

Mental Health, United States, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Mental Health, United States, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Foreword

This new edition of *Mental Health, United States, 2008*, represents an endeavor that differs significantly from previous editions of *Mental Health, United States*, and from most other publications produced by SAMHSA. Previous editions of *Mental Health, United States*, relied almost exclusively on data produced within SAMHSA; the inclusion of data from many diverse sources in this new edition presented many challenges, both anticipated and unanticipated, and proved to be an ambitious venture. We anticipate that future editions of *Mental Health, United States*—such as *Mental Health, United States, 2010*, which is currently in progress—will maintain this broader and updated format and will build upon it as a foundation for further improvements.

Mental Health, United States, 2008, is different from previous editions of the publication in both format and structure. It has been totally redesigned, using as a model a major publication entitled *Health, United States, 2006*, which is the 30th annual report on the health status of the Nation compiled by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). *Health, United States, 2006*, is composed of two main sections: (1) a chart book containing text and exhibits illustrating major trends in the health of Americans, and (2) a trend tables section that contains detailed data tables.

Following this example, the current edition of *Mental Health, United States, 2008*, is organized into three main chapters: (1) People, (2) Providers/Settings for Mental Health Services, and (3) Payers and Payment Mechanisms. Each chapter includes a narrative analytic section describing major trends and themes, followed by a chart book section composed of graphs or exhibits accompanied by brief descriptive text. A separate section that follows displays 64 detailed tables; it is also organized according to the three topic areas (people, providers, and payers) and includes tables drawn from a variety of Federal and non-Federal data sources. Where possible, these tables illustrate trends across recent years; however, trend data for some topics are not collected or could not be procured. In those instances, the data displayed here are the most recent available.

Pamela S. Hyde, J.D., Administrator
Substance Abuse and Mental Health Services Administration

Frances M. Harding, Director
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by SRA International (formerly Constella) under contract No. 283-2007-0001 and by RTI International under contract No. 280-2003-00026 with SAMHSA, U.S. Department of Health and Human Services (HHS). The authors of the report are: (SRA International) Danielle Thomas, Douglas Wright, Ph.D., Ronald Manderscheid, Ph.D., and Katherine Zinder; and (RTI International) Alexander J. Cowell, Ph.D., Heather Ringeisen, Ph.D., Leyla F. Stambaugh, Ph.D., Jesse M. Hinde, B.A., and Kathryn R. Batts, M.P.E. Judith L. Teich, M.S.W., of the Center for Mental Health Services (CMHS) served as Government Project Officer, and Jeffrey A. Buck, Ph.D., Chief of the Survey, Analysis, and Financing Branch (SAFB), CMHS, served as project advisor.

Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://www.samhsa.gov/shin>. Or call SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. (2010). *Mental Health, United States, 2008*. HHS Publication No. (SMA) 10-4590, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Originating Office

Survey, Analysis, and Financing Branch, Division of State and Community Systems Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, One Choke Cherry Road, Rockville, MD 20857.

HHS Publication No. (SMA) 10-4590

Printed 2010

Contents

| | |
|---|-----|
| Foreword | i |
| Acknowledgments..... | iii |
| Executive Summary | xix |
| I. People | 1 |
| 1.1 Overview | 1 |
| 1.2 Trends and Themes..... | 2 |
| 1.2.1 Age..... | 3 |
| 1.2.1.1 Children | 3 |
| 1.2.1.2 Elderly..... | 3 |
| 1.2.2 Poverty..... | 3 |
| 1.2.3 Recent Events..... | 4 |
| 1.2.4 Military Involvement | 4 |
| 1.2.5 Suicide | 4 |
| 1.2.6 Co-Occurring Substance Use and Mental Disorders | 5 |
| 1.2.7 Comorbid Physical Conditions and Mental Disorders..... | 5 |
| 1.3 Summary..... | 6 |
| 1.4 References..... | 7 |
| Major Depressive Episode and Serious Psychological Distress Among Persons Aged 12 or Older | 10 |
| Exhibit I.1 Percentage of Persons Aged 12 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Age Group: United States, 2005–2007..... | 11 |
| Emotional and Behavioral Difficulties Among Children Aged 4 to 17 | 12 |
| Exhibit I.2 Percentage of Children Aged 4–17 with Definite/Severe Emotional and Behavioral Difficulties by Poverty Status: United States, 2006..... | 13 |
| Number of Past-Year Mental Disorders Among Persons Aged 18 or Older | 14 |
| Exhibit I.3 Percentage of Persons Aged 18 or Older with a Past-Year Mental Disorder by Number of Disorders: United States, 2001–2002 | 14 |

| | |
|---|----|
| Number of Past-Year Mental Disorders with Serious Severity Among Persons Aged 18 or Older | 15 |
| Exhibit I.4 Percentage of Persons Aged 18 or Older with a Past-Year Mental Disorder of Serious Severity by Number of Disorders: United States, 2001–2002 | 15 |
| Ambulatory Treatment Among Persons Aged 65 or Older with Serious Psychological Distress | 16 |
| Exhibit I.5 Percentage of Persons Aged 65 or Older Receiving Specific Types of Mental Health Services Who Had Past-Year Serious Psychological Distress: United States, 2005–2007..... | 17 |
| Past-Year Major Depressive Episode by Veteran Status Among Persons Aged 18 or Older | 18 |
| Exhibit I.6 Percentage of Persons Aged 18 or Older with a Past-Year Major Depressive Episode by Veteran Status and Age Group: United States, 2005–2007 | 19 |
| Suicide Rates by Age Group | 20 |
| Exhibit I.7 Suicide by Age Group: United States, 1985 and 2005 | 20 |
| Substance Dependence or Abuse Among Persons Aged 18 or Older With and Without Serious Psychological Distress | 21 |
| Exhibit I.8 Past-Year Substance Dependence or Abuse (Alcohol or Illicit Drugs) Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States, 2005–2007 | 21 |
| Physical Disorders Among Persons Aged 18 or Older With and Without Serious Psychological Distress | 22 |
| Exhibit I.9 Percentage of Persons Aged 18 or Older With Selected Physical Disorders, Separately for Those With and Without Past-Year Serious Psychological Distress: United States, Annual Average, 2005–2007 | 23 |
| Site of Outpatient Mental Health Treatment Among Persons Aged 18 or Older | 24 |
| Exhibit I.10 Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment by Treatment Setting: United States, 2005–2007..... | 25 |
| II. Providers/Settings for Mental Health Services | 27 |

| | | |
|-----|---|----|
| 2.1 | Trends in Mental Health Service Provision | 27 |
| 2.2 | The Mental Health Workforce | 28 |
| 2.3 | Specialty Mental Health Settings..... | 29 |
| 2.4 | Nonspecialty Mental Health Settings | 30 |
| 2.5 | Summary..... | 33 |
| 2.6 | References..... | 33 |
| | Distribution of Mental Health Organizations with 24-Hour Service Settings... .. | 36 |
| | Exhibit II.1 Number of Mental Health Organizations with 24-hour Hospital/ Residential Treatment Settings by Type of Organization: United States, 1986 and 2004 | 37 |
| | Beds in Mental Health Organizations..... | 38 |
| | Exhibit II.2 Number of 24-Hour Hospital/Residential Treatment Beds by Type of Mental Health Organization: United States, 1986 and 2004 | 38 |
| | Admissions to State/County Mental Hospitals | 39 |
| | Exhibit II.3 Number of Admissions to State and County Mental Hospitals: United States, 1986 and 2004..... | 39 |
| | Hospital Discharges Admitted Through the Emergency Department | 40 |
| | Exhibit II.4 Percentage of Total Hospital Discharges and Percentage of Hospital Discharges with Specific Mental Illness Diagnoses Admitted Through the Emergency Department: United States, 2001 and 2006 | 41 |
| | Visits to Emergency Departments | 42 |
| | Exhibit II.5 Percentage Distribution of Emergency Department Visits with Principal or Secondary Mental Illness Diagnoses: United States, 2005 ... | 43 |
| | School Mental Health and Social Services | 44 |
| | Exhibit II.6 Percentage of Schools Using Various Methods of Delivery for Mental Health Services: United States, 2006..... | 45 |
| | Mental Health Problems in Correctional Settings | 46 |
| | Exhibit II.7 Percentage of Prisoners in State and Federal Correctional Facilities (2004) and in Local Jails (2002) Who Had a Mental Health Problem by Gender: United States | 47 |

| | |
|---|----|
| Mental Health Services in Community Health Centers | 48 |
| Exhibit II.8 Percentage of Community Health Centers Providing or Coordinating Mental Health Services: United States, 2007..... | 49 |
| III. Payers and Payment Mechanisms | 51 |
| 3.1 Overview..... | 51 |
| 3.2 Mental Health Spending | 52 |
| 3.3 Factors Affecting Mental Health Spending | 52 |
| 3.3.1 Mental Health Compared with General Health..... | 52 |
| 3.3.2 Changes in Legislation, Practice, and Society | 53 |
| 3.3.3 The Public Sector | 53 |
| 3.3.3.1 Medicaid | 53 |
| 3.3.3.2 Medicare | 54 |
| 3.3.3.3 Other Public Funding Sources | 55 |
| 3.3.4 The Private Sector | 56 |
| 3.3.5 Providers and Services | 57 |
| 3.4 Factors Affecting Current and Future Mental Health Spending | 57 |
| 3.5 References..... | 60 |
| Mental Health Expenditures as a Proportion of All Health Expenditures | 64 |
| Exhibit III.1 Mental Health Expenditures as a Share of All Health Expenditures by Payer: 1986–2014 (Selected Years)..... | 65 |
| Mental Health Expenditures by Payer | 66 |
| Exhibit III.2 Mental Health Expenditures by Payer (in Millions): 1986–2014 (Selected Years) | 67 |
| Expenditures Distribution by Payer | 68 |
| Exhibit III.3 Percentage Distribution of Mental Health Expenditures by Payer: 1986–2014 (Selected Years) | 69 |
| Expenditures by Provider | 70 |
| Exhibit III.4 Mental Health Expenditures by Type of Provider (in Millions): 1986–2014 (Selected Years) | 71 |
| Expenditures Distribution by Provider | 72 |

| | |
|---|----|
| Exhibit III.5 Percentage Distribution of Mental Health Expenditures by Type of Provider: 1986–2014 (Selected Years) | 73 |
| Expenditures Distributed by Site of Service. | 74 |
| Exhibit III.6 Percentage Distribution of Mental Health Expenditures by Site of Service: 1986 and 2003. | 75 |
| Medicaid Beneficiaries. | 76 |
| Exhibit III.7 Medicaid Beneficiaries Who Received Mental Health or Substance Abuse Services and Their Medicaid Expenditures: 2003 | 76 |
| Medicaid Inpatient Stays. | 77 |
| Exhibit III.8 Percentage of Inpatient Hospital Days for Mental Health and Substance Abuse Treatment Compared with Other Inpatient Hospital Services Among Medicaid Expenditures: 2003 | 77 |
| Medicare Expenditures by Diagnostic Category | 78 |
| Exhibit III.9 Percentage of Mental Health and All Health Expenditures for Medicare Fee-for-Service Mental Health Claimants by Mutually Exclusive Diagnostic Categories, 2004 | 79 |
| Parity | 80 |
| Exhibit III.10 Proportion of States with Specific Types of Parity Law Coverage. | 81 |

Tables

| | |
|--|-------|
| Table I.1 Number and Percentage of Persons Aged 12 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Age Group: United States and Each State, Annual Average, 2005–2007 | 84–85 |
| Table I.2 Percentage of Children Aged 4–17 with Reported Emotional and Behavioral Difficulties by Level of Severity and Selected Characteristics: United States, 2006 | 87 |
| Table I.3 Number and Percentage of Youth Aged 12–17 with a Past-Year Major Depressive Episode by Gender and Race/Ethnicity: Annual Average, United States, 2005–2007. | 89 |

| | |
|--|---------|
| Table I.4 Number and Percentage of Youth Aged 12–17 with a Past-Year Major Depressive Episode by Size of Metropolitan Area: United States and Each State, Annual Average, 2005–2007 | 90–91 |
| Table I.5 Percentage of Persons Aged 18 or Older with a 12-Month Mental Disorder by Severity of the Disorder, for Each Disorder: United States, 2001–2002 | 93 |
| Table I.6 Number and Percentage of Persons Aged 18 or Older with Past-Year Serious Psychological Distress, by Gender: United States and Each State, Annual Average, 2005–2007 | 95–96 |
| Table I.7 Number and Percentage of Persons Aged 18 or Older with a Past-Year Major Depressive Episode, by County Type: United States and Each State, Annual Average, 2005–2007 | 98–99 |
| Table I.8 Number and Percentage of Persons Aged 65 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Gender and Race/Ethnicity: United States, Annual Average, 2005–2007 | 101 |
| Table I.9 Number and Percentage of Persons Aged 65 or Older with Past-Year Major Depressive Episode/Serious Psychological Distress by Type of Treatment Service Received: United States, Annual Average, 2005–2007. | 103 |
| Table I.10 Number and Percentage of Persons Aged 18 or Older with Past-Year Major Depressive Episode/Serious Psychological Distress by Veteran Status, by Sociodemographic Characteristics: United States, Annual Average, 2005–2007. | 104–105 |
| Table I.11 Total Number of SSI Recipients and Number and Percentage with Mental Disorders for Persons Under 65 Years of Age: United States and Each State, 2007. | 107 |
| Table I.12 Number and Age-Adjusted Suicide Death Rates by Gender, Age, and Race/Ethnicity: United States, 1985–2005 | 109 |
| Table I.13 Number and Death Rates for Suicide: United States and Each State, 2005 | 111 |
| Table I.14 Past-Year Major Depressive Episode by Substance Dependence or Abuse (Alcohol or Illicit Drugs) for Youth Aged 12–17: United States, Annual Average, 2005–2007. | 113 |
| Table I.15a Having No Past-Year Substance Dependence or Abuse (Alcohol or Illicit Drugs) Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007. | 114 |

| | |
|---|---------|
| Table I.15b Past-Year Alcohol Dependence or Abuse Only Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007 | 115 |
| Table I.15c Past-Year Illicit Drug Dependence or Abuse Only Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007 | 116 |
| Table I.15d Past-Year Both Alcohol and Illicit Drug Dependence or Abuse Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007 | 117 |
| Table I.16 Percentage of Persons Aged 18 and Older with Selected Physical Disorders, Separately for Those with and without Past-Year Serious Psychological Distress, by Gender, Age Group, and Race/Ethnicity: United States, 2005–2007 | 119 |
| Table II.1 Percentage of Persons Aged 18 or Older by Type of Care and by Level of Severity or No Disorder: United States, 2001–2002 | 121 |
| Table II.2 Percentage Distribution of Persons 18 or Older by Type of Care and Severity of Disorder or No Disorder: United States, 2001–2002 | 123 |
| Table II.3 Number and Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment, by Treatment Setting: United States and Each State, Annual Average, 2005–2007 | 125–127 |
| Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 | 129–137 |
| Table II.5 Number and Percentage of Clinically Trained Mental Health Personnel by Discipline and Percentage Distribution by Sex, Age Group, and Race: United States, Selected Years | 139 |
| Table II.6 Number and Rate per 100,000 of Clinically Active or Clinically Trained Mental Health Personnel, by Discipline: United States and Each State, Selected Years | 141–143 |
| Table II.7 Number of Mental Health Organizations with 24-Hour Hospital/Residential Treatment Settings, by Type of Organization: United States, 1986–2004 | 145 |

| | |
|---|---------|
| Table II.8 Number and Rate Per 100,000 Civilian Population for 24-Hour Hospital and Residential Treatment Beds, by Type of Mental Health Organization: United States, 1986–2004 | 146 |
| Table II.9 Number of Admissions to Mental Health Organizations and Rate per 100,000 Civilian Population, by Type of Service and Organization: United States, 1986–2004 | 148–149 |
| Table II.10 Number of Admissions to State and County Mental Hospitals, by Selected Characteristics: United States, 1986 and 2004 | 151 |
| Table II.11 Number and Percentage of Discharges Admitted from the Emergency Department with a Principal or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis: United States, 2001–2006 | 152–154 |
| Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 | 156–161 |
| Table II.13 Number of Total Visits to Physicians Offices and Percentage of Visits for Mental Health Problems by Physician Specialty, Age Group, and Primary or Any Mental Disorder Diagnosis: United States, 2006 | 162 |
| Table II.14 Number and Percentage of Visits to Physicians Offices for Mental Health Problems by Physician Specialty, Age Group, and Primary, or Any Mental Diagnosis: United States, 2006 | 163 |
| Table II.15 Trends in the Number and Percentage of Prescription Drug Fills by Selected Psychotherapeutic Medication Class, Civilian Noninstitutionalized Population: United States, 1996–2006 | 164 |
| Table II.16 Top Three Therapeutic Drug Categories by Insurance Coverage Group, Civilian Noninstitutionalized Population: United States, 1996, 2001, 2006 ... | 166 |
| Table II.17 Number of Total Residents and Number and Percentage of Nursing Home Residents with a Diagnosis of Mental Illness: United States, 2004 | 167 |
| Table II.18 Percentage Distribution of Primary or Any Mental Illness Diagnoses for Nursing Home Residents: United States, 2004 | 168 |
| Table II.19 Percentage of All Schools that Provided Mental Health, Social, or Prevention Services, and Methods of Service Delivery: United States, 2006 ... | 169 |
| Table II.20 Number and Percentage of Inmates in State and Federal Correctional Facilities (2004) and in Local Jails (2002) Who had a Mental Health Problem, by Gender, Race/Ethnicity, and Age: United States | 171 |

| | |
|--|-----|
| Table II.21 Number and Percentage of Inmates in State Correctional Facilities Receiving Mental Health Treatment, by Type of Treatment: United States and Each State, 2000 | 173 |
| Table II.22 Number and Percentage of State Correctional Facilities Offering Various Mental Health Services, by Type of Facility: United States, 2000. | 175 |
| Table II.23 Selected Characteristics of Mental Health and Substance Abuse Services Provided by Community Health Centers: United States, 2007. | 176 |
| Table II.24 Selected Characteristics of Mental Health and Substance Abuse Service Providers and Encounters, Community Health Centers: United States, 2007 . . . | 178 |
| Table II.25 Number and Percentage of Encounters and Patients Receiving Mental Health Services, Community Health Centers: United States, 2007 | 180 |
| Table II.26 Number and Percentage Distribution of Ambulatory Care Visits by Type of Mental Health Diagnosis and by Setting: United States, 2005–2006 . . | 182 |
| Table II.27 Number and Percentage of Patients Aged 12 to 17 with a Past-Year Major Depressive Episode Who Received Particular Types of Care by Selected Characteristics: 2006 and 2007. | 184 |
| Table II.28 Number and Percentage of Patients Aged 18 or Older with a Past-Year Major Depressive Episode Who Received Particular Types of Care by Selected Characteristics: 2006 and 2007. | 186 |
| Table III.1 Mental Health Expenditures and All Health Expenditures by Type of Provider (in Millions): 1986–2014 (Selected Years) | 188 |
| Table III.2 Percentage Distribution of Mental Health Expenditures and All Health Expenditures by Type of Provider: 1986–2014 (Selected Years) | 190 |
| Table III.3 Mental Health Expenditures and All Health Expenditures by Payer (in Millions): 1986–2014 (Selected Years). | 192 |
| Table III.4 Percentage Distribution of Mental Health Expenditures and All Health Expenditures by Payer: 1986–2014 (Selected Years) | 194 |
| Table III.5 Mental Health Treatment Expenditures by Site of Service: 1986 to 2003 | 196 |
| Table III.6 Medicaid Fee-for-Service Mental Health and Substance Abuse Beneficiaries and Expenditures in 13 States, 2003 | 197 |

| | |
|---|-----|
| Table III.7 Medicaid Fee-for-Service Mental Health and Substance Abuse Beneficiaries by Diagnostic Category and Age Group, 2003 | 199 |
| Table III.8 Prescription Drug Use for Medicaid Fee-for-Service Beneficiaries, by Age Group, 2003 | 201 |
| Table III.9 Utilization and Expenditures by Service Type for Medicaid Fee-for-Service Beneficiaries, All Ages, 2003 | 203 |
| Table III.10 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants, 2004. | 205 |
| Table III.11 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants by Treatment Modality, 1998–2004 | 206 |
| Table III.12 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants by Mutually Exclusive Diagnostic Categories, 1998–2004 | 207 |
| Table III.13 Amount of Revenue by Source for State Mental Health Agencies (in Millions), FY 2001 and FY 2006 | 209 |
| Table III.14 State Mental Health Agency-Controlled Mental Health Expenditures, FY 2001 and FY 2006. | 211 |
| Table III.15 Mental Health Care Benefits: Separate Limits on Coverage, Private Industry, in Prepaid Plans and in Indemnity Plans, United States, 1997, 2000, and 2002 | 213 |
| Table III.16 Percentage of Covered Workers with Various Outpatient and Inpatient Mental Health Visits, Annual Maximums/Days Covered by Plan Type, 2000 and 2008 | 215 |
| Table III.17 Percentage of Employers Covering Specific Mental Health Services in Primary Plans, by Employer Size, 1997 and 2003 | 217 |
| Table III.18 Overview of State Mental Health/Substance Abuse Parity Laws | 218 |
| Table III.19 Top Three Drug Categories in Various Insurance Coverage Groups, Ranked by 2001 Expenditures, 1996 and 2001 | 225 |
| Table III.20 Volume and Cost of Mental Health and Substance Abuse Services in the Veterans Health Administration, FY 2008. | 226 |

Executive Summary

This report, *Mental Health, United States, 2008*, is the latest edition of a biannual publication issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services since 1980. The current volume, which includes 28 charts (numbered as exhibits) and 64 tables, provides information on the mental health status of the U.S. population, the providers and settings for mental health services, the types of mental health services and rates of utilization, and expenditures and sources of funding for mental health services. In contrast to previous editions of the publication, which reported primarily on data related to activities funded and operated by state mental health authorities, this volume incorporates information from a wide variety of sources in an effort to provide a broader perspective on many complex components of nation's mental health system.ⁱ

People: Prevalence of Mental Disorders

Several large national studies have measures to assess the prevalence of mental disorder: the National Survey on Drug Use and Health (NSDUH), the National Comorbidity Survey Replication (NCS-R), and the National Health Interview Survey (NHIS).ⁱⁱ

NSDUH includes screening questions to assess the prevalence of serious psychological distress or SPD (a nonspecific indicator of past-year mental health problems, such as anxiety and mood disorders) among persons aged 18 or older. Combined NSDUH data

from 2005 through 2007 indicate that an annual average of 11.2 percent of persons aged 18 or older (an average of more than 24 million adults) experienced past-year SPD. Women aged 18 or older were more likely than their male counterparts to have experienced SPD in the past year.

NSDUH also includes questions to assess the prevalence of past-year major depressive episode (MDE) among persons aged 12 or older, which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect change in functioning, such as problems with sleep, eating, energy, concentration, or self-image. Combined NSDUH data from 2005 through 2007 indicate that 7.3 percent of persons aged 18 or older (an estimated annual

ⁱ This executive summary does not provide specific citations for statistics and other data mentioned. See relevant sections and tables for sources.

average of 16 million adults) experienced MDE during the past year.

NCS-R—which assesses the prevalence of anxiety disorders, mood disorders, impulse control disorders, and substance use disorders—found that 26.9 percent of U.S. adults aged 18 or older experienced at least one of these mental disorders during the past year. Among those persons who experienced at least one disorder, 25.5 percent experienced a disorder of serious severity, and 39.7 percent experienced a disorder of moderate severity.

Research has shown associations between poverty and higher rates of mental disorder. Data from the 2006 NHIS indicate that 6.6 percent of economically disadvantaged children (those whose family income was less than the poverty threshold) aged 4 to 17 had definite or severe emotional or behavioral difficulties, compared with 4.2 percent of children aged 4 to 17 whose family income was at least twice the poverty threshold.

Co-occurring substance use and mental disorders present increased challenges to treatment and recovery from one or both disorders. Data from the 2007 NSDUH indicate that adults aged 18 or older who experienced a past-year MDE were more likely to have a substance use disorder (alcohol or illicit drug dependence or abuse) than their counterparts who had not experienced MDE (21.5 vs. 8.2 percent, respectively). The 2005–2007 NSDUH data also show an increased likelihood of alcohol or illicit drug dependence or abuse among persons aged 12 to 17 who experienced past-year MDE compared with their peers who had not experienced MDE in the past year.

Providers: Mental Health Practitioners, Settings, and Services

In 2001–2002, research indicated that 40 percent of the U.S. adult population with mental disorders received some mental health treatment in the past 12 months. Studies have also found that many children who might need mental health services do not receive them; for example, one study in 2002 found that only 23 percent of U.S. adolescents in need of mental health services received them in the past year.

Both adults and children are increasingly likely to receive services from a nonspecialty service system, such as primary care, community health centers, emergency rooms, nursing homes, schools, or correctional institutions. A 2005 study found that 23 percent of U.S. adults had a mental health problem treated in the past year by a general medical provider (physician, nurse, or other health professional), 16 percent by a nonpsychiatrist mental health specialist, 12 percent by a psychiatrist, 8 percent by a human services provider, and 7 percent by a complementary and alternative medical provider. Results from the 2005–2007 NSDUH indicate that 13 percent of youth received mental health services from a specialty outpatient or inpatient provider, 11.9 percent received services in an educational setting, and 2.9 percent received services from a pediatrician or family doctor.

Three recent trends are perhaps most prominent in the provision of mental health services: the number of inpatient psychiatric beds has been falling, the use of care from nonspecialty providers has increased, and the use of prescription medication has greatly

increased. The number of mental health organizations with 24-hour hospital/residential treatment settings decreased from 3,512 to 2,891 between 1986 and 2004. The total number of specialty hospital and residential treatment beds decreased from 267,613 to 212,231 over the same period.

Clinical emphasis has shifted toward provision of community-based treatment, allowing individuals to receive treatment where they live, while decreasing the high costs associated with inpatient treatment. This movement has resulted in a shift in the availability of specialty psychiatric hospital beds to general/community hospitals and other nonpsychiatric residential settings.

Concurrent with the reduction in inpatient usage has been the growth of nonspecialty care. A study using the two available waves of the National Comorbidity Survey (1990–1992 and 2000–2002) indicates that in the first wave of the survey, 6.8 percent of people with any mental disorder received mental health care from the general medical sector. By the second wave of the survey, this proportion had grown to 17.9 percent.

The use of psychotropic prescription medications among the noninstitutionalized population in the United States has grown dramatically in recent years. In 1996, there were 121 million fills for this broad class of medications; in 2006, there were 274 million fills.

In 2002, more than 500,000 clinically trained mental health professionals were working in the United States. Over the past 15 years, psychology and social work have grown, while psychiatry has remained stable and is composed of an ever-aging workforce. In 2006, more than 50 percent of male U.S. psychiatrists and 25 percent of female psychiatrists were aged 60 or older. More

nurses have received psychiatric training, but this increase has been offset by the number of nurses who have left the profession. Particular concerns are the availability of mental health professionals in rural and impoverished communities and the lack of cultural and linguistic diversity among existing providers.

Inpatient or residential mental health services are the least likely mental health services to be used by individuals with mental health problems. Among adults surveyed in NSDUH who had used some mental health service in the past year, only 7 percent reported using inpatient services. For youth aged 12 to 17 years, 2.6 percent reported receiving inpatient or residential mental health treatment in the past year.

Use of psychotropic medications by adults has increased greatly over the past decade; for example, the number of antidepressant prescription drug refills increased from 59 million to 156 million. Dramatic increases were reported in psychotropic medication use among preschool-aged children, particularly for stimulant medication, from 1991 to 1995. A recent study comparing youth Medicaid enrollees in two states showed that nearly one-third of youth using psychotropic medication were receiving multiple medications.

From 1993 to 2003, general medical care providers (e.g., primary care doctor, another general medical doctor, nurse) became the most frequently used source of care for mental health problems among U.S. adults. In 2006, the most common types of primary care specialists seen by patients younger than age 65 were those in general and family practice followed by internal medicine and then pediatrics. In 2009, researchers found that more than two-thirds of primary care

physicians who tried to obtain outpatient mental health services for their patients reported they were unsuccessful because of shortages in mental health care providers, health plan barriers, and lack of coverage or inadequate coverage.

Payers: Expenditures and Sources of Funding

National expenditures for the treatment of mental disorders amounted to \$100 billion in 2003, the most recent year for which national estimates are available. Spending on mental health conditions was \$33 billion in 1986 and is projected to reach \$203 billion in 2014. However, health care spending for all conditions has been increasing at a higher rate than spending on mental health conditions. In 1986, mental health spending was 7.5 percent of all health care spending, in 2003 that share was 6.2 percent, and in 2014 it is projected to be 5.9 percent.

The current system of financing for mental health services comprises both public and private funding sources. Public sources include Medicaid, Medicare, the State Children's Health Insurance Program (SCHIP), the Veterans Health Administration (VHA), the Department of Defense, state and local mental health authorities, and the Federal Community Mental Health Services Block Grant Program. Private sources of payment for mental health services include employer-sponsored health insurance and out-of-pocket payments. Medicaid has become one of the largest sources of funding, accounting for about 45 percent of public mental health spending in 2008.

The majority of working Americans are covered by employment-based health

insurance plans. In 2006, nearly all covered workers (97 percent) had coverage for mental health benefits. However, limits on the number of days for inpatient care and the number of visits for outpatient care are common features of all plan types. Cost and insurance issues are a leading reason reported by consumers for not receiving needed mental health treatment.

Recent legislative action has focused on mental health parity in private health plans. Until the mid-1990s, many private plans had higher coinsurance rates and other forms of more restricted benefits for mental health than for physical health conditions. By 2009, 36 states had some form of mandated benefits that require financial or coverage parity for some mental illnesses as compared with physical illnesses. The 2008 Mental Health Parity and Addiction Equity Act expanded the 1996 Parity Act by requiring equality for deductibles, copayments, out-of-pocket expenses, coinsurance, covered hospital days, and covered outpatient visits.

One of the most important changes in mental health practice over the past 20 years has been the rise in the use of and expenditures on psychotropic medications. According to recent findings, the rate of antidepressant treatment almost doubled from 1996 to 2005. Other research indicates that the use of one type of antidepressants, selective serotonin reuptake inhibitors (SSRIs), doubled between 1996 and 2001. The movement toward pharmacotherapy reflects both more people using psychotropic medication and higher spending per user. Future changes in the growth of psychotropic medication may greatly influence future mental health spending.



People

In the early years of the 21st century, the U.S. population continues to grow and become more diverse, facing multiple challenges that may affect its mental health, mental health care needs, and access to care. This chapter presents detailed information on current issues in the understanding and monitoring of mental health in the United States; the prevalence of mental disorders, distress, and impairment; and treatment rates among Americans.

1.1 Overview

Mental disorder is characterized by sustained patterns of abnormal thinking, mood (emotions), or behaviors that are accompanied by significant distress and/or impairment in daily functioning. The most common mental disorders are anxiety disorders, mood (depressive and bipolar) disorders, and impulse control disorders. Persons of any age, race/ethnicity, or socioeconomic status may be affected by a mental disorder.

Ongoing monitoring of the prevalence of mental disorder in the United States is vital to understanding the treatment needs of the U.S. population. Several large national studies have measures to assess the prevalence of mental disorder, including the three cited in this chapter: the National Survey on Drug Use and Health (NSDUH), the National Comorbidity Survey Replication (NCS-R), and the National Health Interview Survey (NHIS).

To correctly interpret the estimates from these studies, two qualifications are particularly important. First, because the studies are conducted among civilian

household populations, the prevalence rates generated from them do not represent people who are homeless, in an institution (i.e., jail or prison, hospital, or long-term care facility), or in the military. Second, mental health and mental disorder are measured differently across the studies. Some of the assessment instruments in these studies use screening questions that have been shown to identify persons with the disorder or condition being assessed. For example, NSDUH and NHIS use screening questions to determine the rate of serious psychological distress (SPD) among U.S. adults. Likewise, NHIS uses screening questions to assess the prevalence of emotional and behavioral difficulties. Other assessment instruments use questions that ask about specific behaviors, feelings, or experiences that characterize symptoms of a specific disorder. For example, NSDUH uses symptom-based questions to assess the prevalence of major depressive episode (MDE); and NCS-R uses symptom-based questions to assess the rates of various anxiety, mood, impulse control, and substance use disorders among U.S. adults.

This chapter provides a brief, broad overview of the prevalence rates and severity levels of mental disorders among U.S. adults and youth. For that reason, we have included data about general indicators of mental disorder, such as SPD, and prevalence rates of some of the more common specific disorders. This chapter does not cover specific psychotic disorders, such as schizophrenia; mental retardation or developmental disorders, such as autism; or cognitive disorders, such as dementia of the Alzheimer's type, which are marked by a clinically significant deficit in cognition. Persons with cognitive deficits would not be suitable respondents for any of the three national studies reported in this chapter.

1.2 Trends and Themes

NSDUH is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Each year, NSDUH includes questions to assess the prevalence of SPD among persons aged 18 or older. SPD is a nonspecific indicator of past-year mental health problems, such as anxiety and mood disorders.¹ Data averaged from the 2005 through 2007 NSDUH indicate that 11.2 percent of persons aged 18 or older (more than 24 million adults) experienced past-year SPD (Table I-1; tables begin on page 80). Women aged 18 or older were more likely than their male counterparts to have experienced SPD in the past year (13.7 versus 8.4 percent, respectively) (Table I.6).

NSDUH also includes questions to assess the prevalence of past-year MDE among

persons aged 12 or older. For this purpose, MDE is defined using the diagnostic criteria set forth in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994), which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect change in functioning, such as problems with sleep, eating, energy, concentration, or self-image. However, in the assessment of MDE for NSDUH, no exclusions are made for MDE caused by medical illness, bereavement, or substance use disorders. Combined data from the 2005 through 2007 NSDUH indicate that 7.3 percent of persons aged 18 or older (an estimated annual average of 16 million adults) experienced an MDE during the past year (see Table I.1).

According to estimates from NCS-R—which assesses the prevalence of anxiety disorders, mood disorders, impulse control disorders, and substance use disorders—more than one-fourth (26.9 percent) of U.S. adults aged 18 or older experienced at least one of these mental disorders during the past year. Among those persons who experienced at least one disorder, 25.5 percent experienced

¹ Additional information on the measurement of SPD can be found in Appendix B of *Results from the 2007 National Survey on Drug Use and Health: National Findings* (SAMHSA, 2008).

² Cases were classified as serious severity if they had any of the following: suicide attempt with serious lethality intent within the previous 12 months; work disability or substantial limitation due to a mental or substance use disorder; positive screen results for nonaffective psychosis; bipolar I or II disorder; substance dependence with serious role impairment (as defined by disorder-specific impairment questions); an impulse control disorder with repeated serious violence; or any disorder that resulted in 30 or more days out of role in the year. For additional information about the classification of case severity in this study, see Kessler, Chiu, Demler, Merikangas, and Walters (2005).

a disorder of serious severity² and 39.7 percent experienced a disorder of moderate severity³ (Table I.5).⁴

1.2.1 Age

Persons at either end of their life span are of special interest because of the potential for increased vulnerability in childhood and in the senior years of life.

1.2.1.1 Children

Based on combined data from the 2005 through 2007 NSDUH, it is estimated that 8.3 percent of persons aged 12 to 17 (more than 2 million youth) have experienced a past-year MDE, and the prevalence of MDE among females is more than twice the prevalence of MDE among males in that age group (12.3 versus 4.4 percent, respectively) (Table I-3). Data from the 2006 NHIS indicate that 5.0 percent of children aged 4 to 17 experienced definite/severe emotional or behavioral difficulties (Table I.2).⁵

1.2.1.2 Elderly

Looking to the future, the aging baby boom generation (those born between 1946

and 1964) is expected to cause the most significant shifts in the national age distribution. As the older members of the baby boom generation begin to reach the age of 65, the number of people aged 65 or older is projected to increase from 39 million in 2010 to 69 million in 2030. These estimates translate into about 20 percent of the U.S. population (Day, 1996). Data from the 2005–2007 NSDUH indicate that 4.5 percent of elderly Americans (i.e., persons aged 65 or older) experienced past-year SPD (Table I.8). Even though this rate is equal to or lower than that of other groups in the general population, because of the large and growing number of elderly people in the population, it has implications for the provision of treatment. Among those who experienced SPD in the past year, 23.3 percent received outpatient treatment, 21.0 percent received prescription medication, and 10.0 percent received alternative mental health treatment or support for mental health care (Table I.9). Data from that same study indicate that 2.4 percent of elderly persons experienced an MDE in the past year (Table I.8). Among those, 16.8 percent received outpatient treatment, 13.1 percent received prescription medication, and 7.1 percent received alternative mental health treatment or support for their depression (Table I.9). Among persons in this age group, females were more likely than males to have experienced past-year SPD (5.5 versus 3.1 percent, respectively) and were twice as likely as males to have experienced past-year MDE (3.1 versus 1.5 percent, respectively) (see Table I.8).

1.2.2 Poverty

In 2007, the most recent period for which data are available, roughly 12.5 percent of

³ Cases were classified as moderate severity if they had any of the following: a suicide gesture, plan, or ideation; substance dependence without serious role impairment; at least moderate work limitation due to a mental or substance use disorder; or any disorder with at least moderate role impairment in two or more domains of the Sheehan Disability Scale, which assessed disability in work role performance, household maintenance, social life, and intimate relationships.

⁴ For specific information about the assessment of mental disorders and their severity in the NCS-R, see Kessler and Merikangas (2004).

⁵ Detailed information about the assessment of emotional or behavioral difficulties in NHIS can be found in Appendix V of National Center for Health Statistics (2007).

people in the United States lived in poverty. When examined by age group, 18.0 percent of children younger than age 18, 10.9 percent of persons aged 18 to 64, and 9.7 percent of persons aged 65 or older lived in poverty. Although children younger than age 18 represent 24.8 percent of the population, they represent 35.7 percent of persons living in poverty.

Research has shown associations between poverty and higher rates of mental disorder. Data from the 2006 NHIS indicate that 6.6 percent of poor children (those whose family income was less than the poverty threshold) aged 4 to 17 had definite or severe emotional or behavioral difficulties, compared with 4.2 percent of children aged 4 to 17 whose family income was at least twice the federal poverty threshold (see Table I.2).

1.2.3 *Recent Events*

The first decade of the 21st century was marked by several traumatic events that may negatively affect the mental health of Americans in the short and long terms. There are studies on the psychological impact of the September 11, 2001, terrorist attacks on U.S. soil on both general and clinical populations (DiGrande et al., 2008; DiMaggio, Galea, & Li, 2009; Franz, Glass, Arnkoff, & Dutton, 2009; Schlenger et al., 2002). Likewise, the psychological effects of Hurricane Katrina in August 2005 on rates of serious mental illness,⁶ suicidality, and posttraumatic stress disorder (PTSD) among children and adults continue to warrant surveillance (Kessler, Galea, Jones, & Parker, 2006; Terranova, Boxer, & Morris, 2009). Evidence suggests that continued exposure to

stressors such as these and the tragedies on school campuses, such as Columbine and Virginia Tech, may have negative effects on the mental health of U.S. youth (Burnham, 2009). As a result, rates of anxiety, mood, impulse control, and substance use disorders should be monitored over the coming years.

1.2.4 *Military Involvement*

The United States' involvement in Operation Enduring Freedom (Afghanistan), beginning in August 2001, and Operation Iraqi Freedom, beginning in March 2003, may also be sources of additional stress for active military service members, persons in the National Guard or Reserves, and their families. Recent research in this area highlights the effects of deployment length and number of deployments to Afghanistan/Iraq on service members/veterans (Polusny et al., 2009; Shen, Arkes, & Pilgrim, 2009), mental health symptoms exhibited by service members/veterans who have returned from combat (Fontana & Rosenheck, 2008; Riddle, Sanders, Jones, & Webb, 2008), and mental health problems among spouses of military service members deployed to Afghanistan and Iraq (Eaton et al., 2008). For example, Polusny et al. (2009) found that National Guard/Reserve soldiers who had previously been deployed to Afghanistan for Operation Enduring Freedom or to Iraq for Operation Iraqi Freedom reported more PTSD, depression, and somatic (physical health) symptoms than soldiers preparing for their first deployment to Iraq.

1.2.5 *Suicide*

In 2006, suicide was the 11th leading cause of death in the United States (Heron et al., 2009). Suicidal ideation/attempt may be a symptom of major depressive or bipolar

⁶ For specific information about the assessment of serious mental illness in this study, see Kessler, Galea, Jones, and Parker (2006).

disorder or may be associated with another disorder, such as schizophrenia or a substance use disorder. Current research about suicide examines trends and risk factors in the general population (Kaplan, McFarland, Huguet, & Newsom, 2007; Kessler, Berglund, Borges, Nock, & Wang, 2005), as well as rates and risk factors among combat veterans (Brenner, Gutierrez, Cornette, Betthausen, Bahraini, & Staves, 2008; Kaplan, Huguet, McFarland, & Newsom, 2007). For example, Kaplan and colleagues (2007) found that functional limitations (a health problem that kept the person from working a job or business, keeping house, going to school, or something else) were shown to be a significant predictor of suicide. Data from the National Vital Statistics System in 2005 indicate that 10.9 per 100,000 deaths in the United States were attributable to suicide (Table I.13). This figure represents an increase from 2000 (10.4 deaths per 100,000) but a decrease from 1995 (11.8 deaths per 100,000) (Table I.12).

1.2.6 Co-Occurring Substance Use and Mental Disorders

Substance use and mental disorders, when experienced separately, can be highly distressing and impairing to the people who suffer from them and their caregivers. Co-occurring substance use and mental disorders present increased challenges to treatment and recovery from one or both disorders. Data from the 2007 NSDUH indicate that adults aged 18 or older who experienced a past-year MDE were more likely to have a substance use disorder (alcohol or illicit drug dependence or abuse) than their counterparts who had not experienced MDE (21.5 versus 8.2 percent, respectively) (SAMHSA, 2008). Similarly,

data from the 2005–2007 NSDUH indicate that adults aged 18 or older who experienced SPD in the past year were more likely than adults who had not experienced past-year SPD to have also experienced past year alcohol dependence or abuse only, illicit drug dependence or abuse only, or alcohol and illicit drug dependence or abuse (Table I.15). Similarly, the 2005–2007 NSDUH data show an increased likelihood of alcohol or illicit drug dependence or abuse among persons aged 12 to 17 who experienced past-year MDE compared with their peers who had not experienced MDE in the past year (Table I.14).

1.2.7 Comorbid Physical Conditions and Mental Disorders

Increased attention is being given to the relationship between mental disorders and risk factors for physical disorders and conditions. Recent research has focused on the bidirectional relationship between mental disorders and physical disorders/conditions, such as diabetes (Jaser, Holl, Jefferson, & Grey, 2009; Morrato, et al., 2009), heart disease (Salomon, Clift, Karlsdottir, & Rottenberg, 2009; Whang et al., 2009), obesity (Allison et al., 2009; Goodwin et al., 2009), asthma (Barreto do Carmo et al., 2009; Goodwin et al., 2009), cancer (Haisfield-Wolfe, McGuire, Soeken, Geiger-Brown, & DeForge, 2009), and arthritis (Qureshi, Pyne, Magruder, Schulz, & Kunik, 2009). Data from the 2006 NHIS show that persons aged 18 or older who experienced past month SPD were more likely to have current asthma, diabetes, cancer, heart disease, and arthritis than their counterparts who had not experienced SPD in the past month (Table I.16). For example, 23.8 percent of persons aged 18 or older who

experienced past month SPD had been told by a doctor that they had a heart problem, compared with 10.8 percent of their counterparts who had not experienced past month SPD. Some studies suggest a link between mental disorders and increased mortality rates (e.g., Colton & Manderscheid, 2006).

1.3 Summary

Ongoing monitoring and research efforts must keep up with changes in the U.S. population's size and diversity, as well as new challenges and areas of exploration in today's world. The charts and tables in this chapter

contain data on the recent prevalence rates of SPD, mood disorders, anxiety disorders, impulse control disorders, and substance use disorders. Data about recent rates of co-occurring SPD and substance use disorders, rates of physical conditions among persons with SPD, and suicide rates are included. These data are presented for the general population and for subgroups of interest, such as children, the elderly, military veterans, and the physically ill. Several of the tables and charts also provide estimates broken down by various personal characteristics, such as state of residence, gender, age group, and race/ethnicity.

1.4 References

- Allison, D. B., Newcomer, J. W., Dunn, A. L., Blumenthal, J. A., Fabricatore, A. N., Daumit, G. L., et al. (2009). Obesity among those with mental disorders: A National Institute of Mental Health meeting report. *American Journal of Preventive Medicine*, 36(4), 341–350.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Barreto do Carmo, M. B., Neves, S. D., Alves Ferreira Amorim, L. D., Fiaccone, R. L., Souza da Cunha, S., Cunha Rodrigues, L. C., et al. (2009). Minor psychiatric disorders in mothers and asthma in children. *Social Psychology and Psychiatric Epidemiology*, 44(5), 416–420.
- Brenner, L. A., Gutierrez, P. M., Cornette, M. M., Bethhauser, L. M., Bahraini, N., & Staves, P. J. (2008). A qualitative study of potential suicide risk factors in returning combat veterans. *Journal of Mental Health Counseling*, 30(3), 211–225.
- Burnham, J. J. (2009). Contemporary fears of children and adolescents: Coping and resiliency in the 21st century. *Journal of Counseling & Development*, 87(1), 28–35.
- Colton, C. W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, 3(2), 1–14.
- Day, J. C. (1996). *Population projections of the United States by age, sex, race, and Hispanic origin: 1995 to 2050*. U.S. Bureau of the Census, Current Population Reports, 25–1130. Washington, DC: U.S. Government Printing Office.
- DiGrande, L., Perrin, M. A., Thorpe, L. E., Thalji, L., Murphy, J., Wu, D., et al. (2008). Posttraumatic stress symptoms, PTSD, and risk factors among lower Manhattan residents 2–3 years after the September 11, 2001 terrorist attacks. *Journal of Traumatic Stress*, 21(3), 264–273.
- DiMaggio, C., Galea, S., & Li, G. (2009). Substance use and misuse in the aftermath of terrorism. A Bayesian meta-analysis. *Addiction*, 104(6), 894–904.
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., et al. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, 173(11), 1051–1056.
- Fontana, A., & Rosenheck, R. (2008). Treatment-seeking veterans of Iraq and Afghanistan: Comparison with veterans of previous wars. *Journal of Nervous and Mental Disease*, 196(7), 513–521.
- Franz, V. A., Glass, C. R., Arnkoff, D. B., & Dutton, M. A. (2009). The impact of the September 11th terrorist attacks on psychiatric patients: A review. *Clinical Psychology Review*, 29(4), 339–347.
- Goodwin, R. D., Sourander, A., Duarte, C. S., Niemelä, S., Multimäka, P., Nikolakaros, G., et al. (2009). Do mental health problems in childhood predict chronic physical conditions among males in early adulthood? Evidence from a community-based prospective study. *Psychological Medicine*, 39(2), 301–311.
- Haisfield-Wolfe, M. E., McGuire, D. B., Soeken, K., Geiger-Brown, J., & DeForge, B. R. (2009). Prevalence and correlates of depression among patients with head and neck cancer: A systematic review of implications for research. *Oncology Nursing Forum*, 36(3), E104–E125.
- Heron, M., Hoyert, D. L., Murphy, S. L., Xu, J., Kochanek, K. D., & Tejada-Vera, B. (2009). Deaths: Final data for 2006. *National Vital Statistics Reports*, 57(14). Hyattsville, MD: National Center for Health Statistics.
- Jaser, S. S., Holl, M. G., Jefferson, V., & Grey, M. (2009). Correlates of depressive symptoms in urban youth at risk for type 2 diabetes mellitus. *Journal of School Health*, 79(6), 286–292.
- Kaplan, M. S., Huguet, N., McFarland, B. H., & Newsom, J. T. (2007). Suicide among male veterans: A prospective population-based study. *Journal of Epidemiology and Community Health*, 61, 619–624.
- Kaplan, M. S., McFarland, B. H., Huguet, N., & Newsom, J. T. (2007). Physical illness, functional limitations, and suicide risk: A population-based study. *American Journal of Orthopsychiatry*, 77(1), 56–60.

