

**A Qualitative Analysis of Catholic Mental Health Services in Texas for School-Age
Children and Adolescents**

Dylan Benson

School of Social Work, University of Texas at Arlington

December 2023

Abstract

Introduction: This study's purpose was to provide a snapshot of what mental health services are available to school-age children and adolescents in the state of Texas that are provided by the Catholic Church and Catholics, and to provide feasible recommendations for improvements concerning said services. This study also aims to dispel the stigma against mental healthcare provision by licensed professionals that still exists in some areas of the Catholic Church by displaying the intersection between having faith and the ability to provide care to everyone regardless of faith or lack thereof.

Methods: This study used a qualitative research method due to the variable approaches to care taken by different areas of Texas. For ease of access, results are organized by which diocese the resource falls in. Dioceses are 15 geographic divisions within the Catholic Church that are served by a corresponding branch of Catholic Charities. Analysis of diocesan, Catholic Charities, and many other online resources were consulted to find programs as well as calls to dioceses and some branches of Catholic Charities. Types of services for the relevant population were cataloged and unique programs and organizational methods were categorized.

Results: Some type of mental health counseling was provided by 13 out of 15 Texas dioceses. While major metropolitan areas had a disproportionate number of individual counselors, unique programs could be found in dioceses regardless of size. Smaller dioceses such as Victoria (the smallest) showed remarkable efficiency in their provision of counseling resources.

Conclusions: Every diocese has a very different approach to providing care, resulting in great but mutually isolated methods. If the dioceses of Texas copy their peers' unique strategies, quality of and access to care could drastically increase.

Why this Topic? A Note to Readers

I started the Master of Social Work program at the University of Texas at Arlington in the Fall of 2022, three months after the Robb Elementary School Shooting in Uvalde, Texas. This tragedy and Archbishop Gustavo Garcia-Siller's rapid and thorough response to the crisis has had a dominant presence in my mind as I have had the opportunity to study at the University of Texas at Arlington. As I gradually progressed through the MSW program, I found a passion for helping young men with their emotional problems. Upon discovering this passion, I kept thinking about the case of Salvador Ramos, the young man who committed the massacre. What could have been done to prevent what he did? What resources exist to help children and adolescents who are, at this moment, in the position he occupied in the years leading up to 11:28 AM on May 24, 2022? What can we do to help those youth and stop another massacre?

I must firmly state that no organization studied here is at fault for what happened in Uvalde that day. This study aims to be entirely constructive, to provide an analysis of potential sources of counseling in Texas, and to identify practices that can be shared within the dioceses to improve coverage and care. Thank you for reading this and may God bless you abundantly.

TABLE OF CONTENTS

ABSTRACT	II
WHY THIS TOPIC? A NOTE TO READERS	III
TABLE OF CONTENTS	IV
CHAPTER 1: Introduction	1
CHAPTER 2: Literature Review	3
CHAPTER 3: Method	7
CHAPTER 4: Results	8
CHAPTER 5: Discussion.....	18
CHAPTER 6: Recommendations to Bishops.....	20
CHAPTER 7: Limitations.....	21
CHAPTER 8: Conclusion	22
References.....	24
APPENDIX A: Results By Diocese.....	28

Introduction

The 18-year-old Uvalde school shooter, Salvador Ramos, was not placed in special education after being identified as troubled by school administration, was not referred to mental healthcare services when he was expelled at 17, and did not access mental health services for a meaningful amount of time before he committed the Robb Elementary School shooting. All of this happened while teachers, family members, and peers were all noticing signs of Ramos' emotional distress and self isolation (Trevizo, 2022). This emphasizes the need for a greater understanding of adolescent mental healthcare struggles and a clear outline of what services to assuage them are available in the community.

Texas had a public-school enrollment of 5,518,432 in the 2022-2023 school year and Catholic private schools served 70,813 students in the 2023 school year (Private School Review, 2023). Added together, this many students would have a larger population than 27 US states. These children do not have access to adequate mental health services at almost every level within the school system. Focusing on the Catholic private schools in Texas, the Catholic Church, with its many resources and counseling opportunities, could be a great source of mental healthcare support for people in this age group. Unfortunately, there is the dual problem of a massive population and lack of awareness of mental health services offered in Texas by the Catholic Church.

The state of Texas is ranked by Forbes as having the worst access to mental healthcare in the United States because of its lack of mental health treatment centers relative to population and its percentage of uninsured adults with mental illness

(Masterson, 2023). This, accompanied with the ongoing youth mental health crisis and the 30 million people in the state, means millions are unable to find or access mental healthcare.

The Catholic Church has 15 administrative areas called dioceses within Texas that each operate individually. The majority provide mental health services in some way and all of them have some sort of social services department. This can be through a standalone counseling center, partnering with a local branch of Catholic Charities USA, or another method adapted to their locality. These dioceses provide many forms of care including a form of unlicensed counseling called Pastoral Care. This term appeared frequently in my research. It is important to note that Pastoral Care services are usually provided by unlicensed members of the clergy, and has therefore been included in this study due to its constantly being prominently mentioned by several dioceses covered in this study and not because it is a broadly accepted form of mental healthcare in social work literature. This is a qualitative study of what Catholic dioceses in Texas specifically offer in terms of said counseling services. Its purpose is to discover what mental healthcare services are currently offered to people in this age group in Texas via these dioceses and to give recommendations on how access to these services can be improved.

Overall, this study aims to fill several niches. First, identification of youth mental health services offered on a diocesan level, as that is an organizational level on which changes are likely to be able to be implemented. This is due to most of the financial power in the Catholic Church being concentrated at the diocesan level. A bishop heads a diocese, and this bishop has power to make unilateral financial decisions and can

therefore most directly implement change. Secondly it is to provide an overview of services available to youth via the Catholic Church regardless of their religious affiliation. In a state that lacks so many mental health resources, it is vital for services that can be accessed by anyone to be advertised as such regardless of their source. The Catholic Church and especially the various branches of Catholic Charities have the organizational capacity to provide a broad spectrum of care to many people, but many are unaware that that structure is there. Third and finally, it is to provide Catholics with an understanding that mental healthcare is a valued institution and that licensed mental health care provided in a clinical setting is something that is greatly beneficial and should not be feared. A stigma against mental healthcare resources deemed 'secular' or 'liberal' by regular churchgoers and some clergy still exists. This study aims to do its part to dispel this stigma by displaying the fact that a practicing Catholic can participate in the provision and reception of mental healthcare for everyone, regardless of faith, without compromising on their beliefs in order to support society as a whole.

