



TEXAS A&M UNIVERSITY

HEALTH

# Key Takeaways: Assessing the Landscape for Children and Adolescent Mental Health Services in Texas\*

## Study on Mental Health Services for Children and Adolescents

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Final Report & Supplemental Materials: [ccha.tamu.edu/projects/mental-health.html](https://ccha.tamu.edu/projects/mental-health.html)

# Overview

The 88<sup>th</sup> Texas Legislature, through 88(R) HB 1, appropriated \$1.5 million to the Texas A&M University System to conduct a study of inpatient mental health services for children and adolescents in Texas. As a result, the Texas A&M University Health Science Center (Texas A&M Health) led a two-year study (2023-2025) to assess the needs and availability of inpatient child and adolescent mental health care in Texas. This study examined how inpatient care fits within the full continuum of care for mental health services for children and adolescents. Project activities consisted of five study areas:

1. Analysis of available public use data to estimate need and utilization patterns
2. A literature review summarizing best practices
3. Interviews of key informants regarding contextual issues impacting this problem and two case studies of model state programs outside of Texas
4. Concerns shared by families and mental health care providers
5. An expert roundtable summit designed to reimagine pediatric inpatient mental health services across the full continuum of care

Included below are key takeaways and recommendations for each of the study areas:

## 1 Estimation of Need and Utilization Patterns



- **Nearly half** of all Texas pediatric inpatient utilization is for **psychiatric conditions**.
- Based on national benchmarking, the **number of psychiatric beds** per population and the available workforce to provide necessary mental health care for both adults and children is **below the recommended level** (a minimum of 30 beds per 100,000 population). Texas currently has an overall rate of 24 beds per 100,000 population.
- Ninety percent of Texas counties have **zero** psychiatric beds for children, requiring families to travel large distances (over 50 miles on average) to receive care.
- Current public use data sets **lack access to critically important data** needed to follow children and adolescents over time and identify gaps in coordination of mental health services. Data is also lacking to differentiate between resources available for children and youth and those dedicated to adults.

### **Recommendations:**

- ◆ Expand bed and staff capacity throughout the state, especially in underserved regions, strengthen regional referral networks, and support policies that reduce at-distance placements.
- ◆ Build on current American Hospital Association (AHA) and Texas Hospital Association (THA) Annual Survey reporting requirements to mandate hospitals annually report the number of licensed and staffed dedicated inpatient pediatric psychiatric beds by age to the Department of State Health Services (DSHS).
- ◆ Establish a requirement for the Health and Human Services Commission (HHSC) to make data readily accessible at minimal costs for researchers and policymakers to assess the state of the problem, monitor progress, and identify solutions.

## 2 Best Practices



- High-quality mental health care to children and adolescents in Texas requires multidisciplinary **evidence-based practices** that are sustained through ongoing **professional development and training** for service providers.

### **Recommendation:**

- ◆ Develop an infrastructure available to all service providers that supports the adoption of best practices that focus on family-centered care, integrated care models, the use of technology, staff training, and quality improvement initiatives.

## 3 Key Informant Interviews & Case Studies



- Inpatient psychiatric bed availability is **especially challenging for young children** (under 9 years old) and for those **with co-morbid conditions** such as intellectual and development disabilities (IDD) or physical health issues.
- Creating an effective and efficient mental and behavioral health care system for children and adolescents with acute psychiatric care needs requires **proactive engagement of mental health care professionals** and leaders in Texas and beyond.

### **Recommendations:**

- ◆ Enhance the integration and coordination of services across the continuum of care.
- ◆ Expand sharing resources between health care and social services partnerships.
- ◆ Strengthen workforce capacity to ensure high-quality care.
- ◆ Increase reimbursement levels to create and maintain necessary staffing infrastructure.
- ◆ Improve access to geographically convenient inpatient pediatric care.
- ◆ Dedicate resources to serve the youngest children and children with IDD and co-occurring mental and physical health conditions.

## 4 Family Concerns



- Families are doing what they can to get help, but the system is full of **long waits, confusing processes and limited options**.
- Providers want to offer better care but face **bed shortages, strict rules, and fragmented systems**.

### **Recommendation:**

- ◆ Establish a family-centered approach focused on clear communication, more preventive services, and stronger connections between hospitals and communities.

## 5 Reimagining Inpatient Pediatric Mental Health Care



- Texas faces an alarming pediatric mental health crisis, with **rising rates of anxiety, depression, and suicidal ideation** placing enormous strain on health care and social services systems.
- Most children **access mental health care only during crises**, and often through emergency rooms. This highlights missed opportunities for coordination across the full continuum of care from prevention to treatment and reintegration back into family life.

### Recommendation:

- ◆ Invest in mental health parity, care coordination, and workforce development.

## Summary

### Challenges



Based on our findings, we conclude that Texas is:

- Experiencing a shortage of pediatric mental health care beds, services, and service providers, especially in rural and underserved areas.
- Lacking infrastructure that supports family-centered care, preventive services, integrated care models, and quality improvement initiatives.

### Solutions



Texas can address these concerns by:

- Planning for more beds and workforce development
- Reimagining pediatric care across the full continuum from prevention to treatment to aftercare

### Feedback from the Field

- ◆ *“Children heal best when their families are supported, informed, and included every step of the way.”*
- ◆ *“Frankly, it should be a no wrong door. But right now, the only way that parents have to get into this system is 911 or the emergency department because they don't know where else to go and there's nobody to help them navigate what is an amazingly complicated system.”*
- ◆ *“We want children to get the right care, in the right place, by the right person, without waitlists of months or years.”*

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