%	172	1,643	1.66
9. Crime and Delinquency	582 33.4%	740 42.5%	394 22.6%	26 1.5%	73	1,742	2.08
10. Suicide	144 9.1%	414 26.0%	883 55.5%	150 9.4%	224	1,591	1.35
11. Family Violence, Child Abuse	499 29.0%	712 41.4%	466 27.1%	43 2.5%	95	1,720	1.97
12. Rape	326 19.5%	607 36.2%	657 39.2%	86 5.1%	139	1,676	1.70
13. Mental Health of the Elderly	521 30.6%	669 39.3%	466 27.4%	46 2.7%	113	1,702	1.98

Note: No Opinion/No Response cases were not included in computing total number of cases or percentages.

TABLE 17

Respondents' Descriptions of Services Existing in Communities For Selected Problem Areas

Problem Areas	Service Adequacy			Description of Services					
	adequate	inadequate	no opinion/ no response	no services at all	not enough services	no major problems with services	lack of transportation	services do not help	services cost too much
1. Alcohol Abuse or Alcoholism	620 34.2%	969 53.4%	226 12.5%	69 3.8%	876 48.3%	252 13.9%	166 9.1%	144 7.9%	122 6.7%
2. Drug Abuse or Misuse	381 21.0%	1,198 66.0%	236 13.0%	80 4.4%	979 53.9%	154 8.5%	119 6.6%	213 11.7%	96 5.3%
3. Developmental Disabilities of Children	547 30.1%	890 49.0%	378 20.8%	73 4.0%	792 43.6%	240 13.2%	222 12.2%	65 3.6%	142 7.8%
4. Mental Retardation	770 42.4%	747 41.2%	298 16.4%	39 2.1%	741 40.8%	347 19.1%	268 14.8%	70 3.9%	109 6.0%
5. Personality Disorders or Neuroses	457 25.2%	889 49.0%	469 25.8%	1 .1%	728 40.1%	179 9.9%	153 8.4%	123 6.8%	281 15.5%
6. Psychoses and Incapacitating Behavior Disorders	442 24.4%	898 49.5%	475 26.2%	86 4.7%	750 41.3%	162 8.9%	169 9.3%	122 6.7%	239 13.2%
7. Temporary Problems, Family Problems, Divorce, Other Stresses	425 23.4%	1,131 62.3%	259 14.3%	102 5.6%	942 51.9%	145 8.0%	186 10.2%	130 7.2%	269 14.8%
8. Runaway Adolescents and Children	351 19.3%	973 53.6%	491 27.1%	161 8.9%	761 41.9%	150 8.3%	75 4.1%	109 6.0%	57 3.1%
9. Crime and Delinquency	274 15.1%	1,258 69.3%	283 15.6%	74 4.1%	953 52.5%	107 5.9%	67 3.7%	246 13.6%	88 4.8%
10. Suicide	472 26.0%	691 38.1%	652 35.9%	126 6.9%	533 29.4%	203 11.2%	56 3.1%	73 4.0%	50 2.8%
11. Family Violence, Child Abuse	285 15.7%	1,235 68.0%	295 16.3%	83 4.6%	1,020 56.2%	108 6.0%	135 7.4%	151 8.3%	92 5.1%
12. Rape	400 22.0%	951 52.4%	464 25.6%	140 7.7%	709 39.1%	174 9.6%	60 3.3%	91 5.0%	25 1.4%
13. Mental Health of the Elderly	318 17.5%	1,129 62.2%	368 20.3%	169 9.3%	888 48.9%	137 7.5%	363 20.0%	68 3.7%	186 10.2%

TABLE 18

Judgments of Unmet Mental Health and Mental Retardation Needs For Age and Ethnic Groups

AGE GROUPS	ETHNIC GROUPS Anglo/ White	Black	Mexican-American	Other
Birth - 5 years	566 31.2%	784 43.2%	855 47.1%	60 3.3%
6 - 12 years	456 25.1%	662 36.5%	729 40.2%	44 2.4%
13 - 17 years	594 32.7%	798 44.0%	859 47.3%	50 2.8%
18 - 59 years	496 27.3%	662 36.5%	728 40.1%	59 3.3%
60 years or over	900 49.6%	941 51.8%	985 54.3%	55 3.0%

Note: Multiple responses were given on this question.