Literature Review

The University of Michigan runs a yearly study known as the "Monitoring the Future" study and has done so from 1975 until the present day (Johnson, 2020). As a part of this yearly cross-section of the United States' adolescent population, this study administers depression surveys and makes the results available to other researchers. The results are obtained via a multi-stage random sampling of selected schools. Selected schools are invited to participate for 2 years, and if they assent to participating in the study, surveys are administered to their student populations. One study independently analyzed these surveys from a period spanning 1991-2018. It found that

even pre-pandemic we were seeing a massive rise in adolescent depression and mental health related mortality, specifically suicides. Notably, this increase in depression and suicide was observed to happen disproportionately in populations of young women (Keyes et. al., 2019).

Grade school age students are in the midst of an unprecedented mental healthcare crisis, with other studies discovering that mental health outcomes have continued to deteriorate as a byproduct of previous trends and the added stress of pandemic-induced isolation (Meade, 2021). There is a long-established link between a grade school age child's mental health and their academic outcomes. The aforementioned mental health crisis has already had well documented academic effects (Hoofman & Secord, 2021). These effects have been especially harmful for children who had special needs before the onset of the Pandemic, those of low socioeconomic status, and those who speak English as a second language. Thankfully, one of school counseling's documented benefits on children is improved academic performance, providing administrators and teachers with at least one way of addressing the problem (O'Connor, 2018).

Pastoral Care

Despite the overall decrease in American church attendance across the majority of denominations, pastors remain an important source of counseling services within American communities. This is because of the burgeoning cost of accessing therapy, a conservative reluctance to approach mental health professionals because of a perceived liberal bias, and the relative openness and lack of financial cost in seeking

counseling from a member of the clergy (Marrs, 2014). These religious figures' main purpose is to teach theology and be a pastor for their church members, and this work often involves providing a form of unlicensed and usually free Pastoral Care. Pastoral Care is defined by the U.S. Conference of Catholic Bishops (USCCB) as promoting personal and family development, crisis care, providing referrals, general guidance, and advocacy (U.S. Conference of Catholic Bishops, n.d.). The seminaries that train pastors in this area are now developing a detailed pedagogy of practical pastoral counseling, though it is important to note that the amount of counseling courses offered vary heavily on a seminary by seminary basis. Research being conducted in the area shows seminaries developing traits in students conducive to good counseling such as awareness, openness, and wisdom (Lasair, 2020).

Once they are in the workforce, pastors assume their duties as the head or assistant of a church and report that they begin counseling church members informally. Many understand the importance of seeing a qualified, trained, and licensed professional and refer their church members out to relevant practices. Studies have been conducted on pastors who profess positive attitudes about secular mental health practice and have revealed that those that are open to it have some unifying traits. These pastors define their practice around transparency, help-seeking behavior, and humility (Hays & Payne, 2020). During the real-world implementation of these concepts it is important to note that many pastors, especially those in urban areas, serve large congregations of the poor and are unable to refer out to professionals due to the cost of care.

In the wake of the COVID-19 Pandemic, online counseling saw a huge increase in popularity throughout the United States, and pastoral care was not an exception (Situmorang, 2020). Online counseling in this context covers the use of calling, video calling, texting, and any other method of electronic communication.

Modern Sources of Catholic Counseling

Lack of access to services has been a common theme throughout these studies. In terms of raw number of services provided, Catholic Charities USA has no rival and is the largest charity in the United States. It was formed in 1910 to assist the tens of thousands of impoverished Catholic immigrants from Europe arriving in the United States and has since grown to its current size (Degeneffe, 2003). They provide family support, counseling, and many community programs. These services are especially needed in the large, underserved immigrant communities in every major metropolitan area in Texas as Catholic Charities are in a unique position to reach them since many of the immigrants are Catholic (Cadge et. al., 2007).

Schools are one of the primary avenues wherein these communities find and receive mental health services, though Catholic schools were initially hesitant to allow school-based counseling into their institutions. This changed with the advent of the second Vatican council (1962-1965) that produced documents such as *The Declaration on Christian Education* and opened the Catholic Church to modern counseling practices (Murray, 2003). This originally took the form of Pastoral Care but has more recently moved into the practice of hiring school-based counselors when money is available to do so.

Several school social work programs have appeared in Catholic dioceses across the country, and one that has been closely studied is in the archdiocese of Indianapolis, Indiana (Penner et. al., 1993). It has developed from focusing purely on the children they are directed to serve towards focusing on the school environment as a whole.

Method

To reiterate, the purpose of this qualitative study is to discover what mental healthcare services are currently offered to people in this age group in Texas via these Catholic dioceses in Texas and to give recommendations on how access to these services can be improved. My data collection in this qualitative study was heavily informed by the concept of Directed Content Analysis. I chose this method because qualitative analysis is ideal for measuring mental health resource availability since said resources can present in many different ways. Taking this into account, Directed Content Analysis is ideal because it provides a framework for systemic categorization of otherwise subjective data (Hsieh & Shannon, 2005).

This method prescribes that codes the researcher is looking for should be defined before and during researching for the study in question (Hsieh & Shannon, 2005). With that in mind, codes I looked for during data collection were diocese-sponsored mental health programs, programs that the dioceses contract with and/or refer out to in order to provide services, and resources provided by the local branches of Catholic Charities. These data were analyzed through Documentary Analysis via accessing and analyzing web content through diocesan websites' various links and tabs for programs, calls to diocesan offices to ask what services are provided, and searching

the websites and informational sources from local Catholic Charities branches to obtain knowledge of what services the diocese offices are unaware of (Oak & Shaw, 2000).