- Kessler, R. C., Berglund, P., Borges, G., Nock, M., & Wang, P. S. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990–1992 to 2001–2003. *Journal of the American Medical Association*, 293(20), 2487–2495.
- Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 617–627.
- Kessler, R. C., Galea, S., Jones, R. T., & Parker, H. A. (2006). Mental illness and suicidality after Hurricane Katrina. *Bulletin of the World Health Organization*, 84, 930–939.
- Kessler, R. C., & Merikangas, K. R. (2004). The National Comorbidity Survey Replication (NCS-R): Background and aims. *International Journal of Methods in Psychiatric Research*, 13(2), 60–68.
- Morrato, E. H., Newcomer, J. W., Kamat, S., Baser, O., Harnett, J., & Cuffel, B. (2009). Metabolic screening after the American Diabetes Association's consensus statement on antipsychotic drugs and diabetes. *Diabetes Care*, 32(6), 1037–1042.
- National Center for Health Statistics (2007). *2006 National Health Interview Survey (NHIS) public use data release, NHIS survey description*. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention.
- Polusny, M. A., Erbes, C. R., Arbisi, P. A., Thuras, P., Kehle, S. M., Rath, M., et al. (2009). Impact of prior Operation Enduring Freedom/Operation Iraqi Freedom combat duty on mental health in a predeployment cohort of National Guard soldiers. *Military Medicine*, 174(4), 353–357.
- Qureshi, S. U., Pyne, J. M., Magruder, K. M., Schulz, P. E., & Kunik, M. E. (2009). The link between post-traumatic stress disorder and physical comorbidities: A systematic review. *Psychiatric Quarterly*, 80(2), 87–97.
- Riddle, M. S., Sanders, J. W., Jones, J. J., & Webb, S. C. (2008). Self-reported combat stress indicators among troops deployed to Iraq and Afghanistan: An epidemiological study. *Comprehensive Psychiatry*, 49(4), 340–345.
- Salomon, K., Clift, A., Karlsdottir, M., & Rottenberg, J. (2009). Major depressive disorder is associated with attenuated cardiovascular reactivity and impaired recovery among those free of cardiovascular disease. *Health Psychology*, 28(2), 157–165.
- SAMHSA (Substance Abuse and Mental Health Services Administration). (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Schlenger, W. E., Caddell, J. M., Ebert, L., Jordan, B. K., Rourke, K. M., Wilson, D. W., et al. (2002). Psychological reactions to terrorist attacks: Findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association*, 288(5), 581–588.
- Shen, Y. C., Arkes, J., & Pilgrim, J. (2009). The effects of deployment intensity on post-traumatic stress disorder: 2002–2006. *Military Medicine*, 174(3), 217–223.
- Terranova, A. M., Boxer, P., & Morris, A. S. (2009). Factors influencing the course of posttraumatic stress following a natural disaster: Children's reactions to Hurricane Katrina. *Journal of Applied Developmental Psychology*, 30(3), 344–355.
- Whang, W., Kubzansky, L. D., Kawachi, I., Rexrode, K. M., Kroenke, C. H., Glynn, R. J., et al. (2009). Depression and risk of sudden cardiac death and coronary heart disease in women: Results from the Nurses' Health Study. *Journal of the American College of Cardiology*, 53(11), 950–958.

Major Depressive Episode and Serious Psychological Distress Among Persons Aged 12 or Older

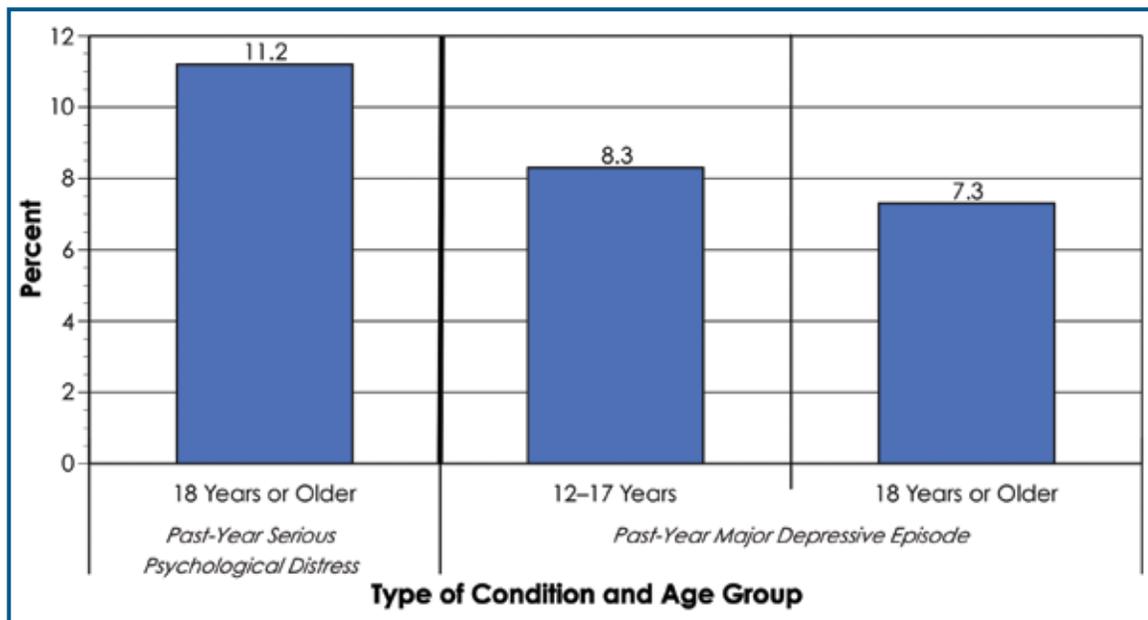
Many mental disorders, including depression, begin in the teenage years or even earlier. Other major disorders, such as schizophrenia, typically begin in early or middle adulthood. Adulthood often brings reactions to new major stresses, which are reflected in the SPD measure. SPD refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Most persons who have MDE are part of the larger group of persons who have SPD. To mitigate SPD and MDE in adulthood, it will be very important to

engage in prevention and early intervention during the childhood and teenage years.¹ Refer to Exhibit I.1, opposite page.

- Among persons aged 18 or older, the prevalence of SPD in the past year (11.2%) was greater than the prevalence of MDE in the past year (7.3%).
- The prevalence of past year MDE was greater for youth aged 12 to 17 (8.3%) than for adults (7.3%).

¹ National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academics Press.

Exhibit I.1 Percentage of Persons Aged 12 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Age Group: United States, 2005–2007



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007

See Table I.1

Notes: Serious Psychological Distress (SPD) refers to a mental condition that negatively impact one’s ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person’s functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale, a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned U.S. National Health Interview Survey. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned U.S. NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent’s emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. The National Academics Press. SAMHSA, Office of Applied Studies, 2004. *Results from the National Survey on Drug Use and Health: National findings*. Rockville, MD: U.S. HHS.

National Center for Health Statistics. National Health Interview Survey, 1997–2009. National Center for Health Statistics, Centers for Disease Control and Prevention. Hyattsville, Maryland.

SAMHSA. *Results from the National Survey on Drug Use and Health: National Findings*. (Office of Applied Studies). Rockville, MD.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L. T., et al. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol Med* 32, 959–976.

Kessler, R. C. et al. Estimating the prevalence and correlates of serious mental illness in community epidemiological surveys. Section III: Population Dynamics. National Mental Health Information Center. Center for Mental Health Services. SAMHSA. Available at: <http://mentalhealth.samhsa.gov/publications/allpubs/sma04-3938/Chapter12.asp>.

Emotional and Behavioral Difficulties Among Children Aged 4 to 17

An association between poverty and presence of mental problems was first documented for adults more than 50 years ago by Hollingshead and Redlich in *Social Class and Mental Illness*,¹ and reaffirmed more recently for adults² and teens.³ This exhibit shows that the relationship also holds for children and adolescents between the ages of 4 and 17. Poverty is considered to be a potent social determinant of health status, including mental status, in all age groups. Refer to Exhibit I.2, opposite page.

- For children aged 4 to 17 years, the prevalence of definite/severe emotional and behavior difficulties was greater for those below 100% of Federal Poverty Level

(FPL) than those in 200% of FPL or above.

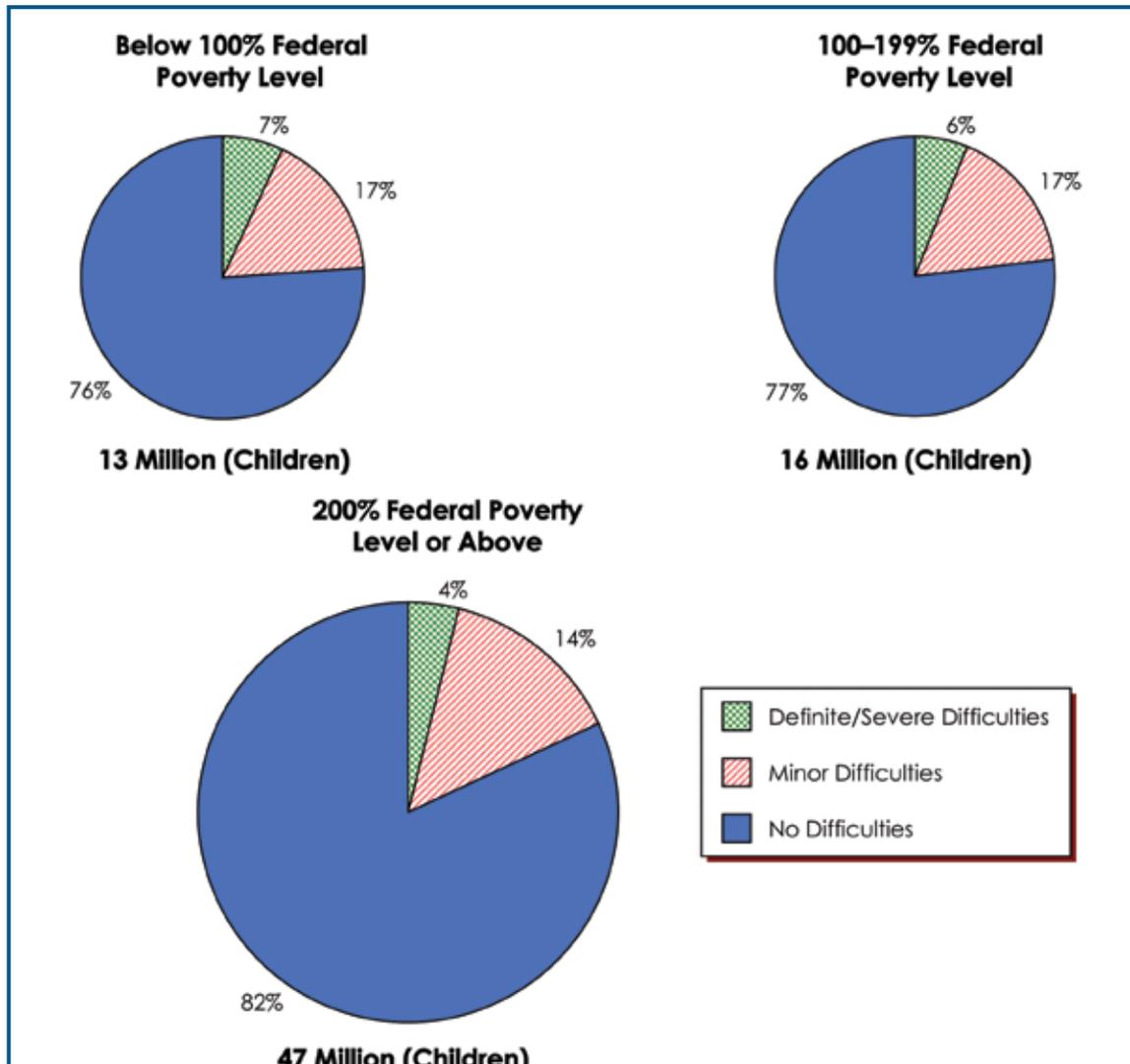
- The prevalence of definite/severe emotional and behavior difficulties was similar for children below 100% FPL and children between 100% and 199% FPL (7% and 6%, respectively).

¹ Hollingshead, A. B., Redlich, F. C. (1958). *Social class and mental illness*. New York: Wiley.

² Hudson, C. G. (2005). Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses. Salem State College. *American Journal of Orthopsychiatry*.

³ Goodman, R., et al. (2000). *Mental health and adolescents in Great Britain*. Stationary Office.

Exhibit I.2 Percentage of Children Aged 4–17 with Definite/Severe Emotional and Behavioral Difficulties by Poverty Status: United States, 2006



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, 2006 National Health Interview Survey

See Table I.2

Notes: Children with emotional and behavioral difficulties are defined as those whose parent responded, “yes, definite” or, “yes, severe” to the following question on the Strengths and Difficulties Questionnaire (SDQ) 1: “Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?” Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties.

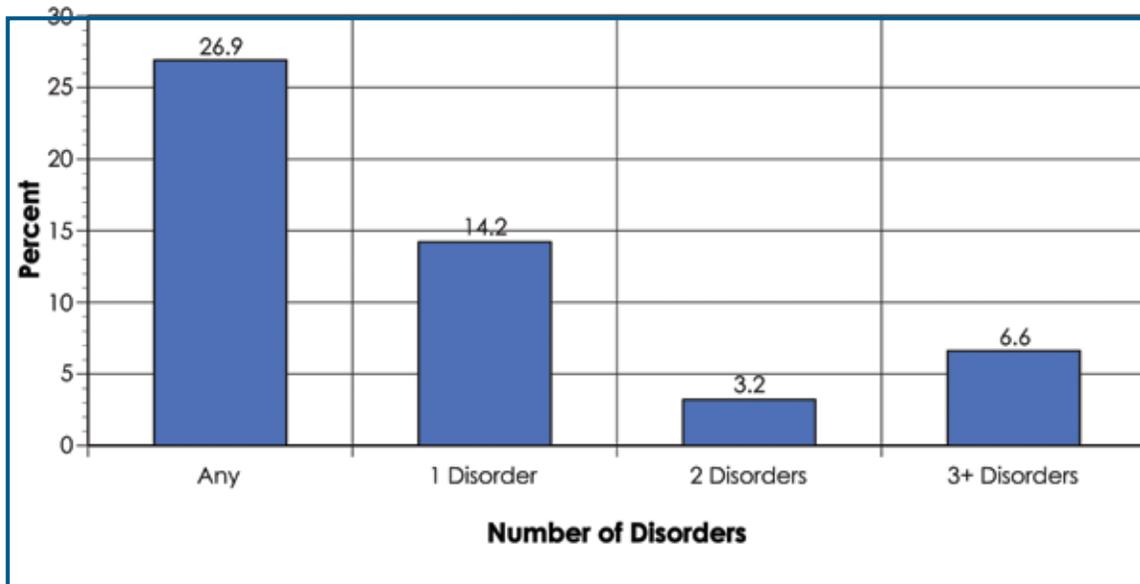
Poverty is typically measured according to Federal Poverty Level (FPL). FPL is based on annual family income and family size. National Health Interview Survey (NHIS) employs the federal definition of poverty status.

Number of Past-Year Mental Disorders Among Persons Aged 18 or Older

For any given year, research shows that a relatively larger number of adults have one mental disorder at some time during the year, compared to the number of people with multiple disorders. Although fewer people have more disorders, those with more disorders are likely to have greater severity of the disorders. Refer to Exhibit I.3 below.

- An estimated 26.9% of persons aged 18 or older in the United States had a mental disorder in 2001–2002.
- The percentage of persons with three or more disorders (6.6%) is significantly less than persons with one disorder

Exhibit I.3 Percentage of Persons Aged 18 or Older with a Past-Year Mental Disorder by Number of Disorders: United States, 2001–2002



Source: *Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication*

See Table I.5

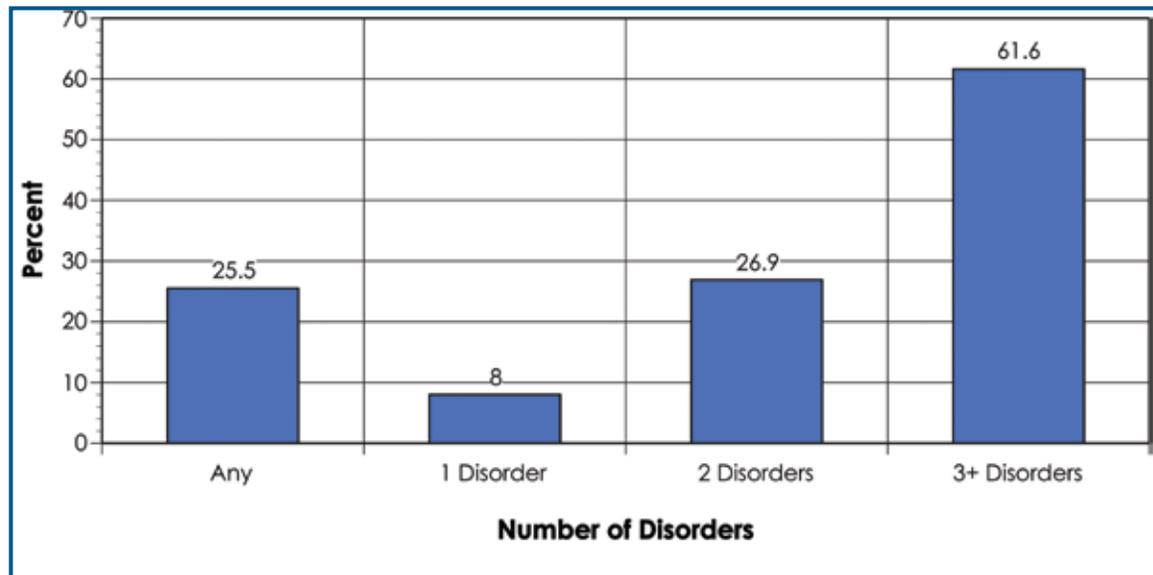
Notes: All rates are calculated with the U.S. civilian population, 18 and older, as the denominator.

Number of Past-Year Mental Disorders with Serious Severity Among Persons Aged 18 or Older

Adults with a larger number of mental conditions frequently experience greater severity because of the complexity of the conditions, the broader range of interventions required, and the negative impact of these conditions on well-being and quality of life. Many persons with very severe mental conditions receive their care in public settings operated or funded by state mental health agencies. Refer to Exhibit I.4 below.

- More than 25.5% of persons with a mental disorder had serious severity. Frequently, this is called serious mental illness.
- A larger percentage of persons aged 18 or older with three or more mental disorders experienced serious severity (61.6%) compared to persons with two disorders (26.9%) or one disorder (8.0%).

Exhibit I.4 Percentage of Persons Aged 18 or Older with a Past-Year Mental Disorder of Serious Severity by Number of Disorders: United States, 2001–2002



Source: Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication

See Table I.5

Notes: For serious severity, all rates are calculated with persons with mental illness as the denominator. For any disorder, all persons with a mental illness are included in the denominator. For one disorder, all persons with one disorder are included in the denominator. For two disorders, all persons with two disorders are included in the denominator. For three or more disorders, all persons with three or more disorders are included in the denominator.

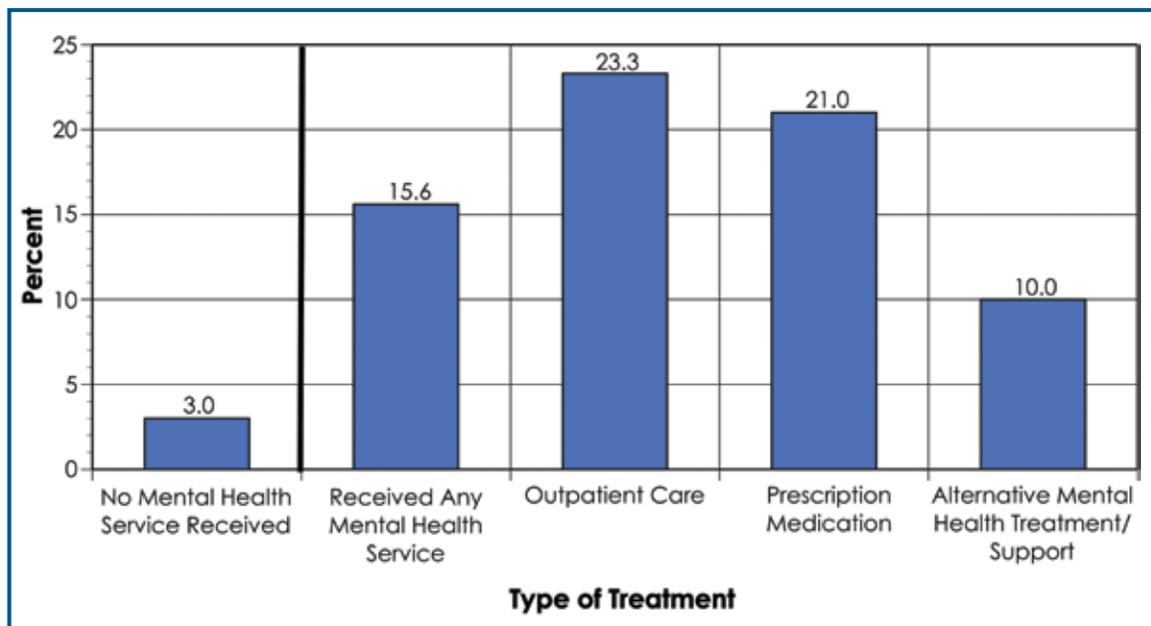
Ambulatory Treatment Among Persons Aged 65 or Older with Serious Psychological Distress

It is important to examine mental health service use for persons aged 65 or older because this population will double in size between now and 2030. The elderly are generally more vulnerable than those from younger age groups. As a result, they are also more likely to receive formal ambulatory care than informal care when they experience SPD. Outpatient care and prescription medication are more routine treatments given by mental health providers. Alternative treatment/support

is less frequently offered by mental health providers. Refer to Exhibit I.5, opposite page.

- A larger percentage of persons aged 65 or older with SPD received outpatient service treatment (23.3%) or prescription medication (21.0%), compared to alternative mental health treatment/support (10.0%).

Exhibit I.5 Percentage of Persons Aged 65 or Older Receiving Specific Types of Mental Health Services Who Had Past-Year Serious Psychological Distress: United States, 2005–2007



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007

See Table I.9

Notes: Outpatient mental health treatment/counseling is defined as having received outpatient care for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents could indicate multiple locations, so these response categories are not mutually exclusive. Alternative mental health treatment/support is defined as having received treatment, counseling, or support in the past year from alternative sources, such as an acupuncturist or acupressurist, chiropractor, herbalist, self-help group, Internet support group, spiritual/religious advisor, telephone hotline, or massage therapist. Respondents with unknown alternative treatment/support information were excluded.

Past-Year Major Depressive Episode by Veteran Status Among Persons Aged 18 or Older

For the 18–25 age group, it is likely that most veterans have served in Iraq or Afghanistan. Those who have served in Iraq or Afghanistan can be expected to have a greater prevalence of mental conditions, including depression, than other adults in the general population. For all ages combined, however, the reverse is noted, suggesting that, as a group, veterans have a lower prevalence of past-year major depressive episodes. This difference between veterans and nonveterans across age groups may reflect the changing nature of military recruitment. For younger veterans, military recruitment is based on volunteer enlistment, while for older age groups, it was based on the draft. The observed relationship may be confounded with gender and age. The military population is predominantly male, and men have lower rates of depression than women (Kessler et al., 2003). Veterans also have a higher proportion of older people, and the prevalence of depression declines with age (Kessler, Birnbaum, Bromet, Hwang, Sampson, & Shahly, 2010).^{1,2} MDE is of concern because it has very high

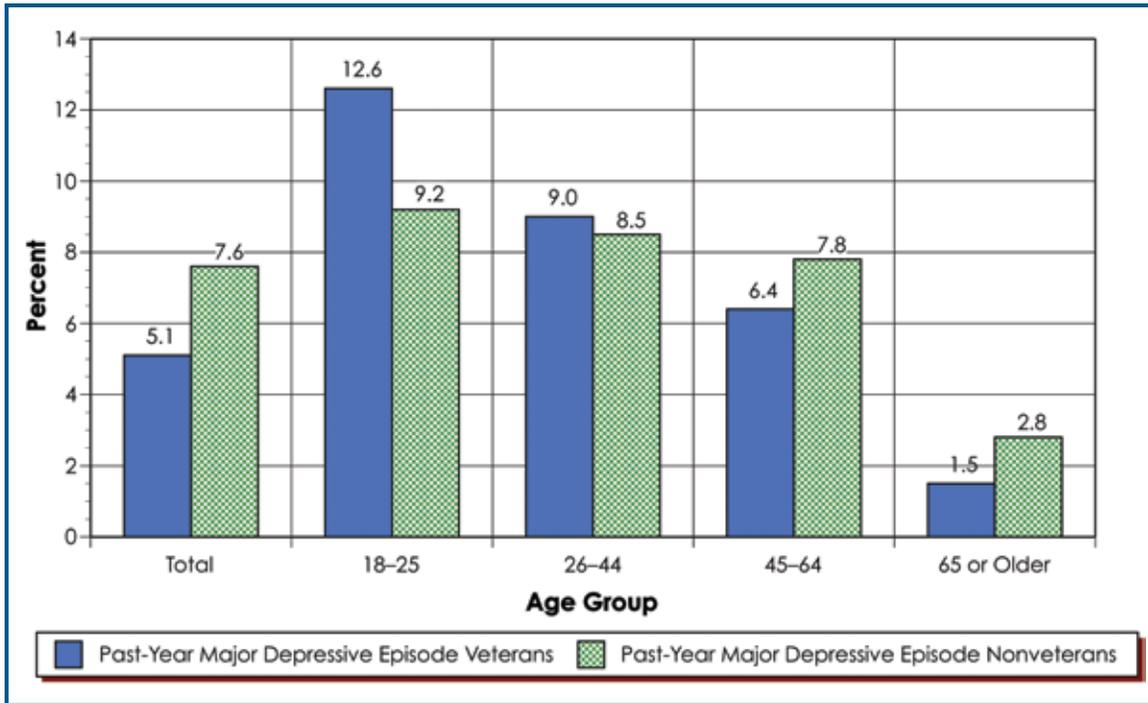
prevalence and is frequently associated with other disorders including physical illnesses. Refer to Exhibit I.6, opposite page.

- For all adults aged 18 or older, the prevalence of MDE in the past year was greater for nonveterans (7.6%) than for veterans (5.1%).
- With increasing age, the prevalence of MDE in the past year decreased among veterans and nonveterans.
- However, among persons 18 to 25, the prevalence of MDE in the past year was greater for veterans than nonveterans, 12.6% and 9.2%, respectively.

¹ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., et al. (2003). The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *JAMA*, 289(23), 3093–3105.

² Kessler, R. C., Birnbaum, H., Bromet, E., Hwang, I., Sampson, N., Shahly, V. (2010). Age differences in major depression: Results from the National Comorbidity Surveys Replication (NCS-R). *Psychological Medicine*, 40, 225–237.

Exhibit I.6 Percentage of Persons Aged 18 or Older with a Past-Year Major Depressive Episode by Veteran Status and Age Group: United States, 2005–2007



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007

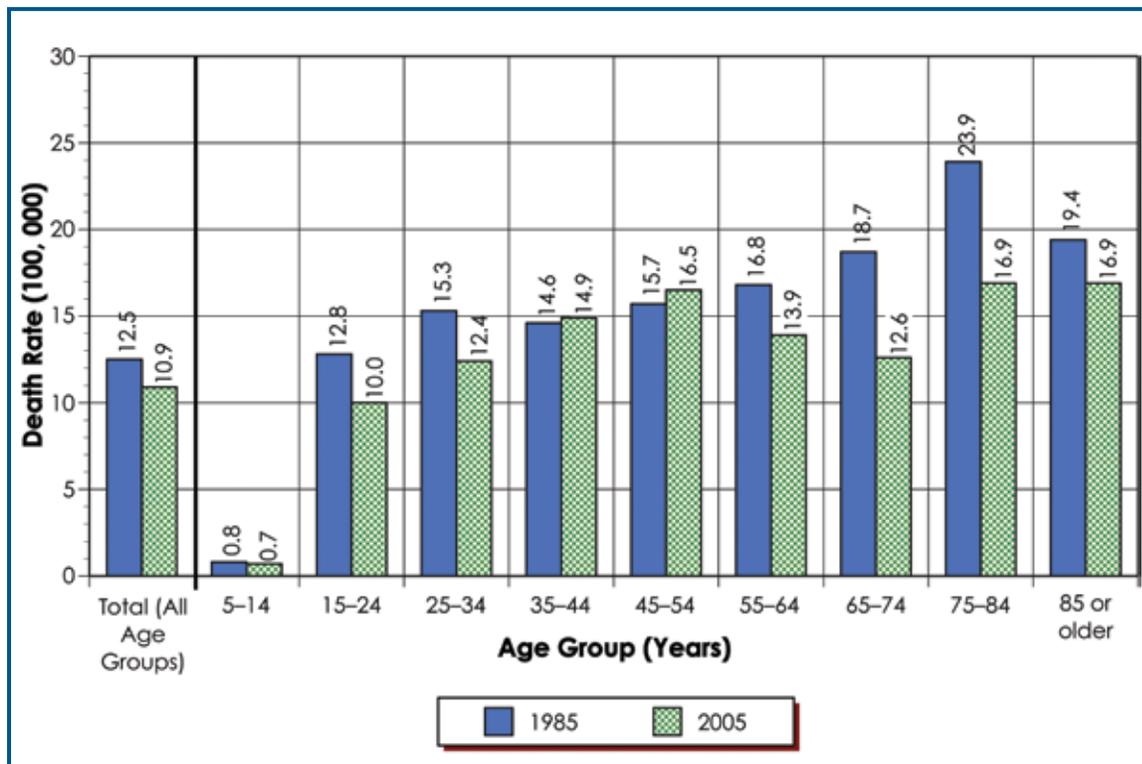
See Table I.10

Suicide Rates by Age Group

It is well known that suicide rates generally increase with increasing age.¹ It is less well known that suicide rates have declined over the past 20 years, particularly in elderly populations. In recent years, a higher proportion of elderly persons are receiving home health care and care in assisted living facilities. Home health care and care in assisted facilities is likely to play a role in the declining suicide rates among elderly persons.² Refer to Exhibit I.7 below.

- Between 1985 and 2005, the suicide death rate for all ages decreased from 12.5 to 10.9 per 100,000 persons.
- The highest rates of suicide were among persons aged 75 to 84 years (23.9 per 100,000 in 1985 and 16.9 per 100,000 in 2005).

Exhibit I.7 Suicide by Age Group: United States, 1985 and 2005



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

See Table I.12

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

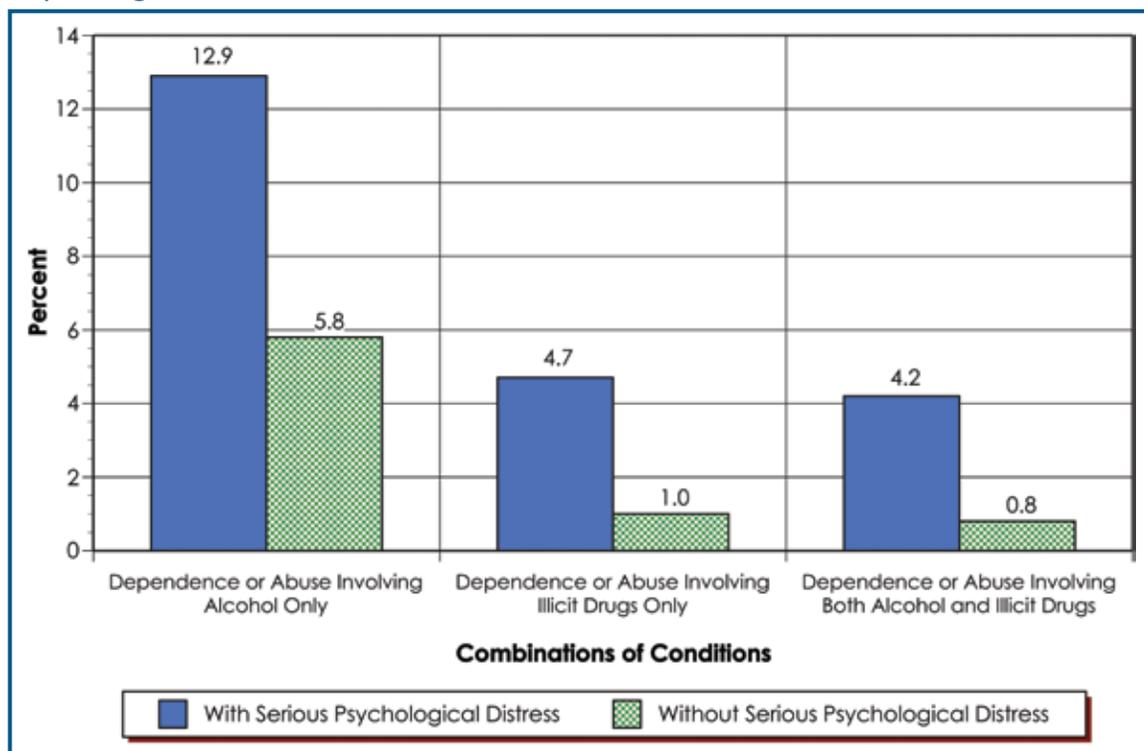
² The National Nursing Home Survey (NHHS). Centers for Disease Control and Prevention. National Center for Health Statistics. Vital Health Statistics.

Substance Dependence or Abuse Among Persons Aged 18 or Older With and Without Serious Psychological Distress

The positive association between SPD and substance abuse or dependence is well documented in national epidemiological surveys.¹ For any type of substance abuse or dependence, persons with SPD show higher prevalence rates. However, the prevalence of SPD and illicit drug abuse or dependence or combined alcohol and drug abuse and dependence are also very high. Refer to Exhibit I.8 below.

- Overall, the prevalence of substance dependence or abuse in the past year was greater for persons who experienced SPD compared to those without SPD.
- Among persons with SPD, the prevalence of alcohol dependence or abuse only in the past year (12.9%) was greater than the prevalence of dependence on or abuse of illicit drugs (4.7%) only and the prevalence of dependence on or abuse of both alcohol and illicit drugs (4.2%).

Exhibit I.8 Past-Year Substance Dependence or Abuse (Alcohol or Illicit Drugs) Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States, 2005–2007



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007

See Table I.12

¹ SAMHSA. *Results from the National Survey on Drug Use and Health: National Findings* (Office of Applied Studies). Rockville, MD.

Physical Disorders Among Persons Aged 18 or Older With and Without Serious Psychological Distress

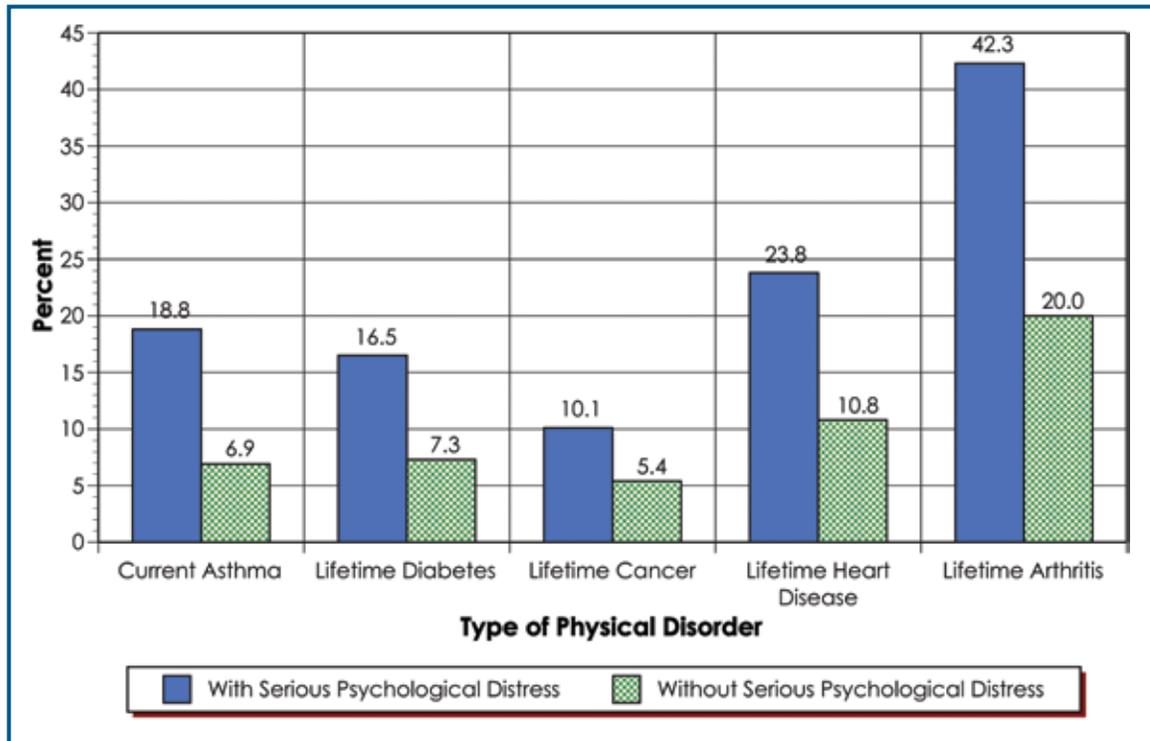
The relationship between mental and physical health conditions is of growing concern in the United States. Mental health clients served by public mental health programs have been shown to die 25 years younger than other Americans. This exhibit shows that persons with SPD are more likely to also have specific physical conditions than persons without SPD. Recent research has shown that appropriate treatment for a long-term mental condition can reduce the cost of treating such chronic

physical conditions.¹ Refer to Exhibit I.9, opposite page.

- Among adults aged 18 or older, those who experienced past-year SPD were more likely than those who had not experienced it to have been diagnosed by a doctor to also have asthma, diabetes, cancer, heart disease, or arthritis.
- Among persons with SPD, the most prevalent physical disorder was lifetime arthritis. Further, the rate of lifetime arthritis was more than double compared with persons without SPD.

¹ Schoenbaum, M., Unutzer, J., Sherbourne, C. D., Duan, N., Rubenstein, L. V., Miranda, J., & Meredith, L. S. (2001). Cost-effectiveness of practice-initiated quality improvement for depression: Results of a randomized controlled trial. *JAMA* 286(11), 1325–1330.

Exhibit I.9 Percentage of Persons Aged 18 or Older With Selected Physical Disorders, Separately for Those With and Without Past-Year Serious Psychological Distress: United States, Annual Average, 2005–2007



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey

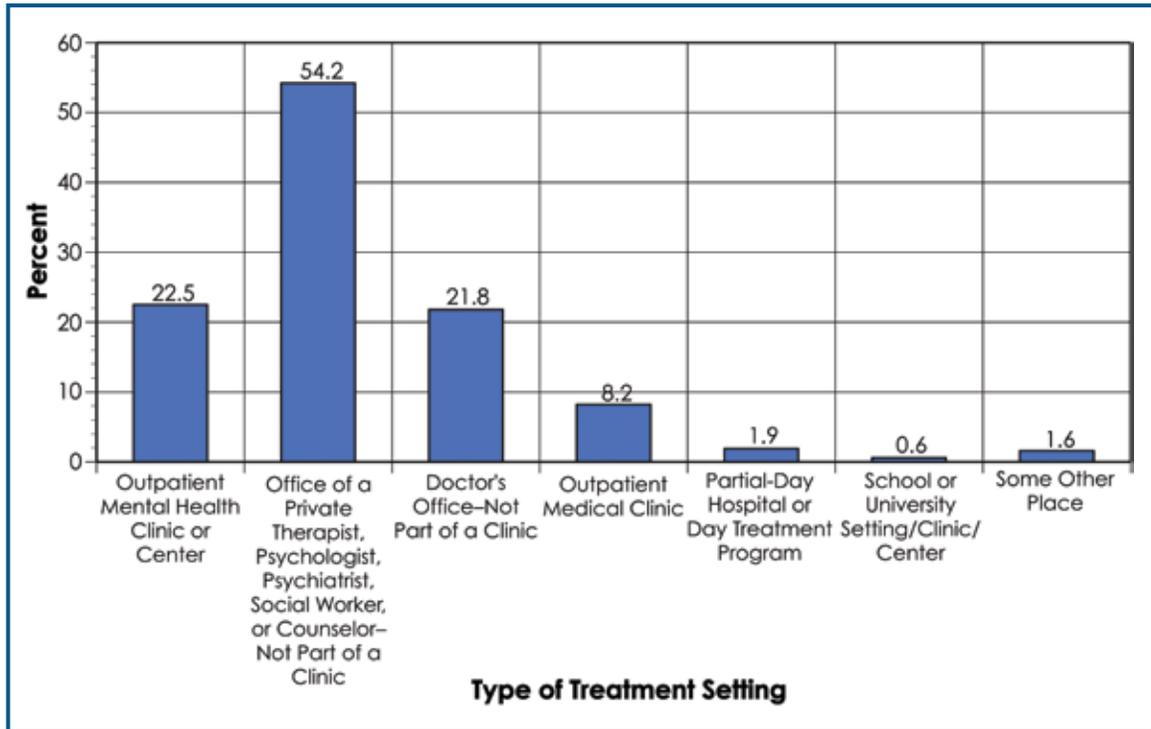
See Table I.16

Site of Outpatient Mental Health Treatment Among Persons Aged 18 or Older

Mental health practitioners' offices and clinics are the most common sites at which outpatient mental health care is received. It is not surprising that most persons who receive outpatient mental health care are seen in these settings. Less well known are the other settings where such care is received, as shown in the exhibit. Refer to Exhibit I.10, opposite page.

- Among persons aged 18 or older who received outpatient treatment, the largest percentage of persons received care in the office of a private-practice therapist, psychologist, psychiatrist, social worker, or counselor, not associated with a clinic (54.2 percent).
- Approximately 23 percent of persons received outpatient mental health treatment at an outpatient mental health clinic or center; 8 percent at medical clinics; and 1 percent at school/university clinics.
- 8.2 percent of persons received treatment at an outpatient medical clinic.
- Approximately 30 percent of total outpatient mental health care was delivered at outpatient clinics including mental health, medical, and school/university clinics.

Exhibit I.10 Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment by Treatment Setting: United States, 2005–2007



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007

See Table II.3

Notes: Respondents could indicate multiple locations, so these response categories are not mutually exclusive, and there is duplication since persons receive care in more than one setting. Hence, the total is more than 100 percent. The services settings covered in this survey are defined in the National Survey on Drug Use and Health.



Providers/Settings for Mental Health Services

Surveys of mental health epidemiology and related service use have consistently revealed high rates of unmet mental health need in the U.S. population. According to 2001–2002 data, 40 percent of the U.S. adult population with mental disorders received some mental health treatment in the past 12 months (Table II.1). Research has also shown that many children who might need mental health services do not receive them. For example, Kataoka and colleagues (2002) found that 23 percent of U.S. adolescents in need of mental health services received them in the past year. When adults and children do receive mental health services, they are increasingly likely to receive services from a nonspecialty service system, such as primary care, community health centers, emergency rooms, nursing homes, schools, and correctional institutions. For instance, Wang et al. (2005) found that 23 percent of U.S. adults had a mental health problem treated in the past year by a general medical provider (physician, nurse, or other health professional), 16 percent by a nonpsychiatrist mental health specialist, 12 percent by a psychiatrist, 8 percent by a human services provider, and 7 percent by a complementary and alternative medical provider. Results from the 2005–2007 NSDUH data indicate that 13 percent of youth received mental health services from a specialty outpatient or inpatient provider, 2.6 percent received services in an educational setting, and 11.9 percent received services from a pediatrician or family doctor (Table II.4)

2.1 Trends in Mental Health Service Provision

Three recent trends are perhaps most prominent in the provision of mental health services: the number of inpatient psychiatric beds has been falling, the use of care from nonspecialty providers has increased, and the use of prescription medication has greatly increased. The reduction in the number of

inpatient psychiatric beds has occurred both in specialty facilities and nonspecialty general hospitals, driven initially by the push toward deinstitutionalization and the development of effective psychotropic medications (Manderscheid, Atay, & Crider, 2009; Sharfstein & Dickerson, 2009). For instance, the number of mental health organizations with 24-hour hospital/residential treatment

settings decreased from 3,512 to 2,891 between 1986 and 2004 (Exhibit II.1). The total number of specialty hospital and residential treatment beds decreased from 267,613 to 212,231 over the same period (Exhibit II.2). Clinical emphasis has shifted toward provision of community-based treatment, allowing individuals to receive treatment where they live, while decreasing the high costs associated with inpatient treatment. This movement has resulted in a shift in the availability of specialty psychiatric hospital beds to general/community hospitals and other nonpsychiatric residential settings.

Concurrent with the reduction in inpatient usage has been the growth of nonspecialty care. A study using the two available waves of the National Comorbidity Survey (1990–1992 and 2000–2002) indicates that in the first wave of the survey, 6.8 percent of people with any mental disorder received mental health care from the general medical sector (Kessler, Demler, Frank, Olfson, Pincus, & Walters, 2005). By the second wave of the survey, which was approximately 10 years later, the proportion had grown to 17.9 percent. This growth in usage represented a 2.5-fold increase.

The count of prescription medication fills among the noninstitutionalized population in the United States for psychotherapeutic medications has grown dramatically (Table II.15). In 1996, there were 121 million fills for this broad class of medications. In 2006, that number was 274 million, representing more than a doubling over 10 years.

2.2 The Mental Health Workforce

The adequacy of the current U.S. mental health workforce is a growing concern given levels of mental health need and the

challenges inherent to recruiting and retaining the requisite number of trained professionals. The workforce gap of mental health professionals is detailed in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) *Action Plan for Behavioral Health Workforce Development* (Hoge et al., 2007). In 2002, more than 500,000 clinically trained mental health professionals were working in the United States. Trends in the mental health workforce vary by discipline: Over the past 15 years, psychology and social work have grown while psychiatry has remained stable and is composed of an ever-aging workforce. In 2006, more than 50 percent of male U.S. psychiatrists and 25 percent of female psychiatrists were aged 60 or older (Table II.5). More nurses have received psychiatric training, but this increase has been offset by the number of nurses who have left the profession. In addition, the pipeline of trainees has been described as “anemic” in terms of the potential to meet rising demands (Hoge et al., 2007). Of particular concern are the availability of mental health professionals in rural and impoverished communities (see Table II.6) for recent estimates of specialty providers across U.S. regions) and the lack of diversity and cultural competence among existing providers (Greiner & Knebel, 2003). Between 68 percent (female psychologists) and 97 percent (male marriage and family therapists) of clinically trained mental health personnel describe themselves as non-Hispanic White (see Table II.5). The SAMHSA *Action Plan* provides details on the current workforce and suggests steps the field can take to begin addressing the gap between needs and resources.

2.3 Specialty Mental Health Settings

Specialty mental health treatment is a key service for individuals with mental health problems. The term “specialty mental health setting” refers to the location and environment in which a practitioner performs work. For specialists—such as psychiatrists, psychologists, psychiatric nurses, social workers, or other mental health professionals—the setting is usually a private office, hospital, or clinic. According to the National Comorbidity Survey Replication (NCS-R), 22 percent of adults with mental disorders received past-year services in the mental health specialty sector (Wang et al., 2005). Specialty mental health is the second most common service sector used by children after mental health services in schools. Approximately one in five children with a serious emotional disturbance (SED) received specialty mental health services in the past year (Farmer, Burns, Phillips, Angold, & Costello, 2003). NSDUH data from 2005 to 2007 (Table II.4) indicate that 13 percent of all youth aged 12 to 17 received specialty mental health care. There are three primary types of specialty mental health services: outpatient, inpatient or residential, and psychotropic medication. Information on specialty care is summarized in Tables II.1, II.2, II.3, II.4, II.7, II.8, II.9, and II.10.

Specialty outpatient mental health services. In 2007, the type of mental health services most often received by adults aged 18 or older was prescription medication (11.1 percent), followed by outpatient services (6.9 percent) (SAMHSA, 2008). Specialty outpatient mental health services include services received from an outpatient mental health clinic or those received from a private therapist or mental health practitioner in an office setting. These specialty outpatient

services should be distinguished from other mental health outpatient services that may be received from a doctor’s office, outpatient medical clinic, or partial-day hospital. According to NSDUH, from 2005 to 2007, 22.5 percent of U.S. adults who used any outpatient mental health treatment reported having received specialty outpatient mental health services from a clinic or center, and 54.2 percent reported receiving outpatient services from an office-based mental health specialist (see Table II.3). Among adolescents aged 12 to 17 who received mental health treatment, 11.7 percent received a specialty outpatient mental health service in the past year (see Table II.4). The most common outpatient specialty services included treatment from a private therapist or counselor (9.8 percent) followed by in-home mental health services (2.9 percent) and services received through a mental health clinic or center (2.4 percent).