TABLE 19

Judgments of Age and Ethnic Groups That Are Not Well Represented In Decisions Or Planning For Mental Health Services

AGE GROUPS	ETHNIC GROUPS Anglo/ White	Black	Mexican-American	Other
Birth - 5 years	397 21.9%	663 36.5%	739 40.7%	55 3.0%
6 - 12 years	349 19.2%	614 33.8%	674 37.1%	44 2.4%
13 - 17 years	391 21.5%	646 35.6%	719 39.6%	45 2.5%
18 - 59 years	305 16.8%	581 32.0%	633 34.9%	53 2.9%
60 years or over	592 32.6%	773 42.6%	831 45.8%	52 2.9%

Note: Multiple responses were given on this question.

INSTRUCTIONS FOR OBTAINING ADDITIONAL INFORMATION

CITIZENS FOR HUMAN DEVELOPMENT's Mental Health Needs Assessment Survey was executed and analyzed on a region-by-region basis. Summaries of the survey findings for each of the state's 12 health service areas (HSAs) are available on request.

A small charge is necessary to cover postage and printing.

To order copies of these regional reports, please fill out the form below, along with a check or a money order payable to CITIZENS FOR HUMAN DEVELOPMENT.

. . . .

ORDER FORM

Please send me copies of the CITIZENS FOR HUMAN DEVELOPMENT REGIONAL REPORT covering the area(s) listed below: [Indicate by city, county, or HSA area. We will send the appropriate report(s).]	Cost Per Copy	Number of Copies	Total
________________	$2.50	______	$ ________
________________	$2.50	______	$ ________
________________	$2.50	______	$ ________
________________	$2.50	______	$ ________
________________	$2.50	______	$ ________
________________	$2.50	______	$ ________
Please send me additional copies of the REPORT ON A STATEWIDE CITIZEN APPROACH TO ASSESSING MENTAL HEALTH AND MENTAL RETARDATION NEEDS IN TEXAS	$2.50	______	$ ________
		TOTAL AMOUNT ENCLOSED =	$ ________

Please send the above order to:

____

Name

____

Address

____

MAIL COMPLETED ORDER FORM TO: Citizens for Human Development
4600 Burnet Road, Suite 201
Austin, Texas 78756
(512) 452-2792

TO ASSURE RECEIVING YOUR COPIES, PLEASE PLACE YOUR ORDER BY JULY 31, 1981.

INSTRUCTIONS FOR OBTAINING ADDITIONAL INFORMATION

CITIZENS FOR HUMAN DEVELOPMENT's Mental Health Needs Assessment Survey was executed and analyzed on a region-by-region basis. Summaries of the survey findings for each of the state's 12 health service areas (HSAs) are available on request.

A small charge is necessary to cover postage and printing.

To order copies of these regional reports, please fill out the form below, along with a check or a money order payable to CITIZENS FOR HUMAN DEVELOPMENT.

. . . .

ORDER FORM

Please send me copies of the CITIZENS FOR HUMAN DEVELOPMENT REGIONAL REPORT covering the area(s) listed below: [Indicate by city, county, or HSA area. We will send the appropriate report(s).]	Cost Per Copy	Number of Copies	Total
______________________	$2.50	______	$ ______
______________________	$2.50	______	$ ______
______________________	$2.50	______	$ ______
______________________	$2.50	______	$ ______
______________________	$2.50	______	$ ______
______________________	$2.50	______	$ ______
Please send me additional copies of the REPORT ON A STATEWIDE CITIZEN APPROACH TO ASSESSING MENTAL HEALTH AND MENTAL RETARDATION NEEDS IN TEXAS	$2.50	______	$ ______
	TOTAL AMOUNT ENCLOSED =		$ ______

Please send the above order to:

____
Name

____
Address

____

MAIL COMPLETED ORDER FORM TO: Citizens for Human Development
4600 Burnet Road, Suite 201
Austin, Texas 78756
(512) 452-2792

TO ASSURE RECEIVING YOUR COPIES, PLEASE PLACE YOUR ORDER BY JULY 31, 1981.

Citizens for Human Development
4600 Burnet Road, #201
Austin, Texas 78756

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
PERMIT NO 782
AUSTIN, TEXAS

Sen. Betty Andujar
2630 W. Fwy, Suite 233
Fort Worth, Texas 76109

Complimentary Copy