Throughout writing this thesis I used several methods to increase the trustworthiness of my data. Special attention was paid to consistency of my data collection method, dedicating similar time to evaluating each of the 15 dioceses in Texas in order to ensure data saturation, spending additional time searching for resources when it is initially apparent that no mental healthcare resources for youth can be found in a diocese, and reporting of the data found throughout my research process in an easily understandable and clear way (Elo et al., 2014).

Results

In order to communicate my main points clearly, I have made this a section that goes over the main themes I have seen throughout my research. For a detailed overview of results from individual dioceses, please see **APPENDIX A** where I have included a detailed by-diocese assessment of my findings.

Additionally, one vital thing to keep in mind while reading through the results of this study is that there is a massive variation in population among different Catholic dioceses in Texas. Due to the mostly donation-based financial model of the Catholic Church, this means that some dioceses and their branches of Catholic Charities have vastly more resources than others (Figure 1).

Diocese	# of Catholics
Galveston-Houston	1,700,000
Dallas	1,300,000
Brownsville	1,170,000
Fort Worth	1,100,000
San Antonio	812,000
El Paso	720,000
Austin	639,000
Laredo	348,000
Corpus Christi	297,000
Lubbock	137,000
San Angelo	131,600
Tyler	124,000
Beaumont	81,000
Victoria	71,600
Amarillo	39,000

Figure 1. Dioceses by Population

Additionally, Table 1 shows the major service categories provided by the dioceses.

Table 1. Diocesan Services and Resources

Dioceses in Alphabetical Order	Mental Health Information Tab on Diocesan Website?	Is there a Diocese-run Mental Health Program?	Is there a Diocesan Catholic Charities Branch Mental Health Program?	Is there a shortlist of some local independently practicing Catholic counselors?	Is there a large index of local independently practicing Catholic counselors?	Is there a program targeting only youth anywhere in the diocese?	Are services advertised as being available in Spanish?	Pastoral Counseling Advertised in any way?
Amarillo	Yes	No	Yes	Yes	No	Yes	Yes	No
Austin	Yes	No	Yes	Yes	No	No	Yes	No
Beaumont	No	No	Yes	Yes	No	No	Yes	No
Brownsville	No	No	Yes	Yes	No	No	Yes	No
Corpus Christi	Yes	No	Yes	No	No	No	Yes	Yes
Dallas	No	No	Yes	Yes	Yes	No	Yes	No
El Paso	No	Yes	No	Yes	No	No	Yes	No
Fort Worth	No	No	Yes	No	No	Yes	Yes	No
Galveston-Houston	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Laredo	No	No	No	No	No	No	N/A	No
Lubbock	No	No	Yes	No	No	Yes	Yes	No
San Angelo	No	No	No	Yes	Yes	No	Yes	No
San Antonio	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Tyler	No	No	No	No	No	No	N/A	No
Victoria	No	Yes	No	Yes	No	No	Yes	Yes

Theme I: Positive Commonalities

Thirteen of 15 dioceses have mental healthcare counseling available for school age children in their area. I have found that these services are provided by diocesan administered mental health programs, a diocesan counseling center (Victoria), the local diocesan branch of Catholic Charities, and/or the diocese serving as an intermediary that connects potential clients to local, independently practicing Catholic clinicians.

Ten of 15 dioceses have their Catholic Charities branch provide a mental healthcare program in some form and a further 2 out of 15 dioceses without a Catholic Charities program provide a mental healthcare program through the diocese itself. Five of 15 dioceses had mental health tabs on their websites. These varied in content but

generally referenced several local resources and several national programs such as the National Alliance on Mental Illness (NAMI).

Focusing on specific characteristics of mental healthcare, Texas' population of Spanish speakers is rapidly increasing. Many of the Latin American countries Texas is receiving migrants from are majority Catholic and supermajority Spanish speaking. Every diocese that offers counseling in Texas has either a Spanish-speaking counselor or advertises services as being offered in either English or Spanish. Additionally, every diocese has implemented the Safe Environment Trainings that intended to help volunteers identify signs of child abuse. These are easily accessible via their websites and, though not directly related to counseling, are a vital part of the dioceses' outreach and care for the youth population.

Theme II: Unique Programs and Organizational Methods

Throughout my research process I found several examples of well designed or unique mental health programs and several organizational methods that increase program accessibility. The archdiocese of Galveston-Houston has a "School Based Behavioral Health Services" program that ties Catholic focused counseling into the organizational structure of eight of Galveston-Houston's Catholic schools. It has four clinicians, three LCSWs and one LPC, who provide counseling to the eight campuses. All eight schools the program serves are pre-K through 8th grade. The archdiocese of Galveston-Houston has a counseling center called the Anchor Point Counseling Center for Disaffected Youth that operates out of the Webster/Nassau Bay area in far south Houston. It has licensed counselors, family therapy resources, social assistance resources, community education, and resources for young pregnant mothers.

The diocese of Fort Worth has a narrowly-targeted program called the Gabriel Project for pregnant women in need of accompaniment through their pregnancy. This program connects the pregnant woman with a mentor to help them through the process of pregnancy and provides resources throughout the pregnancy and until their child is 18 months old. Due to the stressful nature of pregnancy on youth, especially disadvantaged youth, these services are included in this analysis. The Gabriel Project serves a preventative and therapeutic role in the client's mental healthcare journey, and there are licensed counselors readily available within the broader scope of the Diocese of Fort Worth to step in and assist if it's deemed necessary.

Catholic Charities Fort Worth has a bilingual counseling group. Additionally, they take a unique approach to providing counseling services when compared to the other dioceses in Texas. Instead of having a dedicated counseling page on their website, they have several "paths" a person can select from. Their counseling services that can be accessed by youth are on the "Emotional Resilience" Pathway. Different paths exist for different types of care.