Inpatient and residential mental health services. According to 2007 NSDUH data, about 2.1 million adults (1.0 percent of the population aged 18 or older) received inpatient care for mental health problems during the past year (SAMHSA, 2008). Inpatient or residential mental health services are the least likely mental health services to be used by individuals with mental health problems. Among adults surveyed in NSDUH who had used some mental health service in the past year, only 7 percent reported using inpatient services (Barker et al., 2004). For youth aged 12 to 17 years, 2.6 percent reported receiving inpatient or residential mental health treatment in the past year (see Table II.4).

Since at least the mid-1980s, the number of inpatient psychiatric beds available in specialty facilities has decreased steadily.

From 1986 to 2004, the number of beds in mental health organizations fell by about one-fifth (Exhibit II.2). Coupled with this trend, there is some evidence that general hospital beds have been more commonly used. From 1995 to 2002, National Hospital Discharge Survey data indicate that annual discharge rates from general hospitals for cases with serious mental illness increased by 34 percent (Watanabe-Galloway & Zhang, 2007).

An exception to the trend in the falling number of inpatient psychiatric beds is a slight increase in the number of residential treatment centers for children with emotional or behavior problems between 1986 and 2004 (Exhibit II.2).

Psychotropic medications. Psychotropic medications are the most commonly received mental health treatment in adults. Most individuals with mental health problems surveyed in NSDUH who used some service in the past year reported using prescription medication (79 percent) (Barker et al., 2004).

The use of psychotropic medications for mental disorders among U.S. adults was examined in the National Health and Nutrition Examination Survey (Paulose-Ram, Jonas, Orwig, & Safran, 2004). Among adults aged 17 or older, 6 percent reported using psychotropic medication in the past month. Anxiolytics, sedatives, and hypnotics were the most common, followed by antidepressants, antipsychotics, and antimanic medications. Adults' use of psychotropic medications has increased over the past decade (Zuvekas, 2005). In particular, the number of antidepressant prescription drug refills increased from 59 million to 156 million between 1996 and 2006 (Table II.15). Use of psychotropic medication also differs by gender and race/

ethnicity. For instance, psychotropic medication use was more common among women than men and more common among non-Hispanic Whites than non-Hispanic minorities. Other factors associated with higher usage rates were being age 40 or older, having less than 9 years of education, having insurance, and living below the Federal poverty level. See Tables II.15 and II.16 for recent estimates of psychotropic drug use.

During the past 2 decades, prescribing of psychotropic drugs for children with mental disorders has increased (Martin & Leslie, 2003), likely because of the increasing availability and acceptance of off-label use of these medications (i.e., prescribing for conditions not yet approved by the Food and Drug Administration). Zito and colleagues (2000) reported dramatic increases in preschooler psychotropic medication use, particularly stimulant medication, from 1991 to 1995. Polypharmacy is also increasingly common: A recent study comparing youth Medicaid enrollees in two states showed that nearly one-third of youth using psychotropic medication were receiving multiple medications (dosReis et al., 2005). Research on efficacy and safety of psychotropic drugs in children has lagged behind the increase in prescribing (Zito et al., 2003). Antipsychotics are increasingly used to treat disruptive behavior disorders, despite concerns about serious side effects, such as weight gain and increased risk for diabetes (Olfson, Blanco, Liu, Moreno, & Laje, 2006).

2.4 Nonspecialty Mental Health Settings

Mental health services are increasingly being delivered by nonspecialty providers, particularly primary care providers (Wang et

al., 2006). Important nonspecialty service sectors include primary care and general medicine, community health centers, emergency rooms, nursing homes, schools, and correctional institutions.

Primary care and general medicine. From 1993 to 2003, general medical care providers (e.g., primary care doctor, another general medical doctor, nurse) became the most frequently used source of care for mental health problems among U.S. adults (Wang et al., 2006). In 2006, the most common types of primary care specialists seen by patients younger than age 65 were those in general and family practice followed by internal medicine and then pediatrics (see Table II.14). In 2006, the percent of physician office visits for a mental health problem was 7.7 (Table II.13). The increased use of general medicine mental health services may be at least partially explained by the use of primary care physicians for referrals to specialty care, greater awareness and use of screening tools, and the development of safer psychotropic medications. The burden placed on primary care physicians is also likely due in part to a shortage of specialty mental health care providers. Cunningham (2009) found that more than two-thirds of primary care physicians who tried to obtain outpatient mental health services for their patients were unsuccessful because of shortages in mental health care providers, health plan barriers, and lack of coverage or inadequate coverage.

Community health centers. Community health centers have grown in importance as a nonspecialty service setting for individuals with mental health problems. This expansion may be due in part to an increase in the federal grant program that supports their services. The Health Resources and Services

Administration defines a “community health center” as a community-based entity that serves a medically underserved population with primary health services as well as additional health services (including behavioral and mental health and substance abuse services) that are appropriate to meet the health needs of the center’s target population. More than three of every four community health centers directly offer mental health treatment and counseling (see Exhibit II.8). Many other community health centers refer patients elsewhere for treatment and counseling services. Nearly three-fourths (71.7 percent) of community health centers provide developmental screening, and 19.8 percent provide 24-hour crisis intervention or counseling.

Emergency rooms. Persons with mental disorders often seek care at emergency rooms, but estimates of emergency room mental health service use vary. Data from 2005 indicate that 2.8 percent (or 2.7 million) of more than 99 million total emergency room visits in the United States were associated with a primary mental health diagnosis (see Table II.12). Approximately 3 percent of all visits had mental health as a principal diagnosis. Of these visits and among people aged 10 and older, the three most prevalent types of condition were neurotic and other depressive disorders (44.3 percent), major depression (21.4 percent), and schizophrenia (11.3 percent).

Nursing homes. Some evidence suggests that nursing homes are increasingly used as treatment facilities for mentally ill adults. Approximately 49 percent of the total population of nursing home residents included in the 2004 National Nursing Home Survey had some diagnosis of mental illness. Among people with any mental

health diagnosis, the most common mental health diagnosis was depressive disorders (see Table II.18). Patients with mental illness are less likely than in previous years to be placed in inpatient psychiatric facilities, and many have instead been placed in other types of inpatient settings, such as nursing homes. Across states, among new admissions to nursing homes, individuals with mental illness are younger and more likely to become long-term residents (Grabowski, Aschbrenner, Feng, & Mor, 2009). Although recent estimates are available, as Bagchi, Verdier, and Simon (2009) describe, estimates of mental illness in nursing homes across the United States vary widely depending on the targeted sample, survey, or data set. Estimating rates of mental illness in nursing homes is further complicated by wide state variation, driven by differences in state Medicaid policies (Grabowski et al., 2009). More research is needed to examine the need for and nature of mental health services provided by nursing homes.

Schools. When a child receives a mental health service, it is most often provided in schools (Rones & Hoagwood, 2000). Other research confirms the important role of schools as a setting for mental health service provision. In a recent survey of schools, for example, 20 percent of students received some type of service related to their mental health in the past year (Foster et al., 2005). As shown in Exhibit II.19, more than 80 percent of schools provide identification/assessment for emotional and behavioral disorders, and more than 85 percent provide crisis services. A SAMHSA-commissioned survey of schools found that the staff members most commonly providing mental health services were school counselors, followed by nurses, school psychologists, and

social workers (Foster et al., 2005). The potential for schools to provide quality services to a large number of children with mental health needs is great.

Correctional institutions. Approximately 56 percent of all state prison inmates in 2004 and 64 percent of local jail inmates in 2002 are thought to have had some kind of mental health problem (Table II.20). As much as one-fourth of the adult prison population has a serious mental illness (Lamb & Weinberger, 2005). Such high rates are thought to be related to deinstitutionalization. With the closing of psychiatric facilities and the resulting shortage in the number of inpatient psychiatric beds, these arrestees are now more likely to be incarcerated. Many different types of services are provided by prisons. Between 18 percent and 34 percent of U.S. prisons report having some type of diversion program for mentally ill inmates (Steadman et al., 1999), including programs that release prisoners back into the community with individualized, community-based treatment plans. Other forms of treatment are provided to mentally ill inmates within prison walls. In 2000, the Bureau of Justice Statistics reported that 70 percent of state prisons provide mental health screening at intake, 65 percent conduct psychiatric assessments, 71 percent provide therapy/counseling, 73 percent distribute psychotropic medications, and 66 percent help released inmates obtain services (Beck & Maruschak, 2001). The same report indicated that 1 in 10 state prisoners received psychotropic medication, and 1 in 8 received psychotherapy or counseling (see Tables II.21 and II.22).

Similarly, youth in juvenile detention have very high rates of mental disorders. Between

65 and 70 percent of youth in detention facilities have a diagnosable mental disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). The United States Department of Justice (2005) has questioned the ability of these facilities to provide the level of mental health treatment that is needed to meet such enormous demand. The most common way for incarcerated youth to receive mental health treatment is through mental health courts, which provide linkages to community-based treatment programs. Although the benefit of these courts has been recognized by the National Center for Mental Health and Juvenile Justice (Cocozza & Shufelt, 2006), it is not clear how widely available they are and how many juvenile detainees use such services. Like schools, the juvenile justice system is a critical identification point for youth with mental disorders, but the system often lacks resources to adequately meet the level of mental health needs.

2.5 Summary

The face of the U.S. mental health service delivery system is changing. This change includes shifts toward community-based treatment and increased emphasis on the use of evidence-based practices, as well as increases in nonspecialty treatment and the use of psychotropic medications. Many adults and children with mental health needs do not receive any treatment either in specialty or nonspecialty settings. The fragmentation of the U.S. mental health service system led to the New Freedom Commission on Mental Health's (2003) call for transformation to better integrate nonspecialty, community-based service providers with traditional, specialty mental health service providers and also to decrease

the use of restrictive placements in psychiatric facilities. This call for reform has introduced new challenges for the mental health field to fund and train its workforce to meet growing service needs in the community. However, opportunities exist to bring evidence-based practices and community-based treatment options to nonspecialty service sectors (such as doctors' offices, nursing homes, schools, and correctional institutions) where many adults and children with mental health needs may be identified and served.

2.6 References

- Bagchi, A. D., Verdier, J. M., & Simon, S. E. (2009). How many nursing home residents live with a mental illness? *Psychiatric Services, 60*(7), 958–964.
- Barker, P. R., Epstein, J. F., Hourani, L. L., Gfroerer, J., Clinton-Sherrod, A. M., West, et al. (2004). *Patterns of mental health service utilization and substance use among adults, 2000 and 2001*. (DHHS Publication No. SMA 04-3901, Analytic Series A-22). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- Beck, A. J., & Maruschak, L. M. (2001, July). Mental health treatment in state prisons, 2000. *Bureau of Justice Statistics Special Report*. Retrieved September 29, 2009, from <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhtsp00.pdf>.
- Cocozza, J. J., & Shufelt, J. L. (2006, June). Juvenile mental health courts: An emerging strategy. *National Center for Mental Health and Juvenile Justice, Research and Program Brief*. Retrieved September 29, 2009, from <http://www.ncmhjj.com/pdfs/publications/JuvenileMentalHealthCourts.pdf>.
- Cunningham, P. J. (2009). Beyond parity: Primary care physicians' perspectives on access to mental health care. *Health Affairs, 28*(3), w490–w501.
- dosReis, S., Zito, J. M., Safer, D. J., Gardner, J. E., Puccia, K. B., & Owens, P. L. (2005). Multiple psychotropic medication use for youths: A two-state comparison. *Journal of Child and Adolescent Psychopharmacology, 15*(1), 68–77.

- Farmer, E. M., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*(1), 60–66.
- Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). *School mental health services in the United States, 2002–2003*. (DHHS Pub. No. SMA 05-4068). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Grabowski, D. C., Aschbrenner, K. A., Feng, Z., & Mor, V. (2009). Mental illness in nursing homes: Variations across states. *Health Affairs, 28*(3), 689–700.
- Greiner, A. C., & Knebel, E. (Eds.). (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Hazlett, S. B., McCarthy, M. L., Londner, M. S., & Onyike, C. U. (2004). Epidemiology of adult psychiatric visits to U.S. emergency departments. *Academic Emergency Medicine, 11*(2), 193–195.
- Hoge, M. A., Morris, J. A., Daniels, A. S., Stuart, G. W., Huey, L. Y., & Adams, N. (2007). *An action plan for behavioral health workforce development*. Prepared for the Substance Abuse and Mental Health Services Administration. Retrieved September 29, 2009, from http://www.samhsa.gov/matrix2/matrix_workforce.aspx.
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry, 159*(9), 1548–1555.
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine, 352*, 2515–2523.
- Lamb, H. R., & Weinberger, L. E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons. *Journal of the American Academy of Psychiatry and Law, 33*(4), 529–534.
- Manderscheid, R. W., Atay, J. E., & Crider, R. A. (2009). Changing trends in state psychiatric hospital use from 2002 to 2005. *Psychiatric Services, 60*(1), 29–34.
- Martin, A., & Leslie, D. (2003). Trends in psychotropic medication costs for children and adolescents, 1997–2000. *Archives of Pediatrics and Adolescent Medicine, 157*(10), 997–1004.
- New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report*. (DHHS Pub. No. SMA-03-3832). Rockville, MD: New Freedom Commission on Mental Health.
- Olfson, M., Blanco, C., Liu, L., Moreno, C., & Laje, G. (2006). National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. *Archives of General Psychiatry, 63*(6), 679–685.
- Paulose-Ram, R., Jonas, B. S., Orwig, D., & Safran, M. A. (2004). Prescription psychotropic medication use among the U.S. adult population: Results from the third National Health and Nutrition Examination Survey, 1988–1994. *Journal of Clinical Epidemiology, 57*(3), 309–317.
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review, 3*(4), 223–241.
- SAMHSA (Substance Abuse and Mental Health Services Administration). (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings*. (NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- Sharfstein, S. S., & Dickerson, F. B. (2009). Hospital psychiatry for the twenty-first century. *Health Affairs, 28*(3), 685–688.
- Steadman, H. J., Deane, M. W., Morrissey, J. P., Westcott, M. L., Salasin, S., & Shapiro, S. (1999). A SAMHSA research initiative assessing the effectiveness of jail diversion programs for mentally ill persons. *Psychiatric Services, 50*(12), 1620–1623.
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59*, 1133–1143.

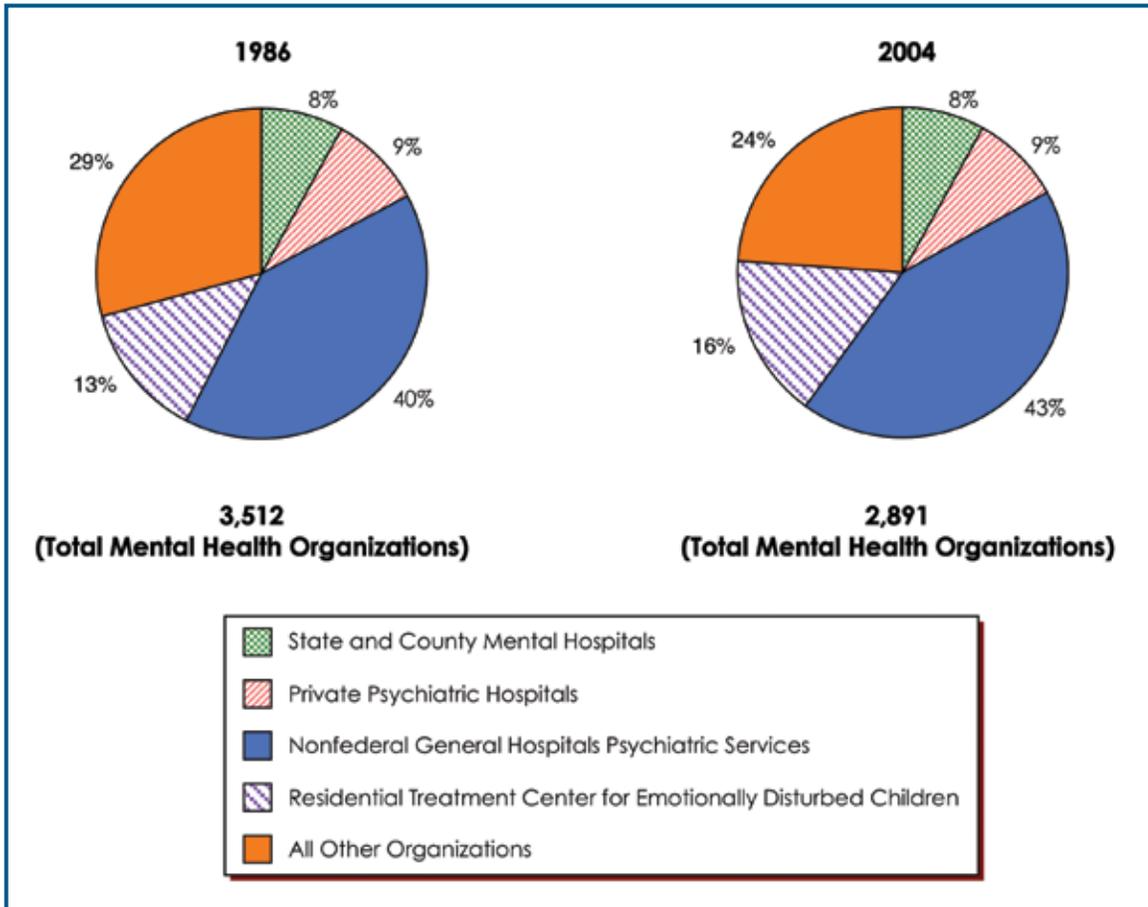
- United States Department of Justice. (2005). *Department of Justice activities under Civil Rights of Institutionalized Persons Act: Fiscal year 2004*. Washington, DC: United States Department of Justice.
- US HHS (U.S. Department of Health and Human Services). (1999). *Mental health: A report of the Surgeon General—Executive summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- US HHS (U.S. Department of Health and Human Services). (2005). *National consensus statement on mental health recovery*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Wang, P. S., Demler, O., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2006). Changing profiles of service sectors used for mental health care in the United States. *American Journal of Psychiatry*, 163(7), 1187–1198.
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629–640.
- Wang, P. S., Ulbricht, C. M., & Schoenbaum, M. (2009). Improving mental health treatments through comparative effectiveness research. *Health Affairs*, 28(3), 783–791.
- Watanabe-Galloway, S., & Zhang, W. (2007). Analysis of U.S. trends in discharges from general hospitals for episodes of serious mental illness, 1995–2002. *Psychiatric Services*, 58, 496–502.
- Zito, J. M., Safer, D. J., dosReis, S., Gardner, J. F., Boles, M., & Lynch, F. (2000). Trends in the prescribing of psychotropic medications to preschoolers. *Journal of the American Medical Association*, 283(8), 1025–1030.
- Zito, J. M., Safer, D. J., dosReis, S., Gardner, J. F., Magder, L., Soeken, K., et al. (2003). Psychotropic practice patterns for youth: A 10-year perspective. *Archives of Pediatric and Adolescent Medicine*, 157(1), 17–25.
- Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205.

Distribution of Mental Health Organizations with 24-Hour Service Settings

For more than 50 years, deinstitutionalization has been under way in the United States. A much more recent phenomenon is the decrease in the availability of inpatient care settings in the community. Exhibit II.1 (opposite page) shows the decrease over the past 2 decades in the number of mental health organizations offering such services. The data shown in this exhibit indicate that the relative distribution of these services has not changed much between 1986 and 2004.

- The number of mental health organizations with 24-hour hospital/residential treatment settings decreased from 3,512 to 2,891 between 1986 and 2004.
- The only exception to this trend is the increase in the number of residential treatment centers for emotionally disturbed children, which increased from 437 to 458 between 1986 and 2004 (see Table II.7).

Exhibit II.1 Number of Mental Health Organizations with 24-hour Hospital/ Residential Treatment Settings by Type of Organization: United States, 1986 and 2004



Source: SAMHSA, Center for Mental Health Services (CMHS), Survey Inventory of Mental Health Organizations

See Table II.7

Notes: Deinstitutionalization is a long-term process, begun in 1955, through which many persons who were previously inpatients in hospital settings, particularly state and county mental hospitals, were moved to the community and served through community settings.

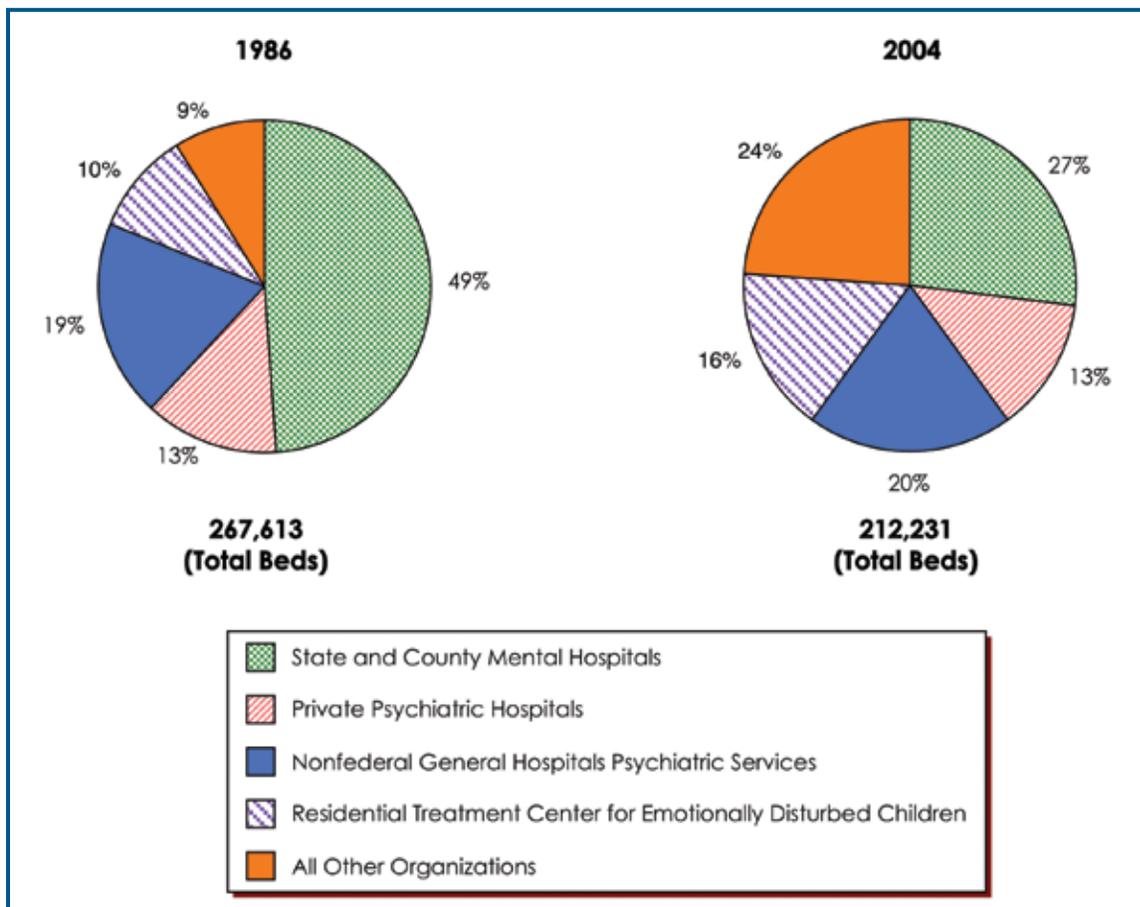
The treatment and settings definitions can be found in the Survey Inventory of Mental Health Organizations

Beds in Mental Health Organizations

Like Exhibit II.1, this exhibit documents the decrease in 24-hour care in the United States. Here, the measure is inpatient and residential treatment beds. With this shift away from specialty hospital beds, the only settings to show an increase in beds over the past 2 decades are residential treatment centers for emotionally disturbed children and “all other organizations,” typically specialty clinics in the community. Refer to Exhibit II.2 below.

- The total number of specialty hospital and residential treatment beds decreased from 267,613 to 212,231 between 1986 and 2004.
- In both 1986 and 2004, state and county mental hospitals account for the largest percentage of beds, with 49% and 27%, respectively.

Exhibit II.2 Number of 24-Hour Hospital/Residential Treatment Beds by Type of Mental Health Organization: United States, 1986 and 2004



Source: CMHS, SAMHSA, Survey Inventory of Mental Health Organizations.

See Table II.8

Notes: The treatment and settings definitions can be found in the Survey Inventory of Mental Health Organizations.

Admissions to State/County Mental Hospitals

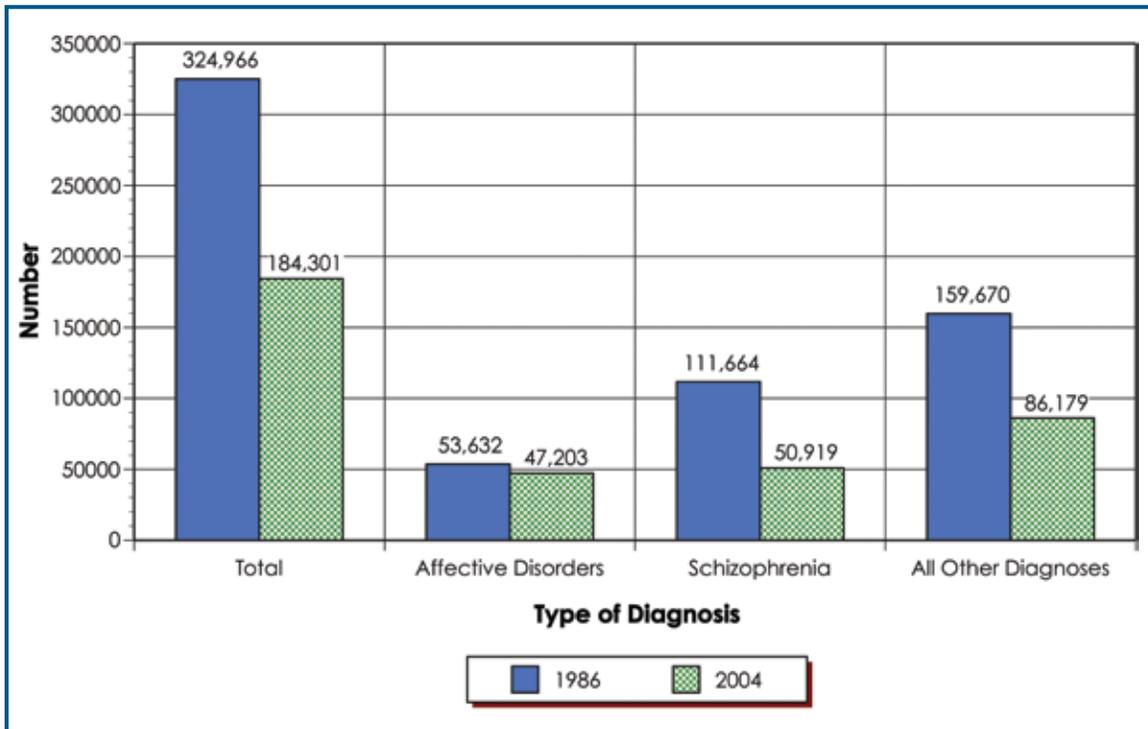
For almost 40 years, the number of admissions has been declining in state and county mental hospitals, as part of a process of deinstitutionalization. The data presented in this exhibit support the long-term trend.

- Overall, between 1986 and 2004, the number of admissions to state and county mental hospitals declined from 324,966 to

184,301. This downward trend was mirrored in each of the major diagnostic categories.

- More recently, the number of admissions to state and county hospitals increased from 2002 and 2005 (results not shown).

Exhibit II.3 Number of Admissions to State and County Mental Hospitals: United States, 1986 and 2004



Source: Annual Census of State and County Mental Health Hospitals, 1986 and 2004: CMHS, SAMHSA

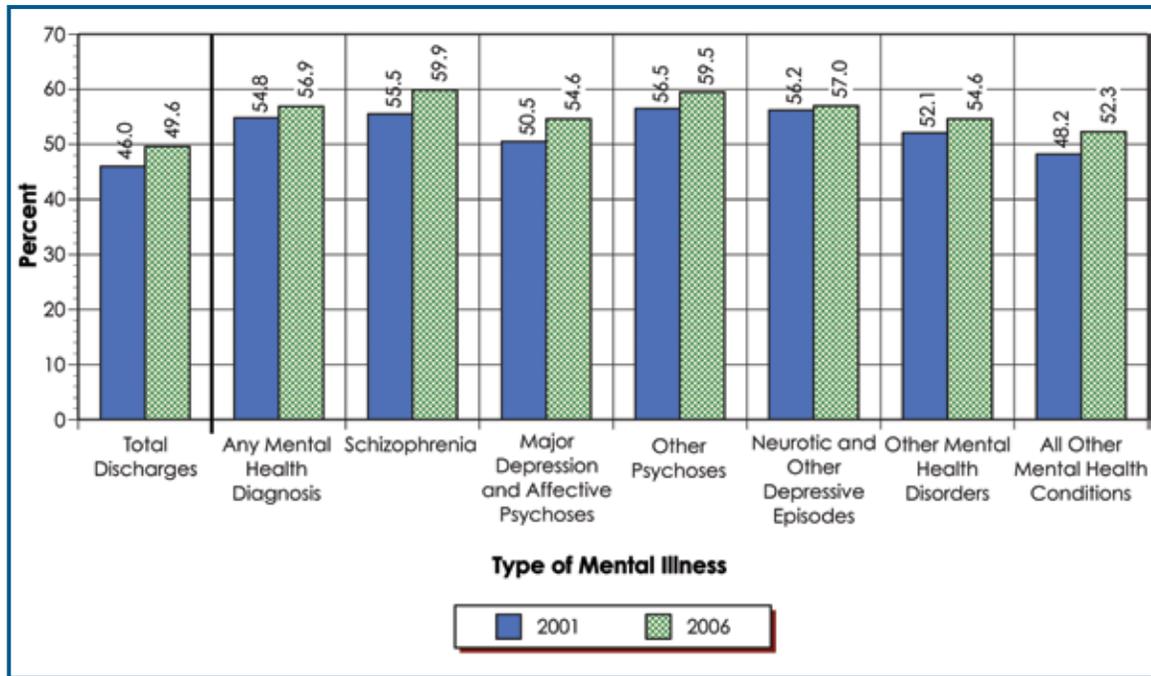
See Table II.10

Hospital Discharges Admitted Through the Emergency Department

Growing concern has been expressed about the increasing number of mental health consumers admitted to community general hospitals through emergency departments. This exhibit shows that, irrespective of diagnosis or year, the percentage of mental health consumers discharged from community general hospitals who have been admitted through emergency departments is very large. These results reflect the fact that approximately one-third of persons without health insurance have mental or substance use disorders.

- The percentage of hospital discharges with a mental illness diagnosis admitted through emergency departments did not experience a change overall or by the type of specific mental illness diagnosis between 2001 and 2006.
- For 2006, the mental illness diagnoses accounting for the largest number of hospital discharges admitted through the emergency department were neurotic and other depressive episodes, with 2.0 million (57.0% of all hospital discharges with this diagnosis), and major depression and affective psychoses, with .7 million (54.6% of all hospital discharges with this diagnosis). (Results not shown in Exhibit II.4; see Table II.11.)
- In 2001, a total of 4.1 million hospital discharges were diagnosed with a principal or secondary diagnosis of mental disorder, and the number increased to 5.6 million in 2006. Of the 5.6 million discharges with a mental disorder, 3.1 million (56.9%) entered through the emergency department (results not shown; see Table II.11).

Exhibit II.4 Percentage of Total Hospital Discharges and Percentage of Hospital Discharges with Specific Mental Illness Diagnoses Admitted Through the Emergency Department: United States, 2001 and 2006



Source: 2001–2006 Nationwide Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality

See Table II.11

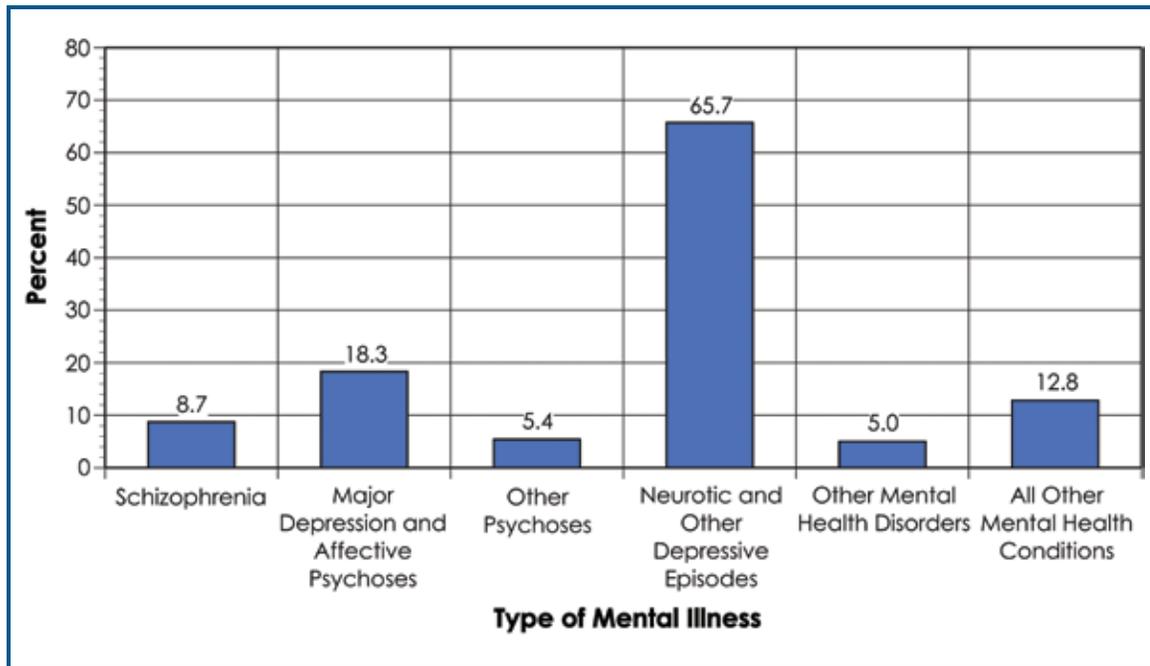
Notes: A community general hospital is defined as a “local hospital.”

Visits to Emergency Departments

Like Exhibit II.4, this exhibit focuses on use of emergency departments by persons with mental conditions. This increasing use is a major policy issue confronting the mental health field. A recent study shows that a major factor for these visits is the lack of health insurance coverage for mental disorders. These results reflect the fact that approximately one-third of persons without health insurance have mental or substance abuse disorders. Refer to Exhibit II.5, opposite page.

- In 2005, there were approximately 8 million visits to emergency departments with a principal or secondary diagnosis of a mental health disorder—8.1 percent of all emergency department visits (results not shown).
- The most common reasons for an emergency department visit were neurotic and other depressive episodes with 5.3 million visits (65.7 percent of all visits diagnosed with a mental disorder), followed by major depression and affective psychoses with 1.5 million visits (18.3 percent of all mental health visits) (numbers not shown in exhibit).

Exhibit II.5 Percentage Distribution of Emergency Department Visits with Principal or Secondary Mental Illness Diagnoses: United States, 2005



Source: 2005 Nationwide Emergency Department Sample (NEDS), HCUP, Agency for Healthcare Research and Quality

See Table II.12

School Mental Health and Social Services

Schools are playing an increasing role in the identification and treatment of mental health problems; much of the recent research on the mental health status of children and youth points to public schools as major providers of mental health services for school-aged children. Reports such as the President's New Freedom Commission on Mental Health have recognized the critical role that schools can play in the continuum of mental health services.¹

- Research indicates that in more than three-quarters of all schools, mental health and social services staff such as school counselors, psychologists, and social workers provided the following services: counseling after a natural disaster or other emergency or crisis situation; counseling

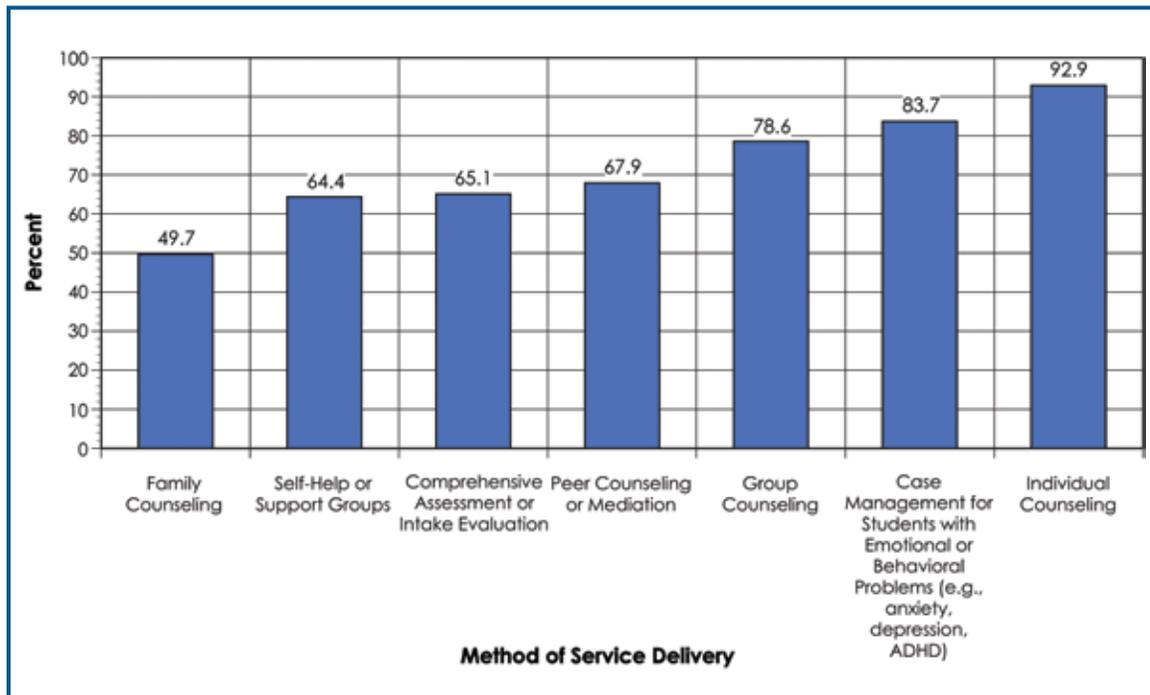
for emotional or behavioral disorders; crisis intervention for personal problems; identification of emotional or behavioral disorders; identification of or referral for physical, sexual, or emotional abuse; identification of or referral for students with family problems; and stress management services (see Table II.19; results not shown in Exhibit II.6).²

- While a large majority of schools reported that they provided individual counseling (92.3%) and case management for students with emotional or behavioral problems (83.5%), fewer schools reported that they provided comprehensive assessment or intake evaluation (65.1%) and family counseling (49.7%).³

¹ Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). *School mental health services in the United States, 2002–2003*. HHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

^{2,3} Brener, N. D., Weis, M., Adelman, H., Taylor, L., & Vernon-Smile, M. (2007, October). Mental health and social services: Results from the School Health Policies and Programs Study 2006. *Journal of School Health*, 77, No. 8.

Exhibit II.6 Percentage of Schools Using Various Methods of Delivery for Mental Health Services: United States, 2006



Source: Percentage of All Schools That Provided Mental Health and Social Services, Prevention Services, and Methods of Service Delivery, Table 4, SHPPS 2006

See Table II.19

Note: See article for definitions of the service delivery methods.

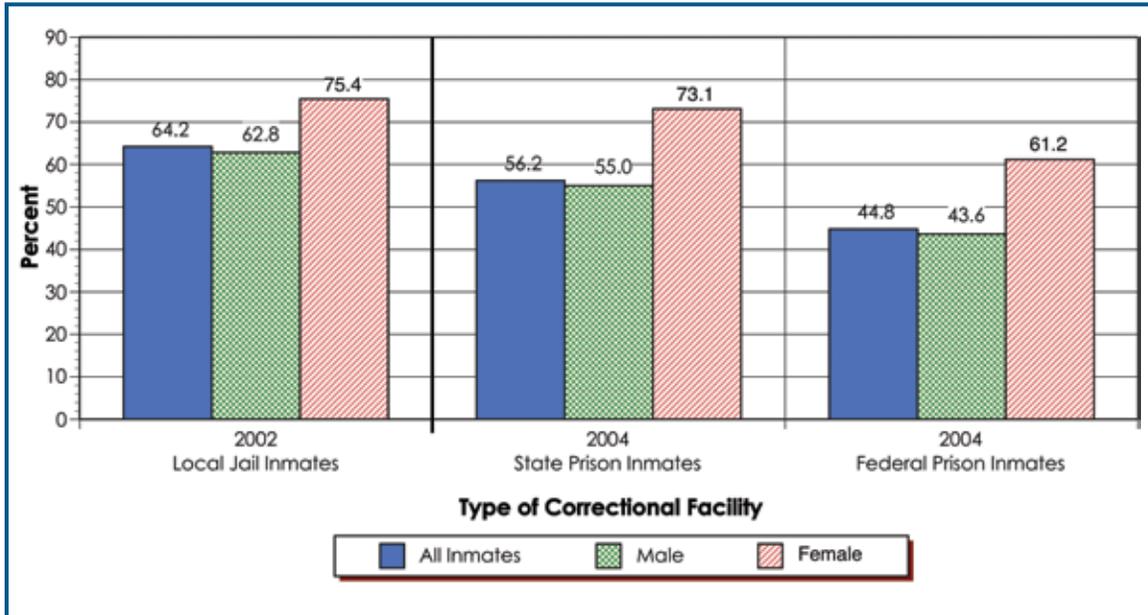
Mental Health Problems in Correctional Settings

In the United States, approximately 4 percent of the population is incarcerated in some type of jail or prison setting. For each of these settings, epidemiological data have shown for more than a decade that a large percentage of the persons who are incarcerated have a mental health problem. Two different surveys, one of local jails and the other of state and federal prisons were used to construct this exhibit. The largest percentages of inmates with mental problems are observed in local jails. These findings have strong implications for the development and implementation of community jail

diversion programs. The comparisons made below are intended to contrast different settings, not to contrast changes across time. Refer to Exhibit II.7, opposite page.

- Compared to males (55.0%), a larger percentage of female state prison inmates have mental health problems (73.1%).
- The percentage of local jail inmates with a mental health problem (64.2%) was larger in 2002 than the percentage of state (56.2%) and federal (44.8%) inmates with these problems in 2004.

Exhibit II.7 Percentage of Prisoners in State and Federal Correctional Facilities (2004) and in Local Jails (2002) Who Had a Mental Health Problem by Gender: United States



Source: Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report; Survey of Inmates in State and Federal Correctional Facilities (2004) and Survey of Inmates in Local Jails (2002), Bureau of Justice Statistics (BJS), Washington, DC.

See Table II.20

Notes: Any mental health problem was defined by two measures: a recent history of a mental health problem, either in the year before arrest or since admission, or symptoms of a mental health problem that occurred within the 12 months prior to the interview. A recent history of mental health problem included inmates self-reporting they were diagnosed with a mental health problem by a mental health professional or that they received treatment for a mental health problem by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).

Percentage refers to inmates with mental health problems as a proportion of the total number of prisoners in each demographic category.

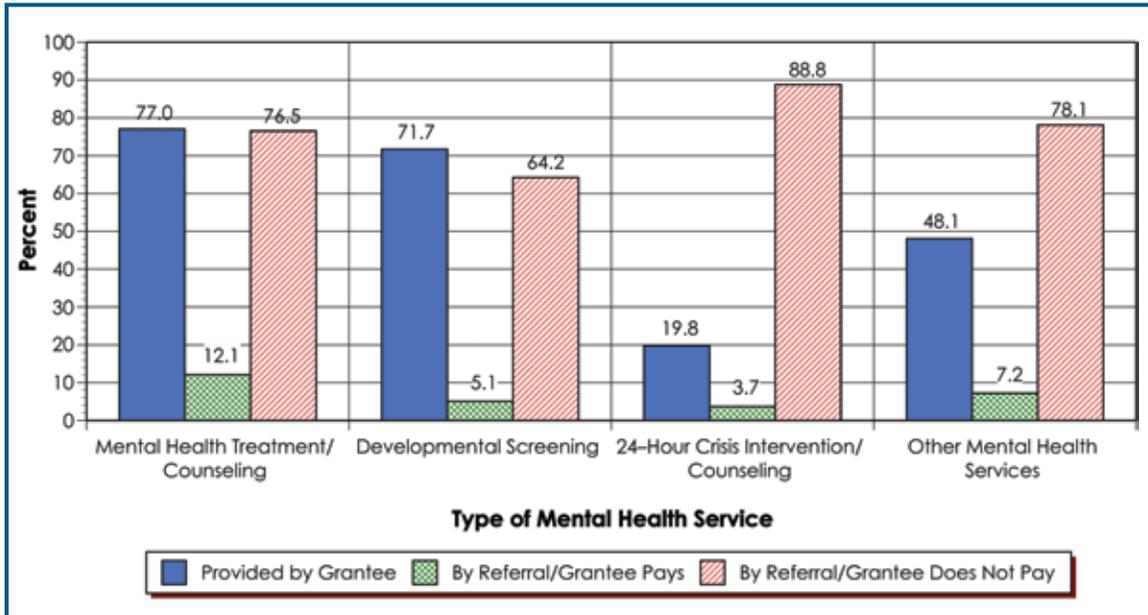
Mental Health Services in Community Health Centers

Community health centers have grown dramatically as sites for the delivery of mental health services over the past decade. In 2007, there were 1,067 centers, with 7,145 sites; 1,357,188 mental health clients were served (results not shown). This growth has occurred as a result of the dramatic expansion of the federal grant program that supports community health centers, coupled with the availability of Medicaid funds to pay for services. The exhibit shows that more than three of four community health centers offer mental

health treatment and counseling, and an equal number make referrals for treatment and counseling elsewhere. Refer to Exhibit II.8, opposite page.

- Approximately 77.0 percent of all community health centers provide mental health treatment/counseling, 71.7 percent provide developmental screening, and 19.8 percent provide 24-hour crisis intervention/counseling.

Exhibit II.8 Percentage of Community Health Centers Providing or Coordinating Mental Health Services: United States, 2007

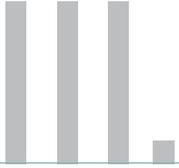


Source: : National Rollup Report, Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) from Health Resources and Services Administration (HRSA).

See Table II.23

Notes: Community health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid Programs and serve a variety of underserved populations and areas.

“Grantee” refers to receipt of a grant from the United States Health Resources and Services Administration (HRSA) to deliver services.



Payers and Payment Mechanisms

The current system of financing for mental health services includes both public and private funding sources. Public sources include Medicaid, Medicare, the Federal Community Mental Health Services Block Grant Program, the State Children’s Health Insurance Program (SCHIP), the Veterans Health Administration (VHA), the Department of Defense, and state and local authorities. Private sources include employer-sponsored health insurance and out-of-pocket payments.

3.1 Overview

Many of the main public funding sources involve federal or federal/state collaborations. Perhaps the most well-known sources of public care are the two programs established through legislation in 1965, Medicaid and Medicare. Medicaid is a state-administered insurance program to which each state and the federal government contribute shares that are determined by formula. The program covers certain low-income and other people who meet eligibility criteria determined by state and federal rules, such as pregnant women under a certain income threshold. Little or no patient contribution is typically required for services. Importantly, Medicaid may cover care in long-term facilities, such as nursing homes. People with disabilities may also qualify for Medicaid by meeting the requirements of the Supplemental Security Income cash assistance program. Medicare covers hospital care and pharmaceutical drug payments for people 65 and older and some qualifying disabled people. Subject to a

premium payment, Medicare also covers outpatient and doctor visits. Unlike Medicaid, Medicare generally does not pay for long-term care.

Among other sources of federal funding, the Community Mental Health Services Block Grant Program is administered by SAMHSA and provides funding to states to support mental health care provision. Many of the other sources of Federal funding target specific populations of concern. For example, SCHIP provides insurance to children in families that cannot pay for health care but do not qualify for Medicaid coverage. SCHIP is funded by a combination of state and federal funding, and like Medicaid, little or no patient contribution is required for services. The VHA provides treatment to veterans of the military, and the Department of Defense provides treatment for active military personnel. For VHA care, the amount that patients are asked to contribute depends on whether the treated conditions were directly connected to combat or other

aspects of military service. In addition to the above federal sources of funding, state and local authorities provide critical funding for important sources of care, such as community health centers, psychiatric hospitals, and other types of mental health services. These public outlets often serve indigent patients who do not qualify for any other public program.

Private health insurance is provided to employees and their families and usually requires some contribution from those covered. The contributions include premiums (the annual price for the insurance), copayments (a fixed amount per visit or prescription medication), or coinsurance (a percentage of charges, often for inpatient care). Because private insurance is provided by separate firms and largely regulated by individual states, the terms and coverage of insurance have historically varied considerably across plans and across states. An issue of continuing concern is the coverage of mental health conditions relative to other conditions, referred to as parity of coverage. Despite a growing body of parity legislation since the 1990s, many insurance plans—particularly private employer plans—continue to offer less generous forms of coverage for behavioral health conditions.