The diocese of Lubbock has two programs that focus on assisting youth, both provided through Catholic Charities Lubbock. First, there is the Family and Youth Success Program (FAYS) which offers short term services to youth ages 0-17 that are dealing with home conflicts, truancy, criminal issues, or running from home. The program is not for those who have been ruled as delinquent by a court. FAYS covers a land area of 30 counties and provides workshops for families. Counseling services are free. Catholic Charities Lubbock also offers a program called the Kinship Families Program to assist families where children are being raised by relatives who are not their

parents. Services with this program can either be court-ordered or sought out by private individuals. It offers information, referrals, links to services, and support groups.

The diocese of Amarillo, the smallest diocese studied on this list, has a program specifically targeting vulnerable youth. Catholic Charities Texas Panhandle offers the Youth Mentoring Program that finds volunteers to help young adult Refugees between the ages of 15 and 24. It aims to give them confidence, help them reach academic and career goals, gain self-esteem, build a sense of belonging, and to encourage them to participate in the community's civic life.

The archdiocese of San Antonio's diocesan website has a prominent link to an archdiocesan Counseling Directory that is updated regularly by diocesan staff. It lists both those employed by the diocese and those not employed by the diocese but who identify themselves as Catholic counselors. The directory clearly displays a counselor's name, license number, license type, license expiration, their parish they attend or organized counseling practice they are a part of, their phone/website, languages they counsel in, what age groups they serve, what format the counsel in (e.g., In Person, Virtual),, and an optional "About the Counselor" section that they can write for the Directory.

The diocese of El Paso has an intuitive website design that displays mental health information about their counseling center in English and Spanish in full and on the same website page. This sets both languages on equal footing and increases accessibility. It is common among Diocesan websites to have to click around to locate Spanish language information, and this strategy from the diocese of El Paso goes a long way to increase accessibility for Spanish speakers.

The diocese of Corpus Christi's website has several links to out-of-diocese services, which is a great idea due to it being the 9th out of 15 diocese in terms of population. Two links go to out-of-state online therapy practices, Holy Family Counseling and the Holy Family Counseling Center (which has services in Spanish). It also links to Catholiccounselors.com and Catholictherapists.com, two websites to find a variety of Catholic counselors. The page also has two links that go to Pastoral Counseling resources. Additionally, it links to the website of the National Alliance on Mental Illness (NAMI).

Theme III: Independent Counselors are hard to find

9 of 15 diocesan websites provided short lists of 1 to 5 local counselors with cursory information pertaining to them: of the 9, the diocese of San Angelo had a list that they provided upon request, Dallas and San Antonio provided significantly longer and more detailed lists of counselors, and the rest had an area on their diocesan or Catholic Charities website where the shortlist can be accessed those outside the 9 did not provide lists of counselors not directly hired by the diocese in question.

Overall, access to information about said counselors not hired directly by the dioceses was difficult to find. When it was found, the information was usually dated. Catholictherapists.com has a large index of Catholic therapists in Texas that can be sorted by various preferences. Due to the expansive nature of that website and others like it, that data was not included in this study in an effort to make it more concise, however dioceses in Texas could use these websites as a baseline to begin searching for clinicians to build out a list of counselors similar to the archdiocese of San Antonio's aforementioned Counseling Directory.

Theme IV: Very few Independent Counselors specifically serve Youth

In Table 1, there is a category for dioceses that have a shortlist of counselors and a category for dioceses that have a detailed registry for their local Catholic counselors. Where these lists do exist, the majority of independent counselors advertise themselves as serving adults. One commonality in dioceses that had mental health resource tabs on their websites was mentioning Catholictherapists.com and Catholiccounselors.com. These websites have enough data on them pertaining to the state of Texas that an entire Thesis could be written dissecting their services offered. To keep this study readable, I focused on the diocesan resources and directly referenced diocesan services. However, a look at these websites' clinicians who work in Texas showed a general preference for serving adults and very few therapists that exclusively serve youth.

An outlier in the provision of a shortlist of counselors was in the diocese of San Angelo, where I only found out that there was an available list of counselors that the diocese only emails out and does not publicly display.

Theme V: dioceses & diocesan Catholic Charities with no Counseling Programs

The dioceses of Laredo and Tyler are the two dioceses who lack either a diocese-funded mental health program or a diocesan counseling program. Thankfully, I believe there are adequate explanations for these. The diocese of Laredo hosts Laredo, Texas, the third busiest border crossing in the country. Their diocese redirects to their Branch of Catholic Charities that has a 10 person immigration services department, with that number including an Immigration attorney- a pricey addition to any social service agency. It is important to acknowledge that once someone's immigration issues are

resolved, then they may be in need of counseling in order to process the trauma of their immigration journey. Immigrants are frequent victims of crime on the way to the United States and then suffer the trauma of navigating the complex US Immigration system. While it is understandable why the diocese of Laredo lacks a counseling department, it would be a fantastic addition to their dioceses' roster of social services.

The diocese of Tyler (pop. 124,000 Catholics) ranks 12th out of 15 in terms of Catholic population and covers a very rural, very large area of east Texas that is dominated by many small towns, dense pine forests, oil derricks, and rolling hills. It lacks any diocesan or Catholic Charities funded counseling. Due to this being the only diocese without a locatable counseling program, I dedicated more time than average to looking through the diocese of Tyler to confirm this fact. Two calls on separate days placed to their diocesan office resulted in no answer, and a call to their Catholic Charities branch was answered by a kind woman who told me that they are "small operation" without the resources to have counselors. She directed me to look at their Parish Nursing Program; I found that it is entirely staffed by Registered Nurses (RNs) and displayed no licensed counselors on their website. After this I called a friend who has lived in the diocese of Tyler for a long time to confirm that there were zero counseling services in a diocese of 124,000 people. This person contacted a well connected priest who made me aware of Sister Josephine Garrett, a LPC, who is the counselor for the cathedral grade school in Tyler, Texas and operates a private practice in the city. Online searching revealed Dr. Matthew Sciba, a Catholic therapist in Tyler who is very specialized in assisting men with issues of identity and sexuality exclusively through telehealth. He does serve Adolescents and also advertises that he practices

more general counseling in addition to this. His licensure allows him to see clients anywhere in the state of Texas. Based on this extra research, the Diocese of Tyler has two counselors available for youth.

Theme VI: Border dioceses' Resources are Spread Thin

There are four border dioceses with cities that contain road and pedestrian border crossings into Mexico along the international border: El Paso, Laredo, San Antonio, and Brownsville. The diocese of San Angelo shares a border with Mexico via Terrell County, but Terrell county has a total population of 760 people and has no road or pedestrian border crossing with Mexico. Though the Catholic dioceses along the border are some of the most populous in the state, they have comparatively fewer resources devoted to counseling in general and a notable lack of youth counseling services when contrasted with non-border dioceses. After analyzing the services these dioceses provide it quickly became apparent that large financial resources have been devoted to robust immigration services in these mentioned dioceses. Large immigration assistance departments to assist large numbers of immigrant clients who arrive in these dioceses may explain the lack of resources available for building out counseling programs in them.

The exception is the archdiocese of San Antonio, which has arguably the most comprehensive suite of mental healthcare programs for youth in the state of Texas. Catholic Charities San Antonio has a brick and mortar counseling center in Del Rio, Texas, a major border crossing that sits opposite to the Mexican city of Ciudad Acuña.

Every Catholic border diocese has an Immigration assistance program and an immigration law assistance division that is robustly staffed. This is necessary due to the

large number of people in dire need of help with no resources who regularly arrive at the border. It is therefore imprudent to fault any border diocese for a lack of counseling availability due to the dire circumstances the people they regularly serve in huge numbers are facing.

Theme VII: Pastoral Care is Infrequently Offered in Clinical Settings

Pastoral Care was discussed at length in the literature review. I expected to find a large amount of services advertising pastoral care as an option provided for non-clinical counseling in various places but only found online-advertised pastoral care in 3 of 15 dioceses in Texas: San Antonio, Corpus Christi, and Lubbock.

When thinking of reasons for why there might be a lack of on the ground pastoral care while the literature consulted for this study robustly supports its existence, the organizational structure of the Church came to mind. A diocese is a collection of many parishes in a geographic area, and it is possible that spiritual direction is offered more informally on the parish level of organization instead of the diocesan level. This also lines up with the provided definition of Pastoral Care by the USCCB which made no mention of a clinical setting. Pastoral Care is formally offered in three dioceses, one each in the described dioceses: Catholic Charities San Antonio's Grace Counseling practice, Emmaus Counseling Center in the diocese of Victoria, and Amarillo's main website.

Discussion

Throughout this qualitative study, I have aimed to summarize what services are available for school-age children, commonly referred to as "children", "adolescents", and

“youth” interchangeably by the organizations reviewed here. Identification of service gaps followed this by observing what dioceses had service deficiencies compared to other dioceses regardless of size. The gold I tried to find from boiling down all this data was unique programs in Texas offered by these dioceses that specifically served youth.

With the noted exceptions of the dioceses of Laredo and Tyler, every diocese had at least some form of mental healthcare that was available to youth. Somewhere in every diocese could be found someone who was able to speak Spanish in a clinical capacity. It was intriguing that diocesan offerings of programs specifically for youth were not restricted by population size. I had no idea that the smallest diocese in Texas, Amarillo, would have a Youth Mentoring Program for refugee adolescents and young adults. This serves as a shining example of the fact that people are finding ways to serve youth in inexpensive ways at a time when they desperately need that service. The ease of website accessibility (or lack thereof) was vital in finding many of these services. Mental health tabs on websites were of great help but were rare, and some websites were old or poorly designed and made finding resources difficult.

I was glad to see that there are several small dioceses that are punching above their weight when it comes to mental healthcare, notably Lubbock (Catholic Charities youth program), Victoria (the Emmaus Counseling Center), and Amarillo (the Youth Mentoring Program) all having under 150,000 Catholics and still are able to run solid programs.

Independent Catholic Counselors, when not indexed in accessible ways such as through the archdiocese of San Antonio’s archdiocesan Counseling Directory, were difficult to categorize in a readable way. A study of independent, licensed Catholic

counselors who serve youth in Texas would be a solid topic for another graduate thesis. The presence of counseling in 13 of 15 (86%) dioceses was positive, with the exception of Tyler being generally rural and under-resources and Laredo being overwhelmed by caseload and hiring for Immigration services instead of counseling. On that note, Border dioceses had less counseling resources for the entirely understandable reason of the sheer burden placed on their dioceses' charitable wings at this moment in time,

There seems to be a general acknowledgement of the ongoing youth mental health crisis in the dioceses that offer counseling services. I was surprised that there were not more publicly available Pastoral Care resources in the state of Texas after seeing Pastoral Care as a subject be very prevalent within the literature. Perhaps it is offered on more of an individual, less formal basis than the literature seemed to imply.

I was expecting more mental health resources for youth to be school based. In reality, most mental health resources for youth are provided by local branches of Catholic Charities or independent practices. Information about school social workers or school based mental health services outside of the archdiocese of Galveston-Houston was sparse.

Recommendations to Bishops

A fantastic selling point for Bishops' diocesan schools would be to, in whatever small way, replicate the archdiocese of Galveston-Houston's aforementioned school counseling program that is advertised on their diocesan website. Due to the increasing body of literature, both academic and public, that proves the youth mental health epidemic, having accessible mental healthcare services at diocesan schools could incentivize parents to make the jump to a private Catholic school.

San Antonio's archdiocesan Counseling Directory was of great value to my research and definitely to the people of San Antonio. It is a simple table that can be maintained by a parish secretary or administrator once an initial communication that local Catholic clinicians' information is sought to put on the list has been sent out. It costs nothing to make and connects the flock to a robust list of resources that could quite literally save lives. It would be a good idea for all dioceses to place their lists of counselors in a prominent place on their websites so that people can quickly access relevant information and obtain counseling services as soon as possible.

Updating diocesan websites to have a simple Mental Health Resources tab that links to diocesan or local Catholic Charities mental healthcare resources as well as national informational sites such as NAMI and more Catholic pastoral care informational resources would benefit the flock.