This chapter describes the status of mental health spending and the sources of financing in the United States. It also provides background and discussion of the key influences on future spending.

3.2 Mental Health Spending

National expenditures for the treatment of mental disorders amounted to \$100 billion in 2003, the most recent year for which national estimates are available. Mental health expenditures have been increasing

over time and are projected to continue to increase. Spending on mental health conditions was \$33 billion in 1986 and is projected to reach \$203 billion in 2014 (Tables III.1 through III.4). Health care spending for all conditions has been increasing at a higher rate than spending on mental health conditions. In 1986, mental health spending was 7.5 percent of all health care spending; in 2003 that share was 6.2 percent; and in 2014 it is projected to be 5.9 percent (see Tables III.1 through III.4).

3.3 Factors Affecting Mental Health Spending

3.3.1 Mental Health Compared with General Health

Spending on mental health differs from spending on general health in a number of ways. First, as noted above, although mental health and general health spending have been increasing, the rate of increase in mental health spending continues to be lower. Second, the share of expenditures accounted for by retail prescription drugs has increased more rapidly for mental health than for general health, increasing from 7 percent in 1986 to 23 percent in 2003 (see Table III.2). For general health, the share was 6 percent in 1986 and 11 percent in 2003. Third, mental health spending relies more on public sources than general health spending (see Table III.4). In 2003, public sources financed more than 58 percent of all mental health spending and about 45 percent of general health spending. Two large public sources are Medicaid and Medicare. Medicaid increased its share of mental health expenditures from 16 percent in 1986 to 26 percent in 2003 (the most recent year of data available). Medicare accounted for 6 percent of mental health

expenditures in 2003 and is projected to increase substantially its share of mental health expenditures from 2006 onward. This reflects the expansion in that year to include prescription drugs (Part D) in Medicare.

The share of general health spending accounted for by mental health spending varies considerably by payer and by setting of care. Mental health has accounted for a relatively large amount—about one-fifth—of state and local funding of general health care. Over time, that proportion has declined and is projected to fall further (Exhibit III.5). This is likely driven in part by a move away from using state-run specialty inpatient psychiatric facilities and a move toward facilities reimbursed by other sources, especially Medicaid, which include nursing homes and long-term care facilities.

3.3.2 Changes in Legislation, Practice, and Society

Mental health care financing underwent dramatic structural changes between 1950 and the 1990s (Frank & Glied, 2006). These changes stemmed from several factors, including:

- Legislative initiatives, such as the establishment of Medicaid, Medicare, Social Security Disability Income, and Supplemental Security Income in the 1960s and 1970s
- Evolution in funding sources, such as the reduction in the importance of discretionary funding through state mental health agencies in the 1980s (Lutterman & Hogan, 2001)
- A significant reduction in the rate of inpatient psychiatric hospitalization, driven in part by the movement toward

deinstitutionalization in the 1970s and 1980s and the subsequent movement toward less costly forms of treatment in the 1990s

- The availability and increasing use of new psychotropic medications

These changes set the context for the remainder of the chapter. Rather than discuss this historical backdrop, the chapter focuses on more recent changes in mental health practice, legislation, and financing.

3.3.3 The Public Sector

3.3.3.1 Medicaid

In the public sector, mental health treatment is funded at the federal, state, and local levels. Among public payers, Medicaid has been one of the largest sources of funding, accounting for about 45 percent of public mental health spending. As shown in Tables III.3, III.4, and III.6 through III.9, Medicaid is an important part of the overall provision of mental health care. Enacted in 1965, Medicaid established a form of unprecedented public health insurance for the poor and disabled populations. Medicaid is financed by the federal government and individual states and is administered by individual states under broad federal guidelines. In addition to providing required services, each state determines eligibility criteria, covered services, and reimbursement rates. In 2005, the passing of the Deficit Reduction Act gave states increased flexibility to reform their programs, in large part to help control costs (Coughlin & Zuckerman, 2008; Kaiser Family Foundation, 2006a). Although many possible changes in response to this act have not yet

been fully documented or understood, the increased flexibility will allow states to introduce for the first time several changes, such as cost-sharing for children, limits to nursing home coverage, and further restrictions on benefits to adults.

In addition to Medicaid, many low-income and uninsured people receive care—particularly primary care—through community health centers, or Federally Qualified Health Centers. In 2001, the Health Center Growth Initiative provided increased funding to community health centers. Estimates suggest that the number of mental health workers in centers doubled from 2002 to 2007 (US HHS, 2008a). The growth in centers was spurred by a doubling in federal investment from about \$1 billion to \$2 billion over this period. Centers also receive enhanced reimbursement from Medicaid and Medicare, which are other core components of public sector financing. In 2008, Congress reauthorized the Community Health Centers Programs through 2012 in the Health Care Safety Net Act to meet the health care needs of medically underserved populations.

3.3.3.2 Medicare

Medicare is the nation's largest health insurance program, offering federally funded coverage to nearly 40 million Americans (U.S. HHS, 2008b). Eligible populations for Medicare include people aged 65 or older, some disabled people under age 65, and people of all ages with end-stage renal disease. Information on Medicare expenditures on mental health is presented in Tables III.3, III.4, and III.10 through III.12.

Three recent legislative innovations are perhaps most pertinent to Medicare mental health financing. First, legislation in 2005

affected the rules and amounts of inpatient mental health treatment reimbursement under Medicare. Until 2005, freestanding psychiatric facilities and psychiatric units in general hospitals were reimbursed for care using a retrospective, cost-based system. In 2005, Medicare began paying these providers under the Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS), which provides a prospective, per diem payment that varies on the basis of the patient's condition (Loftis, 2007). The impact of this change in the structure and method of reimbursement for people in inpatient mental health treatment—who generally have high health care expenditures—has not been fully studied yet.

Second, the Medicare Modernization Act of 2006 provided prescription drug coverage. This coverage, also known as Medicare Part D, supplements the other main parts of Medicare: Part A for hospitalization, Part B for outpatient, and Part C for managed care plans. Prescription drug coverage is particularly important for mental health care because of the increasing reliance on pharmacotherapy in modern day mental health practice.

A third change occurred in 2008 when Congress passed the Medicare Improvement for Patients and Provider Act that reduced coinsurance in Medicare programs for outpatient mental health services. Among other changes, this legislation reduces over the course of 6 years the coinsurance rate for mental health treatment from 50 percent to the rate for other conditions, 20 percent.

The net effect of these three changes has yet to be fully studied. The changes to reimbursement in PPS are likely to affect a relatively small number of people with mental health conditions and thus may not

greatly affect Medicare mental health expenditures overall. Both Medicare Part D and parity legislation are likely to increase Medicare expenditures while reducing the burden on consumers and third-party payers other than Medicare.

3.3.3.3 Other Public Funding Sources

A number of other public funding sources help ensure that people receive mental health treatment. Estimates for these sources are presented in Tables III.13, III.14, and III.20. A series of system-level changes at the federal, state, and local levels in recent years follows a broader recognition of the need to reduce fragmentation and standardize reporting (New Freedom Commission on Mental Health, 2003; U.S. HHS, 1999).

The Community Mental Health Services Block Grant Program provides funding to states to support the provision of mental health care. The program is an important source of funding because it is the largest single federal contribution to mental health service systems. The program began in 1981, when community mental health center funding and several categorical federal mental health programs were combined. Funds are distributed by formula. The intent of combining these separate funding sources was to promote collaboration among agencies and develop systems infrastructure. The authorizing legislation for Block grants also recognized the need to be flexible to allow states to determine their best use of funds. Thus, unlike the programs it replaced, the Block Grant Program is not largely targeted at very specific settings of care or populations. There are only three requirements for states to receive Block grant funds, only one of which—increasing children’s services—stipulates a target

population. The other two requirements seek to encourage interagency collaboration and build infrastructure: (1) create a State Mental Health Planning and Advisory Council and (2) develop a State Mental Health Plan and submit it to the U.S. Secretary of Health and Human Services.

VHA provides care to a number of groups according to priority—mainly retirees from military service and veterans with service-connected injuries or conditions (Institute of Medicine of the National Academies, 2006). Because people receiving Veterans Administration (VA) benefits may be unable to have all their medical and mental health needs met through VHA, other systems of care may be important. For example, recent evidence suggests that for veterans eligible for both Medicare and VHA services, Medicare plays an increasing role in providing mental health services as geographic distance to VA medical facility increases (Carey et al., 2008).

Other federal spending includes funding from some sources that as of 2009 do not publicly provide system-wide estimates of mental health spending. For example, the Department of Defense includes as part of the Military Health System, TRICARE, a health plan serving active-duty service members, National Guard and Reserve members, retirees, their families, survivors, and under certain conditions, former spouses.

As shown in Tables III.3 and III.4, the category of other state and local funding makes up the second largest share of spending, at over 20 percent. This funding category includes community health centers, psychiatric hospitals, and other types of mental health services, many of which may be controlled through state mental health agencies. Over time, states have moved

resources from psychiatric hospitals into community outpatient settings (NRI, 2007). State agencies and funding from counties, cities, and municipalities are quite varied. One of the ongoing challenges for decisionmakers is how to coordinate these disparate funding sources so that consumers are adequately covered. This concern was cogently documented in the President's New Freedom Commission on Mental Health (2003), which conducted an indepth review of the mental health system to determine steps to attaining an effective mental health system. Evidence indicates that states made some progress on many of the recommendations in that report, including reducing fragmentation across state and local agencies providing mental health services (Lutterman, Mayberg, & Emmett, 2006).

SCHIP facilitates children's access to mental health care (Kenney & Yee, 2007). The program is typically available to children of families with lower incomes or without insurance that do not qualify for Medicaid. SCHIP was enacted in 1997 and has since been expanded, most recently in 2009. SCHIP expenditures are not reported separately in this volume because they are administered and tracked differently across states. In some states, the program may be administered via Medicaid, in which case its expenditures are captured as part of Medicaid funding. In other states, the program is administered as a separate program, in which case its expenditures are captured as part of other state and local funding.

3.3.4 The Private Sector

The majority of working Americans are covered by employment-based health insurance plans. In 2006, nearly all covered

workers (97 percent) had coverage for mental health benefits (Kaiser Family Foundation, 2006b). However, limits on the number of days for inpatient care and the number of visits for outpatient care are common features of all plan types (Morton & Aleman, 2005). Cost and insurance issues are a leading reason reported by consumers for not receiving needed mental health treatment (SAMHSA, 2004).

Recent legislative action has focused on another topic of importance in mental health care: mental health parity in private health plans. Until the mid-1990s, many private plans had higher coinsurance rates and other forms of more restricted benefits for mental health than for physical health conditions. Since then, piecemeal legislation has sought to rectify the imbalance, including a series of state laws since the 1990s and two main federal laws, the 1996 Federal Mental Health Parity Act and the 2008 Mental Health Parity and Addiction Equity Act. At the state level, as managed behavioral health care became more common and more effective at controlling utilization and costs, opposition to parity tended to decrease in many states. By 2009, 36 states had some form of mandated benefits that require financial or coverage parity for some mental illnesses as compared with physical illnesses. The most recent federal legislation, the 2008 Mental Health Parity and Addiction Equity Act, followed many of the state initiatives. It expands the 1996 Parity Act by requiring equality for deductibles, copayments, out-of-pocket expenses, coinsurance, covered hospital days, and covered outpatient visits (Barry, Frank, & McGuire, 2006; Goldman et al., 2006; Dixon, 2009; Kuehn, 2009).

As noted elsewhere, there may be a limit to what legislation alone can accomplish (Teich & Buck, 2007). Employers providing coverage may need further convincing that parity for mental health care will not unduly raise costs. Estimates of mental health care coverage in the private sector are shown in Tables III.15 and III.16, and data on parity legislation—including private and public funding—are presented in Tables III.17 and III.18.

The share of out-of-pocket mental health expenditures has varied over time. In 1986, the share was 18 percent (see Table III.4), and by 1993 the share had fallen to 13 percent. The share then rose slightly to 14 percent in 2003 (the most recent year available) and is projected to stay at that level for 2006, and finally fall slightly to 12 percent in 2014. Factors influencing this share include the amount of coinsurance and copayments for people with insurance.

3.3.5 Providers and Services

One of the most important changes in mental health practice over the past 20 years has been the rise in the use of and expenditures on psychotropic medications (Mark, Levit, Buck, Coffey, & Vandivort-Warren, 2007). According to recent findings, the rate of antidepressant treatment almost doubled from 1996 (5.84 percent) to 2005 (10.12 percent) (Olfson & Marcus, 2009). Other research indicates that the use of one popular category of antidepressant, selective serotonin reuptake inhibitors, doubled from 1996 to 2001 (Zuvekas, 2005). Estimates of spending on prescription medication for mental health are provided in Table III.19. The movement toward pharmacotherapy reflects both more people using psychotropic medication and higher spending per user.

Recent evidence suggests that a slowing in growth of prescription medications for medical conditions more broadly has led to a slowing in growth of overall medical spending (Aitken, Berndt, & Cutler, 2009). Thus, any future changes in the growth of psychotropic medication may greatly influence future mental health spending. Projected spending estimates are presented in Tables III.1 through III.4.

Accompanying the growth in prescription drugs has been a trend toward providing mental health care in primary care settings, rather than specialty settings (as noted in Wang et al., 2005, for example). Indeed, in a period of rising mental health care costs overall, expenditures on specialty hospital care have actually declined. Between 1991 and 2001, the share of the change in expenditures on mental health care accounted for by specialty hospitals fell by 5 percent (Mark, Levit, Buck, Coffey, Vandivort-Warren, 2007). Part of the growth in the use of primary care settings has been attributed to the fact that diagnosing and writing a prescription for mental health medications is now considered a responsibility and within the expertise of primary care physicians.

3.4 Factors Affecting Current and Future Mental Health Spending

The changes in mental health spending described in this chapter can be attributed to a complex interplay of changes in societal demographics, current events, medical practice, and legislation. Because they impose significant psychological trauma on many people, domestic and foreign conflicts remain an important frame of reference for mental health care. The terrorist attacks on U.S. soil in 2001 and subsequent military conflicts

raised concerns about symptoms related to posttraumatic stress disorder (PTSD) in both the civilian and military populations.

The number of people without insurance continues to be a policy concern. Approximately 45 million people (16 percent of the population) do not have insurance (DeNavas-Walt, Proctor, & Smith, 2008; U.S. Census Bureau, 2007). Earlier research indicates that a disproportionate number of the uninsured have mental health problems (McAlpine & Mechanic, 2000). Later research also shows that those without insurance are less likely to get their mental health treatment needs met (Wang et al., 2005).

Connected to the issue of uninsurance is that of the general economy. At the end of 2007, a continuing economic crisis began. Unemployment increased, and many people lost their health insurance (Reddy, 2008). The direct impact on consumer health care—including mental health care—spending is likely to be negative, but it is unclear by how much spending will change (Sisko et al., 2009). Public payers will likely take greater prominence in supporting care, but states will be increasingly challenged to find the funds. Part of the reason is that states are unable to incur budget deficits because of balanced budget provisions. The effect on the mental health system may be particularly strong because a greater proportion of mental health care than general health care is supported by public sources, including states.

An important societal change is the increasing mean age of the population. Because aging is associated with specific mental health needs, funding streams may be affected differentially (Jeste et al., 1999). About one in eight Americans were elderly in 1994, and about one in five (or 71 million

persons) are projected to be elderly by 2030 (Day, 1993). This demographic trend leads to new challenges and opportunities for providing mental health care, particularly via screening, prevention, and early intervention with the elderly (Karlin & Humphreys, 2007).

One of the most influential ongoing changes in the organization of care is the growth of managed behavioral health care. Since the early 1990s, payers in the public and private sectors have used managed care mechanisms to contain costs. In the period of rapid expansion of managed care from 1993 to 1998, the growth rate for mental health and substance abuse expenditures was only 3.4 percent, as compared with 5.4 percent for all health expenditures. Managed care has had multiple influences on how care is accessed, the modality of treatment, and the length and delivery of care. For example, because of the cost of inpatient care, managed care organizations have specifically targeted this modality of care as a way to control costs (Feldman, 2002). Compared with alternative organizational structures, managed care also emphasizes utilization review, behavioral health carve-outs, and the increased use of day and visit limits. A behavioral health carve-out is a separate specialist management firm under contract to administer coverage for mental health and substance abuse conditions. The carve-out is intended to yield savings via efficiencies in administration and care provision.

In looking for potential cost savings, decisionmakers may look to further invest in electronic health record systems. The argument in favor of having a centralized and standardized database is that it allows for the quick and accurate transfer of information. The investment cost of such a

system will be high and is likely only affordable to either a coalition of its major constituents—numerous insurance companies and care providers—or the government. Other, smaller-scale innovations include the adoption of video and Web conferencing, e-mail, and the Internet for consulting and liaison services by care providers (Hilty et al., 2006; Luo, Hilty, Worley, & Yager, 2006; Proudfoot, 2004; Recupero & Rainey, 2006).

Reform of the health care system currently dominates all potential legislative changes. Proposed reforms look to provide coverage for most without private employer-provided insurance and restructure the provision of care and insurance. If such legislation improves access to care and serves pent-up demand for mental health care, then spending will increase. However, the legislation likely will be coupled with attempts to reduce costs, such as negotiating down the price of retail prescription drugs, reducing physician reimbursement (e.g., the resetting of Medicare rates), gaining efficiencies through practice change (such as electronic medical records), and implementing other initiatives focused on care and product providers.

3.5 References

- Aitken, M., Berndt, E. R., & Cutler, D. M. (2009). Prescription drug spending trends in the United States: Looking beyond the turning point. *Health Affairs*, 28(1), w151–w160.
- Barry, C. L., Frank, R. G., & McGuire, T. G. (2006). The costs of mental health parity: Still an impediment? *Health Affairs*, 25(3), 623–634.
- Carey, K., Montez-Rath, M. E., Rosen, A. K., Christiansen, C. L., Loveland, S., & Ettner, S. L. (2008). Use of VA and Medicare services by dually eligible veterans with psychiatric problems. *Health Services Research*, 43(4), 1164–1183.
- Coughlin, T. A., & Zuckerman, S. (2008). State responses to new flexibility in Medicaid. *Milbank Quarterly*, 86(2), 209–240.
- Day, J. C. (1993). *Population projections of the United States, by age, sex, race, and Hispanic origin: 1993 to 2050*. Current Population Reports, P25–1104, U.S. Bureau of the Census.
- DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2008). *Income, poverty, and health insurance coverage in the United States: 2007*. Current Population Report, P60–235, U.S. Bureau of the Census.
- Dixon, K. (2009). Implementing mental health parity: The challenge for health plans. *Health Affairs*, 28(3), 663–665.
- Feldman, S. (2002). *Managed behavioral health services: Perspectives and practices*. Springfield, Illinois: Charles C. Thomas Publisher, Ltd.
- Frank, R. G., & Glied, S. A. (2006). *Better but not well*. Baltimore, MD: The Johns Hopkins University Press.
- Ganju, V. (2003). *Implementation of evidence-based practices in state mental health systems: Implications for research and effectiveness studies*. Retrieved June 2005, 2009, from http://www.nri-inc.org/reports_pubs/2003/EBPImpEBPinStateMHGanju2003.pdf.
- Goldman, H. H., Frank, R. G., Burnam, M. A., Huskamp, H. A., Ridgely, M. S., Normand, S. L., et al. (2006). Behavioral health insurance parity for Federal employees. *New England Journal of Medicine*, 354(13), 1378–1386.
- Hilty, D. M., Yellowlees, P. M., Cobb, H. C., Bourgeois, J. A., Neufeld, J. D., & Nesbitt, T. S. (2006). Models of telepsychiatric consultation—Liaison service to rural primary care. *Psychosomatics*, 47, 152–157.
- Institute of Medicine of the National Academies. (2006). Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. *Improving the quality of health care for mental and substance-use conditions*. Washington, DC: The National Academies Press.
- Jeste, D. V., Alexopoulos, G. S., Bartels, S. J., Cummings, J. L., Gallo, J. J., Gottlieb, G. L., et al. (1999). Consensus statement on the upcoming crisis in geriatric mental health: Research agenda for the next 2 decades. *Archives of General Psychiatry*, 56, 848–853.
- Kaiser Family Foundation. (2006a). *Deficit Reduction Act of 2005: Implications for Medicaid*. Menlo Park: The Kaiser Commission on Medicaid and the Uninsured.
- Kaiser Family Foundation. (2006b). *Employer health benefits, 2006*. Menlo Park: Kaiser Family Foundation.
- Karlin, B. E., & Humphreys, K. (2007). Improving Medicare coverage of psychological services for older Americans. *The American Psychologist*, 62(7), 637–649.
- Kenney, G., & Yee, J. (2007). SCHIP at a crossroads: Experiences to date and challenges ahead. *Psychiatric Services*, 26(2), 356–369.
- Kuehn, B. M. (2009). Congress passes mental health parity bill. *Journal of the American Medical Association*, 300(16), 1868.
- Lehman, A. F., Goldman, H. H., Dixon, L. B., & Churchill, R. (2004). *Evidence-based mental health treatments and services: Examples to inform public policy*. New York: Milbank Memorial Fund.
- Loftis, C. (2007). *The basics: Medicare's mental health benefits*. Washington, DC: National Health Policy Forum.
- Luo, J. S., Hilty, D. M., Worley, L. L., & Yager, J. (2006). Considerations in change management related to technology. *Academic Psychiatry*, 30, 465–469.

- Lutterman, T., & Hogan, M. (2001). *State mental health agency controlled expenditures and revenues for mental health services, 1981 to 1997*. In R. W. Manderscheid & M. J. Henderson (Eds.), *Mental health, United States, 2000* (pp. 218–230). Rockville, MD: U.S. Department of Health and Human Services.
- Lutterman, T., Mayberg, S., & Emmett, W. (2006). *State mental health agency implementation of the New Freedom Commission on mental health goals: 2004*. In R. W. Manderscheid & J. T. Berry (Eds.), *Mental health, United States, 2004* (pp. 87–101). Rockville, MD: U.S. Department of Health and Human Services.
- Mark, T. L., Levit, K. R., Buck, J. A., Coffey, R. M., & Vandivort-Warren, R. (2007). Mental health treatment expenditure trends, 1986–2003. *Psychiatric Services, 58*(8), 1041–1048.
- McAlpine, D. D., & Mechanic, D. (2000). Utilization of specialty mental health care among persons with severe mental illness: The roles of demographics, need, insurance, and risk. *Health Services Research, 35*(1 Pt 2), 277–292.
- Morton, J. D., & Aleman, P. (2005, April). Trends in employer-provided mental health and substance abuse benefits. *Monthly Labor Review, 25*–35.
- New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Final Report. Rockville, MD.
- NRI, Inc. (2007). *State profile highlights*. Report No. 07-03. Washington, DC: NRI, Inc.
- Olfson, M., & Marcus, S. C. (2009). National patterns in antidepressant medication treatment. *Archives of General Psychiatry, 66*(8), 848–856.
- Proudfoot, J. G. (2004). Computer-based treatment for anxiety and depression: Is it feasible? Is it effective? *Neuroscience and Biobehavioral Reviews, 28*, 353–363.
- Recupero, P. R., & Rainey, S. E. (2006). Characteristics of e-therapy web sites. *Journal of Clinical Psychiatry, 67*, 1435–1440.
- Reddy, S. (2008). Economists weigh possibility of a recession amid economic growth. *The Wall Street Journal*. Retrieved September 30, 2009, from <http://online.wsj.com/article/SB121720283536488455.html>.
- Sisko, A., Truffer, C., Smith, S., Keehan, S., Cylus, J., Poisal, J. A., et al. (2009). Health spending projections through 2018: Recession effects add uncertainty to the outlook. *Health Affairs, 28*(2), w346–w357.
- SAMHSA (Substance Abuse and Mental Health Services Administration), Office of Applied Studies. (2004). *Results from the 2004 National Survey on Drug Use and Health: National findings*. Rockville, MD: U.S. Department of Health and Human Services.
- Teich, J. L., & Buck J. A. (2005). Mental health benefits in employer-sponsored health plans, 1997–2003. *J Behav Health Serv Res 34*(3), 343–348. Epub 2007, March 15.
- U.S. Census Bureau. (2007). Household income rises, poverty rate declines, number of uninsured up. Retrieved May 30, 2009, from http://www.census.gov/Press-Release/www/releases/archives/income_wealth/010583.html.
- U.S. HHS (Department of Health and Human Services). (1999). *Mental health: A report from the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. HHS (Department of Health and Human Services). (2008a). *Health centers: America's primary care safety net, reflections on success, 2002–2007*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care.
- U.S. HHS (Department of Health and Human Services), Substance Abuse and Mental Health Services Administration, Centers for Medicare & Medicaid Services. (2008b). *Medicare: Overview*. Retrieved May 30, 2009, from <http://www.medicare.gov/MedicareEligibility/home.asp?version=default&browser=IE%7C6%7CWinXP&language=English>.
- U.S. HHS (Department of Health and Human Services), Substance Abuse and Mental Health Services Administration (2008c). *SAMHSA performance measurement/GPRA tools*. Retrieved May 30, 2009, from <http://www.samhsa.gov/grants/tools.aspx>.

-
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629–640.
- Warner, L. A., Pottick, K. J., & Mukherjee, A. (2004). Use of psychotropic medications by youths with psychiatric diagnoses in the US mental health system. *Psychiatric Services*, 55(3), 309–311.
- Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205.

Mental Health Expenditures as a Proportion of All Health Expenditures

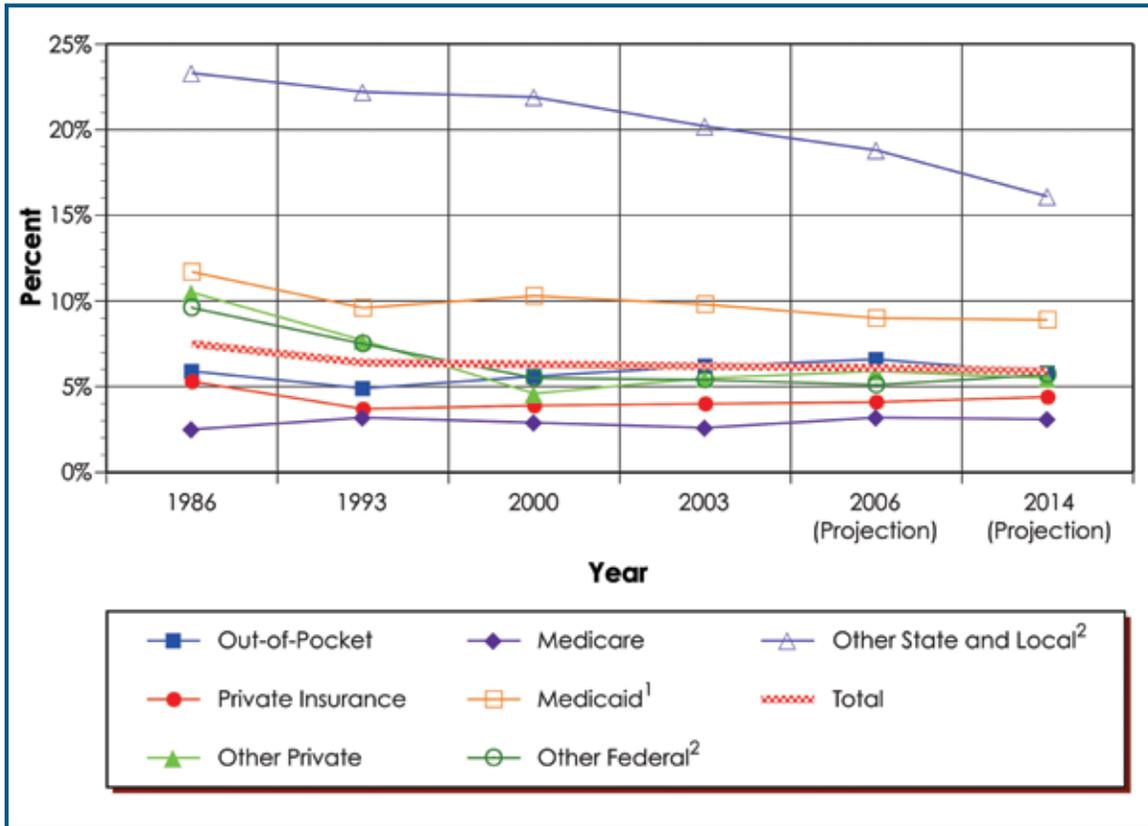
Mental health care is financed through a number of private and public sources. Private sources are out-of-pocket payments and (typically employer-based) private insurance. Other private sources comprise mainly charity and uncompensated care. The many public sources include:

- Medicare, a Federal program covering people aged 65 and older and some disabled people
- Medicaid, which is jointly funded by the Federal and state governments and covers some people below certain income thresholds who are in need
- Other Federal sources, such as the Veterans Health Administration and Block grants to states
- Several state and local sources, such as community clinics

Exhibit III.1 (opposite page) focuses on mental health expenditures as a proportion of all health expenditures, broken down by the source payer.

- Although total mental health expenditures increase over time, the proportion of mental health spending as a share of general health spending is either constant or decreasing, depending on the years being compared.
- Mental health spending as a proportion of general health spending by other state and local sources has been particularly high. The share, however, has decreased since 1986 and is projected to continue to fall through 2014. By 2003, only one source—other state and local spending—accounted for more than 10 percent of general health spending per payer.
- Mental health spending as a share of general health spending has also been relatively high for Medicaid. It too has fallen over time and is projected to continue declining through 2014.
- Two categories of payer have experienced increases in the share of mental health spending: out-of-pocket, from 1993 to 2006 (projected); and other private, from 2000 to 2006 (projected).

Exhibit III.1 Mental Health Expenditures as a Share of All Health Expenditures by Payer: 1986–2014 (Selected Years)



¹SCHIP is distributed across Medicaid, Other Federal, and Other State and Local categories, depending on whether SCHIP was run through Medicaid or as a separate State program.

²SAMHSA Block grant expenditures are included in Other Federal expenditures. However, these funds are distributed from the Federal government to state and local governments that then distribute them to providers

Source: SAMHSA Spending Estimates Project

Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

See Table III.3

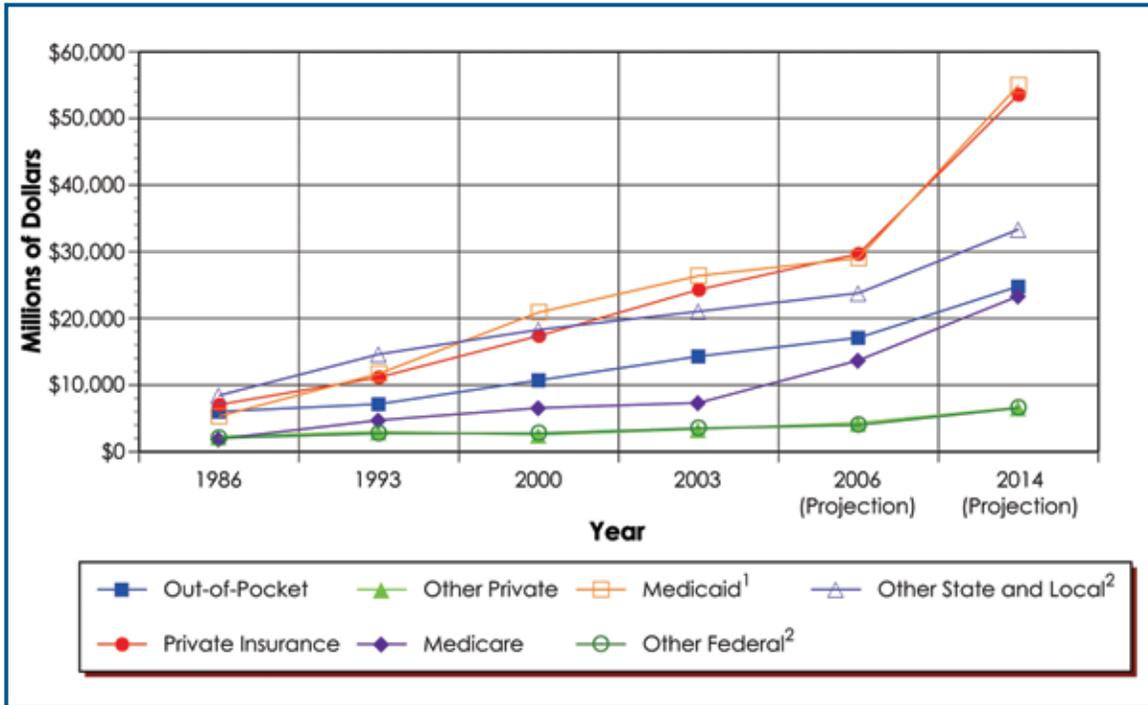
Notes: Estimates for 2006 and 2014 are projections; these data include revisions and may differ from previously published data.

Mental Health Expenditures by Payer

Exhibit III.2 (opposite page) shows the total amount of mental health expenditures by each payer source:

- Mental health expenditures have increased for every category of payer.
- Particularly large increases are projected from 2006 to 2014 for private insurance and Medicaid, when the projected expenditures nearly double.
- Medicare spending has been lower than out-of-pocket spending. However, projections indicate that Medicare spending may approach out-of-pocket spending by 2014. The projected increase is driven in large part by prescription drug expenditures following the implementation of Medicare drug coverage in 2006.

Exhibit III.2 Mental Health Expenditures by Payer (in Millions): 1986–2014 (Selected Years)



¹SCHIP is distributed across Medicaid, Other Federal, and Other State and Local categories, depending on whether SCHIP was run through Medicaid or as a separate State program.

²SAMHSA Block grant expenditures are included in Other Federal expenditures. However, these funds are distributed from the Federal government to state and local governments that then distribute them to providers

Source: SAMHSA Spending Estimates Project

Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

See Table III.3

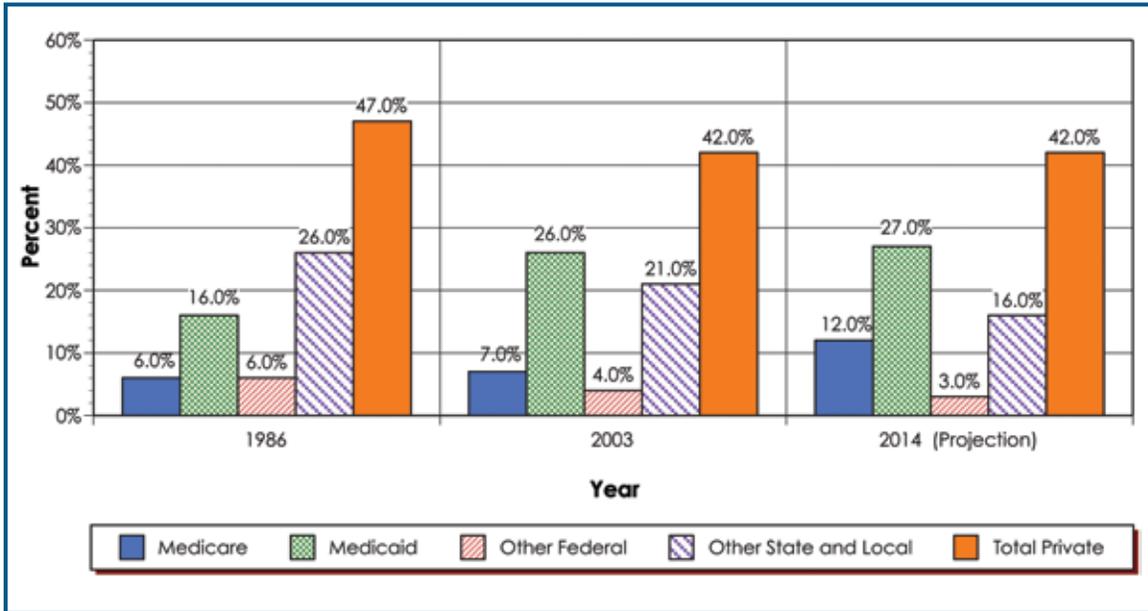
Notes: Estimates for 2006 and 2014 are projections; these data include revisions and may differ from previously published data.

Expenditures Distribution by Payer

Exhibit III.3 (opposite page) plays the percentage distribution of mental health expenditures by payer group. For this chart, out-of-pocket, private insurance, and other private were combined into one category: total private.

- The share of mental health expenditures accounted for by Medicaid and Medicare has increased over time and is projected to continue growing through 2014. Medicaid expenditures increased by 10 percentage points from 1986 to 2003 and are projected to increase by 1 more percentage points by 2014. In contrast, Medicare expenditures increased by 1 percentage point from 1986 to 2003 but are projected to increase by 5 percentage points by 2014.
- The share for total private spending has decreased from 1986 to 2003 but is projected to level out by 2014.
- The share accounted for by other state and local spending has decreased over time and is projected to continue to fall through 2014.

Exhibit III.3 Percentage Distribution of Mental Health Expenditures by Payer: 1986–2014 (Selected Years)



Source: SAMHSA Spending Estimates Project

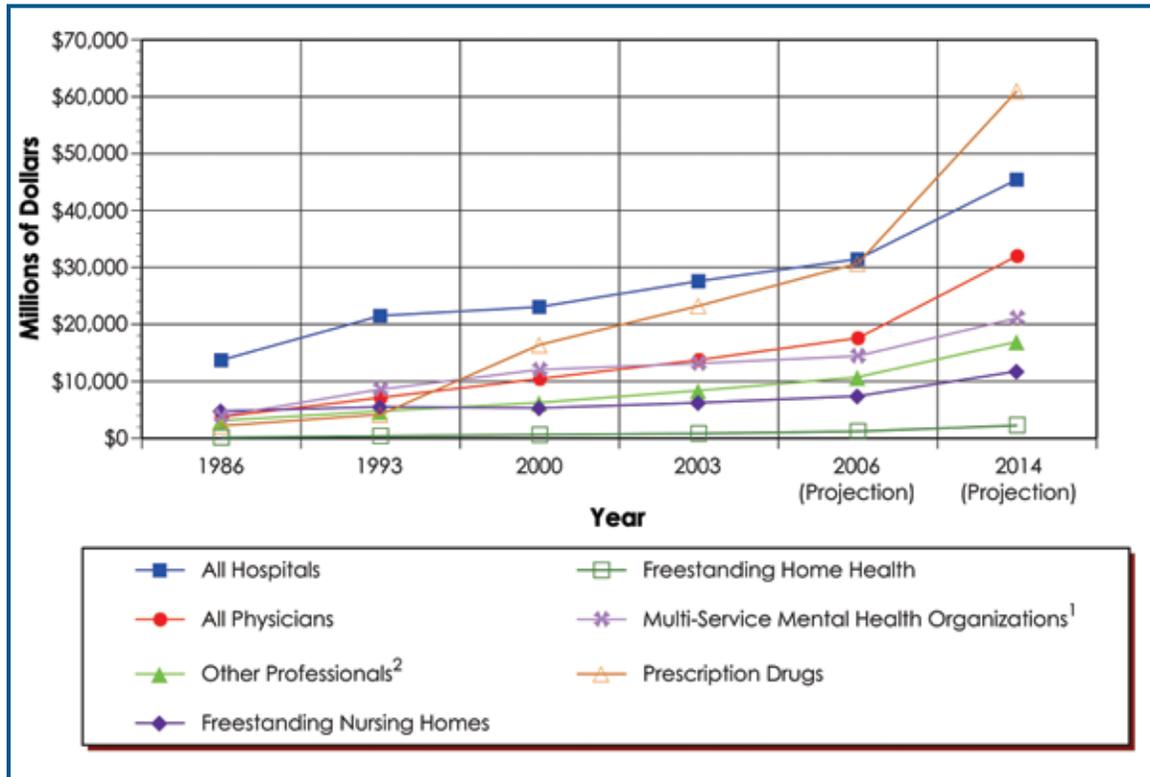
See Table III.4

Expenditures by Provider

Mental health care is provided through a number of different types of providers and settings, including hospitals, physicians, other professionals, nursing homes, home health care, multiservice mental health organizations, and retail prescription drugs. Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers. Multiservice mental health organizations generally include any facility that provides a variety of mental health services that is not hospital-based. Exhibit III.4 (opposite page) focuses on the amount of expenditures per provider.

- Mental health expenditures in all provider types have increased over time and are projected to continue increasing through 2014.
- Hospitals were the largest single category of expenditure through 2003, the latest year for which actual data are available.
- Mental health expenditures for prescription drugs have increased more rapidly than any other category. Expenditures on prescription drugs are projected to double between 2006 and 2014 and are projected to overtake hospitals as the largest category by 2014.
- Mental health spending on physicians has been just below spending on multiservice mental health organizations until 2003. Thereafter, spending on physicians is projected to surpass spending on multiservice mental health organizations.
- Spending on freestanding nursing homes has been static over time and is projected to increase slightly by 2006 (the data for that year are not currently available).

Exhibit III.4 Mental Health Expenditures by Type of Provider (in Millions): 1986–2014 (Selected Years)



¹Multiservice mental health organizations include residential treatment centers for children.

²All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and multiservice mental health organizations.

Sources: SAMHSA Spending Estimates Project

Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

See Table III.1

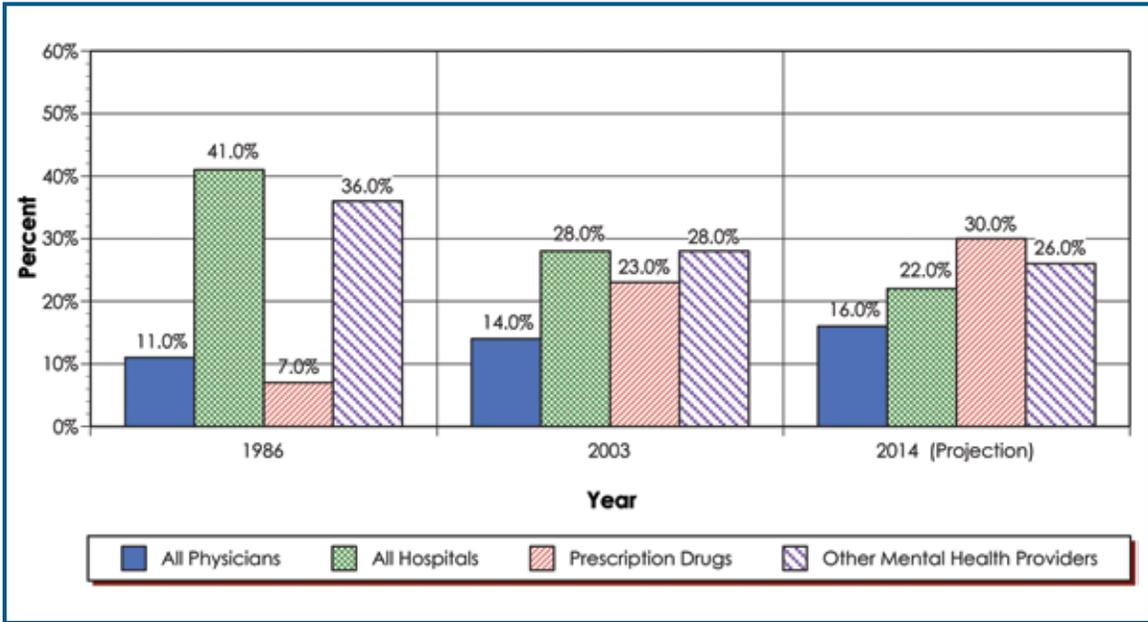
Notes: Estimates for 2006 and 2014 are projections; these data include revisions and may differ from previously published data.

Expenditures Distribution by Provider

Exhibit III.5 (opposite page) focuses on the distribution of expenditures across providers. Four categories—other professionals, freestanding home health, freestanding nursing homes, and multiservice mental health organizations—were collapsed into a new category, “other providers,” for this chart.

- As a proportion of mental health spending, hospital spending has decreased over time and is projected to continue decreasing through 2014.
- Since the 1980s, the share of expenditures for prescription drugs has increased and is projected to continue to increase.
- From 1986 to 2003, the share of mental health spending for physicians has increased slightly. This trend is predicted to continue through 2014.
- The proportion for other providers has decreased from 1986 to 2003 and is projected to decrease only slightly (by 2 percentage points) by 2014.

Exhibit III.5 Percentage Distribution of Mental Health Expenditures by Type of Provider: 1986–2014 (Selected Years)



Source: SAMHSA Spending Estimates Project

See Table III.2

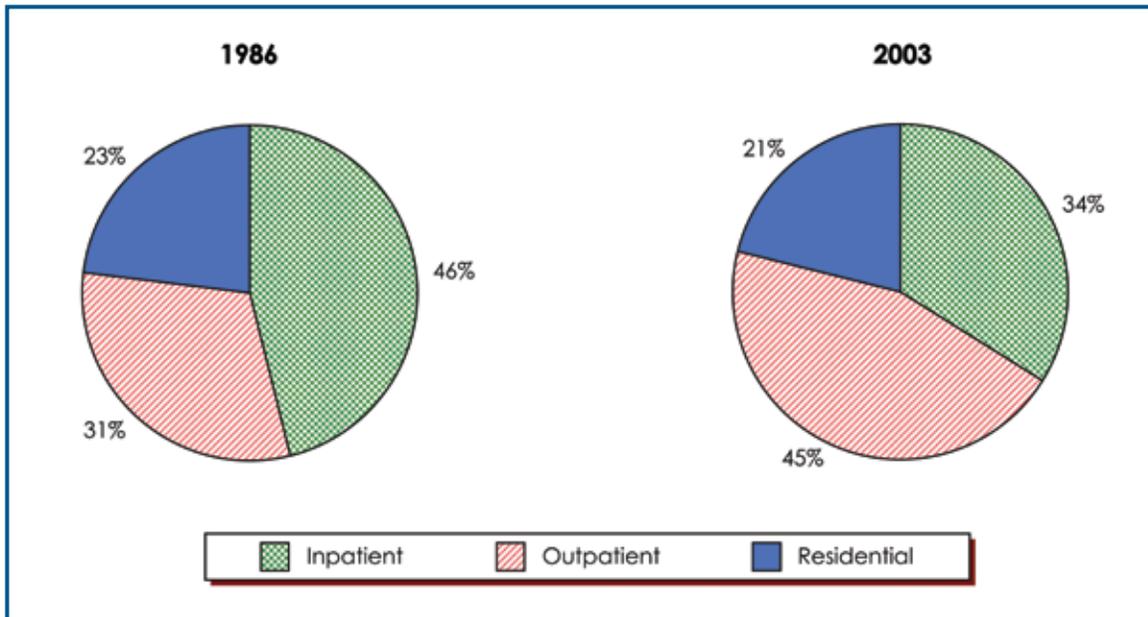
Expenditures Distributed by Site of Service

Mental health care may be delivered in one of three main sites: an inpatient setting (where the patient stays overnight, often in a general hospital), an outpatient setting (where no overnight stay is required), or a residential site (where the patient stays overnight, typically in a specialist facility). Some providers offer all three types of care. For example, hospital expenditures were classified as inpatient, outpatient, or residential services; home health expenditures were classified as outpatient expenditures; and nursing home expenditures were classified as residential expenditures. Expenditures on retail purchases of prescription drugs (a medical product

rather than a provider) and insurance administration are not included here. Refer to Exhibit III.6, opposite page.

- From 1986 to 2003, the relative share of spending accounted for by the inpatient category has decreased, whereas the share accounted for by outpatients has increased.
- In 1986, inpatient was the largest category of spending. By 2003, outpatient had become the largest category of spending.
- The proportion of spending accounted for by residential has remained constant over time.

Exhibit III.6 Percentage Distribution of Mental Health Expenditures by Site of Service: 1986 and 2003



Source: Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. See Table 3.2: Percentage Distribution of Mental Health and All Health Expenditures by Type of Provider: 1986–2014.