The diocese of Amarillo, having only 39,000 Catholics and still running its Youth Mentoring Program, proves that youth mental healthcare programs can be created and run at low cost to dioceses and their Catholic Charities affiliates. I recommend reaching out to diocesan officials in Amarillo to figure out how they run the program affordably, as well as looking at the smaller dioceses who have programs (Lubbock, Victoria, and Amarillo) and figuring out how to scale up their models for programs using the financial and administrative resources that are available to much larger dioceses.

Limitations

Aside from the diocese of Dallas and the archdiocese of San Antonio, it was difficult to find an exhaustive list of local, independently practicing Catholic clinicians. This made discovering what clinicians self-identifying as practicing Catholic forms of

therapy in a given area difficult to categorize. One website had an extensive amount of information on Catholic Counselors, Catholictherapists.com. This website sorts therapists by city, postal code, or the address of their private practice, while this study was aimed at identifying services on a diocesan level. There was very little centralization of results by diocese on the website and it made figuring out a way to integrate its information into this thesis unwieldy.

Calls were a generally ineffective way to gather information about mental health programs in the various dioceses. I was usually redirected several times and the people I talked to were generally very helpful, but due to the size of their organizations, they were not sure about the broad scope of what mental healthcare programs were available in their dioceses. I found vastly more information on their websites, via searches on the internet, and informational flyers and promotions in various places on the internet. Mental healthcare information on diocesan websites was difficult to locate sometimes due to mental health resources being buried behind menus or not being present on the dioceses' main website at all.

Conclusion

The Catholic dioceses in the State of Texas almost all have mental health resources available for the children they aim to serve, whether that be through its branch of Catholic Charities, the diocese itself, or independent practices and their clinicians. There are varied and unique programs that are actively working to help our youth through this period of societal mental malaise that the literature and general sentiment acknowledges. Approaches to doing this vary widely throughout this massive state and everyone, with the exception of those areas without resources, is approaching

it in their own way. Going forward into the rest of the 2020's and beyond, cooperation and sharing of effective practices among dioceses will facilitate better care for our society's children, help them process the world in the internet age and all the trauma that comes with, and will put a united front together to make sure we do everything we can to ensure another Uvalde never happens again.

References

- Cadge, W., & Ecklund, E. H. (2007). Immigration and religion. *Annual Review of Sociology*, 33(1), 359–379.
<https://doi.org/10.1146/annurev.soc.33.040406.131707>
- Degeneffe, C. E. (2003). What Is Catholic about Catholic Charities? *Social Work*, 48(3), 374–383. <https://doi.org/10.1093/sw/48.3.374>
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis. *SAGE Open*, 4(1), 215824401452263.
<https://doi.org/10.1177/2158244014522633>
- Hays, K., & Payne, J. L. (2020). Lived experience, transparency, help, and humility: four characteristics of clergy responding to mental and emotional problems. *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice Through Scholarly and Reflective Publications*, 74(1), 4–11.
<https://doi.org/10.1177/1542305019872437>
- Hoofman, J., & Secord, E. (2021). The effect of COVID-19 on education. *Pediatric Clinics of North America*, 68(5), 1071–1079.
<https://doi.org/10.1016/j.pcl.2021.05.009>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288.
<https://doi.org/10.1177/1049732305276687>

Marrs, R. (2014). Christian counseling the past generation and the state of the field. *Concordia Journal*, 40(1), 4.

<https://scholar.csl.edu/cgi/viewcontent.cgi?article=1050&context=cj>

Masterson, L. (2023, May 1). The Worst States for Mental Health Care, Ranked.

Forbes Advisor. <https://www.forbes.com/advisor/health-insurance/worst-states-for-mental-health-care/>

Meade, J. A. (2021). Mental Health Effects of the COVID-19 Pandemic on Children and

Adolescents. *Pediatric Clinics of North America*, 68(5), 945–959.

<https://doi.org/10.1016/j.pcl.2021.05.003>

Murray, R. D., Suriano, K., & Madden, J. C. (2003). Catholic School Counseling: From

Guidance to Pastoral Care. *Journal of Catholic Education*, 7(1), 34–52.

<https://doi.org/10.15365/joce.0701042013>

O'Connor, P. J. (2018). How school counselors make a world of difference. *Phi Delta*

Kappan, 99(7), 35–39. <https://doi.org/10.1177/0031721718767858>

Johnston, L., Miech, R., & O'Malley, P. (2020). *Monitoring the Future national survey*

results on drug use, 1975-2019: Overview, key findings on adolescent drug use.

<https://doi.org/10.3998/2027.42/162579>

Lasair, S. (2020). What's the point of clinical pastoral education and pastoral

counselling education? Political, developmental, and professional considerations.

The Journal of Pastoral Care & Counseling, 74(1), 22–32.

<https://doi.org/10.1177/1542305019897563>

Oka, T. O., & Shaw, I. S. (2000, September 21). *Qualitative Research in Social Work*. researchgate.net. Retrieved July 1, 2023, from DOI: 10.13140/2.1.2794.4641

Keyes, K. M., Gary, D., O'Malley, P. M., Hamilton, A., & Schulenberg, J. E. (2019).

Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *Social Psychiatry and Psychiatric Epidemiology*, 54(8), 987–996.

<https://doi.org/10.1007/s00127-019-01697-8>

Penner, M., & Pyritz, P. (1993). Development of a Proactive Approach to School Social

Work Services in Parochial Schools. *Children & Schools*, 15(1), 29–34.

<https://doi.org/10.1093/cs/15.1.29>

Private School Review (2023) *Top 20 Best Catholic Private Schools in Texas (2023)*.

May 18). <https://www.privateschoolreview.com/texas/catholic-religious-affiliation>

Situmorang, D. D. B. (2020). Online/Cyber Counseling Services in the COVID-19

Outbreak: Are They Really New? *The Journal of Pastoral Care & Counseling*, 74(3), 166–174. <https://doi.org/10.1177/1542305020948170>

Texas Catholic Conference of Bishops (2023, April 6). Texas Catholic

Conference of Bishops. *Episcopal Leadership*. <https://txcatholic.org/bishops/>

Trevizo, P. (2022, July 20). Uvalde gunman gave multiple hints of school shooting,

report says. *The Texas Tribune*. <https://www.texastribune.org/2022/07/17/uvalde-shooter-warnings-background/>

U.S. Conference of Catholic Bishops (n.d.). The Ministry of Pastoral Care. *Pastoral Care*. <https://www.usccb.org/renewing-vision-ministry-pastoral-care>

APPENDIX A: Results By Diocese

Diocese of Amarillo (pop. 39,000)

The diocese of Amarillo has a mental health tab on their website that links to Catholic Therapists.com, Catholic Counselors.com, and Spiritual Direction.com. It has two counselors displayed there, both LPCs. During my calls to the diocese and their branch of Catholic Charities, I was told that there are two other counselors in the area about whom I was not provided detailed information.

Catholic Charities Texas Panhandle offers an interesting youth program. The Youth Mentoring Program finds volunteers to help young adult Refugees between the ages of 15-24. It aims to give them confidence, help them reach academic and career goals, gain self-esteem, build a sense of belonging, and to encourage them to participate in the community's civic life. While not a mental health counseling program, it serves a preventative purpose in assisting these young adults' mental health.

Diocese of Austin (pop. 639,000)

The diocese of Austin has a robust and relatively easy to find mental health tab on their diocesan website. It contains links to Catholic Charities Central Texas' Counseling Services department and three links to three different independent practices not associated with the diocese. Two of these practices, New Life Counseling Center and Intuitus Group Counseling Center, have clinicians that advertise services for youth. Catholic Charities Central Texas is the diocese of Austin's branch of Catholic Charities. They offer a Counseling Services program that advertises therapy for children and adolescents but do not display their counselors or their licensure on their website.

Diocese of Beaumont (pop. 81,000)

Catholic Charities Beaumont has a Counseling program with three counselors, one of which is bilingual. Two are LPCs, one is an LMSW. They offer individual, family, and grief counseling.

Diocese of Brownsville (pop. 1,170,000)

The diocese of Brownsville's branch of Catholic Charities, Catholic Charities Rio Grande Valley (CC RGV), has a counseling program with services that are available in Spanish. They have one counselor advertised as being employed there.

Diocese of Corpus Christi (pop. 297,000)

The diocese of Corpus Christi has a mental health tab on their diocesan website that has four links that go out to different mental healthcare services. Two links go to out-of-state online therapy practices, Holy Family Counseling and the Holy Family Counseling Center (two different ones, the latter having services in Spanish). It also links to Catholic Counselors.com and Catholic Therapists.com, two websites to find a variety of Catholic counselors. The page also has two links that go to Pastoral Counseling resources.

Catholic Charities of Corpus Christi, Inc., has a Counseling Services Department that services children and adolescents. Their website does not advertise who the counselors are and whether they speak Spanish or not.

Diocese of Dallas (pop. 1,300,000)

There is not a mental health tab on the diocese of Dallas' main website. Google reveals that there is a list of counselors somewhat similar to the archdiocese of San

Antonio's large Counseling Directory. I was only able to find this via web search and was unable to find a way to navigate to the list on the diocese of Dallas' main website. The list includes Practice or Counselor's Name, their address, phone number, website, what populations they serve (as well as Spanish language availability), and what payment methods they accept. Catholic Charities Dallas funds a Community Health Clinic that has one licensed counselor who provides services for free. These services are only available to uninsured residents of Collin County who have a household income of less than 200% of the Federal Poverty Guidelines. Cor Sacrum counseling is a large private practice of Catholic therapists that I found when I went on a deeper web search.

Diocese of El Paso (pop. 720,000)

El Paso's mental health services are concentrated in their Catholic Counseling Services, Inc. clinic. It has two clinicians. One is an LCSW and one is an LMSW. Their website is unique in that it displays the information fully in English and fully in Spanish. What is typically seen is a full amount of information in English that states (in English) that services are available in Spanish or that Bilingual services are offered at a practice.

It is important to add that El Paso is the second busiest border crossing in the United States (The first is San Ysidro / Tijuana in California). Because of this, the diocese of El Paso has a lot of their resources dedicated to Immigration services instead of mental health counseling for youth.

Diocese of Fort Worth (pop. 1,100,000)

The diocese of Fort Worth's branch of Catholic Charities, Catholic Charities Fort Worth (CC FW), has a Clinical Counseling program that provides therapy to both adolescents and children. Payment options advertised are either sliding scale payment or pro bono counseling and clients must be uninsured, under-insured, and have a household income below 200% of the Federal Poverty Line. They advertise a special bilingual counseling group. CC FW takes a unique approach to providing counseling services when compared to the other dioceses in Texas. Instead of having a dedicated counseling page on their website, they have several "paths" a person can select from. Their counseling services that can be accessed by youth are on the "Emotional Resilience" pathway. Additionally, the diocese of Fort Worth advertises a program called the Gabriel Project. This program assists pregnant families by assisting them through the process of pregnancy and until their child is 18 months old. They provide robust services in this regard. Due to the stressful nature of pregnancy on youth, especially disadvantaged youth, these services are included in this analysis.

Archdiocese of Galveston-Houston (pop. 1,700,000)

The archdiocese of Galveston-Houston has six separate mental health counseling resources that link to their website, but said mental health links are buried 5 menus deep in their main "OFFICES & MINISTRIES" tab. The Rejoice Counseling Apostolate offers parish-based counseling that youth can take advantage of. Catholic Charities of the archdiocese of Galveston-Houston has counseling services that serve a wide variety of populations that include youth. Gratia Plena Counseling is a non-diocese affiliated collection of Catholic professional counselors and some of them serve youth.