See Table III.6

Note: The states included in this chart are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

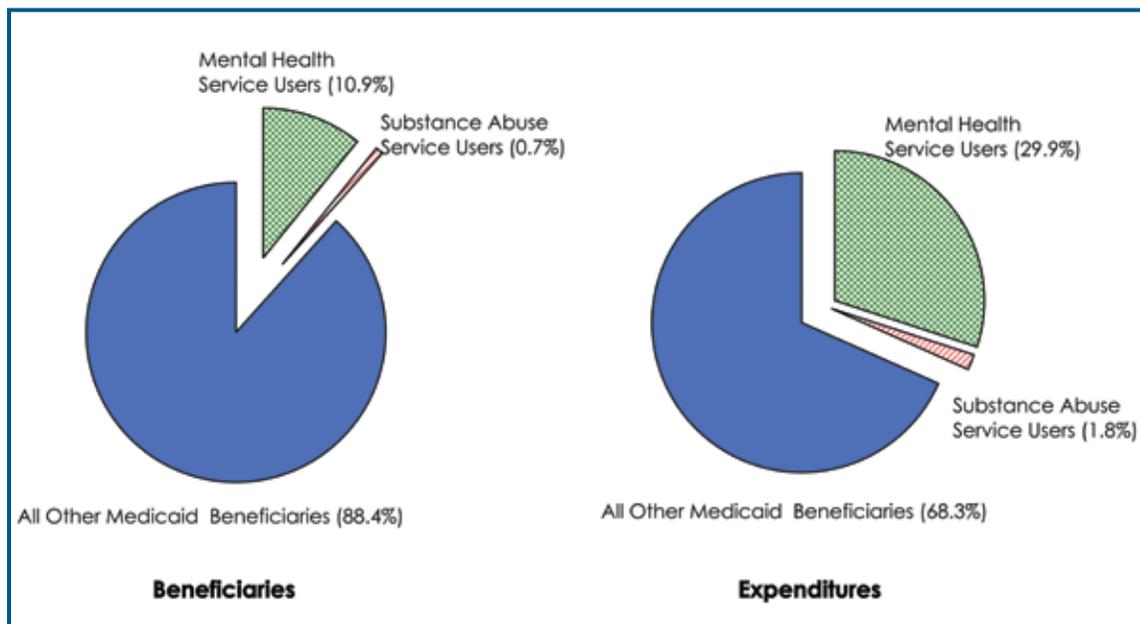
Medicaid Beneficiaries

Medicaid provides much of the public funding for mental health care in the United States. Medicaid is funded and regulated by the states and the federal government. There is considerable variation across states in the type and quantity of services covered, the eligible, and the cost of care. This variation is further reflected in the quality and availability of data on mental health care. The data presented here cover the 13 states with the most consistent and reliable

data for analyses. Exhibit III.7 below shows the proportion of and dollars expended by Medicaid beneficiaries.

- In 2003, Medicaid mental health users accounted for nearly 11 percent of all Medicaid beneficiaries.
- The share of expenditures accounted for by such users is nearly three times as high, at 29.9 percent.

Exhibit III.7 Medicaid Beneficiaries Who Received Mental Health or Substance Abuse Services and Their Medicaid Expenditures: 2003



Source: Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. See Table 3.2: Percentage Distribution of Mental Health and All Health Expenditures by Type of Provider: 1986–2014.

See Table III.6

Note: The states included in this chart are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Medicaid Inpatient Stays

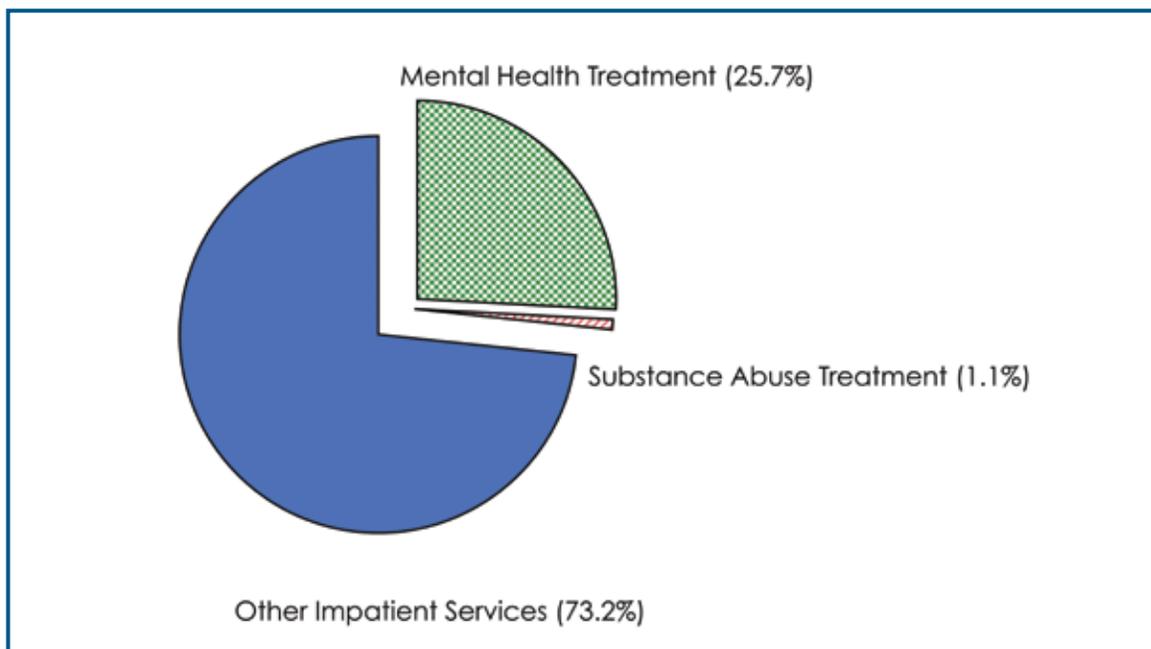
Inpatient services are an important component of delivering health care. Because the cost per day is high, examining the inpatient hospital days has important implications for understanding expenditures. Refer to Exhibit III.8 below.

- In 2003, Medicaid mental health users accounted for nearly 26 percent of all

inpatient hospital days for Medicaid beneficiaries.

- This proportion is roughly equal to the share of expenditures by Medicaid mental health users, shown in Exhibit III.7.

Exhibit III.8 Percentage of Inpatient Hospital Days for Mental Health and Substance Abuse Treatment Compared with Other Inpatient Hospital Services Among Medicaid Expenditures: 2003



Source: Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. See Table 3.2: Percentage Distribution of Mental Health and All Health Expenditures by Type of Provider: 1986–2014.

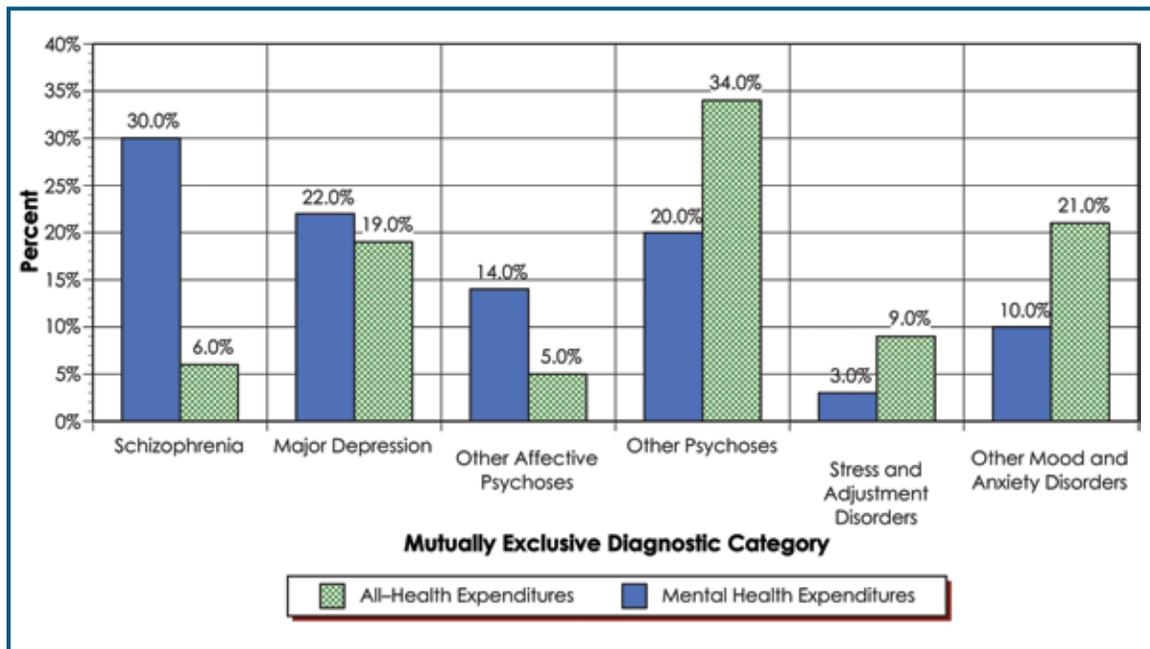
Note: The states included in this chart are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Medicare Expenditures by Diagnostic Category

Medicare is a federally funded program that provides health care financing for the elderly and disabled. This chart compares mental health expenditures with all health expenditures for Medicare mental health claimants by diagnostic category. Refer to Exhibit III.9, opposite page.

- Among mental health claimants, those with schizophrenia had a higher proportion of mental health expenditures (30 percent) as compared with all health expenditures (6 percent).
- Alternatively, mental health claimants with other psychoses and other mood and anxiety disorders comprised a higher proportion of all-health expenditures compared with mental health: 20 percent to 34 percent for other psychoses and 10 percent to 21 percent for other mood and anxiety disorders.

Exhibit III.9 Percentage of Mental Health and All Health Expenditures for Medicare Fee-for-Service Mental Health Claimants by Mutually Exclusive Diagnostic Categories, 2004



Source: Medicare 5% Standard Analytic File

See Table III.12

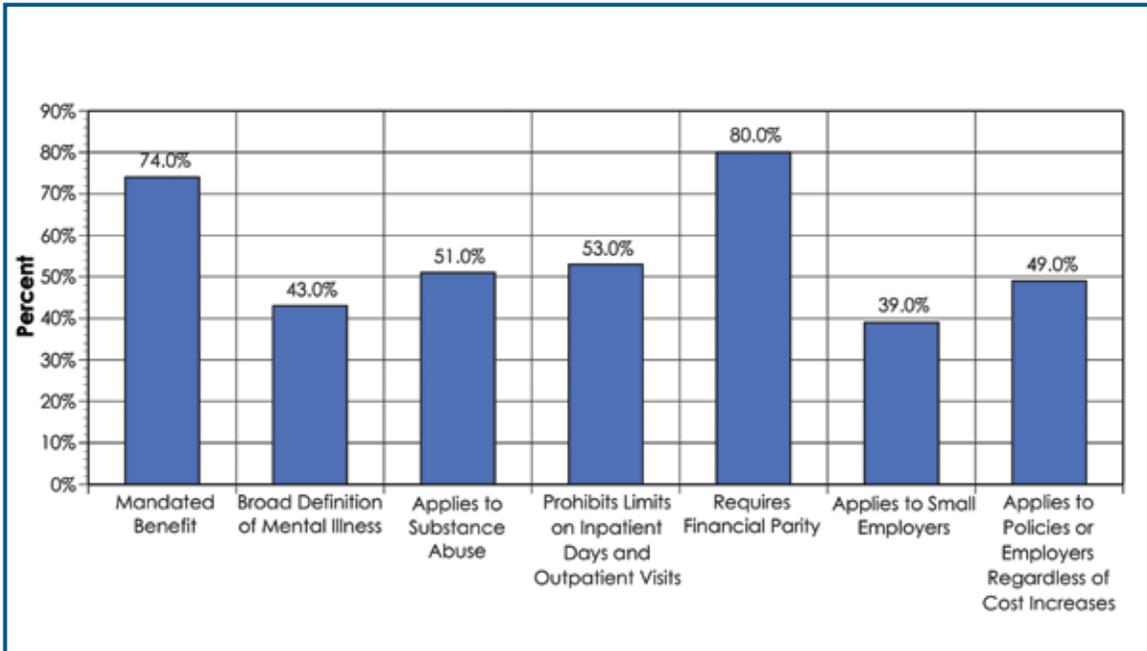
Note: The states included in this chart are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Parity

Coverage for behavioral conditions in public and private insurance has traditionally not been as generous as coverage for general health conditions. Coverage differs in many ways, such as the number of conditions covered, the amount that the patient is required to contribute, and limits on inpatient days and outpatient visits. Since the 1990s, Federal and state governments have passed a number of laws to help address this issue. Laws helping ensure parity vary greatly by state in several important dimensions. Refer to Exhibit III.10, opposite page.

- The majority of state parity laws include mandated benefits for mental health care (73.5 percent), apply to substance abuse (51.0 percent), prohibit limits on inpatient days and outpatient visits (53.1 percent), and require financial parity (79.5 percent).
- Only 42.9 percent of states have parity laws that apply a broad definition of mental illness, and only 38.8 percent apply to small employers.

Exhibit III.10 Proportion of States with Specific Types of Parity Law Coverage



See Table III.18

Sources:

Gitterman, D., Scheffler, R., Peck, M., Ciemans, E., & Gruttadero, D. (2000, July). *A decade of mental health parity: The regulation of mental health insurance parity in the United States, 1990–2000*. NIMH Grant MH-18828-11. Berkeley: University of California.

U.S. General Accounting Office. (2000). *Mental Health Parity Act: Despite new Federal standards, mental health benefits remain limited*. GAO-HEHS-00–95. Washington, DC: Author.

National Alliance on Mental Illness. (2009). *State mental health parity laws*. Retrieved February 12, 2009, from http://www.nami.org/Content/ContentGroups/Policy/Issues_Spotlights/Parity1/State_Parity_Chart_0709.pdf.

Cauchi, R., & Thangasamy, A. (2009). *State laws mandating or regulating mental health benefits*. Retrieved February 12, 2009, from <http://www.ncsl.org/default.aspx?tabid=14352>.

National Conference of State Legislatures. (2001). *Mental health parity. Behavioral health brief*. Washington, DC: NCSL Health Policy Tracking Service.

Online sources of state laws, bills, and statutes.

Tables

Table I.1 Number and Percentage of Persons Aged 12 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Age Group: United States and Each State, Annual Average, 2005–2007

| States | Past-Year Major Depressive Episode | | | | Past-Year Serious Psychological Distress | | | | |
|----------------------|------------------------------------|---------|--------------------------|-----------------|--|--------------------------|--------------------|---------|--------------------------|
| | 12–17 years | | 18 years and older | | 18 years and older | | 18 years and older | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 26 | 6.9 | 1.00 | 210 | 6.2 | 0.67 | 368 | 10.8 | 0.97 |
| Alaska | 5 | 8.6 | 0.88 | 34 | 7.4 | 0.86 | 55 | 11.8 | 1.13 |
| Arizona | 46 | 8.9 | 1.13 | 319 | 7.2 | 0.77 | 546 | 12.3 | 0.99 |
| Arkansas | 19 | 8.3 | 1.00 | 210 | 10.2 | 0.84 | 292 | 14.1 | 0.99 |
| California | 252 | 7.9 | 0.53 | 1,628 | 6.3 | 0.39 | 2,578 | 9.8 | 0.45 |
| Colorado | 43 | 11.2 | 1.11 | 251 | 7.2 | 0.72 | 387 | 11.1 | 0.89 |
| Connecticut | 23 | 7.8 | 0.98 | 175 | 6.7 | 0.94 | 265 | 10.1 | 1.01 |
| Delaware | 7 | 9.9 | 1.16 | 44 | 7.0 | 0.99 | 65 | 10.2 | 1.03 |
| District of Columbia | 2 | 6.9 | 0.95 | 43 | 9.7 | 0.88 | 54 | 12.0 | 1.15 |
| Florida | 113 | 8.3 | 0.50 | 916 | 6.7 | 0.45 | 1,422 | 10.4 | 0.53 |
| Georgia | 63 | 7.9 | 1.27 | 503 | 7.6 | 0.86 | 799 | 12.0 | 0.88 |
| Hawaii | 9 | 9.5 | 1.22 | 42 | 4.5 | 0.79 | 81 | 8.6 | 1.08 |
| Idaho | 12 | 9.6 | 0.83 | 86 | 8.2 | 0.79 | 124 | 11.8 | 1.06 |
| Illinois | 80 | 7.4 | 0.54 | 583 | 6.3 | 0.35 | 938 | 10.0 | 0.44 |
| Indiana | 43 | 8.1 | 1.01 | 427 | 9.3 | 1.04 | 599 | 12.9 | 1.22 |
| Iowa | 17 | 7.1 | 1.12 | 138 | 6.2 | 0.72 | 222 | 9.9 | 1.09 |
| Kansas | 22 | 9.7 | 1.18 | 165 | 8.2 | 0.77 | 270 | 13.4 | 1.04 |
| Kentucky | 37 | 11.1 | 1.06 | 287 | 9.3 | 0.89 | 456 | 14.6 | 1.26 |
| Louisiana | 27 | 7.2 | 1.12 | 251 | 8.0 | 0.80 | 450 | 14.2 | 1.25 |
| Maine | 9 | 8.8 | 0.83 | 93 | 9.2 | 0.86 | 120 | 11.7 | 0.92 |
| Maryland | 34 | 7.3 | 0.84 | 252 | 6.2 | 0.63 | 399 | 9.6 | 0.88 |
| Massachusetts | 42 | 8.2 | 1.22 | 385 | 7.9 | 1.03 | 544 | 11.1 | 0.91 |
| Michigan | 71 | 8.1 | 0.53 | 599 | 8.0 | 0.42 | 883 | 11.8 | 0.43 |
| Minnesota | 41 | 9.5 | 1.03 | 254 | 6.6 | 0.80 | 406 | 10.5 | 0.93 |
| Mississippi | 18 | 7.3 | 0.97 | 157 | 7.5 | 0.81 | 242 | 11.5 | 0.92 |
| Missouri | 48 | 9.9 | 0.97 | 404 | 9.4 | 1.04 | 626 | 14.5 | 1.10 |
| Montana | 7 | 8.6 | 1.25 | 66 | 9.3 | 1.05 | 86 | 12.0 | 1.20 |
| Nebraska | 11 | 7.5 | 1.17 | 93 | 7.2 | 0.93 | 151 | 11.7 | 1.21 |
| Nevada | 17 | 8.1 | 1.38 | 184 | 10.1 | 0.96 | 237 | 13.0 | 1.07 |

See notes on page 86.

Table I.1 Number and Percentage of Persons Aged 12 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Age Group: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Past-Year Major Depressive Episode | | | | Past-Year Serious Psychological Distress | | | | |
|----------------------|------------------------------------|------------|--------------------------|-----------------|--|--------------------------|--------------------|-------------|--------------------------|
| | 12–17 years | | 18 years and older | | 18 years and older | | 18 years and older | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 11 | 9.5 | 1.09 | 87 | 8.8 | 1.05 | 109 | 10.9 | 1.07 |
| New Jersey | 56 | 7.7 | 0.94 | 378 | 5.9 | 0.73 | 605 | 9.3 | 0.91 |
| New Mexico | 16 | 9.4 | 1.02 | 130 | 9.2 | 1.14 | 206 | 14.5 | 1.36 |
| New York | 114 | 7.4 | 0.48 | 1,027 | 7.1 | 0.45 | 1,649 | 11.3 | 0.60 |
| North Carolina | 62 | 8.7 | 1.00 | 479 | 7.4 | 0.74 | 662 | 10.0 | 0.78 |
| North Dakota | 4 | 7.9 | 1.15 | 39 | 8.2 | 0.85 | 53 | 11.0 | 0.85 |
| Ohio | 77 | 8.1 | 0.49 | 683 | 8.1 | 0.43 | 1,008 | 11.8 | 0.59 |
| Oklahoma | 28 | 9.6 | 1.27 | 248 | 9.5 | 1.04 | 367 | 14.1 | 1.21 |
| Oregon | 22 | 7.5 | 0.91 | 193 | 7.0 | 0.85 | 314 | 11.2 | 1.00 |
| Pennsylvania | 79 | 7.8 | 0.46 | 560 | 6.0 | 0.36 | 959 | 10.2 | 0.45 |
| Rhode Island | 6 | 6.9 | 0.93 | 78 | 9.7 | 0.91 | 119 | 14.7 | 1.07 |
| South Carolina | 29 | 8.2 | 0.86 | 254 | 8.1 | 0.87 | 407 | 12.8 | 1.07 |
| South Dakota | 4 | 6.3 | 1.05 | 31 | 5.5 | 0.65 | 48 | 8.3 | 0.94 |
| Tennessee | 40 | 8.4 | 1.00 | 474 | 10.5 | 0.98 | 631 | 14.0 | 0.90 |
| Texas | 174 | 8.5 | 0.56 | 1,100 | 6.7 | 0.41 | 1,706 | 10.4 | 0.45 |
| Utah | 20 | 8.6 | 1.04 | 146 | 8.4 | 0.70 | 259 | 14.8 | 0.96 |
| Vermont | 4 | 8.2 | 1.07 | 41 | 8.6 | 0.80 | 56 | 11.5 | 0.86 |
| Virginia | 62 | 10.2 | 1.11 | 419 | 7.6 | 0.85 | 580 | 10.4 | 0.92 |
| Washington | 49 | 9.2 | 1.30 | 339 | 7.2 | 0.75 | 509 | 10.7 | 0.88 |
| West Virginia | 11 | 7.9 | 1.09 | 140 | 10.0 | 0.88 | 202 | 14.4 | 1.23 |
| Wisconsin | 42 | 9.1 | 1.09 | 333 | 8.0 | 0.87 | 460 | 11.0 | 1.04 |
| Wyoming | 4 | 10.6 | 1.06 | 33 | 8.5 | 0.98 | 51 | 13.3 | 1.16 |
| United States | 2,059 | 8.3 | 0.14 | 16,010 | 7.3 | 0.11 | 24,611 | 11.2 | 0.13 |

See notes on page 86.

Notes for Table I.1

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned US National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned US NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

For the purpose of this table, data from 2005–2007 were averaged.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.2 Percentage of Children Aged 4–17 with Reported Emotional and Behavioral Difficulties by Level of Severity and Selected Characteristics: United States, 2006

| Characteristic | Definite/Severe Difficulties | Minor Difficulties | No Difficulties |
|---|-------------------------------------|---------------------------|------------------------|
| Age and gender | | | |
| Total ages 4–17 | 5.0 | 15.5 | 79.5 |
| Ages 4–7 | 4.0 | 13.9 | 82.1 |
| Ages 8–10 | 4.9 | 14.4 | 80.8 |
| Ages 11–14 | 5.6 | 15.8 | 78.6 |
| Ages 15–17 | 5.6 | 18.0 | 76.4 |
| Males ages 4–17 | | | |
| Ages 4–7 | 5.3 | 15.5 | 79.2 |
| Ages 8–10 | 6.7 | 15.9 | 77.4 |
| Ages 11–14 | 7.4 | 17.8 | 74.8 |
| Ages 15–17 | 7.1 | 18.4 | 74.4 |
| Females ages 4–17 | | | |
| Ages 4–7 | 2.6 | 12.1 | 85.3 |
| Ages 8–10 | 3.0 | 12.7 | 84.2 |
| Ages 11–14 | 3.8 | 13.8 | 82.4 |
| Ages 15–17 | 3.9 | 17.6 | 78.4 |
| Poverty status¹ | | | |
| Below 100% poverty | 6.6 | 17.1 | 76.3 |
| 100–199% poverty | 5.6 | 16.7 | 77.7 |
| 200% poverty and above | 4.2 | 14.4 | 81.3 |
| Race and Hispanic origin² | | | |
| White-alone, non-Hispanic | 5.7 | 16.4 | 77.9 |
| Black-alone, non-Hispanic | 5.0 | 14.6 | 80.4 |
| Hispanic ³ | 3.6 | 13.6 | 82.8 |
| Other, non-Hispanic and multiple races | 2.7 | 13.8 | 83.5 |
| Family structure⁴ | | | |
| Two parents | 4.0 | 13.9 | 82.1 |
| Mother only | 7.8 | 18.4 | 73.8 |
| Father only | 4.8 | 19.0 | 76.2 |
| No parents | 7.0 | 22.1 | 70.9 |

See footnotes and notes on page 88.

Footnotes for Table I.2

¹Poverty is typically measured according to Federal Poverty Level (FPL). FPL is based on family income. National Health Interview Survey (NHIS) employs the federal definition of poverty status.

²The revised 1997 OMB standards for race were used for the 2003 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately, but are combined for reporting. Estimates are not shown separately for American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander race due to the small sample size for each of these groups.

³Persons of Hispanic origin may be of any race.

⁴"Two parents" includes two married or unmarried parents. The terms "mother" and "father" can include biological, adoptive, step, and foster relationships. "No parents" can include children cared for by other relatives or a legal guardian.

Note

Children with emotional and behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe" to the following question on the Strengths and Difficulties Questionnaire (SDQ)¹: "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties.

Sources

Centers for Disease Control and Prevention, National Center for Health Statistics, 2006 National Health Interview Survey.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791–799.

America's children in brief: Key national indicators of well-being, 2008. Available at: <http://childstats.gov>. Health Table 3A.

Table I.3 Number and Percentage of Youth Aged 12–17 with a Past-Year Major Depressive Episode, by Gender and Race/Ethnicity: Annual Average, United States, 2005–2007

| Past-Year Major Depressive Episode, Aged 12–17 | | | |
|---|------------------------|----------------|---------------------------------|
| Demographic Characteristic | 2005–2007 | | |
| | Number (1,000s) | Percent | Standard Error (Percent) |
| Gender | | | |
| Male | 564 | 4.4 | 0.14 |
| Female | 1,494 | 12.3 | 0.25 |
| Hispanic Origin and Race | | | |
| Not Hispanic or Latino | 1,701 | 8.3 | 0.15 |
| White | 1,296 | 8.6 | 0.17 |
| Black or African American | 276 | 7.3 | 0.34 |
| American Indian or Alaska Native | 10 | 6.5 | 1.09 |
| Native Hawaiian or Other Pacific Islander | 6 | 6.8 | 2.10 |
| Asian | 69 | 6.8 | 0.90 |
| Two or More Races | 45 | 11.1 | 1.13 |
| Hispanic or Latino | 357 | 8.1 | 0.37 |
| Total | 2,059 | 8.3 | 0.14 |

Notes

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

For the purpose of this table, data from 2005–2007 were aggregated.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.4 Number and Percentage of Youth Aged 12–17 with a Past-Year Major Depressive Episode by Size of Metropolitan Area: United States and Each State, Annual Average, 2005–2007

| State | Total (1000s) | Past-Year Major Depressive Episode, Aged 12–17 | | | | | | Small Metro | | | Non-Metro | | |
|----------------------|---------------|--|---------|--------------------------|-----------------|---------|--------------------------|-----------------|---------|--------------------------|-----------------|---------|--------------------------|
| | | Large Metro | | | Small Metro | | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | | | | | | |
| Alabama | 26 | 9 | 8.6 | 2.18 | 9 | 5 | 1.23 | 9 | 8.4 | 1.93 | | | |
| Alaska | 5 | * | * | * | 4 | 9.8 | 1.19 | 2 | 6.7 | 1.22 | | | |
| Arizona | 46 | 29 | 8.5 | 1.28 | 10 | 9 | 2.42 | 6 | 11.2 | 3.40 | | | |
| Arkansas | 19 | * | * | * | 13 | 9.4 | 1.37 | 6 | 6.5 | 1.36 | | | |
| California | 252 | 177 | 7.3 | 0.55 | 68 | 9.5 | 1.45 | * | * | * | | | |
| Colorado | 43 | 22 | 11.4 | 1.53 | 18 | 11.9 | 2.07 | 3 | 7.3 | 2.35 | | | |
| Connecticut | 23 | 7 | 9.1 | 1.90 | 14 | 7.6 | 1.19 | * | * | * | | | |
| Delaware | 7 | 4 | 10.3 | 1.36 | 1 | 10 | 2.40 | * | * | * | | | |
| District of Columbia | 2 | 2 | 6.9 | 0.95 | * | * | * | * | * | * | | | |
| Florida | 113 | 76 | 8.4 | 0.56 | 31 | 7.7 | 1.04 | 7 | 9 | 2.16 | | | |
| Georgia | 63 | 33 | 7.6 | 1.89 | 18 | 8.3 | 2.17 | 13 | 8.3 | 2.33 | | | |
| Hawaii | 9 | * | * | * | 6 | 9.5 | 1.50 | 3 | 9.3 | 2.03 | | | |
| Idaho | 12 | * | * | * | 10 | 11.3 | 0.83 | 2 | 5.9 | 1.84 | | | |
| Illinois | 80 | 62 | 7.7 | 0.65 | 10 | 7.9 | 1.58 | 8 | 5.8 | 1.00 | | | |
| Indiana | 43 | 19 | 8 | 1.45 | 13 | 7 | 1.89 | 10 | 10.2 | 1.84 | | | |
| Iowa | 17 | * | * | * | 9 | 6.9 | 1.48 | 8 | 7.2 | 1.77 | | | |
| Kansas | 22 | 7 | 8.7 | 1.87 | 7 | 10.8 | 3.04 | 9 | 9.7 | 1.65 | | | |
| Kentucky | 37 | 13 | 11.6 | 1.32 | 10 | 12 | 2.33 | 14 | 10.1 | 1.64 | | | |
| Louisiana | 27 | 6 | 6.8 | 2.30 | 14 | 7.9 | 1.89 | 6 | 6.5 | 1.18 | | | |
| Maine | 9 | * | * | * | 6 | 9.4 | 1.30 | 3 | 8 | 1.05 | | | |
| Maryland | 34 | 31 | 7.4 | 0.86 | * | * | * | * | * | * | | | |
| Massachusetts | 42 | 28 | 8.1 | 1.61 | 14 | 8.5 | 1.78 | * | * | * | | | |
| Michigan | 71 | 34 | 8.3 | 0.84 | 23 | 7.1 | 0.69 | 14 | 9.7 | 1.48 | | | |
| Minnesota | 41 | 22 | 8.6 | 1.03 | * | * | * | 15 | 12.3 | 2.60 | | | |
| Mississippi | 18 | * | * | * | 6 | 6 | 1.34 | 12 | 8.7 | 1.53 | | | |
| Missouri | 48 | 24 | 8.9 | 1.39 | 10 | 14.9 | 2.52 | 14 | 9.3 | 1.39 | | | |
| Montana | 7 | * | * | * | 2 | 7.5 | 1.56 | 5 | 9.2 | 1.70 | | | |
| Nebraska | 11 | * | * | * | 7 | 8.7 | 1.61 | 4 | 5.8 | 1.40 | | | |
| Nevada | 17 | 11 | 8.4 | 1.97 | 3 | 7.5 | 2.41 | 2 | 7.4 | 1.29 | | | |

See notes on page 92.

Table I.4 Number and Percentage of Youth Aged 12–17 with a Past-Year Major Depressive Episode by Size of Metropolitan Area: United States and Each State, Annual Average, 2005–2007 (Continued)

| State | Total (1000s) | Past-Year Major Depressive Episode, Aged 12–17 | | | | | | | | |
|----------------------|------------------|--|------------|--------------------------------|--------------------|------------|--------------------------------|--------------------|------------|--------------------------------|
| | | Large Metro | | Small Metro | | Non-Metro | | | | |
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 11 | 3 | 8.9 | 1.65 | 3 | 7.1 | 1.00 | 5 | 12.4 | 2.49 |
| New Jersey | 56 | 53 | 8 | 1.00 | * | * | * | * | * | * |
| New Mexico | 16 | * | * | * | 9 | 8.7 | 1.45 | 6 | 10.5 | 1.32 |
| New York | 114 | 80 | 7 | 0.57 | 24 | 8.2 | 1.05 | 10 | 8.7 | 2.07 |
| North Carolina | 62 | 15 | 11.3 | 3.11 | 33 | 8.6 | 1.27 | 14 | 7.3 | 1.97 |
| North Dakota | 4 | * | * | * | 2 | 10.6 | 2.23 | 2 | 6.4 | 1.46 |
| Ohio | 77 | 35 | 7.7 | 0.70 | 28 | 9.2 | 0.95 | 15 | 7.4 | 1.06 |
| Oklahoma | 28 | 10 | 11.2 | 2.31 | 7 | 6.5 | 1.90 | 11 | 11.7 | 2.28 |
| Oregon | 22 | 6 | 4.4 | 0.98 | 11 | 12.3 | 2.03 | 5 | 7.7 | 2.47 |
| Pennsylvania | 79 | 35 | 6.8 | 0.58 | 28 | 8.8 | 0.89 | 15 | 9.2 | 1.22 |
| Rhode Island | 6 | 6 | 6.9 | 0.93 | * | * | * | * | * | * |
| South Carolina | 29 | * | * | * | 20 | 8.5 | 1.11 | 9 | 8.2 | 1.62 |
| South Dakota | 4 | * | * | * | 2 | 7.7 | 1.81 | 2 | 5.1 | 1.08 |
| Tennessee | 40 | 19 | 8.5 | 1.53 | 12 | 9.7 | 1.90 | 9 | 6.9 | 1.81 |
| Texas | 174 | 113 | 8.9 | 0.76 | 39 | 7.3 | 0.96 | 21 | 8.9 | 1.60 |
| Utah | 20 | * | * | * | 18 | 8.8 | 1.11 | 3 | 7.6 | 3.21 |
| Vermont | 4 | * | * | * | 1 | 6.8 | 1.38 | 3 | 9.1 | 1.52 |
| Virginia | 62 | 36 | 8.9 | 1.31 | 11 | 12.6 | 3.67 | * | * | * |
| Washington | 49 | 29 | 9.5 | 1.94 | 12 | 8.2 | 2.38 | 8 | 9.7 | 2.66 |
| West Virginia | 11 | * | * | * | 7 | 9.4 | 1.62 | 3 | 6.1 | 1.37 |
| Wisconsin | 42 | 19 | 11.8 | 1.81 | 11 | 5.9 | 1.61 | 12 | 10.1 | 2.36 |
| Wyoming | 4 | * | * | * | 1 | 8 | 2.12 | 3 | 11.6 | 1.29 |
| United States | 2,059 | 1,080 | 8.1 | 0.20 | 622 | 8.4 | 0.26 | 357 | 8.7 | 0.33 |

See notes on page 92

Notes for Table I.4

* = Low precision; no estimate reported

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

For the purpose of this table, data from 2005–2007 were averaged.

County Type: Large Metro (250,000 to 1 million population), Small Metro (<250,000 population), Non-Metro (urbanized, less urbanized, completely rural). Available at: <http://www.oas.samhsa.gov/demographics.htm>.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.5 Percentage of Persons Aged 18 or Older with a 12-Month Mental Disorder by Severity of the Disorder, for Each Disorder: United States, 2001–2002

| Disorder Group and Disorder | N (Sample Size) | 12-Month Prevalence | | Severity | | | | | | | | | |
|-----------------------------------|-----------------|---------------------|--------------------------|----------|--------------------------|----------|--------------------------|---------|--------------------------|--|--|--|--|
| | | Percent | Standard Error (Percent) | Mild | | Moderate | | Serious | | | | | |
| | | | | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | | | | |
| Anxiety Disorder | | | | | | | | | | | | | |
| Panic disorder | 262 | 2.7 | 0.2 | 20.7 | 2.9 | 36.7 | 3.9 | 42.6 | 4.2 | | | | |
| Generalized anxiety disorder | 263 | 2.7 | 0.2 | 17.7 | 3.0 | 46.5 | 3.5 | 35.7 | 3.3 | | | | |
| Social phobia | 679 | 7.1 | 0.3 | 17.7 | 1.7 | 44.5 | 2.1 | 37.7 | 2.2 | | | | |
| Specific phobia | 875 | 9.1 | 0.4 | 37.2 | 2.2 | 38.6 | 2.0 | 24.2 | 2.2 | | | | |
| Agoraphobia without panic | 77 | 0.9 | 0.1 | 20.7 | 8.2 | 36.4 | 5.6 | 42.9 | 7.3 | | | | |
| Posttraumatic stress disorder | 326 | 3.6 | 0.3 | 24.7 | 4.1 | 32.7 | 3.2 | 42.7 | 3.7 | | | | |
| Adult separation anxiety disorder | 156 | 1.9 | 0.2 | 16.6 | 3.5 | 31.6 | 3.8 | 51.7 | 3.8 | | | | |
| Any anxiety disorder | 1721 | 19.0 | 0.7 | 32.6 | 1.8 | 40.0 | 1.5 | 27.3 | 1.3 | | | | |
| Mood Disorder | | | | | | | | | | | | | |
| Dysthymia | 138 | 1.5 | 0.1 | 8.4 | 3.0 | 36.0 | 4.6 | 55.5 | 4.0 | | | | |
| Major depressive disorder | 670 | 6.8 | 0.3 | 11.0 | 1.1 | 47.5 | 1.8 | 41.5 | 2.0 | | | | |
| Bipolar Disorder (Broad) | 262 | 2.8 | 0.2 | 4.5 | 1.2 | 38.9 | 4.8 | 56.6 | 4.7 | | | | |
| Any mood disorder | 936 | 9.7 | 0.4 | 9.6 | 0.8 | 44.4 | 2.0 | 46.0 | 2.0 | | | | |
| Impulse Disorder | | | | | | | | | | | | | |
| Oppositional-defiant disorder | 45 | 1.0 | 0.2 | 19.3 | 6.6 | 20.0 | 5.7 | 60.7 | 7.5 | | | | |
| Conduct disorder | 33 | 1.0 | 0.2 | 45.2 | 11.2 | 20.1 | 6.0 | 34.7 | 8.6 | | | | |
| Attention deficit disorder | 181 | 4.1 | 0.3 | 35.8 | 5.2 | 26.5 | 4.4 | 37.8 | 4.8 | | | | |
| Intermittent explosive disorder | 378 | 4.1 | 0.3 | 22.5 | 2.3 | 44.6 | 2.8 | 32.9 | 3.1 | | | | |
| Any impulse-control disorder | 463 | 10.5 | 0.7 | 30.3 | 3.1 | 36.8 | 2.6 | 32.9 | 3.4 | | | | |
| Substance Disorder | | | | | | | | | | | | | |
| Alcohol abuse | 227 | 3.1 | 0.3 | 32.7 | 3.4 | 16.7 | 3.0 | 50.6 | 4.1 | | | | |
| Alcohol dependence | 105 | 1.3 | 0.2 | 0.0 | 0.0 | 1.7 | 1.0 | 98.3 | 1.0 | | | | |
| Drug abuse | 101 | 1.3 | 0.2 | 34.5 | 7.6 | 18.0 | 4.5 | 47.6 | 6.8 | | | | |
| Drug dependence | 36 | 0.4 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 100.0 | 0.0 | | | | |
| Any substance use disorder | 283 | 3.8 | 0.4 | 33.3 | 3.1 | 18.8 | 2.5 | 47.9 | 3.9 | | | | |
| Any Disorder | | | | | | | | | | | | | |
| Any | 2357 | 26.9 | 0.9 | 34.7 | 1.4 | 39.7 | 1.2 | 25.5 | 1.4 | | | | |
| 0 Disorders | 3335 | 73.1 | 0.9 | 0.5 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | | | | |
| 1 Disorder | 1184 | 14.2 | 0.6 | 53.2 | 2.0 | 38.8 | 1.6 | 8.0 | 1.1 | | | | |
| 2 Disorders | 564 | 6.2 | 0.3 | 24.5 | 2.3 | 48.5 | 2.9 | 26.9 | 1.9 | | | | |
| 3+ Disorders | 612 | 6.6 | 0.3 | 5.0 | 0.8 | 33.4 | 2.2 | 61.6 | 2.1 | | | | |

See notes on page 94.

Notes for Table I.5

Percentages in the three severity columns are proportions of all cases and sum to 100% across each row. The “Percent” columns under “Severity” refer to the percentage of those with the condition who have the indicated level of severity among those who have the specific condition.

The NCS-R is a nationally representative household survey of English speakers 18 years and older in the United States. In the table, N represents the sample size, the respondents of this survey.

Severe is defined as a suicide attempt and 12-month diagnosis or 12-month antipsychotic medications, 12-month mania, more than 1 day hospitalization in last 12 months, or clinical diagnosis of nonaffective psychosis (NAP).

Serious is defined as a 12-month disorder and a predicted Global Assessment of Functioning (GAF) score < 55, where a person has a predicted GAF of less than 55 if they have 3 or more high Sheehan Disability Scale scores or 3 or more medium plus high Sheehan scores and 4 mental illness diagnoses or more than 5 days of hospitalization.

Moderate is defined as a 12-month disorder and at least one Sheehan* score of 4 or greater.

Mild is defined as a 12-month disorder.

*Sheehan score classification: a respondent’s score on each dimension (home, work, people, social) is classified according to the range that the highest score falls in:

| | Low | Medium | High |
|--------|------------|---------------|-------------|
| Home | 0–7 | 8–9 | 10 |
| Work | 0–6 | 7–8 | 9–10 |
| People | 0–7 | 8 | 9–10 |
| Social | 0–6 | 7–8 | 9–10 |

Sources

The National Comorbidity Survey Replication (N-CSR)

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62, 629–640. Based on Table I, Twelve-Month Prevalence and Severity of DSM-IV/WMH-CIDI Disorders.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62, 617–627.

Kendler, K. S., Gallagher, T. J., Abelson, J. M., & Kessler, K. C. (1996). Lifetime prevalence, demographic risk factors, and diagnostic validity of nonaffective psychosis as assessed in a U.S. community sample: The National Comorbidity Survey. *Arch Gen Psychiatry* 53, 1022–1029.

Sheehan, D. V., Sheehan Disability Scale.

Rush, J. et al. *Psychiatric measures*, APA. Washington, DC.

Table I.6 Number and Percentage of Persons Aged 18 or Older with Past-Year Serious Psychological Distress, by Gender: United States and Each State, Annual Average, 2005–2007

| State | Aged 18 or older | | | | | | | | |
|----------------------|------------------|---------|--------------------------|-----------------|---------|--------------------------|-----------------|---------|--------------------------|
| | Total | | Male | | Female | | | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 368 | 10.8 | 0.97 | 135 | 8.4 | 1.01 | 233 | 12.9 | 1.46 |
| Alaska | 55 | 11.8 | 1.13 | 17 | 7.4 | 1.16 | 37 | 16.2 | 1.63 |
| Arizona | 546 | 12.3 | 0.99 | 244 | 11.2 | 1.63 | 302 | 13.4 | 1.54 |
| Arkansas | 292 | 14.1 | 0.99 | 117 | 11.8 | 1.57 | 175 | 16.3 | 1.43 |
| California | 2,578 | 9.8 | 0.45 | 990 | 7.7 | 0.58 | 1,588 | 11.8 | 0.64 |
| Colorado | 387 | 11.1 | 0.89 | 113 | 6.5 | 0.99 | 274 | 15.6 | 1.79 |
| Connecticut | 265 | 10.1 | 1.01 | 89 | 7.1 | 1.09 | 176 | 12.8 | 1.59 |
| Delaware | 65 | 10.2 | 1.03 | 19 | 6.3 | 0.99 | 46 | 13.6 | 1.55 |
| District of Columbia | 54 | 12.0 | 1.15 | 21 | 10.2 | 1.50 | 33 | 13.6 | 1.51 |
| Florida | 1,422 | 10.4 | 0.53 | 573 | 8.7 | 0.67 | 848 | 11.9 | 0.76 |
| Georgia | 799 | 12.0 | 0.88 | 248 | 7.8 | 1.40 | 551 | 15.8 | 1.21 |
| Hawaii | 81 | 8.6 | 1.08 | 31 | 6.9 | 1.18 | 50 | 10.2 | 1.66 |
| Idaho | 124 | 11.8 | 1.06 | 54 | 10.5 | 1.49 | 70 | 13.1 | 1.14 |
| Illinois | 938 | 10.0 | 0.44 | 339 | 7.4 | 0.53 | 599 | 12.3 | 0.68 |
| Indiana | 599 | 12.9 | 1.22 | 246 | 11.0 | 1.65 | 352 | 14.8 | 1.56 |
| Iowa | 222 | 9.9 | 1.09 | 95 | 8.7 | 1.00 | 127 | 11.1 | 1.64 |
| Kansas | 270 | 13.4 | 1.04 | 87 | 8.9 | 1.26 | 182 | 17.6 | 1.49 |
| Kentucky | 456 | 14.6 | 1.26 | 164 | 11.0 | 1.35 | 291 | 17.9 | 1.81 |
| Louisiana | 450 | 14.2 | 1.25 | 176 | 11.9 | 1.71 | 273 | 16.3 | 1.73 |
| Maine | 120 | 11.7 | 0.92 | 37 | 7.5 | 1.01 | 83 | 15.6 | 1.55 |
| Maryland | 399 | 9.6 | 0.88 | 139 | 7.2 | 1.06 | 260 | 11.9 | 1.42 |
| Massachusetts | 544 | 11.1 | 0.91 | 162 | 6.9 | 1.07 | 382 | 14.9 | 1.46 |
| Michigan | 883 | 11.8 | 0.43 | 332 | 9.2 | 0.60 | 551 | 14.2 | 0.65 |
| Minnesota | 406 | 10.5 | 0.93 | 167 | 8.8 | 1.39 | 239 | 12.2 | 1.38 |
| Mississippi | 242 | 11.5 | 0.92 | 93 | 9.4 | 1.27 | 149 | 13.4 | 1.14 |
| Missouri | 626 | 14.5 | 1.10 | 168 | 8.1 | 1.18 | 458 | 20.3 | 1.83 |
| Montana | 86 | 12.0 | 1.20 | 33 | 9.3 | 1.62 | 53 | 14.5 | 1.47 |
| Nebraska | 151 | 11.7 | 1.21 | 61 | 9.6 | 1.86 | 90 | 13.6 | 1.60 |
| Nevada | 237 | 13.0 | 1.07 | 85 | 9.3 | 1.42 | 151 | 16.7 | 1.63 |

See notes on page 97.

Table I.6 Number and Percentage of Persons Aged 18 or Older with Past-Year Serious Psychological Distress, by Gender: United States and Each State, Annual Average, 2005–2007 (Continued)

| State | Aged 18 or older | | | | | | | | |
|----------------------|------------------|-------------|--------------------------|-----------------|------------|--------------------------|-----------------|-------------|--------------------------|
| | Total | | | Male | | | Female | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 109 | 10.9 | 1.07 | 33 | 6.7 | 1.12 | 76 | 14.9 | 1.64 |
| New Jersey | 605 | 9.3 | 0.91 | 231 | 7.5 | 1.22 | 373 | 11.0 | 1.10 |
| New Mexico | 206 | 14.5 | 1.36 | 89 | 13.0 | 2.13 | 117 | 15.9 | 1.50 |
| New York | 1,649 | 11.3 | 0.60 | 632 | 9.2 | 0.77 | 1,017 | 13.3 | 0.87 |
| North Carolina | 652 | 10.0 | 0.78 | 251 | 8.1 | 1.21 | 401 | 11.8 | 1.24 |
| North Dakota | 53 | 11.0 | 0.85 | 16 | 6.9 | 1.07 | 36 | 15.0 | 1.57 |
| Ohio | 1,008 | 11.8 | 0.59 | 357 | 8.7 | 0.62 | 650 | 14.6 | 0.83 |
| Oklahoma | 367 | 14.1 | 1.21 | 131 | 10.4 | 1.02 | 236 | 17.4 | 1.96 |
| Oregon | 314 | 11.2 | 1.00 | 120 | 8.8 | 1.46 | 193 | 13.5 | 1.28 |
| Pennsylvania | 959 | 10.2 | 0.45 | 339 | 7.6 | 0.56 | 620 | 12.6 | 0.70 |
| Rhode Island | 119 | 14.7 | 1.07 | 42 | 10.8 | 1.42 | 78 | 18.3 | 1.74 |
| South Carolina | 407 | 12.8 | 1.07 | 129 | 8.6 | 1.48 | 277 | 16.4 | 1.81 |
| South Dakota | 48 | 8.3 | 0.94 | 19 | 6.9 | 1.23 | 28 | 9.7 | 1.11 |
| Tennessee | 631 | 14.0 | 0.90 | 263 | 12.2 | 1.37 | 368 | 15.6 | 1.38 |
| Texas | 1,706 | 10.4 | 0.45 | 559 | 7.0 | 0.53 | 1,147 | 13.6 | 0.73 |
| Utah | 259 | 14.8 | 0.96 | 88 | 10.2 | 1.15 | 170 | 19.3 | 1.65 |
| Vermont | 56 | 11.5 | 0.86 | 12 | 5.2 | 0.86 | 43 | 17.5 | 1.52 |
| Virginia | 580 | 10.4 | 0.92 | 170 | 6.4 | 0.90 | 410 | 14.0 | 1.61 |
| Washington | 509 | 10.7 | 0.88 | 197 | 8.5 | 1.16 | 312 | 12.8 | 1.26 |
| West Virginia | 202 | 14.4 | 1.23 | 62 | 9.2 | 1.33 | 139 | 19.2 | 1.89 |
| Wisconsin | 460 | 11.0 | 1.04 | 142 | 6.9 | 1.07 | 318 | 14.9 | 1.66 |
| Wyoming | 51 | 13.3 | 1.16 | 18 | 9.5 | 1.29 | 33 | 17.1 | 1.80 |
| United States | 24,611 | 11.2 | 0.13 | 8,939 | 8.4 | 0.16 | 15,672 | 13.7 | 0.19 |

See notes on page 97.

Notes for Table I.6

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned US National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned US NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

For the purpose of this table, data from 2005–2007 were averaged.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.7 Number and Percentage of Persons Aged 18 or Older with a Past-Year Major Depressive Episode, by County Type: United States and Each State, Annual Average, 2005–2007

| State | Total (1000s) | Past-Year Major Depressive Episode, Aged 18 or older | | | | | | Non-Metro | | |
|----------------------|---------------|--|---------|--------------------------|-----------------|---------|--------------------------|-----------------|---------|--------------------------|
| | | Large Metro | | | Small Metro | | | Number (1,000s) | Percent | Standard Error (Percent) |
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | | | |
| Alabama | 210 | 67 | 7.6 | 1.60 | 68 | 4.5 | 0.78 | 75 | 7.6 | 1.30 |
| Alaska | 34 | * | * | * | 22 | 7.6 | 1.06 | 11 | 7.1 | 1.48 |
| Arizona | 319 | 214 | 7.6 | 1.01 | 72 | 6.1 | 0.90 | 33 | 8.3 | 3.18 |
| Arkansas | 210 | * | * | * | 110 | 9.9 | 1.21 | 99 | 10.9 | 1.28 |
| California | 1,628 | 1,283 | 6.3 | 0.45 | 302 | 5.9 | 0.84 | 42 | 8.5 | 2.37 |
| Colorado | 251 | 148 | 8.2 | 1.15 | 72 | 5.9 | 1.10 | 31 | 6.9 | 1.85 |
| Connecticut | 175 | 56 | 6.3 | 1.24 | 105 | 7.0 | 1.31 | * | * | * |
| Delaware | 44 | 26 | 6.7 | 1.24 | 7 | 6.5 | 1.51 | 11 | 8.1 | 2.66 |
| District of Columbia | 43 | 43 | 9.7 | 0.88 | * | * | * | * | * | * |
| Florida | 916 | 574 | 6.7 | 0.59 | 298 | 7.4 | 0.80 | 44 | 4.8 | 1.23 |
| Georgia | 503 | 224 | 6.6 | 1.01 | 166 | 9.2 | 2.26 | 113 | 8.2 | 2.09 |
| Hawaii | 42 | * | * | * | 27 | 4.0 | 0.85 | 15 | 5.5 | 1.71 |
| Idaho | 86 | * | * | * | 58 | 8.6 | 1.00 | 27 | 7.5 | 1.42 |
| Illinois | 583 | 405 | 6.0 | 0.42 | 82 | 6.1 | 0.84 | 96 | 7.7 | 0.83 |
| Indiana | 427 | 158 | 7.8 | 1.64 | 162 | 9.8 | 1.83 | 107 | 11.8 | 2.28 |
| Iowa | 138 | * | * | * | 84 | 7.2 | 1.01 | 55 | 5.2 | 0.91 |
| Kansas | 165 | 51 | 8.0 | 1.61 | 66 | 10.1 | 1.47 | 49 | 6.8 | 1.01 |
| Kentucky | 287 | 76 | 7.6 | 1.90 | 38 | 5.4 | 1.32 | 173 | 12.3 | 1.26 |
| Louisiana | 251 | 89 | 11.6 | 1.86 | 94 | 6.3 | 0.96 | 68 | 7.8 | 1.60 |
| Maine | 93 | * | * | * | 54 | 9.0 | 1.11 | 40 | 9.4 | 1.36 |
| Maryland | 252 | 219 | 6.1 | 0.61 | * | * | * | * | * | * |
| Massachusetts | 385 | 270 | 7.7 | 1.23 | 116 | 8.6 | 1.86 | * | * | * |
| Michigan | 599 | 252 | 7.5 | 0.61 | 239 | 8.5 | 0.66 | 109 | 8.5 | 1.03 |
| Minnesota | 254 | 163 | 7.3 | 1.19 | 32 | 7.0 | 1.99 | 60 | 5.2 | 0.86 |
| Mississippi | 157 | 7 | 4.6 | 2.45 | 84 | 10.4 | 1.75 | 65 | 5.8 | 0.82 |
| Missouri | 404 | 218 | 9.4 | 1.29 | 80 | 11.8 | 2.91 | 106 | 8.0 | 1.77 |
| Montana | 66 | * | * | * | 29 | 12.2 | 1.92 | 37 | 7.9 | 1.21 |
| Nebraska | 93 | * | * | * | 66 | 8.6 | 1.27 | 26 | 5.0 | 1.36 |
| Nevada | 184 | 119 | 10.2 | 1.32 | 38 | 9.6 | 1.91 | 27 | 10.5 | 1.02 |

See notes on page 100.

Table I.7 Number and Percentage of Persons Aged 18 or Older with a Past-Year Major Depressive Episode, by County Type: United States and Each State, Annual Average, 2005–2007 (Continued)

| State | Total (1000s) | Past-Year Major Depressive Episode, Aged 18 or older | | | | | | | | |
|----------------------|------------------|--|------------|--------------------------------|--------------------|------------|--------------------------------|--------------------|------------|--------------------------------|
| | | Large Metro | | Small Metro | | Non-Metro | | | | |
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 87 | 29 | 8.2 | 1.87 | 20 | 7.2 | 1.22 | 38 | 10.6 | 2.02 |
| New Jersey | 378 | 344 | 5.9 | 0.79 | 34 | 5.6 | 1.60 | * | * | * |
| New Mexico | 130 | * | * | * | 78 | 8.0 | 1.03 | 52 | 11.6 | 2.80 |
| New York | 1,027 | 734 | 6.7 | 0.55 | 206 | 8.2 | 0.84 | 88 | 9.2 | 1.37 |
| North Carolina | 479 | 64 | 5.2 | 0.95 | 247 | 6.9 | 1.03 | 168 | 10.0 | 1.95 |
| North Dakota | 39 | * | * | * | 16 | 8.6 | 1.06 | 23 | 8.0 | 1.18 |
| Ohio | 683 | 307 | 7.6 | 0.65 | 218 | 8.0 | 0.64 | 157 | 9.5 | 0.99 |
| Oklahoma | 248 | 59 | 7.7 | 1.41 | 84 | 9.0 | 1.53 | 104 | 11.7 | 2.28 |
| Oregon | 193 | 93 | 7.1 | 1.23 | 54 | 6.5 | 1.40 | 45 | 7.4 | 1.79 |
| Pennsylvania | 560 | 284 | 6.0 | 0.55 | 166 | 5.3 | 0.55 | 110 | 7.5 | 0.82 |
| Rhode Island | 78 | 78 | 9.7 | 0.91 | * | * | * | * | * | * |
| South Carolina | 254 | * | * | * | 179 | 8.4 | 1.06 | 63 | 7.3 | 1.49 |
| South Dakota | 31 | * | * | * | 15 | 5.3 | 0.97 | 17 | 5.7 | 0.81 |
| Tennessee | 474 | 198 | 10.8 | 1.73 | 131 | 9.6 | 1.32 | 146 | 11.2 | 1.95 |
| Texas | 1,100 | 672 | 6.5 | 0.53 | 299 | 7.8 | 0.80 | 128 | 5.9 | 1.08 |
| Utah | 146 | * | * | * | 136 | 8.9 | 0.80 | 11 | 5.0 | 0.82 |
| Vermont | 41 | * | * | * | 15 | 8.7 | 1.47 | 26 | 8.6 | 0.88 |
| Virginia | 419 | 257 | 7.0 | 1.09 | 85 | 8.9 | 1.68 | 77 | 8.6 | 2.62 |
| Washington | 339 | 225 | 7.9 | 1.10 | 72 | 5.9 | 1.17 | 41 | 6.3 | 1.44 |
| West Virginia | 140 | * | * | * | 64 | 9.0 | 0.93 | 74 | 11.6 | 1.65 |
| Wisconsin | 333 | 120 | 9.7 | 1.84 | 117 | 7.1 | 1.40 | 96 | 7.6 | 1.42 |
| Wyoming | 33 | * | * | * | 11 | 9.6 | 2.13 | 21 | 8.1 | 0.92 |
| United States | 16,010 | 8,140 | 6.9 | 0.16 | 4,835 | 7.5 | 0.19 | 3,035 | 8.2 | 0.26 |

See notes on page 100.

Notes for Table I.7

* = Low precision; no estimate reported.

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

For the purpose of this table, data from 2005–2007 were aggregated.

County Type: Large Metro (250,000–1 million population), Small Metro (< 250,000 population), Non-Metro (urbanized, less urbanized, completely rural). Available at: <http://www.oas.samhsa.gov/demographics.htm>.

Number refers to the number of persons in each Metro category who reported that they experienced MDE in the past year.

Percent refers to the percentage of the population in each Metro category who reported they experienced MDE in the past year.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.8 Number and Percentage of Persons Aged 65 or Older with a Past-Year Major Depressive Episode/Serious Psychological Distress by Gender and Race/Ethnicity: United States, Annual Average, 2005–2007

| Demographic Characteristic | Past-Year Major Depressive Episode | | | Past-Year Serious Psychological Distress | | |
|---|------------------------------------|------------|--------------------------|--|------------|--------------------------|
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Gender | | | | | | |
| Male | 233 | 1.5 | 0.25 | 470 | 3.1 | 0.35 |
| Female | 626 | 3.1 | 0.34 | 1,120 | 5.5 | 0.42 |
| Hispanic Origin and Race | | | | | | |
| Not Hispanic or Latino | 771 | 2.3 | 0.22 | 1,467 | 4.4 | 0.29 |
| White | 685 | 2.4 | 0.23 | 1,210 | 4.2 | 0.30 |
| Black or African American | 74 | 2.5 | 0.99 | 179 | 5.9 | 1.17 |
| American Indian or Alaska Native | * | * | * | * | * | * |
| Native Hawaiian or Other Pacific Islander | * | * | * | * | * | * |
| Asian | * | * | * | * | * | * |
| Two or More Races | 10 | 2.8 | 1.53 | 23 | 6.6 | 2.73 |
| Hispanic or Latino | 87 | 3.7 | 1.08 | 123 | 5.2 | 1.25 |
| Total | 858 | 2.4 | 0.22 | 1,590 | 4.5 | 0.28 |

See notes on page 102.

Notes for Table I.8

* = Low precision; no estimate reported.

Major Depressive Episode (MDE) is defined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned US National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned US NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

For the purpose of this table, data from 2005–2007 were aggregated.

The OMB notice provides the following definitions for all the race/ethnicity categories: American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "black or African American." Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.9 Number and Percentage of Persons Aged 65 or Older with Past-Year Major Depressive Episode/Serious Psychological Distress by Type of Treatment Service Received: United States, Annual Average, 2005–2007

| Persons Aged 65 or Older | Past-Year Major Depressive Episode | | | Past-Year Serious Psychological Distress | | |
|---|------------------------------------|---------|--------------------------|--|---------|--------------------------|
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Received No Mental Health Service ¹ | 441 | 1.4 | 0.19 | 949 | 3.0 | 0.26 |
| Received Any Mental Health Service ¹ | 417 | 10.3 | 1.19 | 637 | 15.6 | 1.44 |
| Type of Service² | | | | | | |
| Outpatient | 202 | 16.8 | 2.70 | 283 | 23.3 | 3.22 |
| Inpatient | * | * | * | * | * | * |
| Prescription Medication | 339 | 13.1 | 1.61 | 549 | 21.0 | 1.99 |
| Alternative Mental Health Treatment/Support | 113 | 7.1 | 1.72 | 160 | 10.0 | 1.95 |

Footnotes

¹Any Mental Health Service Received includes outpatient treatment, inpatient treatment, prescription medication, and alternative mental health treatment/support.

²Respondents could indicate multiple types of treatment services so person count may be duplicated across categories.

Notes

* = Low precision; no estimate reported.

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned US National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned US NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

Outpatient Mental Health Treatment/Counseling is defined as having received outpatient care for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

For the purpose of this table, data from 2005–2007 were averaged.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.10 Number and Percentage of Persons Aged 18 or Older with Past-Year Major Depressive Episode/Serious Psychological Distress by Veteran Status, by Sociodemographic Characteristics: United States, Annual Average, 2005–2007

| Demographic Characteristic | Past-Year Major Depressive Episode | | | | | | Significance Testing: Veterans vs. Nonveterans a = < 0.05 b = < 0.01 |
|---|------------------------------------|------------|--------------------------|-----------------|------------|--------------------------|---|
| | Veterans | | | Nonveterans | | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | |
| Gender | | | | | | | |
| Male | 1,071 | 4.6 | 0.32 | 4,464 | 5.4 | 0.15 | a |
| Female | 212 | 13.4 | 1.75 | 10,262 | 9.2 | 0.16 | a |
| Age | | | | | | | |
| 18–25 | 54 | 12.6 | 1.44 | 2,928 | 9.2 | 0.15 | a |
| 26–44 | 416 | 9.0 | 0.78 | 6,189 | 8.5 | 0.18 | |
| 45–64 | 671 | 6.4 | 0.63 | 4,894 | 7.8 | 0.25 | a |
| 65 and older | 143 | 1.5 | 0.33 | 716 | 2.8 | 0.28 | b |
| Hispanic Origin and Race | | | | | | | |
| Not Hispanic or Latino | 1,222 | 5.1 | 0.34 | 13,018 | 7.8 | 0.13 | b |
| White | 1,021 | 5.0 | 0.36 | 10,911 | 8.3 | 0.14 | b |
| Black or African American | 153 | 6.1 | 1.11 | 1,408 | 6.3 | 0.35 | NS |
| American Indian or Alaska Native | 8 | 4.5 | 2.22 | 105 | 11.3 | 1.71 | a |
| Native Hawaiian or Other Pacific Islander | * | * | * | 68 | 10.5 | 2.45 | * |
| Asian | * | * | * | 277 | 3.1 | 0.37 | * |
| Two or More Races | 23 | 6.8 | 2.33 | 248 | 13.1 | 1.41 | a |
| Hispanic or Latino | 62 | 5.2 | 1.42 | 1,708 | 6.3 | 0.32 | NS |
| Education | | | | | | | |
| < High School | 160 | 5.8 | 1.15 | 2,656 | 8.0 | 0.32 | NS |
| High School Graduate | 416 | 5.0 | 0.55 | 4,336 | 7.3 | 0.20 | b |
| Some College | 483 | 6.6 | 0.66 | 4,270 | 8.8 | 0.23 | b |
| College Graduate | 224 | 3.3 | 0.52 | 3,464 | 6.6 | 0.23 | b |
| Current Employment | | | | | | | |
| Full-Time | 596 | 5.0 | 0.44 | 7,065 | 6.5 | 0.15 | b |
| Part-Time | 77 | 3.4 | 0.72 | 2,267 | 8.6 | 0.31 | b |
| Unemployed | 50 | 11.6 | 3.49 | 918 | 13.6 | 0.75 | NS |
| Other | 561 | 5.4 | 0.57 | 4,476 | 8.6 | 0.27 | b |
| Marital Status | | | | | | | |
| Married | 610 | 3.5 | 0.34 | 5,826 | 5.6 | 0.15 | b |
| Widowed | 91 | 5.7 | 1.43 | 822 | 6.8 | 0.59 | NS |
| Divorced or Separated | 380 | 9.8 | 1.12 | 3,063 | 12.5 | 0.43 | a |
| New Jersey | 203 | 9.8 | 1.24 | 5,015 | 9.6 | 0.21 | NS |
| Income Level | | | | | | | |
| Less than \$20,000 | 299 | 9.1 | 1.10 | 3,939 | 10.4 | 0.30 | NS |
| \$20,000–\$49,999 | 507 | 5.7 | 0.56 | 5,127 | 7.8 | 0.21 | b |
| \$50,000–\$74,999 | 236 | 4.6 | 0.68 | 2,461 | 7.2 | 0.27 | b |
| \$75,000 or more | 241 | 3.1 | 0.45 | 3,199 | 5.8 | 0.20 | b |
| Total | 1,284 | 5.1 | 0.33 | 14,726 | 7.6 | 0.12 | b |

See notes on page 106.

Table I.10 Number and Percentage of Persons Aged 18 or Older with Past-Year Major Depressive Episode/Serious Psychological Distress by Veteran Status, by Sociodemographic Characteristics: United States, Annual Average, 2005–2007 (Continued)

| Demographic Characteristic | Past-Year Serious Psychological Distress | | | | | | Significance Testing: Veterans vs. Nonveterans |
|---|--|------------|--------------------------|-----------------|-------------|--------------------------|---|
| | Veterans | | | Nonveterans | | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | a = < 0.05 b = < 0.01 |
| Gender | | | | | | | |
| Male | 1,479 | 6.3 | 0.35 | 7,459 | 9.0 | 0.18 | b |
| Female | 264 | 16.5 | 1.88 | 15,409 | 13.7 | 0.20 | NS |
| Age | | | | | | | |
| 18–25 | 80 | 18.5 | 1.68 | 5,813 | 18.0 | 0.21 | NS |
| 26–44 | 548 | 11.8 | 0.86 | 9,605 | 13.1 | 0.23 | NS |
| 45–64 | 826 | 7.8 | 0.64 | 6,149 | 9.7 | 0.27 | b |
| 65 and older | 290 | 3.0 | 0.40 | 1,301 | 5.0 | 0.36 | b |
| Hispanic Origin and Race | | | | | | | |
| Not Hispanic or Latino | 1,656 | 6.9 | 0.37 | 19,822 | 11.8 | 0.14 | b |
| White | 1,386 | 6.7 | 0.38 | 16,044 | 12.1 | 0.16 | b |
| Black or African American | 183 | 7.3 | 1.24 | 2,476 | 11.0 | 0.40 | b |
| American Indian or Alaska Native | * | * | * | 207 | 22.2 | 2.42 | * |
| Native Hawaiian or Other Pacific Islander | * | * | * | 79 | 11.8 | 2.46 | * |
| Asian | * | * | * | 651 | 7.2 | 0.58 | * |
| Two or More Races | 54 | 16.0 | 4.15 | 366 | 19.1 | 1.70 | NS |
| Hispanic or Latino | 87 | 7.3 | 1.61 | 3,045 | 11.1 | 0.40 | a |
| Education | | | | | | | |
| < High School | 227 | 8.2 | 1.25 | 4,906 | 14.7 | 0.40 | b |
| High School Graduate | 573 | 6.9 | 0.60 | 7,192 | 11.9 | 0.24 | b |
| Some College | 655 | 8.9 | 0.72 | 6,240 | 12.8 | 0.27 | b |
| College Graduate | 288 | 4.3 | 0.56 | 4,529 | 8.6 | 0.24 | b |
| Current Employment | | | | | | | |
| Full-Time | 798 | 6.6 | 0.47 | 11,063 | 10.1 | 0.16 | b |
| Part-Time | 111 | 4.9 | 0.86 | 3,628 | 13.6 | 0.35 | b |
| Unemployed | 67 | 15.4 | 2.91 | 1,442 | 21.1 | 0.84 | NS |
| Other | 767 | 7.3 | 0.60 | 6,735 | 12.8 | 0.31 | b |
| Marital Status | | | | | | | |
| Married | 867 | 4.9 | 0.37 | 8,707 | 8.3 | 0.17 | b |
| Widowed | 118 | 7.4 | 1.46 | 1,078 | 8.8 | 0.62 | NS |
| Divorced or Separated | 493 | 12.6 | 1.20 | 4,116 | 16.6 | 0.48 | b |
| New Jersey | 265 | 12.6 | 1.38 | 8,966 | 17.0 | 0.26 | b |
| Income Level | | | | | | | |
| Less than \$20,000 | 474 | 14.3 | 1.44 | 6,750 | 17.6 | 0.36 | a |
| \$20,000–\$49,999 | 671 | 7.5 | 0.59 | 8,095 | 12.2 | 0.24 | b |
| \$50,000–\$74,999 | 299 | 5.8 | 0.67 | 3,480 | 10.1 | 0.32 | b |
| \$75,000 or more | 299 | 3.8 | 0.52 | 4,542 | 8.1 | 0.22 | b |
| Total | 1,743 | 6.9 | 0.36 | 22,867 | 11.7 | 0.14 | b |

See notes on page 106.

Notes for Table I.10

* = Low precision; no estimate reported

NS = Not statistically significant

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning.

Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question, short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned US National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned US NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the SAMHSA methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

For the purpose of this table, data from 2005–2007 were averaged.

The OMB notice provides the following definitions for all of the race/ethnicity categories: American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "black or African American." Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.11 Total Number of SSI Recipients and Number and Percentage with Mental Disorders for Persons under 65 Years of Age: United States and Each State, 2007

| States | Total SSI Recipients | SSI Recipients with Mental Disorders ¹² | |
|----------------------|----------------------|--|-------------|
| | Number | Number | Percent |
| Alabama | 132,745 | 39,558 | 29.8 |
| Alaska | 8,408 | 3,548 | 42.2 |
| Arizona | 76,565 | 33,153 | 43.3 |
| Arkansas | 78,018 | 24,576 | 31.5 |
| California | 705,070 | 298,950 | 42.4 |
| Colorado | 44,115 | 16,014 | 36.3 |
| Connecticut | 41,356 | 19,189 | 46.4 |
| Delaware | 11,960 | 4,664 | 39.0 |
| District of Columbia | 17,912 | 7,881 | 44.0 |
| Florida | 287,030 | 121,988 | 42.5 |
| Georgia | 157,568 | 46,325 | 29.4 |
| Hawaii | 14,741 | 7,518 | 51.0 |
| Idaho | 20,326 | 9,228 | 45.4 |
| Illinois | 203,159 | 85,124 | 41.9 |
| Indiana | 91,965 | 34,947 | 38.0 |
| Iowa | 37,727 | 14,676 | 38.9 |
| Kansas | 33,948 | 13,308 | 39.2 |
| Kentucky | 151,221 | 62,605 | 41.4 |
| Louisiana | 128,478 | 35,845 | 27.9 |
| Maine | 28,077 | 13,477 | 48.0 |
| Maryland | 73,120 | 27,566 | 37.7 |
| Massachusetts | 130,261 | 70,732 | 54.3 |
| Michigan | 191,258 | 78,798 | 41.2 |
| Minnesota | 60,975 | 29,939 | 49.1 |
| Mississippi | 94,249 | 31,762 | 33.7 |
| Missouri | 102,385 | 37,166 | 36.3 |
| Montana | 13,124 | 4,856 | 37.0 |
| Nebraska | 19,141 | 6,642 | 34.7 |
| Nevada | 25,892 | 10,279 | 39.7 |
| New Hampshire | 13,278 | 7,276 | 54.8 |
| New Jersey | 104,391 | 41,965 | 40.2 |
| New Mexico | 40,508 | 16,325 | 40.3 |
| New York | 415,802 | 170,895 | 41.1 |
| North Carolina | 159,018 | 52,794 | 33.2 |
| North Dakota | 6,290 | 2,327 | 37.0 |
| Ohio | 220,471 | 95,243 | 43.2 |
| Oklahoma | 69,925 | 22,516 | 32.2 |
| Oregon | 50,397 | 20,663 | 41.0 |
| Pennsylvania | 272,703 | 120,535 | 44.2 |
| Rhode Island | 23,803 | 11,759 | 49.4 |
| South Carolina | 81,837 | 24,878 | 30.4 |
| South Dakota | 9,957 | 3,804 | 38.2 |
| Tennessee | 129,183 | 44,310 | 34.3 |
| Texas | 380,743 | 146,205 | 38.4 |
| Utah | 20,312 | 7,678 | 37.8 |
| Vermont | 11,418 | 5,766 | 50.5 |
| Virginia | 105,740 | 38,278 | 36.2 |
| Washington | 93,539 | 43,870 | 46.9 |
| West Virginia | 66,953 | 21,760 | 32.5 |
| Wisconsin | 80,221 | 33,933 | 42.3 |
| Wyoming | 4,993 | 1,882 | 37.7 |
| United States | 5,342,937 | 2,126,489 | 39.8 |

See footnotes on page 108.

Footnotes for Table I.11

¹ Mental retardation is excluded.

²Mental Disability (Disorder) Definition: A determination of disability depends on the severity of an impairment or combination of impairments. An impairment is a physiological disorder affecting one or more of a number of body systems or a mental or psychological disorder.

Sources

Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. File available from US Social Security Administration, Office of Retirement and Disability Policy SSI Annual Statistical Report, 2007, http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2007/.

The Blue Book edition of *Disability Evaluation Under Social Security*.

Table I.12 Number and Age-Adjusted Suicide Death Rates by Gender, Age, and Race/Ethnicity: United States, 1985–2005

| Characteristics | Suicides (Resident Population) | | | | | | | | | |
|-----------------------------|--------------------------------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|-------------------|----------------------|
| | 1985 | | 1990 | | 1995 | | 2000 | | 2005 ¹ | |
| | Number | Deaths (per 100,000) | Number | Deaths (per 100,000) | Number | Deaths (per 100,000) | Number | Deaths (per 100,000) | Number | Deaths (per 100,000) |
| All persons (age-adjusted) | 29,453 | 12.5 | 30,906 | 12.5 | 31,284 | 11.8 | 29,350 | 10.4 | 32,637 | 10.9 |
| Age-specific | | | | | | | | | | |
| 5–14 years | 278 | 0.8 | 264 | 0.8 | 337 | 0.9 | 307 | 0.75 | 272 | 0.7 |
| 15–24 years | 5,121 | 12.8 | 4,869 | 13.2 | 4,784 | 13.0 | 3,994 | 10.2 | 4,212 | 10.0 |
| 25–34 years | 6,376 | 15.3 | 6,550 | 15.2 | 6,292 | 15.0 | 4,792 | 12.0 | 4,990 | 12.4 |
| 35–44 years | 4,626 | 14.6 | 5,717 | 15.3 | 6,467 | 15.1 | 6,562 | 14.5 | 6,550 | 14.9 |
| 45–54 years | 3,532 | 15.7 | 3,718 | 14.8 | 4,532 | 14.4 | 5,437 | 14.6 | 6,991 | 16.5 |
| 55–64 years | 3,725 | 16.8 | 3,383 | 16.0 | 2,804 | 13.2 | 2,945 | 12.1 | 4,210 | 13.9 |
| 65–74 years | 3,145 | 18.7 | 3,230 | 17.9 | 2,960 | 15.7 | 2,292 | 12.5 | 2,344 | 12.6 |
| 75–84 years | 2,126 | 23.9 | 2,493 | 24.9 | 2,311 | 20.6 | 2,181 | 17.6 | 2,200 | 16.9 |
| 85 years and over | 517 | 19.4 | 671 | 22.2 | 785 | 21.3 | 833 | 19.7 | 860 | 16.9 |
| Male (age-adjusted) | 23,145 | 21.1 | 24,724 | 21.5 | 25,369 | 20.3 | 23,618 | 18.1 | 25,907 | 18.0 |
| Female (age-adjusted) | 6,308 | 5.3 | 6,182 | 4.9 | 5,915 | 4.3 | 5,732 | 4.0 | 6,730 | 4.4 |
| White (age-adjusted) | 27,087 | 13.4 | 28,086 | 13.3 | 28,187 | 12.7 | 26,475 | 11.5 | 29,527 | 12.0 |
| All Other (age-adjusted) | 571 | 8.0 | 709 | 7.8 | 866 | 7.5 | 2,875 | 6.0 | 3,110 | 5.6 |
| Black (age-adjusted) | 1,795 | 6.6 | 2,111 | 7.1 | 2,231 | 6.8 | 1,962 | 5.6 | 1,992 | 5.2 |
| Hispanic (age-adjusted) | * | * | * | * | * | * | 1,787 | 6.1 | 2,188 | 5.6 |
| Non-Hispanic (age-adjusted) | * | * | * | * | * | * | 27,426 | 11.1 | 30,338 | 11.6 |

See footnotes and notes on page 110.

Footnote for Table I.12

¹Estimates are age-adjusted to the year 2000 standard population using 11 age groups: Under 1 (3,794,901 persons), 1–4 years (15,191,619), 5–14 years (39,976,619), 15–24 years (38,076,743), 25–34 years (37,233,437), 35–44 years (44,659,185), 45–54 years (37,030,152), 55–64 years (23,961,506), 65–74 years (18,135,514), 75–84 years (12,314,793), and 85 years and over (4,259,173).

Notes

* = Low precision; no estimate reported

1985–1995 data (numbers) obtained from CDC WISQARS

1985–1995 data (age-adjusted rates) obtained from CDC/NCHS National Vital Statistics System

1985–1995 Hispanic age-adjusted data not available before 1990 in CDC Wonder

1985–1995 age-adjusted rate for race obtained from CDC Wonder

Age-adjusted means that an overall rate has been adjusted to reflect the different magnitudes of the age groups that contribute to the rate; each age group is weighted by its size to calculate an overall age-adjusted rate.

Resident population refers to the population of civilian and military population.

Source

Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Kung H-C, Hoyert DL, Xu JQ, Murphy SL. *Deaths: Final data for 2005*. National vital statistics reports. Vol. 56, No. 10. Hyattsville, MD: NCHS. 2008.

Table I.13 Number and Death Rates for Suicide: United States and Each State, 2005

| State | Number | Age-Adjusted ¹ Death Rate | Crude Death Rate ² |
|----------------------|---------------|--------------------------------------|-------------------------------|
| Alabama | 535 | 11.5 | 11.7 |
| Alaska | 131 | 20.2 | 19.7 |
| Arizona | 945 | 16.2 | 15.9 |
| Arkansas | 400 | 14.2 | 14.4 |
| California | 3,206 | 9.1 | 8.9 |
| Colorado | 800 | 17.3 | 17.1 |
| Connecticut | 295 | 8.1 | 8.4 |
| Delaware | 83 | 9.6 | 9.8 |
| District of Columbia | 33 | 5.5 | 6.0 |
| Florida | 2,347 | 12.6 | 13.2 |
| Georgia | 924 | 10.5 | 10.2 |
| Hawaii | 107 | 8.3 | 8.4 |
| Idaho | 228 | 16.2 | 16.0 |
| Illinois | 1,086 | 8.5 | 8.5 |
| Indiana | 745 | 11.9 | 11.9 |
| Iowa | 333 | 10.9 | 11.2 |
| Kansas | 362 | 13.1 | 13.2 |
| Kentucky | 566 | 13.3 | 13.6 |
| Louisiana | 505 | 11.1 | 11.2 |
| Maine | 175 | 12.3 | 13.2 |
| Maryland | 472 | 8.4 | 8.4 |
| Massachusetts | 480 | 7.2 | 7.5 |
| Michigan | 1,108 | 10.8 | 10.9 |
| Minnesota | 547 | 10.3 | 10.7 |
| Mississippi | 363 | 12.6 | 12.4 |
| Missouri | 727 | 12.4 | 12.5 |
| Montana | 206 | 21.5 | 22.0 |
| Nebraska | 187 | 10.8 | 10.6 |
| Nevada | 480 | 20.1 | 19.9 |
| New Hampshire | 162 | 11.8 | 12.4 |
| New Jersey | 536 | 6.0 | 6.1 |
| New Mexico | 342 | 17.7 | 17.7 |
| New York | 1,189 | 6.0 | 6.2 |
| North Carolina | 1,009 | 11.5 | 11.6 |
| North Dakota | 92 | 13.7 | 14.5 |
| Ohio | 1,341 | 11.4 | 11.7 |
| Oklahoma | 522 | 14.7 | 14.7 |
| Oregon | 560 | 14.8 | 15.4 |
| Pennsylvania | 1,430 | 11.1 | 11.5 |
| Rhode Island | 71 | 6.3 | 6.6 |
| South Carolina | 510 | 11.8 | 12.0 |
| South Dakota | 121 | 15.3 | 15.6 |
| Tennessee | 856 | 14.0 | 14.4 |
| Texas | 2,418 | 10.9 | 10.6 |
| Utah | 348 | 15.1 | 14.1 |
| Vermont | 78 | 12.2 | 12.5 |
| Virginia | 866 | 11.2 | 11.4 |
| Washington | 822 | 12.7 | 13.1 |
| West Virginia | 255 | 13.2 | 14.0 |
| Wisconsin | 643 | 11.5 | 11.6 |
| Wyoming | 90 | 17.2 | 17.7 |
| United States | 32,637 | 10.9 | 11.0 |

See footnotes and notes on page 112.

Footnotes for Table I.13

¹Estimates are age-adjusted to the year 2000 standard population using 11 age groups: Under 1 (3,794,901 persons), 1–4 years (15,191,619), 5–14 years (39,976,619), 15–24 years (38,076,743), 25–34 years (37,233,437), 35–44 years (44,659,185), 45–54 years (37,030,152), 55–64 years (23,961,506), 65–74 years (18,135,514), 75–84 years (12,314,793), and 85 years and over (4,259,173).

²Crude death rate equals total number of deaths in the state divided by total number in the population of the state multiplied by 100,000.

Notes

Suicide based on ICD-10. Rates are per 100,000 U.S. standard population. Populations used for computing death rates are postcensal estimates based on the 2000 Census estimated as of July 1, 2005.

Age-adjusted means that an overall rate has been adjusted to reflect the different magnitudes of the age groups that contribute to the rate; each age group is weighted by its size to calculate an overall age-adjusted rate

Source

Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table I.14 Past-Year Major Depressive Episode by Substance Dependence or Abuse (Alcohol or Illicit Drugs) for Youth Aged 12–17: United States, Annual Average, 2005–2007

| Substance Abuse Problem | Past-Year Major Depressive Episode | | | Past-Year Without Major Depressive Episode | | | Significance Testing: MDE vs. No MDE |
|------------------------------------|------------------------------------|--------------|--------------------------|--|--------------|--------------------------|--------------------------------------|
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | a = < 0.05 b = < 0.01 |
| Dependence or Abuse | | | | | | | |
| Illicit Drugs | 258 | 12.5 | 0.57 | 867 | 3.8 | 0.10 | a |
| Marijuana | 170 | 8.3 | 0.49 | 666 | 2.9 | 0.09 | a |
| Illicit Drugs Other Than Marijuana | 139 | 6.8 | 0.42 | 352 | 1.5 | 0.07 | |
| Alcohol | 263 | 12.8 | 0.57 | 1,092 | 4.8 | 0.11 | a |
| Both Illicit Drugs and Alcohol | 125 | 6.1 | 0.43 | 387 | 1.7 | 0.07 | |
| Illicit Drugs or Alcohol | 396 | 19.2 | 0.67 | 1,572 | 6.9 | 0.14 | a |
| Dependence | | | | | | | b |
| Illicit Drugs | 150 | 7.3 | 0.47 | 467 | 2.0 | 0.07 | |
| Marijuana | 85 | 4.1 | 0.35 | 353 | 1.5 | 0.06 | b |
| Illicit Drugs Other Than Marijuana | 84 | 4.1 | 0.34 | 170 | 0.7 | 0.05 | b |
| Alcohol | 121 | 5.9 | 0.38 | 393 | 1.7 | 0.07 | NS |
| Both Illicit Drugs and Alcohol | 43 | 2.1 | 0.24 | 122 | 0.5 | 0.04 | a |
| Illicit Drugs or Alcohol | 228 | 11.1 | 0.55 | 738 | 3.2 | 0.09 | * |
| No Drug or Alcohol Abuse | 1,835 | 89.1 | 0.51 | 21,804 | 95.6 | 0.10 | * |
| Total | 2,059 | 100.0 | 0.00 | 22,803 | 100.0 | 0.00 | b |

Notes

Major Depressive Episode (MDE) is defined as in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Dependence or abuse is based on definitions found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

For the purpose of this table, data from 2005–2007 were aggregated.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.15a Having No Past-Year Substance Dependence or Abuse (Alcohol or Illicit Drugs) Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007

| No Substance Dependence or Abuse | | | | | | | |
|----------------------------------|--|-------------|--------------------------|---|-------------|--------------------------|--------------------------------------|
| State | Past-Year Serious Psychological Distress | | | No Past-Year Serious Psychological Distress | | | Significance Testing: SPD vs. No SPD |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | a = < 0.05 b = < 0.01 |
| Alabama | 285 | 77.5 | 4.40 | 2,866 | 94.2 | 0.88 | b |
| Alaska | 39 | 72.0 | 3.36 | 379 | 92.6 | 0.79 | b |
| Arizona | 417 | 76.2 | 3.48 | 3,552 | 91.3 | 0.97 | b |
| Arkansas | 227 | 77.5 | 3.12 | 1,650 | 92.9 | 0.82 | b |
| California | 1,935 | 75.1 | 1.89 | 21,777 | 91.8 | 0.39 | b |
| Colorado | 296 | 76.4 | 3.27 | 2,793 | 89.8 | 1.07 | b |
| Connecticut | 206 | 78.0 | 3.14 | 2,153 | 91.3 | 0.90 | b |
| Delaware | 53 | 82.1 | 3.16 | 531 | 92.7 | 0.82 | b |
| District of Columbia | 38 | 70.5 | 3.53 | 348 | 88.2 | 0.92 | b |
| Florida | 1,094 | 76.9 | 1.72 | 11,298 | 92.1 | 0.41 | b |
| Georgia | 607 | 76.0 | 3.47 | 5,535 | 94.1 | 0.68 | b |
| Hawaii | 62 | 76.8 | 4.36 | 774 | 90.2 | 1.28 | b |
| Idaho | 99 | 80.0 | 2.94 | 857 | 92.6 | 0.87 | b |
| Illinois | 740 | 78.9 | 1.55 | 7,775 | 91.8 | 0.43 | b |
| Indiana | 495 | 82.7 | 2.00 | 3,720 | 92.2 | 0.79 | b |
| Iowa | 172 | 77.6 | 3.02 | 1,833 | 91.1 | 0.85 | b |
| Kansas | 220 | 81.7 | 3.06 | 1,594 | 91.4 | 0.90 | b |
| Kentucky | 379 | 83.2 | 2.38 | 2,534 | 94.7 | 0.66 | b |
| Louisiana | 352 | 78.3 | 3.93 | 2,499 | 92.1 | 0.90 | b |
| Maine | 87 | 72.2 | 4.82 | 837 | 92.6 | 0.89 | b |
| Maryland | 293 | 73.4 | 4.12 | 3,470 | 92.7 | 0.86 | b |
| Massachusetts | 450 | 82.6 | 2.52 | 3,893 | 89.4 | 0.83 | a |
| Michigan | 671 | 76.0 | 1.65 | 6,055 | 91.6 | 0.46 | b |
| Minnesota | 305 | 75.2 | 4.10 | 3,107 | 90.2 | 1.09 | b |
| Mississippi | 184 | 76.1 | 3.56 | 1,763 | 95.2 | 0.67 | b |
| Missouri | 502 | 80.2 | 3.56 | 3,400 | 91.8 | 0.86 | b |
| Montana | 61 | 71.3 | 3.95 | 572 | 90.7 | 0.89 | b |
| Nebraska | 121 | 79.8 | 3.21 | 1,041 | 91.0 | 0.95 | b |
| Nevada | 181 | 76.6 | 3.36 | 1,467 | 92.4 | 0.62 | b |
| New Hampshire | 85 | 78.3 | 3.28 | 814 | 91.4 | 1.10 | b |
| New Jersey | 514 | 85.0 | 3.39 | 5,573 | 94.7 | 0.54 | b |
| New Mexico | 155 | 75.5 | 3.94 | 1,126 | 92.8 | 0.91 | b |
| New York | 1,302 | 79.0 | 1.83 | 12,044 | 93.5 | 0.38 | b |
| North Carolina | 544 | 83.4 | 3.86 | 5,402 | 92.5 | 0.94 | a |
| North Dakota | 40 | 75.7 | 3.23 | 388 | 91.0 | 0.80 | b |
| Ohio | 783 | 77.7 | 1.57 | 6,892 | 91.5 | 0.46 | b |
| Oklahoma | 285 | 77.6 | 4.21 | 2,093 | 93.3 | 0.81 | b |
| Oregon | 261 | 83.1 | 2.90 | 2,313 | 93.0 | 0.89 | b |
| Pennsylvania | 772 | 80.6 | 1.34 | 7,917 | 93.6 | 0.39 | b |
| Rhode Island | 90 | 75.2 | 2.50 | 626 | 90.5 | 1.06 | b |
| South Carolina | 308 | 75.7 | 3.25 | 2,567 | 92.3 | 0.76 | b |
| South Dakota | 32 | 68.1 | 4.10 | 480 | 91.1 | 0.70 | b |
| Tennessee | 499 | 79.0 | 3.25 | 3,645 | 93.7 | 0.57 | b |
| Texas | 1,360 | 79.7 | 1.70 | 13,599 | 92.2 | 0.43 | b |
| Utah | 209 | 80.9 | 2.63 | 1,392 | 93.6 | 0.82 | b |
| Vermont | 44 | 79.0 | 3.38 | 390 | 91.0 | 1.02 | b |
| Virginia | 444 | 76.6 | 3.54 | 4,668 | 93.2 | 0.82 | b |
| Washington | 376 | 73.9 | 3.95 | 3,934 | 92.5 | 0.93 | b |
| West Virginia | 172 | 85.4 | 2.22 | 1,140 | 94.7 | 0.45 | b |
| Wisconsin | 336 | 73.0 | 3.74 | 3,388 | 91.2 | 0.83 | b |
| Wyoming | 38 | 74.9 | 2.78 | 303 | 90.5 | 0.85 | b |
| United States | 19,222 | 78.1 | 0.44 | 180,769 | 92.3 | 0.11 | b |

See notes on page 118.

Table I.15b Past-Year Alcohol Dependence or Abuse Only Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007

| Dependence or Abuse Involving Alcohol Only | | | | | | | |
|--|--|-------------|--------------------------|---|------------|--------------------------|---|
| State | Past-Year Serious Psychological Distress | | | No Past-Year Serious Psychological Distress | | | Significance Testing: SPD vs. No SPD a = < 0.05 b = < 0.01 |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | |
| Alabama | 32 | 8.6 | 1.86 | 121 | 4.0 | 0.90 | a |
| Alaska | 9 | 15.8 | 3.23 | 21 | 5.1 | 0.65 | b |
| Arizona | 88 | 16.1 | 2.96 | 249 | 6.4 | 0.83 | b |
| Arkansas | 40 | 13.8 | 2.79 | 92 | 5.2 | 0.70 | b |
| California | 408 | 15.8 | 1.77 | 1,510 | 6.4 | 0.36 | b |
| Colorado | 41 | 10.6 | 1.82 | 238 | 7.7 | 0.97 | NS |
| Connecticut | 31 | 11.6 | 2.30 | 161 | 6.8 | 0.70 | a |
| Delaware | 6 | 8.7 | 1.70 | 27 | 4.8 | 0.68 | a |
| District of Columbia | 10 | 18.1 | 3.15 | 27 | 6.9 | 0.66 | b |
| Florida | 183 | 12.8 | 1.49 | 725 | 5.9 | 0.37 | b |
| Georgia | 120 | 15.0 | 3.38 | 237 | 4.0 | 0.68 | b |
| Hawaii | 14 | 17.5 | 3.96 | 67 | 7.8 | 1.16 | a |
| Idaho | 13 | 10.8 | 2.15 | 54 | 5.8 | 0.80 | a |
| Illinois | 127 | 13.5 | 1.33 | 535 | 6.3 | 0.38 | b |
| Indiana | 50 | 8.4 | 1.69 | 247 | 6.1 | 0.78 | NS |
| Iowa | 35 | 15.6 | 2.57 | 167 | 8.3 | 0.83 | a |
| Kansas | 39 | 14.5 | 2.91 | 120 | 6.9 | 0.75 | b |
| Kentucky | 29 | 6.4 | 1.92 | 106 | 4.0 | 0.59 | NS |
| Louisiana | 63 | 14.0 | 3.07 | 157 | 5.8 | 0.78 | b |
| Maine | 18 | 14.6 | 2.85 | 53 | 5.9 | 0.92 | b |
| Maryland | 62 | 15.5 | 3.13 | 204 | 5.4 | 0.73 | b |
| Massachusetts | 52 | 9.5 | 2.04 | 374 | 8.6 | 0.88 | NS |
| Michigan | 131 | 14.8 | 1.28 | 432 | 6.5 | 0.40 | b |
| Minnesota | 68 | 16.7 | 3.00 | 282 | 8.2 | 1.04 | a |
| Mississippi | 29 | 12.1 | 2.80 | 60 | 3.3 | 0.50 | b |
| Missouri | 88 | 14.1 | 3.19 | 228 | 6.2 | 0.73 | a |
| Montana | 17 | 19.9 | 3.87 | 45 | 7.2 | 0.81 | b |
| Nebraska | 21 | 14.1 | 2.76 | 92 | 8.0 | 0.87 | a |
| Nevada | 38 | 16.0 | 2.98 | 95 | 6.0 | 0.58 | b |
| New Hampshire | 15 | 13.8 | 2.27 | 57 | 6.4 | 0.92 | b |
| New Jersey | 56 | 9.2 | 2.95 | 253 | 4.3 | 0.50 | NS |
| New Mexico | 30 | 14.4 | 3.00 | 68 | 5.6 | 0.86 | b |
| New York | 170 | 10.3 | 1.24 | 562 | 4.4 | 0.30 | b |
| North Carolina | 48 | 7.4 | 2.09 | 341 | 5.8 | 0.92 | NS |
| North Dakota | 11 | 20.4 | 3.00 | 35 | 8.1 | 0.73 | b |
| Ohio | 137 | 13.6 | 1.19 | 480 | 6.4 | 0.40 | b |
| Oklahoma | 50 | 13.5 | 2.68 | 112 | 5.0 | 0.63 | b |
| Oregon | 33 | 10.5 | 2.40 | 119 | 4.8 | 0.63 | a |
| Pennsylvania | 114 | 11.9 | 1.22 | 425 | 5.0 | 0.35 | b |
| Rhode Island | 16 | 13.7 | 2.63 | 43 | 6.3 | 0.80 | b |
| South Carolina | 57 | 14.1 | 2.55 | 156 | 5.6 | 0.65 | b |
| South Dakota | 11 | 23.9 | 3.63 | 42 | 8.1 | 0.72 | b |
| Tennessee | 66 | 10.5 | 2.42 | 180 | 4.6 | 0.51 | a |
| Texas | 204 | 12.0 | 1.26 | 896 | 6.1 | 0.39 | b |
| Utah | 30 | 11.6 | 2.00 | 68 | 4.6 | 0.74 | b |
| Vermont | 8 | 13.9 | 3.10 | 29 | 6.7 | 0.92 | a |
| Virginia | 95 | 16.3 | 3.02 | 272 | 5.4 | 0.74 | b |
| Washington | 77 | 15.1 | 3.69 | 237 | 5.6 | 0.71 | b |
| West Virginia | 16 | 7.9 | 1.27 | 40 | 3.3 | 0.39 | b |
| Wisconsin | 75 | 16.3 | 2.72 | 267 | 7.2 | 0.70 | b |
| Wyoming | 9 | 16.9 | 2.70 | 28 | 8.3 | 0.81 | b |
| United States | 3,186 | 12.9 | 0.38 | 11,439 | 5.8 | 0.10 | b |

See notes on page 118.