Because of research conducted, I can confidently say that Gratia Plena Counseling is the largest private practice of Catholic Counselors in the state of Texas. Anchor Point is a large agency that operates in the Webster-Nassau area in far south Houston that serves troubled youth and their families. The Christus Foundation in Houston provides services to uninsured and underserved communities via a variety of clinics, many of which interact with school age children on a regular basis. Their website also contains a link to the Association of Catholic Mental Health Ministers' Houston branch which, while it does not directly counsel youth, improves the quality of youth counselors in the Houston area.

Outside of what's available on their diocesan website, Catholic Charities of the archdiocese of Galveston-Houston (CC Galveston-Houston) has a school counseling program called "School-Based Behavioral Health Services." Four master's level clinicians employed by this program provide various services to individual clients, their families, and the faculty at the eight pre-K through 8th grade private Catholic Schools in various parts of the archdiocese. These services include individual student therapy, student-focused family therapy, and trainings for faculty.

Diocese of Laredo (pop. 348,000)

The diocese of Laredo does not have any counseling services. Their branch of Catholic Charities does not either. Laredo is the third busiest border crossing in the United States and they receive a large amount of immigrants. Catholic Charities diocese of Laredo shows an employment of 10 people, all dedicated to Immigration work and administrative capacity work. They even employ a Immigration attorney. The expenses of running this program probably cut into any potential salary for a counselor on staff.

Diocese of Lubbock (pop. 137,000)

The diocese of Lubbock has a surprising amount of youth mental healthcare services relative to its size. It has two programs that focus on assisting youth, both provided through Catholic Charities Lubbock. First there is the Family and Youth Success Program (FAYS) which offers short term services to youth ages 0-17 that are dealing with home conflicts, truancy, criminal issues, or running from home. The program is not for those who have been ruled as delinquent by a court. FAYS covers a land area of 30 counties and provides workshops for families. Counseling services are free.

Catholic Charities Lubbock also offers something called the Kinship Families Program to assist families where children are being raised by relatives who are not their parents. Services with this program can either be court-ordered or sought out by private individuals. It offers information, referrals, links to services, and support groups.

Diocese of San Angelo (pop. 131,000)

During my call to the diocese, I was able to speak with the diocese of San Angelo's Chancellor who provided me with a detailed list of counselors in the diocese of San Angelo. He stated that the diocese keeps the list to give to people when they ask to be referred for services. Because the diocese keeps the list private for their own use, I have decided to not add it to this study out of respect for their decision. It is available upon request from the diocese of San Angelo and contains seven clinicians, one of who advertises themselves as seeing clients ages 12 and up. The diocese of San Angelo has a list of social services organized by city. The website does not display if counseling

is available, but it is important to acknowledge that youth may be able to access some of these resources.

Archdiocese of San Antonio (pop. 812,000)

The archdiocese of San Antonio has a very thorough mental health section of their archdiocesan website. It displays six emergency assistance hotlines, notably a Youth Hotline, a Suicide and Crisis Hotline, and two National Association of Mental Health (NAMI) Hotlines. Just below this a quote from St. Pope John Paul II is included, possibly as an effort to inform people receiving services that the Catholic Church aims to endorse the treatment of mental illness and to reaffirm that people are always valuable regardless of what conditions they may deal with. Including a quote from the second to last Pope who only died in 2005 and has been made a saint could contribute to this aim.

“Whoever suffers from mental illness ‘always’ bears God’s image and likeness in himself, as does every human being. In addition, he ‘always’ has the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such.” – St. Pope John Paul II, Address to the International Conference for Health Care Workers, on Illnesses of the Human Mind, 30 November 1997

An extremely thorough and helpful section of their website is the archdiocese of San Antonio Counseling Directory. This is a directory of local Catholic mental healthcare professionals that displays a large amount of details about each counselor. The Directory displays the counselor’s name, license type, what Parish and/or practice they belong to, their phone number, website link, what languages they speak, what age groups they serve, the format they prefer for therapy (e.g., in person or virtual), their license number, activity status, and expiration date, and a space for the counselor to

provide a short biography about themselves. The archdiocesan website has a hyperlink right below this directory so that counselors can request to be added to the form. It was last updated on August 11th, 2023, at the time of this study's writing, and is actively kept up to date. The archdiocesan website also contains a link to the San Antonio Community Resource Directory Mental Health Portal, a nonpartisan list of both religious and secular counselors.

Catholic Charities San Antonio has a dedicated counseling program called Grace Counseling. It provides several kinds of therapy including therapy for children, adolescents, and families. This practice has a dedicated area for Pastoral Counseling, which is not something I have commonly seen. This seems to operate mainly as a telehealth practice, but they have a brick and mortar counseling center in Del Rio, Texas, a border crossing city that's a part of the archdiocese of San Antonio.

Diocese of Tyler (pop. 124,000)

The diocese of Tyler has no diocese-funded counseling program and their Catholic Charities branch, Catholic Charities - diocese of Tyler, does not either. As stating that a diocese of more than 100,000 people has no counseling services is a large claim, I did a more in depth search of their websites, called their Catholic Charities branch, and reached out to a priest in the area to check if there are services. I was able to find two counselors who identify as Catholic in the area; I was unable to find any other mental healthcare resources for adolescents.

The diocesan office did not respond after I called them several times, but their Catholic Charities office did. I was made aware of a Parish Nursing Program, but their section of the Catholic Charities Tyler website has no list of counselors and only shows

that the program hires Registered Nurses (RNs). Relative to dioceses of similar and smaller sizes, The diocese of Tyler has comparatively fewer resources available for youth mental health.

Diocese of Victoria (pop. 71,600)

Every point of contact and website link in the diocese led me to the Emmaus Counseling Center. It is staffed by 11 people and that number includes 6 licensed counseling professionals, 3 clergymen (1 licensed), and a counselor labeled as a “spiritual director” who is unlicensed. In terms of youth resources, the Emmaus counseling center offers play therapy, family therapy, and individual therapy for children. They divide play therapy into three age groups: Young Children aged 2.5 to 8 years old, Tweens from 8 to 12 years old, and Teens aged 13 to 17 years old. The Emmaus center also has a dedicated Pastoral Care section in which their practice of pastoral care is detailed. There is no age restriction displayed on the Pastoral Care section.