Table I.15c Past-Year Illicit Drug Dependence or Abuse Only Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007

| Dependence or Abuse Involving Illicit Drugs Only | | | | | | | |
|--|--|------------|--------------------------|---|------------|--------------------------|---|
| State | Past-Year Serious Psychological Distress | | | No Past-Year Serious Psychological Distress | | | Significance Testing: SPD vs. No SPD |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | |
| Alabama | 25 | 6.8 | 1.83 | 22 | 0.7 | 0.21 | b |
| Alaska | 4 | 6.6 | 1.90 | 5 | 1.3 | 0.27 | b |
| Arizona | 21 | 3.9 | 1.34 | 52 | 1.3 | 0.39 | NS |
| Arkansas | 15 | 5.1 | 0.91 | 18 | 1.0 | 0.24 | b |
| California | 124 | 4.8 | 0.83 | 214 | 0.9 | 0.11 | b |
| Colorado | 32 | 8.4 | 3.34 | 49 | 1.6 | 0.40 | a |
| Connecticut | 10 | 3.8 | 0.91 | 21 | 0.9 | 0.19 | b |
| Delaware | 4 | 5.6 | 1.33 | 9 | 1.5 | 0.39 | b |
| District of Columbia | 2 | 3.7 | 1.49 | 10 | 2.4 | 0.45 | NS |
| Florida | 75 | 5.3 | 0.89 | 100 | 0.8 | 0.13 | b |
| Georgia | 49 | 6.1 | 2.22 | 60 | 1.0 | 0.28 | a |
| Hawaii | * | * | * | 9 | 1.1 | 0.38 | * |
| Idaho | 7 | 5.9 | 1.77 | 6 | 0.6 | 0.21 | b |
| Illinois | 24 | 2.6 | 0.52 | 89 | 1.1 | 0.13 | b |
| Indiana | 25 | 4.2 | 1.06 | 34 | 0.9 | 0.23 | b |
| Iowa | 10 | 4.5 | 1.92 | 4 | 0.2 | 0.08 | a |
| Kansas | 4 | 1.6 | 0.65 | 19 | 1.1 | 0.47 | NS |
| Kentucky | 28 | 6.1 | 1.34 | 24 | 0.9 | 0.31 | b |
| Louisiana | 16 | 3.6 | 1.35 | 44 | 1.6 | 0.47 | NS |
| Maine | 10 | 8.5 | 2.49 | 10 | 1.1 | 0.20 | b |
| Maryland | 24 | 6.0 | 1.69 | 44 | 1.2 | 0.31 | b |
| Massachusetts | 32 | 5.9 | 1.51 | 42 | 1.0 | 0.24 | b |
| Michigan | 42 | 4.8 | 0.74 | 66 | 1.0 | 0.13 | b |
| Minnesota | 14 | 3.5 | 1.58 | 18 | 0.5 | 0.17 | NS |
| Mississippi | 16 | 6.7 | 2.01 | 14 | 0.7 | 0.19 | b |
| Missouri | 13 | 2.1 | 0.78 | 47 | 1.3 | 0.30 | NS |
| Montana | 3 | 2.9 | 1.09 | 6 | 0.9 | 0.22 | a |
| Nebraska | 5 | 3.4 | 1.25 | 4 | 0.3 | 0.10 | a |
| Nevada | 8 | 3.4 | 1.31 | 13 | 0.8 | 0.25 | NS |
| New Hampshire | 5 | 4.3 | 2.32 | 10 | 1.1 | 0.33 | NS |
| New Jersey | 23 | 3.9 | 1.41 | 32 | 0.6 | 0.14 | a |
| New Mexico | 15 | 7.4 | 3.06 | 9 | 0.7 | 0.15 | a |
| New York | 86 | 5.2 | 0.88 | 155 | 1.2 | 0.16 | b |
| North Carolina | 41 | 6.4 | 2.93 | 53 | 0.9 | 0.31 | NS |
| North Dakota | 1 | 1.3 | 0.63 | 2 | 0.5 | 0.18 | NS |
| Ohio | 53 | 5.3 | 0.89 | 94 | 1.2 | 0.16 | b |
| Oklahoma | 7 | 1.9 | 0.84 | 19 | 0.8 | 0.29 | NS |
| Oregon | 10 | 3.3 | 1.29 | 40 | 1.6 | 0.57 | NS |
| Pennsylvania | 41 | 4.3 | 0.79 | 65 | 0.8 | 0.11 | b |
| Rhode Island | 7 | 5.7 | 1.61 | 13 | 1.8 | 0.36 | a |
| South Carolina | 19 | 4.8 | 1.21 | 25 | 0.9 | 0.24 | b |
| South Dakota | 1 | 2.0 | 0.88 | 2 | 0.3 | 0.11 | NS |
| Tennessee | 43 | 6.8 | 2.04 | 35 | 0.9 | 0.20 | b |
| Texas | 73 | 4.3 | 0.84 | 128 | 0.9 | 0.11 | b |
| Utah | 13 | 4.9 | 1.50 | 13 | 0.9 | 0.21 | a |
| Vermont | 2 | 3.6 | 0.98 | 5 | 1.2 | 0.26 | a |
| Virginia | 12 | 2.1 | 0.95 | 48 | 1.0 | 0.16 | NS |
| Washington | 24 | 4.6 | 1.29 | 45 | 1.1 | 0.23 | b |
| West Virginia | 5 | 2.7 | 0.70 | 12 | 1.0 | 0.29 | a |
| Wisconsin | 38 | 8.2 | 2.89 | 28 | 0.8 | 0.26 | a |
| Wyoming | 3 | 5.5 | 1.32 | 3 | 0.8 | 0.16 | b |
| United States | 1,168 | 4.7 | 0.23 | 1,885 | 1.0 | 0.04 | b |

See notes on page 118.

Table I.15d Past-Year Both Alcohol and Illicit Drug Dependence or Abuse Separately Among Persons Aged 18 or Older With and Without Past-Year Serious Psychological Distress: United States and Each State, Annual Average, 2005–2007

| Dependence or Abuse Involving Both Alcohol and Illicit Drugs | | | | | | | |
|--|--|------------|--------------------------|---|------------|--------------------------|---|
| State | Past-Year Serious Psychological Distress | | | No Past-Year Serious Psychological Distress | | | Significance Testing: SPD vs. No SPD |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | |
| Alabama | * | * | * | 34 | 1.1 | 0.31 | * |
| Alaska | 3 | 5.6 | 1.80 | 4 | 1.0 | 0.28 | a |
| Arizona | 21 | 3.8 | 1.10 | 39 | 1.0 | 0.37 | a |
| Arkansas | 11 | 3.6 | 1.18 | 18 | 1.0 | 0.28 | a |
| California | 111 | 4.3 | 0.66 | 212 | 0.9 | 0.11 | b |
| Colorado | 18 | 4.6 | 1.35 | 30 | 1.0 | 0.23 | b |
| Connecticut | 18 | 6.7 | 1.74 | 23 | 1.0 | 0.27 | b |
| Delaware | * | * | * | 6 | 1.0 | 0.30 | * |
| District of Columbia | 4 | 7.6 | 2.10 | 10 | 2.5 | 0.62 | a |
| Florida | 70 | 4.9 | 0.82 | 140 | 1.1 | 0.15 | b |
| Georgia | 24 | 3.0 | 1.14 | 50 | 0.8 | 0.28 | NS |
| Hawaii | 2 | 3.1 | 0.91 | 8 | 0.9 | 0.23 | a |
| Idaho | 4 | 3.3 | 0.94 | 9 | 0.9 | 0.22 | a |
| Illinois | 47 | 5.0 | 1.02 | 75 | 0.9 | 0.14 | b |
| Indiana | 28 | 4.6 | 1.27 | 31 | 0.8 | 0.23 | b |
| Iowa | 5 | 2.2 | 0.86 | 8 | 0.4 | 0.15 | a |
| Kansas | 6 | 2.2 | 0.75 | 11 | 0.6 | 0.19 | a |
| Kentucky | 19 | 4.2 | 1.07 | 12 | 0.4 | 0.14 | b |
| Louisiana | 18 | 4.1 | 1.25 | 14 | 0.5 | 0.16 | b |
| Maine | 6 | 4.6 | 1.85 | 4 | 0.4 | 0.11 | a |
| Maryland | * | * | * | 24 | 0.6 | 0.10 | * |
| Massachusetts | 11 | 2.0 | 0.46 | 44 | 1.0 | 0.25 | NS |
| Michigan | 38 | 4.4 | 0.70 | 54 | 0.8 | 0.13 | b |
| Minnesota | 19 | 4.6 | 2.08 | 39 | 1.1 | 0.27 | NS |
| Mississippi | 12 | 5.2 | 1.63 | 15 | 0.8 | 0.31 | b |
| Missouri | 23 | 3.7 | 1.02 | 27 | 0.7 | 0.22 | b |
| Montana | 5 | 5.9 | 1.48 | 8 | 1.2 | 0.24 | b |
| Nebraska | 4 | 2.7 | 1.03 | 7 | 0.6 | 0.21 | NS |
| Nevada | 9 | 4.0 | 1.26 | 12 | 0.8 | 0.23 | a |
| New Hampshire | 4 | 3.7 | 1.02 | 9 | 1.0 | 0.32 | a |
| New Jersey | 12 | 1.9 | 0.88 | 27 | 0.5 | 0.13 | NS |
| New Mexico | 6 | 2.7 | 0.74 | 11 | 0.9 | 0.25 | a |
| New York | 91 | 5.5 | 0.85 | 123 | 1.0 | 0.15 | b |
| North Carolina | 18 | 2.8 | 0.96 | 46 | 0.8 | 0.22 | a |
| North Dakota | 1 | 2.6 | 0.67 | 2 | 0.4 | 0.12 | b |
| Ohio | 35 | 3.5 | 0.55 | 66 | 0.9 | 0.12 | b |
| Oklahoma | 26 | 7.0 | 2.36 | 20 | 0.9 | 0.30 | a |
| Oregon | 10 | 3.1 | 0.99 | 14 | 0.5 | 0.17 | a |
| Pennsylvania | 31 | 3.3 | 0.56 | 52 | 0.6 | 0.09 | b |
| Rhode Island | 6 | 5.4 | 1.11 | 10 | 1.4 | 0.37 | b |
| South Carolina | 22 | 5.5 | 1.74 | 34 | 1.2 | 0.28 | a |
| South Dakota | 3 | 5.9 | 1.78 | 3 | 0.5 | 0.14 | b |
| Tennessee | 23 | 3.6 | 1.04 | 28 | 0.7 | 0.21 | b |
| Texas | 69 | 4.0 | 0.76 | 133 | 0.9 | 0.13 | b |
| Utah | 7 | 2.7 | 0.98 | 15 | 1.0 | 0.24 | NS |
| Vermont | 2 | 3.4 | 0.95 | 4 | 1.0 | 0.21 | a |
| Virginia | 29 | 5.0 | 1.49 | 21 | 0.4 | 0.12 | b |
| Washington | 32 | 6.3 | 1.96 | 38 | 0.9 | 0.30 | b |
| West Virginia | 8 | 4.0 | 1.19 | 11 | 0.9 | 0.22 | a |
| Wisconsin | 12 | 2.5 | 0.83 | 30 | 0.8 | 0.29 | a |
| Wyoming | 1 | 2.7 | 0.87 | 1 | 0.4 | 0.08 | b |
| United States | 1,034 | 4.2 | 0.19 | 1,663 | 0.8 | 0.03 | b |

See notes on page 118.

Notes for Tables I.15 a, b, c, d

* = Low precision; no estimate reported

Serious Psychological Distress (SPD) refers to a mental condition that negatively impacts one's ability to participate in family and community life. SPD is associated with mental health problems that are not as severe as those characterized as serious mental illness, but still have negative impact on a person's functioning. Operationally, SPD is defined as having a score of 13 or higher on the K6 scale. The K6 is a short instrument developed for the purpose of identifying persons with severe problems as the result of mental illness. The K6 scale is a 6-question short-form scale embedded within the 10-question screening scale of psychological distress developed for the redesigned U.S. National Health Interview Survey (NHIS) used since 1997. The K6 items (Kessler et al., in press) were developed for use in the core of the redesigned U.S. NHIS to measure the frequency of commonly occurring symptoms of psychological distress (e.g., worry, restlessness, sadness) over a 30-day recall period. The K6 items were modified for use in the Substance Abuse and Mental Health Services Administration methodology study to ask about symptoms during the month in the past year when the respondent's emotional problems were worst. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

Dependence or abuse is based on definitions found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

For the purpose of these tables, data from 2005–2007 were averaged.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table I.16 Percentage of Persons Aged 18 and Older with Selected Physical Disorders, Separately for Those With and Without Past-Year Serious Psychological Distress, by Gender, Age Group, and Race/Ethnicity: United States, 2005–2007

| Characteristics | Serious Psychological Distress in the Past Month ¹ | | | | | | No Serious Psychological Distress in the Past Month ¹ | | | | | |
|---|---|-----------------------|---------------------|----------------------------|------------------------|------------------------|--|-----------------------|---------------------|----------------------------|------------------------|------------------------|
| | Current | | Lifetime | | Lifetime | | Current | | Lifetime | | Lifetime | |
| | Asthma ² | Diabetes ³ | Cancer ⁴ | Heart Disease ⁵ | Arthritis ⁶ | Arthritis ⁶ | Asthma ² | Diabetes ³ | Cancer ⁴ | Heart Disease ⁵ | Arthritis ⁶ | Arthritis ⁶ |
| Sex ⁷ | | | | | | | | | | | | |
| Male | 18.8 | 16.5 | 10.1 | 23.8 | 42.3 | 42.3 | 6.9 | 7.3 | 5.4 | 10.8 | 20.0 | 20.0 |
| Female | 18.7 | 17.2 | 10.0 | 24.8 | 44.5 | 44.5 | 6.9 | 7.4 | 5.5 | 10.8 | 20.5 | 20.5 |
| Age | | | | | | | | | | | | |
| 18–24 years | 16.9 | * | * | * | *9.2 | *9.2 | 8.0 | 0.9 | 0.8 | 3.0 | 2.8 | 2.8 |
| 25–44 years | 20.2 | 10.2 | 7.0 | 14.1 | 30.8 | 30.8 | 6.5 | 2.8 | 1.9 | 4.1 | 8.2 | 8.2 |
| 45–64 years | 18.4 | 22.3 | 10.5 | 31.6 | 57.6 | 57.6 | 6.9 | 10.3 | 5.9 | 11.9 | 27.6 | 27.6 |
| 65 years or older | 17.2 | 31.7 | 21.1 | 45.8 | 66.3 | 66.3 | 7.2 | 17.9 | 16.7 | 30.7 | 48.7 | 48.7 |
| Hispanic Origin/Race ^{7,8} | | | | | | | | | | | | |
| Non-Hispanic | 19.2 | 15.9 | 10.5 | 24.3 | 43.2 | 43.2 | 7.2 | 7.0 | 5.7 | 11.1 | 20.7 | 20.7 |
| Non-Hispanic, White | 19.1 | 15.3 | 11.3 | 25.1 | 44.4 | 44.4 | 7.3 | 6.3 | 6.0 | 11.5 | 21.3 | 21.3 |
| Non-Hispanic, Black | 21.5 | 19.0 | 8.5 | 20.3 | 42.7 | 42.7 | 7.4 | 11.8 | 4.0 | 9.7 | 20.3 | 20.3 |
| Non-Hispanic, American Indian or Alaska Native | * | * | * | 41.0 | *52.4 | *52.4 | 7.7 | 17.4 | * | *14.9 | 27.5 | 27.5 |
| Non-Hispanic, Asian | * | *22.0 | * | * | 21.9 | 21.9 | 4.3 | 7.4 | 2.9 | 6.5 | 10.7 | 10.7 |
| Non-Hispanic, Native Hawaiian or Other Pacific Islander | * | * | * | * | * | * | * | *17.5 | * | * | * | * |
| Non-Hispanic, two or more races | *21.2 | 19.1 | * | *25.9 | 39.4 | 39.4 | 13.2 | 10.1 | 6.6 | 16.5 | 27.0 | 27.0 |
| Hispanic | 16.1 | 21.0 | 7.8 | 21.2 | 37.5 | 37.5 | 5.1 | 10.0 | 3.2 | 7.8 | 15.0 | 15.0 |
| Mexican | *11.8 | 24.2 | *7.8 | 20.1 | 38.9 | 38.9 | 3.9 | 11.7 | 2.9 | 7.3 | 14.7 | 14.7 |
| Total, age-adjusted⁷ | 18.8 | 16.5 | 10.1 | 23.8 | 42.3 | 42.3 | 6.9 | 7.3 | 5.4 | 10.8 | 20.0 | 20.0 |
| Total, crude | 18.7 | 17.2 | 10.0 | 24.8 | 44.5 | 44.5 | 6.9 | 7.4 | 5.5 | 10.8 | 20.5 | 20.5 |

See footnotes and notes on page 120.

Footnotes for Table I.16

¹Serious psychological distress (SPD) is measured by a six-question scale that asks respondents how often they experienced each of six symptoms of psychological distress in the past 30 days.

²Current asthma prevalence estimates are based on the questions, “Have you ever been told by a doctor or other health professional that you had asthma?” and “Do you still have asthma?”

³Respondents were asked whether they had ever been told by a doctor or health professional that they had diabetes or sugar diabetes (other than during pregnancy). This includes prediabetes and impaired glucose tolerance.

⁴Respondents were asked if they had ever been told by a doctor or other health professional that they had a cancer or a malignancy of any kind. They were then asked to name the kind of cancer they had. This analysis excludes skin cancers (other than melanoma).

⁵Respondents were asked if they had ever been told by a doctor or other health professional if they had a heart problem. Heart problem includes coronary heart disease, angina pectoris, heart attack, or any other heart condition or disease.

⁶Respondents were asked if they had ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Those that answered yes were classified as having an arthritis diagnosis.

⁷Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and older.

⁸Persons of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group; the category of two or more races includes persons who reported more than one racial group. Race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin.

Notes

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30%. Data not shown have an RSE greater than 30%.

Data are for the civilian noninstitutionalized population.

Source

Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table II.1 Percentage of Persons Aged 18 or Older by Type of Care and by Level of Severity or No Disorder: United States, 2001–2002

| Treatment | Severity of Disorder | | | | | | | | | | | |
|--|----------------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| | Total | | Serious | | Moderate | | Mild | | Any | | No Disorder | |
| | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) |
| Any Mental Health | 8.8 | 0.5 | 39.4 | 2.1 | 18.1 | 1.4 | 11.0 | 1.2 | 21.0 | 0.9 | 4.2 | 0.4 |
| Psychiatrist | 4.6 | 0.3 | 26.5 | 1.9 | 9.0 | 1.2 | 4.3 | 0.8 | 11.7 | 0.7 | 1.8 | 0.2 |
| Other Mental Health Professional | 6.3 | 0.4 | 28.6 | 1.9 | 13.8 | 1.3 | 8.4 | 1.1 | 15.6 | 0.8 | 2.8 | 0.3 |
| General Medical | 9.3 | 0.4 | 32.2 | 1.8 | 22.5 | 1.4 | 14.5 | 1.2 | 22.1 | 0.8 | 4.5 | 0.3 |
| Family Doctor | 6.8 | 0.4 | 25.3 | 2.0 | 17.5 | 1.2 | 9.7 | 1.2 | 16.7 | 0.9 | 3.1 | 0.3 |
| Other Medical Doctor | 1.7 | 0.2 | 7.3 | 1.1 | 3.8 | 0.7 | 2.2 | 0.6 | 4.1 | 0.4 | 0.9 | 0.2 |
| Other Medical Professional | 0.4 | 0.1 | 2.7 | 0.9 | 0.6 | 0.2 | 0.6 | 0.3 | 1.1 | 0.3 | 0.1 | 0.1 |
| Any Healthcare (Mental Health or General Medical) | 15.3 | 0.6 | 54.2 | 2.6 | 34.2 | 1.3 | 22.5 | 1.7 | 35.0 | 0.9 | 7.9 | 0.5 |
| Human Services | 3.4 | 0.3 | 12.2 | 1.4 | 7.6 | 0.7 | 5.1 | 1.4 | 7.9 | 0.8 | 1.8 | 0.2 |
| Social worker in human services setting | 0.4 | 0.1 | 1.4 | 0.5 | 1.1 | 0.5 | 0.1 | 0.1 | 0.8 | 0.2 | 0.2 | 0.0 |
| Counselor in human services setting | 0.5 | 0.1 | 2.0 | 0.5 | 1.2 | 0.4 | 0.6 | 0.5 | 1.2 | 0.3 | 0.3 | 0.1 |
| Spiritual advisor | 2.7 | 0.3 | 9.8 | 1.4 | 6.0 | 0.7 | 4.3 | 1.0 | 6.3 | 0.6 | 1.4 | 0.2 |
| CAM Total | 2.8 | 0.2 | 11.5 | 1.3 | 6.2 | 1.1 | 3.1 | 0.7 | 6.4 | 0.6 | 1.4 | 0.2 |
| CAM (e.g., healer, chiropractor) | 0.8 | 0.1 | 2.3 | 0.6 | 2.2 | 0.5 | 1.1 | 0.4 | 1.8 | 0.4 | 0.4 | 0.1 |
| Internet | 0.6 | 0.1 | 4.0 | 0.7 | 1.5 | 0.4 | 0.5 | 0.2 | 1.7 | 0.3 | 0.2 | 0.1 |
| Self-help group | 1.6 | 0.2 | 6.5 | 1.1 | 3.2 | 0.6 | 1.7 | 0.5 | 3.5 | 0.4 | 1.0 | 0.2 |
| Any Nonhealthcare (Human Services or Cam Total) | 5.6 | 0.4 | 20.2 | 1.7 | 12.6 | 1.1 | 7.2 | 1.7 | 12.6 | 0.7 | 2.9 | 0.3 |
| Any Treatment | 18.0 | 0.7 | 59.7 | 2.4 | 40.0 | 1.3 | 26.4 | 1.7 | 40.1 | 0.9 | 9.7 | 0.6 |

See notes on page 122.

Notes for Table II.1

The NCS-R is a nationally representative household survey of English speakers 18 years and older in the United States.

Severe is defined as a suicide attempt and 12-month diagnosis or 12-month antipsychotic medications, 12-month mania, more than 1 day hospitalization in last 12 months, or clinical diagnosis of nonaffective psychosis (NAP)

Serious is defined as a 12-month disorder and a predicted Global Assessment of Functioning (GAF) score < 55, where a person has a predicted GAF of less than 55 if they have 3 or more high Sheehan Disability Scale scores or 3 or more medium plus high Sheehan scores, and 4 mental illness diagnoses or more than 5 days of hospitalization.

Moderate is defined as a 12-month disorder and at least one Sheehan* score of 4 or greater.

Mild is defined as a 12-month disorder.

*Sheehan score classification: a respondent's score on each dimension (home, work, people, social) is classified according to the range that the highest score falls in:

| | Low | Medium | High |
|--------|------------|---------------|-------------|
| Home | 0–7 | 8–9 | 10 |
| Work | 0–6 | 7–8 | 9–10 |
| People | 0–7 | 8 | 9–10 |
| Social | 0–6 | 7–8 | 9–10 |

Sources

National Comorbidity Survey Replication (NCS-R).

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62, 617–627.

Kendler, K. S., Gallagher, T. J., Abelson, J. M., & Kessler, K. C. (1996). Lifetime prevalence, demographic risk factors, and diagnostic validity of nonaffective psychosis as assessed in a U.S. community sample: The National Comorbidity Survey. *Arch Gen Psychiatry* 53, 1022–1029.

Sheehan, D. V., Sheehan Disability Scale.

Rush, J. et al. Psychiatric Measures, APA. Washington, DC.

Table II.2 Percentage Distribution of Persons 18 or Older by Type of Care and Severity of Disorder or No Disorder: United States, 2001–2002

| Treatment | Total Percent | Severity of Disorder | | | | | | | | | | | |
|--|---------------|----------------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--|--|
| | | Serious | | Moderate | | Mild | | Any | | No Disorder | | | |
| | | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | | |
| Any Mental Health | 100 | 40.07 | 2.55 | 21.18 | 2.69 | 9.28 | 1.48 | 70.53 | 2.28 | 29.47 | 2.28 | | |
| Psychiatrist | 100 | 31.07 | 2.13 | 23.34 | 2.27 | 12.99 | 1.83 | 67.4 | 1.88 | 32.6 | 1.88 | | |
| Other mental health | 100 | 30.76 | 1.73 | 22.03 | 1.85 | 12.22 | 1.33 | 65.01 | 1.67 | 34.99 | 1.67 | | |
| General Medical | 100 | 23.82 | 1.81 | 25.96 | 1.84 | 15.19 | 1.6 | 64.97 | 2.21 | 35.03 | 2.21 | | |
| Medical doctor (family or other medical doctor) | 100 | 25.48 | 1.96 | 27.44 | 2.02 | 13.8 | 1.89 | 66.72 | 2.51 | 33.28 | 2.51 | | |
| Other medical professional | 100 | 28.88 | 5.21 | 23.51 | 4.25 | 12.05 | 2.89 | 64.44 | 6.65 | 35.56 | 6.65 | | |
| Any Healthcare (Mental Health or General Medical) | 100 | 45.84 | 11.1 | 15.51 | 5.44 | 15.15 | 7.27 | 76.5 | 8.54 | 23.5 | 8.54 | | |
| Human Services | 100 | 24.3 | 1.39 | 23.85 | 1.49 | 14.3 | 1.22 | 62.45 | 1.48 | 37.55 | 1.48 | | |
| Social worker in human services setting | 100 | 24.44 | 2.61 | 23.87 | 2.1 | 14.39 | 3.71 | 62.7 | 3.87 | 37.3 | 3.87 | | |
| Counselor in human services setting | 100 | 26.09 | 7.44 | 33.52 | 10.38 | 2.34 | 2.34 | 61.96 | 7.65 | 38.04 | 7.65 | | |
| Spiritual advisor | 100 | 25.99 | 7.13 | 23.7 | 5.91 | 11.28 | 8.09 | 60.97 | 11.1 | 39.03 | 11.1 | | |
| CAM Total | 100 | 24.65 | 3.02 | 23.72 | 2.34 | 15.19 | 3.8 | 63.56 | 4.32 | 36.44 | 4.32 | | |
| CAM (e.g., healer, chiropractor) | 100 | 28.12 | 2.98 | 23.83 | 4.34 | 10.74 | 2.54 | 62.69 | 3.73 | 37.31 | 3.73 | | |
| Internet | 100 | 20.01 | 4.63 | 29.73 | 6.28 | 13.62 | 3.84 | 63.36 | 7.72 | 36.64 | 7.72 | | |
| Self-help group | 100 | 45.97 | 7.46 | 25.92 | 5.49 | 7.48 | 2.89 | 79.37 | 6.78 | 20.63 | 6.78 | | |
| Any Nonhealthcare (Human Services or CAM Total) | 100 | 27.01 | 3.35 | 20.7 | 4.18 | 10.07 | 3.16 | 57.78 | 4.02 | 42.22 | 4.02 | | |
| Any treatment | 100 | 22.8 | 1.25 | 23.77 | 1.32 | 14.29 | 1.15 | 60.86 | 1.38 | 39.14 | 1.38 | | |

See notes on page 124.

Notes for Table II.2

The NCS-R is a nationally representative household survey of English speakers 18 years and older in the United States.

Severe is defined as a suicide attempt and 12-month diagnosis or 12-month antipsychotic medications, 12-month mania, more than 1 day hospitalization in last 12 months, or clinical diagnosis of nonaffective psychosis (NAP)

Serious is defined as a 12-month disorder and a predicted Global Assessment of Functioning (GAF) score < 55, where a person has a predicted GAF of less than 55 if they have 3 or more high Sheehan Disability Scale scores or 3 or more medium plus high Sheehan scores, and 4 mental illness diagnoses or more than 5 days of hospitalization.

Moderate is defined as a 12-month disorder and at least one Sheehan* score of 4 or greater.

Mild is defined as a 12-month disorder.

*Sheehan score classification: a respondent's score on each dimension (home, work, people, social) is classified according to the range that the highest score falls in:

| | Low | Medium | High |
|--------|------------|---------------|-------------|
| Home | 0–7 | 8–9 | 10 |
| Work | 0–6 | 7–8 | 9–10 |
| People | 0–7 | 8 | 9–10 |
| Social | 0–6 | 7–8 | 9–10 |

Sources

National Comorbidity Survey Replication (NCS-R).

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62, 617–627.

Kendler, K. S., Gallagher, T. J., Abelson, J. M., & Kessler, K. C. (1996). Lifetime prevalence, demographic risk factors, and diagnostic validity of nonaffective psychosis as assessed in a U.S. community sample: The National Comorbidity Survey. *Arch Gen Psychiatry* 53, 1022–1029.

Sheehan, D. V., Sheehan Disability Scale.

Rush, J. et al. Psychiatric Measures, APA. Washington, DC.

Table II.3 Number and Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment, by Treatment Setting: United States and Each State, Annual Average, 2005–2007

| State | Total Adult Population (1,000s) | Outpatient Mental Health Clinic or Center | | | Office of a Private Therapist, Psychologist, Psychiatrist, Social Worker, or Counselor, Not Part of a Clinic | | | Doctor's Office, Not Part of a Clinic | | |
|----------------------|---------------------------------|---|-------------|--------------------------|--|-------------|--------------------------|---------------------------------------|-------------|--------------------------|
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 3,411 | * | * | * | * | * | * | * | * | * |
| Alaska | 463 | 9 | 29.8 | 3.88 | 12 | 42.8 | 5.86 | 5 | 16.5 | 3.97 |
| Arizona | 4,438 | * | * | * | * | * | * | * | * | * |
| Arkansas | 2,069 | 32 | 23.0 | 4.91 | * | * | * | 49 | 35.3 | 5.54 |
| California | 26,291 | 322 | 19.3 | 2.95 | 964 | 57.8 | 3.27 | 334 | 20.0 | 2.54 |
| Colorado | 3,497 | 69 | 27.2 | 4.58 | 178 | 70.1 | 5.40 | 31 | 12.3 | 3.05 |
| Connecticut | 2,622 | 49 | 20.2 | 4.62 | * | * | * | 34 | 14.2 | 3.93 |
| Delaware | 638 | 7 | 13.3 | 4.05 | 32 | 64.3 | 5.09 | 12 | 25.0 | 4.65 |
| District of Columbia | 449 | 8 | 16.2 | 2.93 | 36 | 73.5 | 3.83 | 3 | 7.2 | 1.58 |
| Florida | 13,684 | 126 | 16.8 | 2.68 | 436 | 58.2 | 3.65 | 191 | 25.5 | 2.94 |
| Georgia | 6,680 | * | * | * | 218 | 52.6 | 6.04 | 115 | 27.8 | 5.05 |
| Hawaii | 939 | * | * | * | * | * | * | * | * | * |
| Idaho | 1,049 | 8 | 14.9 | 3.55 | 38 | 67.4 | 5.65 | 13 | 23.7 | 4.51 |
| Illinois | 9,411 | 99 | 19.1 | 2.62 | 321 | 62.2 | 3.33 | 85 | 16.6 | 2.43 |
| Indiana | 4,632 | 83 | 24.0 | 5.07 | 139 | 40.4 | 5.78 | 115 | 33.3 | 4.46 |
| Iowa | 2,234 | 50 | 36.1 | 5.09 | * | * | * | * | * | * |
| Kansas | 2,014 | * | * | * | 78 | 55.4 | 5.92 | 34 | 24.4 | 5.06 |
| Kentucky | 3,131 | * | * | * | * | * | * | * | * | * |
| Louisiana | 3,163 | * | * | * | * | * | * | 40 | 19.3 | 4.29 |
| Maine | 1,024 | 27 | 29.4 | 4.63 | 54 | 59.9 | 5.08 | 19 | 21.5 | 4.09 |
| Maryland | 4,141 | 49 | 17.1 | 4.12 | 201 | 70.2 | 4.31 | 57 | 19.9 | 3.71 |
| Massachusetts | 4,897 | * | * | * | 341 | 73.0 | 4.65 | 64 | 13.8 | 3.58 |
| Michigan | 7,489 | 135 | 25.3 | 2.39 | 276 | 51.9 | 2.89 | 113 | 21.2 | 2.31 |
| Minnesota | 3,852 | 89 | 32.8 | 4.87 | 136 | 49.7 | 4.84 | 11 | 4.0 | 1.71 |
| Mississippi | 2,094 | * | * | * | * | * | * | * | * | * |
| Missouri | 4,328 | * | * | * | * | * | * | 56 | 18.4 | 4.27 |
| Montana | 716 | * | * | * | 25 | 46.7 | 5.85 | 12 | 23.0 | 4.58 |
| Nebraska | 1,295 | * | * | * | * | * | * | * | * | * |
| Nevada | 1,824 | * | * | * | * | * | * | * | * | * |
| New Hampshire | 999 | 22 | 23.1 | 4.91 | 60 | 62.6 | 5.38 | 17 | 17.8 | 4.48 |
| New Jersey | 6,491 | 88 | 18.3 | 4.49 | * | * | * | 108 | 22.3 | 4.20 |
| New Mexico | 1,419 | * | * | * | * | * | * | 13 | 12.4 | 3.67 |
| New York | 14,534 | 311 | 24.5 | 2.97 | 744 | 58.6 | 3.32 | 203 | 16.0 | 1.96 |
| North Carolina | 6,493 | * | * | * | * | * | * | * | * | * |
| North Dakota | 480 | 10 | 28.7 | 5.42 | 15 | 43.9 | 5.93 | 2 | 7.1 | 2.51 |
| Ohio | 8,540 | 138 | 24.0 | 2.32 | 312 | 54.2 | 3.09 | 151 | 26.3 | 2.66 |
| Oklahoma | 2,611 | * | * | * | * | * | * | * | * | * |
| Oregon | 2,800 | 33 | 16.9 | 3.93 | 102 | 51.8 | 5.75 | * | * | * |
| Pennsylvania | 9,417 | 155 | 24.6 | 2.81 | 319 | 50.5 | 3.14 | 174 | 27.6 | 2.89 |
| Rhode Island | 812 | 17 | 18.6 | 3.87 | 52 | 57.6 | 5.91 | 18 | 19.6 | 3.64 |
| South Carolina | 3,189 | * | * | * | 84 | 43.5 | 5.60 | 47 | 24.5 | 5.03 |
| South Dakota | 574 | * | * | * | * | * | * | * | * | * |
| Tennessee | 4,519 | * | * | * | * | * | * | * | * | * |
| Texas | 16,463 | 151 | 17.5 | 2.78 | 429 | 49.7 | 3.85 | 248 | 28.8 | 3.30 |
| Utah | 1,746 | 23 | 16.6 | 3.71 | 76 | 56.0 | 5.22 | * | * | * |
| Vermont | 485 | 6 | 12.0 | 2.80 | 33 | 66.5 | 4.69 | 11 | 21.7 | 4.34 |
| Virginia | 5,589 | * | * | * | * | * | * | * | * | * |
| Washington | 4,763 | * | * | * | * | * | * | * | * | * |
| West Virginia | 1,405 | 24 | 21.8 | 4.98 | 46 | 42.4 | 4.46 | 39 | 36.1 | 4.67 |
| Wisconsin | 4,175 | * | * | * | * | * | * | 20 | 6.7 | 2.39 |
| Wyoming | 386 | * | * | * | 11 | 37.0 | 5.09 | * | * | * |
| United States | 220,366 | 3,355 | 22.5 | 0.74 | 8,064 | 54.2 | 0.86 | 3,242 | 21.8 | 0.70 |

See footnotes and notes on page 128.

Table II.3 Number and Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment, by Treatment Setting: United States and Each State, Annual Average, 2005–2007 (Continued)

| State | Total Adult Population (1,000s) | Outpatient Medical Clinic | | | Partial-Day Hospital or Day Treatment Program | | | School or University Setting/ Clinic/Center ¹ | | | Some Other Place ² | | |
|----------------------|---------------------------------|---------------------------|---------|--------------------------|---|---------|--------------------------|---|---------|--------------------------|-------------------------------|---------|--------------------------|
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 3,411 | * | * | * | 1 | 0.6 | 0.40 | * | * | * | * | * | * |
| Alaska | 463 | * | * | * | * | * | * | * | * | * | * | * | * |
| Arizona | 4,438 | 12 | 4.1 | 2.04 | * | * | * | 1 | 0.2 | 0.24 | * | * | * |
| Arkansas | 2,069 | * | * | * | * | * | * | 1 | 0.4 | 0.31 | * | * | * |
| California | 26,291 | 117 | 7.0 | 1.94 | 52 | 3.1 | 1.06 | 14 | 0.8 | 0.28 | 5 | 0.3 | 0.19 |
| Colorado | 3,497 | * | * | * | 5 | 1.8 | 1.03 | 0 | 0.2 | 0.19 | 13 | 5.1 | 2.54 |
| Connecticut | 2,622 | * | * | * | 2 | 0.9 | 0.72 | 1 | 0.4 | 0.23 | * | * | * |
| Delaware | 638 | 0 | 0.9 | 0.63 | 2 | 3.8 | 2.16 | 0 | 0.6 | 0.47 | * | * | * |
| District of Columbia | 449 | 4 | 8.8 | 3.08 | 1 | 1.4 | 0.90 | 0 | 0.4 | 0.29 | * | * | * |
| Florida | 13,684 | 46 | 6.2 | 1.67 | 15 | 2.0 | 1.15 | 7 | 0.9 | 0.47 | 19 | 2.6 | 1.10 |
| Georgia | 6,680 | * | * | * | * | * | * | 3 | 0.8 | 0.57 | * | * | * |
| Hawaii | 939 | * | * | * | * | * | * | * | * | * | * | * | * |
| Idaho | 1,049 | 2 | 3.1 | 1.53 | 0 | 0.5 | 0.36 | 0 | 0.1 | 0.14 | * | * | * |
| Illinois | 9,411 | 31 | 6.1 | 1.64 | 8 | 1.5 | 0.58 | 2 | 0.5 | 0.16 | 7 | 1.4 | 0.77 |
| Indiana | 4,632 | 32 | 9.4 | 2.84 | * | * | * | 1 | 0.4 | 0.28 | * | * | * |
| Iowa | 2,234 | 18 | 13.0 | 3.89 | * | * | * | 0 | 0.4 | 0.29 | 2 | 1.4 | 0.98 |
| Kansas | 2,014 | 12 | 8.6 | 3.30 | * | * | * | * | * | * | * | * | * |
| Kentucky | 3,131 | * | * | * | * | * | * | * | * | * | 1 | 0.3 | 0.30 |
| Louisiana | 3,163 | * | * | * | * | * | * | * | * | * | * | * | * |
| Maine | 1,024 | * | * | * | 1 | 1.5 | 0.81 | 0 | 0.5 | 0.35 | * | * | * |
| Maryland | 4,141 | 11 | 3.9 | 1.34 | 4 | 1.4 | 0.75 | * | * | * | * | * | * |
| Massachusetts | 4,897 | 24 | 5.1 | 2.07 | 11 | 2.3 | 1.42 | 4 | 0.8 | 0.42 | 8 | 1.8 | 1.00 |
| Michigan | 7,489 | 42 | 7.9 | 1.80 | 7 | 1.4 | 0.61 | 2 | 0.3 | 0.17 | 7 | 1.3 | 0.58 |
| Minnesota | 3,852 | * | * | * | 2 | 0.9 | 0.55 | * | * | * | 5 | 2.0 | 1.28 |
| Mississippi | 2,094 | * | * | * | * | * | * | * | * | * | * | * | * |
| Missouri | 4,328 | 32 | 10.7 | 3.58 | 6 | 2.0 | 1.17 | 1 | 0.2 | 0.17 | * | * | * |
| Montana | 716 | 5 | 10.1 | 2.53 | 0 | 0.3 | 0.32 | 0 | 0.7 | 0.59 | * | * | * |
| Nebraska | 1,295 | * | * | * | * | * | * | 0 | 0.2 | 0.17 | * | * | * |
| Nevada | 1,824 | * | * | * | * | * | * | * | * | * | * | * | * |

See footnotes and notes on page 128.

Table II.3 Number and Percentage of Persons Aged 18 or Older Who Received Outpatient Mental Health Treatment, by Treatment Setting: United States and Each State, Annual Average, 2005–2007 (Continued)

| State | Total Adult Population (1,000s) | Outpatient Medical Clinic | | | Partial-Day Hospital or Day Treatment Program | | | School or University Setting/ Clinic/Center ¹ | | | Some Other Place ² | | |
|----------------------|---------------------------------|---------------------------|------------|--------------------------|---|------------|--------------------------|---|------------|--------------------------|-------------------------------|------------|--------------------------|
| | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 999 | 6 | 6.4 | 2.69 | * | * | * | 0 | 0.1 | 0.06 | 0 | 0.2 | 0.17 |
| New Jersey | 6,491 | * | * | * | 16 | 3.3 | 1.83 | 3 | 0.7 | 0.38 | * | * | * |
| New Mexico | 1,419 | * | * | * | * | * | * | 1 | 0.5 | 0.38 | 1 | 1.2 | 0.91 |
| New York | 14,534 | 81 | 6.4 | 1.65 | 36 | 2.9 | 0.94 | 6 | 0.5 | 0.17 | 11 | 0.9 | 0.58 |
| North Carolina | 6,493 | 26 | 5.8 | 2.43 | * | * | * | 1 | 0.2 | 0.20 | 5 | 1.1 | 0.80 |
| North Dakota | 480 | 8 | 23.5 | 4.80 | * | * | * | * | * | * | * | * | * |
| Ohio | 8,540 | 34 | 5.9 | 1.31 | 2 | 0.4 | 0.24 | 3 | 0.5 | 0.21 | 12 | 2.1 | 0.96 |
| Oklahoma | 2,611 | * | * | * | * | * | * | * | * | * | * | * | * |
| Oregon | 2,800 | 18 | 9.4 | 3.24 | 0 | 0.2 | 0.24 | * | * | * | * | * | * |
| Pennsylvania | 9,417 | 25 | 3.9 | 1.17 | 4 | 0.7 | 0.22 | 1 | 0.2 | 0.10 | 8 | 1.3 | 0.71 |
| Rhode Island | 812 | * | * | * | * | * | * | * | * | * | 3 | 3.3 | 1.92 |
| South Carolina | 3,189 | * | * | * | * | * | * | * | * | * | * | * | * |
| South Dakota | 574 | * | * | * | * | * | * | * | * | * | * | * | * |
| Tennessee | 4,519 | * | * | * | 0 | 0.0 | 0.03 | * | * | * | 1 | 0.3 | 0.26 |
| Texas | 16,463 | 108 | 12.6 | 2.44 | 4 | 0.5 | 0.34 | 9 | 1.1 | 0.40 | 16 | 1.9 | 1.02 |
| Utah | 1,746 | 11 | 8.3 | 2.52 | 5 | 3.3 | 1.95 | 2 | 1.7 | 0.97 | * | * | * |
| Vermont | 485 | 2 | 5.0 | 2.02 | * | * | * | 1 | 1.0 | 0.26 | 0 | 0.1 | 0.12 |
| Virginia | 5,589 | * | * | * | 3 | 0.8 | 0.54 | 2 | 0.5 | 0.30 | 3 | 0.8 | 0.52 |
| Washington | 4,763 | * | * | * | 5 | 1.5 | 1.07 | 2 | 0.5 | 0.38 | 2 | 0.7 | 0.56 |
| West Virginia | 1,405 | 8 | 7.1 | 2.90 | * | * | * | 0 | 0.5 | 0.30 | 0 | 0.2 | 0.17 |
| Wisconsin | 4,175 | 29 | 9.7 | 3.25 | * | * | * | 5 | 1.6 | 0.76 | 5 | 1.7 | 1.10 |
| Wyoming | 386 | 3 | 10.1 | 3.03 | 1 | 1.6 | 1.09 | 0 | 0.7 | 0.40 | * | * | * |
| United States | 220,366 | 1,218 | 8.2 | 0.48 | 283 | 1.9 | 0.26 | 82 | 0.6 | 0.07 | 242 | 1.6 | 0.21 |

See footnotes and notes on page 128.

Footnotes for Table II.3

¹Respondents were permitted to specify other locations for receiving outpatient mental health treatment/counseling. This location is one of the most commonly reported other locations for receiving outpatient treatment/counseling.

²Respondents with unknown or invalid responses to the other-specify question on Some Other Place Received Outpatient Mental Health Treatment/Counseling were excluded.

Notes

* = Low precision; no estimate reported

Outpatient Mental Health Treatment/Counseling is defined as having received outpatient care for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

Respondents could indicate multiple locations; thus, the person count may be duplicated across categories.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007

| Specialty Mental Health | | | | |
|-------------------------|------------------------|-----------------|-------------|--------------------------|
| States | Total Youth Population | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 384 | 47 | 12.2 | 1.18 |
| Alaska | 66 | 8 | 12.1 | 1.23 |
| Arizona | 527 | 65 | 12.6 | 1.52 |
| Arkansas | 233 | 33 | 14.1 | 1.56 |
| California | 3,276 | 362 | 11.2 | 0.56 |
| Colorado | 389 | 61 | 15.9 | 1.61 |
| Connecticut | 298 | 46 | 15.7 | 1.32 |
| Delaware | 70 | 9 | 13.7 | 1.05 |
| District of Columbia | 37 | 6 | 17.5 | 1.55 |
| Florida | 1,398 | 179 | 13.0 | 0.63 |
| Georgia | 809 | 86 | 10.8 | 1.07 |
| Hawaii | 100 | 14 | 13.9 | 1.18 |
| Idaho | 131 | 16 | 12.2 | 1.56 |
| Illinois | 1,097 | 137 | 12.7 | 0.56 |
| Indiana | 543 | 81 | 15.1 | 1.37 |
| Iowa | 245 | 33 | 13.8 | 1.28 |
| Kansas | 234 | 30 | 12.9 | 1.43 |
| Kentucky | 340 | 49 | 14.5 | 1.24 |
| Louisiana | 380 | 43 | 11.3 | 1.41 |
| Maine | 106 | 16 | 15.0 | 1.25 |
| Maryland | 484 | 73 | 15.3 | 1.23 |
| Massachusetts | 511 | 85 | 16.8 | 1.48 |
| Michigan | 895 | 125 | 14.1 | 0.58 |
| Minnesota | 436 | 65 | 14.9 | 1.38 |
| Mississippi | 258 | 31 | 12.0 | 1.24 |
| Missouri | 491 | 65 | 13.2 | 1.43 |
| Montana | 78 | 10 | 13.0 | 1.03 |
| Nebraska | 149 | 19 | 12.7 | 1.01 |
| Nevada | 209 | 21 | 10.2 | 1.30 |
| New Hampshire | 113 | 19 | 17.3 | 1.35 |
| New Jersey | 735 | 114 | 15.6 | 1.29 |
| New Mexico | 172 | 25 | 14.6 | 2.13 |
| New York | 1,582 | 232 | 14.9 | 0.64 |
| North Carolina | 726 | 87 | 12.1 | 1.25 |
| North Dakota | 51 | 6 | 12.5 | 1.04 |
| Ohio | 974 | 132 | 13.7 | 0.65 |
| Oklahoma | 297 | 42 | 14.5 | 1.79 |
| Oregon | 298 | 41 | 14.1 | 1.66 |
| Pennsylvania | 1,023 | 125p | 12.3 | 0.61 |
| Rhode Island | 86 | 11 | 12.5 | 1.32 |
| South Carolina | 362 | 40 | 11.1 | 0.94 |
| South Dakota | 66 | 8 | 12.5 | 1.32 |
| Tennessee | 490 | 66 | 13.5 | 1.42 |
| Texas | 2,091 | 227 | 10.9 | 0.54 |
| Utah | 237 | 27 | 11.3 | 1.09 |
| Vermont | 51 | 9 | 17.0 | 1.98 |
| Virginia | 620 | 86 | 14.1 | 1.22 |
| Washington | 532 | 70 | 13.4 | 1.50 |
| West Virginia | 136 | 19 | 14.0 | 1.44 |
| Wisconsin | 468 | 60 | 12.9 | 1.32 |
| Wyoming | 42 | 6 | 14.2 | 1.11 |
| United States | 25,329 | 3,267 | 13.0 | 0.18 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Outpatient | | | | | | Mental Health Clinic or Center | | | Partial-Day Hospital or Day Treatment Program | | |
|----------------------|--------------------|---------|--------------------------|--|---------|--------------------------|--------------------------------|---------|--------------------------|---|---------|--------------------------|
| | Total (Outpatient) | | | Private Therapist, Psychologist, Psychiatrist, Social Worker, or Counselor | | | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | | | | | | |
| Alabama | 38 | 10.0 | 1.04 | 29 | 7.5 | 0.95 | 7 | 1.7 | 0.49 | 9 | 2.3 | 0.54 |
| Alaska | 7 | 11.0 | 1.16 | 6 | 9.1 | 1.04 | 2 | 2.7 | 0.56 | 1 | 1.7 | 0.47 |
| Arizona | 60 | 11.5 | 1.47 | 47 | 9.0 | 1.38 | 3 | 0.7 | 0.24 | 6 | 1.1 | 0.38 |
| Arkansas | 29 | 12.5 | 1.48 | 22 | 9.6 | 1.17 | 9 | 3.9 | 0.83 | 6 | 2.7 | 0.58 |
| California | 322 | 10.0 | 0.54 | 274 | 8.4 | 0.49 | 56 | 1.7 | 0.23 | 56 | 1.7 | 0.24 |
| Colorado | 58 | 14.9 | 1.57 | 49 | 12.6 | 1.41 | 6 | 1.4 | 0.39 | 5 | 1.3 | 0.37 |
| Connecticut | 43 | 14.7 | 1.26 | 40 | 13.7 | 1.23 | 8 | 2.8 | 0.58 | 6 | 1.9 | 0.47 |
| Delaware | 9 | 12.9 | 0.98 | 8 | 11.5 | 0.98 | 2 | 2.4 | 0.50 | 1 | 2.0 | 0.38 |
| District of Columbia | 5 | 15.3 | 1.55 | 4 | 12.1 | 1.19 | 1 | 3.1 | 0.67 | 1 | 2.8 | 0.61 |
| Florida | 161 | 11.7 | 0.62 | 134 | 9.7 | 0.55 | 30 | 2.2 | 0.23 | 18 | 1.3 | 0.19 |
| Georgia | 74 | 9.3 | 1.10 | 56 | 7.0 | 0.87 | 16 | 2.0 | 0.59 | 9 | 1.1 | 0.36 |
| Hawaii | 12 | 11.7 | 1.22 | 10 | 9.8 | 1.20 | 2 | 1.9 | 0.54 | 2 | 1.8 | 0.59 |
| Idaho | 15 | 11.4 | 1.55 | 12 | 9.5 | 1.37 | 4 | 2.7 | 0.62 | 2 | 1.6 | 0.46 |
| Illinois | 120 | 11.1 | 0.55 | 103 | 9.5 | 0.50 | 20 | 1.9 | 0.28 | 16 | 1.5 | 0.22 |
| Indiana | 71 | 13.2 | 1.40 | 56 | 10.3 | 1.15 | 17 | 3.2 | 0.62 | 8 | 1.5 | 0.41 |
| Iowa | 31 | 12.9 | 1.28 | 26 | 10.6 | 1.32 | 8 | 3.2 | 0.64 | 6 | 2.6 | 0.52 |
| Kansas | 26 | 11.3 | 1.32 | 21 | 9.2 | 1.11 | 11 | 4.5 | 0.80 | 5 | 2.2 | 0.61 |
| Kentucky | 42 | 12.4 | 1.19 | 37 | 10.9 | 1.17 | 8 | 2.4 | 0.51 | 6 | 1.7 | 0.46 |
| Louisiana | 33 | 8.8 | 1.22 | 26 | 6.9 | 1.00 | 8 | 2.1 | 0.44 | 6 | 1.5 | 0.35 |
| Maine | 15 | 13.8 | 1.24 | 12 | 10.9 | 1.04 | 4 | 3.4 | 0.64 | 2 | 2.2 | 0.56 |
| Maryland | 66 | 13.8 | 1.07 | 56 | 11.7 | 1.02 | 17 | 3.5 | 0.73 | 7 | 1.5 | 0.45 |
| Massachusetts | 79 | 15.6 | 1.35 | 70 | 13.8 | 1.39 | 16 | 3.2 | 0.58 | 9 | 1.7 | 0.49 |
| Michigan | 112 | 12.6 | 0.56 | 97 | 10.9 | 0.53 | 26 | 2.9 | 0.30 | 18 | 2.0 | 0.25 |
| Minnesota | 62 | 14.3 | 1.37 | 54 | 12.5 | 1.34 | 16 | 3.7 | 0.72 | 12 | 2.7 | 0.65 |
| Mississippi | 23 | 8.9 | 1.16 | 17 | 6.8 | 1.14 | 6 | 2.4 | 0.46 | 5 | 2.1 | 0.53 |
| Missouri | 60 | 12.4 | 1.37 | 55 | 11.2 | 1.32 | 12 | 2.5 | 0.60 | 7 | 1.5 | 0.49 |
| Montana | 9 | 12.0 | 0.99 | 8 | 10.4 | 1.01 | 2 | 3.1 | 0.44 | 2 | 2.6 | 0.69 |
| Nebraska | 17 | 11.7 | 0.95 | 14 | 9.1 | 0.97 | 3 | 2.0 | 0.42 | 2 | 1.3 | 0.38 |
| Nevada | 19 | 9.4 | 1.22 | 15 | 7.5 | 0.92 | 3 | 1.3 | 0.43 | 2 | 1.1 | 0.49 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Outpatient (Continued) | | | | | | | | | | | |
|----------------------|------------------------|-------------|--------------------------|--|------------|--------------------------|--------------------------------|------------|--------------------------|---|------------|--------------------------|
| | Total (Outpatient) | | | Private Therapist, Psychologist, Psychiatrist, Social Worker, or Counselor | | | Mental Health Clinic or Center | | | Partial-Day Hospital or Day Treatment Program | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 19 | 16.7 | 1.36 | 16 | 14.5 | 1.40 | 5 | 4.1 | 0.59 | 2 | 1.5 | 0.37 |
| New Jersey | 99 | 13.6 | 1.19 | 89 | 12.1 | 1.24 | 16 | 2.2 | 0.52 | 22 | 3.0 | 0.71 |
| New Mexico | 19 | 11.3 | 1.09 | 15 | 8.9 | 0.89 | 4 | 2.6 | 0.53 | 3 | 1.7 | 0.63 |
| New York | 208 | 13.3 | 0.62 | 178 | 11.4 | 0.60 | 37 | 2.3 | 0.26 | 19 | 1.2 | 0.21 |
| North Carolina | 77 | 10.8 | 1.09 | 60 | 8.4 | 0.91 | 18 | 2.5 | 0.53 | 19 | 2.6 | 0.55 |
| North Dakota | 6 | 11.8 | 0.98 | 5 | 9.7 | 1.03 | 2 | 3.8 | 0.81 | 1 | 2.5 | 0.54 |
| Ohio | 119 | 12.3 | 0.59 | 103 | 10.7 | 0.54 | 30 | 3.1 | 0.31 | 20 | 2.1 | 0.26 |
| Oklahoma | 37 | 12.6 | 1.78 | 27 | 9.4 | 1.19 | 10 | 3.5 | 1.49 | 5 | 1.8 | 0.61 |
| Oregon | 40 | 13.6 | 1.60 | 34 | 11.5 | 1.40 | 7 | 2.3 | 0.51 | 5 | 1.6 | 0.32 |
| Pennsylvania | 116 | 11.4 | 0.58 | 96 | 9.4 | 0.51 | 30 | 3.0 | 0.33 | 20 | 2.0 | 0.26 |
| Rhode Island | 10 | 11.3 | 1.13 | 8 | 9.7 | 0.89 | 2 | 2.5 | 0.68 | 2 | 2.0 | 0.53 |
| South Carolina | 35 | 9.9 | 0.81 | 27 | 7.5 | 0.73 | 8 | 2.4 | 0.61 | 7 | 1.9 | 0.50 |
| South Dakota | 7 | 10.6 | 1.32 | 6 | 8.6 | 1.11 | 2 | 2.6 | 0.70 | 1 | 1.8 | 0.53 |
| Tennessee | 58 | 11.9 | 1.37 | 47 | 9.7 | 1.21 | 16 | 3.3 | 0.52 | 10 | 2.1 | 0.49 |
| Texas | 204 | 9.8 | 0.52 | 171 | 8.2 | 0.46 | 46 | 2.2 | 0.26 | 35 | 1.7 | 0.20 |
| Utah | 24 | 10.0 | 0.97 | 19 | 8.2 | 0.91 | 6 | 2.6 | 0.59 | 4 | 1.8 | 0.55 |
| Vermont | 8 | 15.6 | 1.88 | 7 | 14.1 | 1.78 | 1 | 2.5 | 0.69 | 1 | 1.4 | 0.29 |
| Virginia | 80 | 13.0 | 1.10 | 69 | 11.1 | 0.99 | 13 | 2.2 | 0.59 | 11 | 1.8 | 0.40 |
| Washington | 62 | 11.7 | 1.21 | 48 | 9.0 | 1.01 | 14 | 2.7 | 0.71 | 8 | 1.4 | 0.40 |
| West Virginia | 16 | 12.0 | 1.32 | 14 | 10.2 | 1.20 | 4 | 2.6 | 0.59 | 4 | 3.1 | 0.61 |
| Wisconsin | 55 | 11.8 | 1.34 | 50 | 10.7 | 1.27 | 14 | 3.0 | 0.73 | 9 | 2.0 | 0.56 |
| Wyoming | 6 | 13.2 | 1.07 | 5 | 11.0 | 0.90 | 2 | 3.8 | 0.66 | 1 | 1.5 | 0.40 |
| United States | 2,921 | 11.7 | 0.17 | 2,451 | 9.8 | 0.15 | 609 | 2.4 | 0.07 | 446 | 1.8 | 0.06 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| Outpatient (Continued) | | | |
|-------------------------------|--|----------------|---------------------------------|
| States | In-Home Therapist, Counselor, or Family Preservation Worker | | |
| | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 10 | 2.7 | 0.58 |
| Alaska | 2 | 2.6 | 0.52 |
| Arizona | 25 | 4.8 | 0.84 |
| Arkansas | 8 | 3.4 | 0.62 |
| California | 74 | 2.3 | 0.30 |
| Colorado | 13 | 3.4 | 0.61 |
| Connecticut | 8 | 2.6 | 0.58 |
| Delaware | 2 | 2.6 | 0.54 |
| District of Columbia | 2 | 4.7 | 0.80 |
| Florida | 37 | 2.7 | 0.30 |
| Georgia | 20 | 2.5 | 0.60 |
| Hawaii | 3 | 3.1 | 0.65 |
| Idaho | 3 | 2.5 | 0.66 |
| Illinois | 22 | 2.0 | 0.25 |
| Indiana | 21 | 3.9 | 0.77 |
| Iowa | 7 | 2.8 | 0.50 |
| Kansas | 8 | 3.5 | 0.93 |
| Kentucky | 10 | 2.8 | 0.48 |
| Louisiana | 8 | 2.0 | 0.42 |
| Maine | 3 | 3.2 | 0.66 |
| Maryland | 14 | 2.9 | 0.54 |
| Massachusetts | 24 | 4.7 | 0.98 |
| Michigan | 27 | 3.0 | 0.26 |
| Minnesota | 12 | 2.7 | 0.56 |
| Mississippi | 7 | 2.8 | 0.50 |
| Missouri | 17 | 3.5 | 0.95 |
| Montana | 3 | 4.0 | 0.78 |
| Nebraska | 5 | 3.7 | 0.66 |
| Nevada | 7 | 3.2 | 0.66 |
| New Hampshire | 4 | 3.3 | 0.62 |
| New Jersey | 17 | 2.3 | 0.50 |
| New Mexico | 7 | 4.2 | 0.99 |
| New York | 45 | 2.9 | 0.32 |
| North Carolina | 24 | 3.4 | 0.71 |
| North Dakota | 1 | 2.7 | 0.67 |
| Ohio | 25 | 2.6 | 0.29 |
| Oklahoma | 9 | 3.0 | 0.68 |
| Oregon | 8 | 2.6 | 0.59 |
| Pennsylvania | 33 | 3.2 | 0.32 |
| Rhode Island | 2 | 2.3 | 0.44 |
| South Carolina | 8 | 2.2 | 0.45 |
| South Dakota | 3 | 4.2 | 1.02 |
| Tennessee | 15 | 3.1 | 0.80 |
| Texas | 52 | 2.5 | 0.30 |
| Utah | 8 | 3.3 | 0.64 |
| Vermont | 2 | 3.8 | 0.80 |
| Virginia | 20 | 3.2 | 0.60 |
| Washington | 15 | 2.9 | 0.53 |
| West Virginia | 6 | 4.4 | 0.94 |
| Wisconsin | 12 | 2.5 | 0.56 |
| Wyoming | 2 | 3.7 | 0.74 |
| United States | 717 | 2.9 | 0.09 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Inpatient or Residential (Overnight or Longer Stay) | | | | | | | | | | | |
|----------------------|---|---------|--------------------------|-----------------|---------|--------------------------|------------------------------|---------|--------------------------|---|---------|--------------------------|
| | Total (Inpatient or Residential) | | | Hospital | | | Residential Treatment Center | | | Foster Care or Therapeutic Foster Care Home | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 16 | 4.1 | 0.83 | 12 | 3.1 | 0.72 | 7 | 1.8 | 0.55 | 3 | 0.8 | 0.26 |
| Alaska | 2 | 2.5 | 0.51 | 1 | 1.6 | 0.35 | 0 | 0.7 | 0.28 | 1 | 1.1 | 0.43 |
| Arizona | 13 | 2.5 | 0.57 | 9 | 1.7 | 0.49 | 4 | 0.8 | 0.36 | 5 | 1.0 | 0.44 |
| Arkansas | 9 | 4.1 | 0.78 | 7 | 3.1 | 0.65 | 6 | 2.5 | 0.71 | 1 | 0.5 | 0.28 |
| California | 62 | 1.9 | 0.24 | 54 | 1.7 | 0.22 | 11 | 0.3 | 0.10 | 9 | 0.3 | 0.10 |
| Colorado | 9 | 2.4 | 0.59 | 8 | 2.1 | 0.47 | 3 | 0.9 | 0.35 | 1 | 0.3 | 0.18 |
| Connecticut | 7 | 2.4 | 0.52 | 7 | 2.3 | 0.53 | 2 | 0.6 | 0.25 | 0 | 0.1 | 0.08 |
| Delaware | 2 | 2.5 | 0.56 | 1 | 1.9 | 0.53 | 1 | 1.0 | 0.28 | 1 | 0.9 | 0.36 |
| District of Columbia | 2 | 5.0 | 0.82 | 1 | 3.1 | 0.72 | 1 | 2.1 | 0.58 | 0 | 1.3 | 0.48 |
| Florida | 29 | 2.1 | 0.25 | 24 | 1.7 | 0.23 | 10 | 0.7 | 0.14 | 4 | 0.3 | 0.09 |
| Georgia | 17 | 2.1 | 0.56 | 12 | 1.5 | 0.43 | 6 | 0.7 | 0.31 | 3 | 0.4 | 0.27 |
| Hawaii | 4 | 3.6 | 0.83 | 3 | 3.2 | 0.81 | 1 | 1.0 | 0.43 | 0 | 0.3 | 0.16 |
| Idaho | 2 | 1.7 | 0.49 | 2 | 1.4 | 0.47 | 1 | 0.6 | 0.26 | 0 | 0.2 | 0.15 |
| Illinois | 29 | 2.6 | 0.31 | 24 | 2.2 | 0.28 | 8 | 0.8 | 0.16 | 6 | 0.5 | 0.12 |
| Indiana | 19 | 3.5 | 0.71 | 13 | 2.4 | 0.58 | 6 | 1.1 | 0.41 | 6 | 1.0 | 0.35 |
| Iowa | 8 | 3.1 | 0.60 | 3 | 1.3 | 0.43 | 3 | 1.4 | 0.49 | 3 | 1.1 | 0.38 |
| Kansas | 8 | 3.6 | 0.85 | 6 | 2.8 | 0.68 | 3 | 1.3 | 0.51 | 3 | 1.1 | 0.51 |
| Kentucky | 13 | 3.7 | 0.62 | 10 | 2.9 | 0.54 | 4 | 1.1 | 0.34 | 1 | 0.4 | 0.21 |
| Louisiana | 14 | 3.6 | 0.82 | 12 | 3.3 | 0.76 | 2 | 0.6 | 0.25 | 1 | 0.4 | 0.20 |
| Maine | 2 | 2.1 | 0.57 | 2 | 1.9 | 0.54 | 1 | 0.6 | 0.27 | 1 | 0.5 | 0.26 |
| Maryland | 13 | 2.8 | 0.50 | 11 | 2.4 | 0.52 | 4 | 0.8 | 0.29 | 2 | 0.4 | 0.21 |
| Massachusetts | 13 | 2.6 | 0.69 | 11 | 2.1 | 0.62 | 6 | 1.2 | 0.38 | 4 | 0.8 | 0.30 |
| Michigan | 26 | 2.9 | 0.33 | 19 | 2.2 | 0.28 | 8 | 0.8 | 0.16 | 5 | 0.6 | 0.15 |
| Minnesota | 13 | 2.9 | 0.64 | 9 | 2.1 | 0.52 | 3 | 0.7 | 0.29 | 3 | 0.8 | 0.36 |
| Mississippi | 12 | 4.7 | 0.67 | 10 | 3.9 | 0.62 | 4 | 1.7 | 0.44 | 3 | 1.0 | 0.31 |
| Missouri | 13 | 2.7 | 0.61 | 10 | 2.1 | 0.57 | 6 | 1.2 | 0.37 | 4 | 0.7 | 0.31 |
| Montana | 1 | 1.7 | 0.40 | 1 | 1.2 | 0.36 | 1 | 0.7 | 0.34 | 0 | 0.4 | 0.23 |
| Nebraska | 4 | 2.5 | 0.54 | 2 | 1.7 | 0.50 | 1 | 0.7 | 0.25 | 1 | 0.5 | 0.25 |
| Nevada | 4 | 2.1 | 0.60 | 2 | 1.2 | 0.50 | 2 | 1.0 | 0.48 | 2 | 1.0 | 0.48 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Inpatient or Residential (Overnight or Longer Stay) (Continued) | | | | | | | | | | | |
|----------------------|---|------------|--------------------------|-----------------|------------|--------------------------|------------------------------|------------|--------------------------|---|------------|--------------------------|
| | Total (Inpatient or Residential) | | | Hospital | | | Residential Treatment Center | | | Foster Care or Therapeutic Foster Care Home | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 2 | 1.8 | 0.50 | 2 | 1.6 | 0.49 | 0 | 0.3 | 0.17 | 0 | 0.3 | 0.18 |
| New Jersey | 29 | 4.0 | 0.78 | 20 | 2.7 | 0.57 | 9 | 1.2 | 0.43 | 7 | 0.9 | 0.32 |
| New Mexico | 8 | 4.4 | 1.49 | 6 | 3.4 | 1.41 | 2 | 1.3 | 0.47 | 1 | 0.5 | 0.31 |
| New York | 42 | 2.7 | 0.31 | 35 | 2.2 | 0.27 | 12 | 0.8 | 0.16 | 3 | 0.2 | 0.08 |
| North Carolina | 18 | 2.6 | 0.53 | 12 | 1.7 | 0.39 | 6 | 0.9 | 0.35 | 6 | 0.9 | 0.33 |
| North Dakota | 1 | 2.8 | 0.61 | 1 | 1.7 | 0.41 | 1 | 1.3 | 0.32 | 1 | 1.1 | 0.41 |
| Ohio | 31 | 3.2 | 0.36 | 24 | 2.5 | 0.29 | 10 | 1.0 | 0.17 | 6 | 0.6 | 0.14 |
| Oklahoma | 14 | 4.8 | 1.55 | 12 | 4.0 | 1.56 | 4 | 1.3 | 0.35 | 3 | 1.1 | 0.23 |
| Oregon | 5 | 1.5 | 0.40 | 3 | 1.1 | 0.33 | 1 | 0.5 | 0.20 | 2 | 0.7 | 0.27 |
| Pennsylvania | 24 | 2.4 | 0.27 | 18 | 1.8 | 0.24 | 9 | 0.9 | 0.18 | 6 | 0.6 | 0.15 |
| Rhode Island | 2 | 2.1 | 0.63 | 2 | 2.0 | 0.61 | 0 | 0.4 | 0.21 | 0 | 0.1 | 0.10 |
| South Carolina | 9 | 2.6 | 0.69 | 7 | 2.0 | 0.60 | 3 | 0.8 | 0.36 | 1 | 0.3 | 0.19 |
| South Dakota | 2 | 3.6 | 0.74 | 2 | 2.5 | 0.51 | 1 | 1.5 | 0.53 | 0 | 0.2 | 0.16 |
| Tennessee | 12 | 2.5 | 0.55 | 10 | 2.0 | 0.46 | 3 | 0.6 | 0.24 | 3 | 0.5 | 0.28 |
| Texas | 44 | 2.1 | 0.27 | 35 | 1.7 | 0.24 | 18 | 0.9 | 0.16 | 6 | 0.3 | 0.11 |
| Utah | 5 | 2.2 | 0.77 | 5 | 2.0 | 0.66 | 2 | 0.6 | 0.37 | 1 | 0.3 | 0.17 |
| Vermont | 1 | 2.9 | 0.61 | 1 | 1.8 | 0.52 | 1 | 1.1 | 0.35 | 1 | 1.2 | 0.37 |
| Virginia | 14 | 2.3 | 0.53 | 10 | 1.7 | 0.49 | 7 | 1.1 | 0.39 | 3 | 0.5 | 0.27 |
| Washington | 17 | 3.2 | 0.97 | 11 | 2.1 | 0.66 | 7 | 1.4 | 0.67 | 2 | 0.5 | 0.24 |
| West Virginia | 5 | 3.6 | 0.67 | 4 | 2.7 | 0.57 | 2 | 1.4 | 0.33 | 1 | 0.9 | 0.42 |
| Wisconsin | 12 | 2.5 | 0.64 | 10 | 2.2 | 0.59 | 4 | 0.8 | 0.32 | 1 | 0.3 | 0.17 |
| Wyoming | 1 | 2.6 | 0.62 | 1 | 1.7 | 0.49 | 0 | 0.9 | 0.34 | 0 | 1.0 | 0.35 |
| United States | 665 | 2.6 | 0.08 | 519 | 2.1 | 0.07 | 218 | 0.9 | 0.04 | 128 | 0.5 | 0.03 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Education ⁶ | | | | | | | | | | | |
|----------------------|------------------------|---------|--------------------------|--|---------|--------------------------|---|---------|--------------------------|---|---------|--------------------------|
| | Total (Education) | | | School Counselor or School Psychologist or Regular Meetings with a Teacher | | | Special Education Services While in a Regular Classroom or Placement in a Special Classroom, Special Program, or Special School | | | Medical Pediatrician or Other Family Doctor | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 36 | 9.5 | 1.07 | 31 | 8.1 | 0.95 | 9 | 2.4 | 0.58 | 13 | 3.4 | 0.69 |
| Alaska | 8 | 12.0 | 1.14 | 6 | 8.8 | 0.91 | 3 | 4.1 | 0.78 | 1 | 1.9 | 0.41 |
| Arizona | 57 | 11.0 | 1.61 | 53 | 10.3 | 1.63 | 10 | 2.0 | 0.57 | 13 | 2.6 | 0.60 |
| Arkansas | 26 | 11.2 | 1.46 | 20 | 8.6 | 1.16 | 10 | 4.5 | 0.94 | 7 | 3.1 | 0.64 |
| California | 358 | 11.1 | 0.55 | 293 | 9.1 | 0.50 | 111 | 3.4 | 0.33 | 82 | 2.5 | 0.29 |
| Colorado | 47 | 12.3 | 1.41 | 42 | 10.8 | 1.28 | 14 | 3.7 | 0.61 | 12 | 3.1 | 0.47 |
| Connecticut | 45 | 15.3 | 1.40 | 34 | 11.8 | 1.25 | 14 | 4.8 | 0.85 | 10 | 3.4 | 0.77 |
| Delaware | 8 | 11.8 | 1.01 | 7 | 10.2 | 1.03 | 2 | 2.9 | 0.54 | 2 | 3.3 | 0.64 |
| District of Columbia | 6 | 15.5 | 1.41 | 5 | 14.0 | 1.40 | 2 | 5.0 | 0.98 | 1 | 3.3 | 0.64 |
| Florida | 154 | 11.1 | 0.57 | 125 | 9.1 | 0.54 | 49 | 3.5 | 0.35 | 42 | 3.0 | 0.31 |
| Georgia | 85 | 10.6 | 1.50 | 77 | 9.6 | 1.51 | 28 | 3.5 | 0.65 | 31 | 3.9 | 1.04 |
| Hawaii | 14 | 14.6 | 1.57 | 13 | 13.4 | 1.47 | 4 | 3.6 | 0.82 | 2 | 2.2 | 0.61 |
| Idaho | 17 | 13.4 | 1.39 | 15 | 11.3 | 1.20 | 4 | 2.9 | 0.68 | 6 | 4.4 | 0.71 |
| Illinois | 137 | 12.7 | 0.58 | 114 | 10.6 | 0.53 | 45 | 4.2 | 0.38 | 29 | 2.7 | 0.27 |
| Indiana | 68 | 12.9 | 1.04 | 58 | 10.9 | 0.98 | 17 | 3.1 | 0.57 | 18 | 3.4 | 0.82 |
| Iowa | 32 | 13.0 | 0.97 | 25 | 10.1 | 0.81 | 13 | 5.2 | 0.76 | 6 | 2.4 | 0.60 |
| Kansas | 22 | 9.5 | 1.04 | 19 | 8.2 | 0.94 | 6 | 2.6 | 0.55 | 9 | 3.7 | 0.75 |
| Kentucky | 37 | 10.8 | 1.43 | 31 | 9.0 | 1.27 | 10 | 3.1 | 0.68 | 15 | 4.4 | 0.71 |
| Louisiana | 40 | 10.6 | 0.87 | 34 | 9.1 | 0.89 | 11 | 3.0 | 0.55 | 11 | 2.8 | 0.55 |
| Maine | 14 | 13.5 | 1.31 | 11 | 10.7 | 1.24 | 6 | 5.4 | 0.96 | 4 | 3.3 | 0.77 |
| Maryland | 60 | 12.6 | 1.55 | 58 | 12.1 | 1.49 | 12 | 2.4 | 0.56 | 16 | 3.2 | 0.72 |
| Massachusetts | 65 | 12.9 | 1.37 | 56 | 11.1 | 1.23 | 23 | 4.5 | 0.82 | 13 | 2.6 | 0.55 |
| Michigan | 114 | 12.9 | 0.63 | 95 | 10.8 | 0.57 | 35 | 3.9 | 0.37 | 26 | 2.9 | 0.28 |
| Minnesota | 50 | 11.7 | 1.29 | 38 | 8.9 | 1.13 | 20 | 4.7 | 0.99 | 9 | 2.2 | 0.49 |
| Mississippi | 23 | 9.2 | 1.07 | 19 | 7.6 | 1.02 | 8 | 3.2 | 0.56 | 6 | 2.5 | 0.49 |
| Missouri | 64 | 13.1 | 1.48 | 50 | 10.2 | 1.17 | 21 | 4.4 | 0.94 | 19 | 3.9 | 0.96 |
| Montana | 10 | 12.3 | 1.32 | 7 | 8.8 | 1.10 | 4 | 4.6 | 0.88 | 3 | 3.4 | 0.54 |
| Nebraska | 20 | 13.2 | 1.44 | 16 | 10.5 | 1.25 | 5 | 3.4 | 0.69 | 4 | 3.0 | 0.73 |
| Nevada | 22 | 10.7 | 1.08 | 20 | 9.6 | 1.03 | 5 | 2.3 | 0.62 | 3 | 1.5 | 0.49 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| States | Education ¹ (Continued) | | | | | | | | | | | |
|----------------------|------------------------------------|-------------|--------------------------|--|------------|--------------------------|---|------------|--------------------------|---|------------|--------------------------|
| | Total (Education) | | | School Counselor or School Psychologist or Regular Meetings with a Teacher | | | Special Education Services While in a Regular Classroom or Placement in a Special Classroom, Special Program, or Special School | | | Medical Pediatrician or Other Family Doctor | | |
| | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) | Number (1,000s) | Percent | Standard Error (Percent) |
| New Hampshire | 19 | 16.8 | 1.62 | 15 | 13.1 | 1.33 | 6 | 5.2 | 0.98 | 5 | 4.2 | 0.74 |
| New Jersey | 103 | 14.2 | 1.27 | 86 | 11.8 | 1.10 | 36 | 5.0 | 0.81 | 26 | 3.5 | 0.59 |
| New Mexico | 21 | 12.1 | 1.18 | 16 | 9.6 | 1.02 | 8 | 4.8 | 0.73 | 3 | 2.0 | 0.37 |
| New York | 216 | 13.9 | 0.75 | 189 | 12.1 | 0.71 | 62 | 4.0 | 0.40 | 37 | 2.4 | 0.28 |
| North Carolina | 75 | 10.5 | 1.16 | 65 | 9.1 | 1.13 | 25 | 3.6 | 0.73 | 20 | 2.8 | 0.53 |
| North Dakota | 6 | 11.3 | 1.36 | 5 | 9.2 | 1.17 | 2 | 3.4 | 0.85 | 1 | 2.1 | 0.49 |
| Ohio | 109 | 11.4 | 0.57 | 86 | 9.0 | 0.51 | 36 | 3.8 | 0.35 | 32 | 3.3 | 0.28 |
| Oklahoma | 34 | 11.8 | 1.15 | 25 | 8.6 | 1.03 | 14 | 4.9 | 0.82 | 8 | 2.7 | 0.61 |
| Oregon | 44 | 14.8 | 1.54 | 39 | 13.4 | 1.42 | 9 | 3.1 | 0.71 | 10 | 3.2 | 0.83 |
| Pennsylvania | 128 | 12.7 | 0.61 | 102 | 10.1 | 0.55 | 44 | 4.3 | 0.40 | 27 | 2.7 | 0.28 |
| Rhode Island | 9 | 10.0 | 1.32 | 7 | 8.1 | 1.30 | 3 | 3.3 | 0.60 | 3 | 3.2 | 0.68 |
| South Carolina | 45 | 12.7 | 1.29 | 39 | 10.8 | 1.20 | 12 | 3.3 | 0.68 | 14 | 4.0 | 0.59 |
| South Dakota | 8 | 12.4 | 1.55 | 7 | 10.4 | 1.38 | 3 | 4.3 | 0.82 | 1 | 2.2 | 0.59 |
| Tennessee | 54 | 11.2 | 1.04 | 41 | 8.5 | 0.93 | 21 | 4.3 | 0.71 | 18 | 3.7 | 0.84 |
| Texas | 220 | 10.7 | 0.60 | 179 | 8.7 | 0.53 | 71 | 3.4 | 0.32 | 53 | 2.5 | 0.29 |
| Utah | 23 | 9.6 | 1.23 | 18 | 7.8 | 0.95 | 7 | 2.9 | 0.56 | 10 | 4.2 | 0.76 |
| Vermont | 7 | 14.4 | 1.44 | 6 | 12.3 | 1.30 | 2 | 3.8 | 0.72 | 1 | 2.9 | 0.69 |
| Virginia | 74 | 12.1 | 1.42 | 65 | 10.6 | 1.34 | 21 | 3.5 | 0.74 | 16 | 2.6 | 0.55 |
| Washington | 55 | 10.6 | 1.32 | 45 | 8.6 | 1.07 | 17 | 3.2 | 0.84 | 9 | 1.7 | 0.47 |
| West Virginia | 13 | 9.9 | 1.05 | 11 | 7.9 | 0.97 | 4 | 3.2 | 0.62 | 6 | 4.5 | 0.80 |
| Wisconsin | 54 | 11.6 | 1.09 | 43 | 9.2 | 0.98 | 17 | 3.6 | 0.66 | 16 | 3.3 | 0.76 |
| Wyoming | 5 | 11.7 | 1.32 | 4 | 9.1 | 1.11 | 2 | 4.0 | 0.78 | 1 | 2.7 | 0.62 |
| United States | 2,962 | 11.9 | 0.17 | 2,466 | 9.9 | 0.15 | 922 | 3.7 | 0.10 | 732 | 2.9 | 0.09 |

See footnotes and notes on page 138.

Table II.4 Number and Percentage of Youth Aged 12–17 Who Received Mental Health Treatment, by Type of Treatment: United States and Each State, Annual Average, 2005–2007 (Continued)

| Education⁶ (Continued) | | | |
|--|---|----------------|---------------------------------|
| States | Specialty Mental Health and Education or Medical² | | |
| | Number (1,000s) | Percent | Standard Error (Percent) |
| Alabama | 18 | 4.8 | 0.78 |
| Alaska | 3 | 5.2 | 0.81 |
| Arizona | 24 | 4.6 | 0.92 |
| Arkansas | 13 | 5.6 | 0.86 |
| California | 132 | 4.1 | 0.35 |
| Colorado | 26 | 6.9 | 0.96 |
| Connecticut | 22 | 7.6 | 0.95 |
| Delaware | 5 | 7.0 | 0.72 |
| District of Columbia | 3 | 8.8 | 1.30 |
| Florida | 69 | 5.0 | 0.38 |
| Georgia | 43 | 5.4 | 0.91 |
| Hawaii | 5 | 4.6 | 0.77 |
| Idaho | 8 | 5.8 | 0.97 |
| Illinois | 68 | 6.3 | 0.40 |
| Indiana | 34 | 6.4 | 0.98 |
| Iowa | 14 | 5.9 | 0.75 |
| Kansas | 12 | 5.1 | 0.75 |
| Kentucky | 22 | 6.4 | 0.92 |
| Louisiana | 17 | 4.5 | 0.56 |
| Maine | 8 | 7.4 | 0.93 |
| Maryland | 27 | 5.7 | 0.77 |
| Massachusetts | 38 | 7.5 | 1.03 |
| Michigan | 58 | 6.5 | 0.42 |
| Minnesota | 25 | 5.7 | 0.76 |
| Mississippi | 12 | 4.9 | 0.86 |
| Missouri | 26 | 5.2 | 1.10 |
| Montana | 4 | 5.2 | 0.88 |
| Nebraska | 9 | 6.1 | 0.74 |
| Nevada | 6 | 2.9 | 0.75 |
| New Hampshire | 11 | 9.9 | 1.07 |
| New Jersey | 52 | 7.1 | 0.98 |
| New Mexico | 7 | 4.2 | 0.70 |
| New York | 97 | 6.2 | 0.47 |
| North Carolina | 34 | 4.7 | 0.82 |
| North Dakota | 2 | 4.5 | 0.76 |
| Ohio | 53 | 5.5 | 0.39 |
| Oklahoma | 15 | 5.1 | 0.74 |
| Oregon | 21 | 7.0 | 1.18 |
| Pennsylvania | 57 | 5.6 | 0.42 |
| Rhode Island | 4 | 4.6 | 0.78 |
| South Carolina | 16 | 4.3 | 0.65 |
| South Dakota | 4 | 5.8 | 1.17 |
| Tennessee | 25 | 5.1 | 0.95 |
| Texas | 94 | 4.5 | 0.37 |
| Utah | 11 | 4.8 | 0.72 |
| Vermont | 4 | 7.0 | 1.10 |
| Virginia | 37 | 6.0 | 1.02 |
| Washington | 26 | 5.0 | 1.00 |
| West Virginia | 8 | 5.8 | 0.98 |
| Wisconsin | 28 | 5.9 | 1.05 |
| Wyoming | 2 | 5.4 | 0.78 |
| United States | 1,358 | 5.4 | 0.11 |

See footnotes and notes on page 138.

Footnotes for Table II.4

¹Respondents could indicate multiple service sources; therefore, the person count may be duplicated across categories.

²Specialty Mental Health and Education or Medical includes receipt of any specialty mental health services and receipt of services from either Education or Medical sources.

Notes

* = Low precision; no estimate reported

Receipt of Mental Health Services for persons aged 12 to 17 is defined as having received treatment or counseling for emotional or behavioral problems not caused by drug or alcohol use. Respondents with unknown Mental Health Service Use in the Past Year were excluded.

For the purpose of this table, data from 2005–2007 were averaged.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005, 2006, and 2007.

Table II.5 Number and Percentage of Clinically Trained Mental Health Personnel by Discipline and Percentage Distribution by Sex, Age Group, and Race: United States, Selected Years

| Sociodemographic Characteristics | Discipline and Year | | | | | |
|----------------------------------|-------------------------|-------------------------|--------------------------|--|-------------------------|--|
| | Psychiatry ¹ | Psychology ² | Social Work ³ | Advanced Practice Psychiatric Nursing ⁴ | Counseling ⁵ | Marriage and Family Therapy ⁶ |
| | 2006 | 2006 | 2004 | 2006 | 2008 | 2006 |
| Male (N) | 17,047 | 42,425 | 44,082 | 659 | 45,110 | |
| Under 35 | 0.7% | 3.5% | 8.1% | 4.6% | 11.4% | 1.7% |
| 35–39 | 4.6% | 6.0% | 17.3% | 5.6% | 10.6% | 3.5% |
| 40–44 | 7.2% | 6.7% | | 9.0% | 10.2% | 4.4% |
| 45–49 | 9.6% | 8.5% | 32.2% | 10.5% | 9.9% | 6.6% |
| 50–54 | 12.2% | 14.3% | | 19.3% | 11.2% | 13.9% |
| 55–59 | 13.3% | 20.6% | 32.6% | 16.4% | 16.5% | 21.0% |
| 60–64 | 13.0% | 16.3% | | 4.2% | 16.3% | 20.6% |
| 65–69 | 10.7% | 7.8% | 9.8% | 0.8% | 7.8% | 11.3% |
| Over 69 | 28.5% | 16.2% | | 0.6% | 5.4% | 10.7% |
| Unknown | 0.2% | 0.0% | 0.0% | 29.1% | | 6.2% |
| American Indian/Alaska Native | 0.1% | 0.3% | 0.2% | 0.9% | 0.5% | 1.0% |
| Asian/Pacific Islander | 10.7% | 1.3% | 1.2% | 2.0% | 1.2% | 1.0% |
| Hispanic | 4.3% | 2.0% | 5.4% | | 2.7% | 4.8% |
| Black (not Hispanic) | 2.3% | 1.5% | 5.6% | 2.7% | 5.9% | 1.0% |
| White (not Hispanic) | 73.5% | 79.4% | 84.5% | 82.2% | 78.8% | 97.1% |
| Multiracial | 1.1% | | | | | |
| Other | 0.6% | | | | | |
| Not Specified | 7.4% | 15.5%* | 3.1% | 12.1% | 10.8% | 0.0% |
| Female (N) | 7,661 | 49,802 | 200,818 | 9,083 | 83,776 | |
| Under 35 | 2.3% | 11.0% | 16.3% | 3.6% | 21.1% | 3.6% |
| 35–39 | 10.1% | 13.5% | 22.2% | 2.8% | 13.1% | 5.0% |
| 40–44 | 13.1% | 11.2% | | 4.8% | 9.9% | 5.0% |
| 45–49 | 16.3% | 11.8% | 32.0% | 8.1% | 9.1% | 8.0% |
| 50–54 | 17.4% | 14.4% | | 17.7% | 11.2% | 13.5% |
| 55–59 | 15.6% | 16.2% | 23.0% | 17.2% | 13.9% | 19.6% |
| 60–64 | 9.9% | 11.0% | | 11.7% | 11.8% | 19.2% |
| 65–69 | 5.2% | 4.6% | 6.3% | 4.7% | 5.8% | 11.5% |
| Over 69 | 9.7% | 6.3% | | 1.8% | 3.6% | 8.2% |
| Unknown | 0.4% | 0.0% | 0.2% | 27.6% | | 6.3% |
| American Indian/Alaska Native | 0.1% | 0.3% | 0.6% | 0.6% | 0.5% | 1.1% |
| Asian/Pacific Islander | 15.5% | 1.9% | 1.7% | 2.0% | 1.2% | 1.1% |
| Hispanic | 4.4% | 2.5% | 4.2% | | 2.6% | 3.4% |
| Black (not Hispanic) | 4.8% | 2.4% | 6.2% | 3.0% | 6.6% | 2.8% |
| White (not Hispanic) | 69.8% | 68.1% | 85.2% | 85.0% | 80.7% | 96.0% |
| Multiracial | 0.9% | | | | | |
| Other | 0.7% | | | | | |
| Not Specified | 3.8% | 24.90% | 2.1% | 9.3% | 8.4% | 0.0% |
| Total (N) | 24,758 | 92,227 | 244,900 | 9,742 | 128,886 | 48,666 |

See footnotes on page 140.

Footnotes for Table II.5

¹2006 American Psychiatric Association membership residing in the United States, excluding medical students; psychiatric residents; international members and fellows; inactive members, associates and fellows; and honorary fellows. It should be noted that gender was not reported for 50 psychiatrists.

²American Psychological Association Member Directory 2006. Compiled by APA Center for Workforce Studies.

*For men, Not Specified includes 15.3% not specified and 0.2% multiethnic; *for women 24.4% were not specified and 0.5% multiethnic.

³For social work, the Association for Social Work Boards estimates the number of licensed social workers to be 310,000. This number excludes bachelor level, doctorate level, and nondegreed licensed social workers. An estimated 79% of this number, or 244,900, have MSWs, and are thus eligible to hold clinical licenses. It is not known what proportion of these MSWs actually do hold clinical licenses. Hence, for purposes of this table, the total number of clinically trained social workers will be considered to be 244,900.

⁴The data source is the American Nurses Credentialing Center (ANCC) of all Advanced Practice Psychiatric Nurses who are certified in 2006. According to estimates from the National Survey of Registered Nurses (2004) compiled by the Human Resource Division of the US Health and Human Resource Department, there are an estimated 20,000 Advanced Practice Psychiatric Nurses in the United States. ANCC certification is only required if billing directly for services.

⁵2008 National Board for Certified Counselors certification directory and national job analysis, American Counseling Association membership directory, and licensure data provided by individual states.

⁶Data on age obtained from the American Association for Marriage and Family Therapy (AAMFT) Membership Database of clinical members of AAMFT as of the end of 2006. Data on race obtained from the 2004 AAMFT Practice Research Network (PRN) project funded by the Center for Substance Abuse Treatment. Data were collected from a random sample of AAMFT clinical members. The "Hispanic" category was treated as a separate question; accordingly, percentages do not total 100%.

Table II.6 Number and Rate per 100,000 of Clinically Active or Clinically Trained Mental Health Personnel, by Discipline: United States and Each State, Selected Years

| Region and State | Discipline and Year | | | | | | | | | | | |
|---------------------------|-------------------------|------------------|-------------------------|------------------|--------------------------|------------------|--|------------------|-------------------------|------------------|--|------------------|
| | Psychiatry ¹ | | Psychology ² | | Social Work ³ | | Advanced Practice Psychiatric Nursing ⁴ | | Counseling ⁵ | | Marriage and Family Therapy ⁶ | |
| | 2006 | | 2006 | | 2008 | | 2006 | | 2008 | | 2006 | |
| | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 |
| New England | 4,093 | 28.7 | 7,820 | 54.9 | 29,369 | 206.3 | 1,979 | 13.9 | 9,917 | 62.2 | 1,909 | 13.4 |
| Connecticut | 988 | 28.3 | 1,415 | 40.5 | 6,443 | 184.3 | 457 | 13.0 | 1,641 | 46.9 | 846 | 24.2 |
| Maine | 276 | 21.0 | 543 | 41.3 | 2,723 | 207.1 | 269 | 20.4 | 932 | 70.7 | 79 | 6.0 |
| Massachusetts | 2,227 | 34.6 | 4,372 | 67.9 | 15,285 | 237.6 | 921 | 14.4 | 5,896 | 91.4 | 819 | 12.7 |
| New Hampshire | 196 | 14.9 | 588 | 44.8 | 1,653 | 126.0 | 145 | 11.2 | 572 | 43.5 | 68 | 5.2 |
| Rhode Island | 237 | 22.3 | 400 | 37.7 | 2,176 | 205.0 | 130 | 12.0 | 304 | 28.7 | 68 | 6.4 |
| Vermont | 169 | 27.2 | 502 | 80.9 | 1,088 | 175.3 | 57 | 9.2 | 572 | 92.1 | 29 | 4.7 |
| Middle Atlantic | 9,262 | 23.0 | 16,404 | 40.7 | 59,849 | 148.3 | 1,537 | 3.8 | 11,614 | 30.1 | 1,681 | 4.2 |
| New Jersey | 1,543 | 17.8 | 2,737 | 31.6 | 13,971 | 161.2 | 360 | 4.1 | 2,740 | 31.5 | 699 | 8.1 |
| New York | 5,638 | 29.2 | 8,649 | 44.9 | 36,056 | 187.0 | 745 | 3.9 | 4,360 | 22.6 | 635 | 3.3 |
| Pennsylvania | 2,081 | 16.8 | 5,018 | 40.5 | 9,823 | 79.2 | 432 | 3.5 | 4,514 | 36.3 | 347 | 2.8 |
| East North Central | 5,201 | 11.3 | 12,048 | 26.1 | 37,617 | 81.4 | 987 | 2.1 | 19,995 | 42.1 | 2,422 | 5.2 |
| Illinois | 1,602 | 12.5 | 4,031 | 31.5 | 11,547 | 90.4 | 201 | 1.6 | 5,986 | 46.6 | 415 | 3.2 |
| Indiana | 526 | 8.3 | 1,019 | 16.2 | 4,589 | 72.8 | 125 | 2.0 | 1,618 | 25.5 | 813 | 12.9 |
| Michigan | 1,156 | 11.4 | 2,660 | 26.3 | 12,535 | 124.1 | 211 | 2.1 | 5,804 | 57.6 | 780 | 7.7 |
| Ohio | 1,249 | 10.9 | 3,125 | 27.3 | 5,615 | 49.0 | 338 | 2.9 | 4,004 | 34.9 | 140 | 1.2 |
| Wisconsin | 668 | 12.0 | 1,213 | 21.8 | 3,330 | 59.8 | 112 | 2.0 | 2,583 | 46.1 | 274 | 4.9 |
| West North Central | 2,053 | 10.3 | 5,894 | 29.6 | 11,865 | 59.6 | 761 | 3.9 | 7,443 | 45.3 | 1,784 | 9.0 |
| Iowa | 220 | 7.4 | 431 | 14.5 | 1,835 | 61.7 | 85 | 2.9 | 953 | 31.9 | 163 | 5.5 |
| Kansas | 305 | 11.1 | 630 | 22.9 | 2,132 | 77.4 | 115 | 4.2 | 395 | 14.2 | 285 | 10.3 |
| Minnesota | 590 | 11.4 | 2,866 | 55.6 | 2,639 | 51.2 | 268 | 5.3 | 576 | 11.1 | 994 | 19.3 |
| Missouri | 617 | 10.6 | 1,327 | 22.7 | 3,772 | 64.6 | 165 | 2.9 | 3,824 | 65.0 | 155 | 2.7 |
| Nebraska | 177 | 10.0 | 342 | 19.4 | 923 | 52.3 | 74 | 4.2 | 1,087 | 61.3 | 84 | 4.8 |
| North Dakota | 80 | 12.5 | 142 | 22.3 | 237 | 37.1 | 33 | 5.2 | 392 | 61.3 | 12 | 1.9 |
| South Dakota | 64 | 8.1 | 156 | 19.8 | 329 | 41.7 | 21 | 2.7 | 216 | 27.1 | 91 | 11.5 |

See footnotes on page 144.

Table II.6 Number and Rate per 100,000 of Clinically Active or Clinically Trained Mental Health Personnel, by Discipline: United States and Each State, Selected Years (Continued)

| Region and State | Discipline and Year | | | | | | | | | | | |
|---------------------------|-------------------------|------------------|-------------------------|------------------|--------------------------|------------------|--|------------------|-------------------------|------------------|--|------------------|
| | Psychiatry ¹ | | Psychology ² | | Social Work ³ | | Advanced Practice Psychiatric Nursing ⁴ | | Counseling ⁵ | | Marriage and Family Therapy ⁶ | |
| | 2006 | | 2006 | | 2008 | | 2006 | | 2008 | | 2006 | |
| | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 |
| South Atlantic | 7,833 | 13.7 | 14,964 | 26.2 | 39,299 | 68.8 | 1,763 | 3.2 | 25,776 | 81.4 | 3,627 | 6.4 |
| Delaware | 99 | 11.6 | 312 | 36.6 | 673 | 78.9 | 28 | 3.4 | 476 | 55.0 | 3 | 0.4 |
| District of Columbia | 346 | 59.1 | 1,006 | 171.8 | 1,314 | 224.5 | 26 | 4.7 | 1,168 | 198.6 | 8 | 1.4 |
| Florida | 1,935 | 10.7 | 3,976 | 22.0 | 9,318 | 51.6 | 366 | 2.1 | 6,984 | 38.3 | 1,433 | 7.9 |
| Georgia | 983 | 10.5 | 1,783 | 19.1 | 4,111 | 44.0 | 229 | 2.6 | 4,139 | 43.3 | 561 | 6.0 |
| Maryland | 1,536 | 27.4 | 2,047 | 36.5 | 8,459 | 151.0 | 429 | 7.7 | 2,367 | 42.1 | 158 | 2.8 |
| North Carolina | 1,145 | 12.9 | 2,591 | 29.2 | 6,540 | 73.7 | 212 | 2.5 | 4,694 | 51.8 | 541 | 6.1 |
| South Carolina | 513 | 11.8 | 576 | 13.3 | 1,814 | 41.9 | 107 | 2.5 | 1,621 | 36.8 | 205 | 4.7 |
| Virginia | 1,117 | 14.6 | 2,217 | 29.0 | 6,303 | 82.5 | 338 | 4.5 | 3,201 | 41.5 | 703 | 9.2 |
| West Virginia | 159 | 8.8 | 456 | 25.2 | 768 | 42.4 | 28 | 1.5 | 1,126 | 62.2 | 15 | 0.8 |
| East South Central | 1,620 | 9.1 | 3,079 | 17.3 | 7,228 | 40.7 | 606 | 3.5 | 4,991 | 29.05 | 1,270 | 7.1 |
| Alabama | 378 | 8.2 | 546 | 11.9 | 1,301 | 28.3 | 71 | 1.6 | 1,662 | 35.9 | 194 | 4.2 |
| Kentucky | 424 | 10.1 | 969 | 23.0 | 1,971 | 46.9 | 163 | 3.9 | 837 | 19.7 | 404 | 9.6 |
| Mississippi | 208 | 7.2 | 255 | 8.8 | 852 | 29.4 | 93 | 3.2 | 1,115 | 38.2 | 396 | 13.7 |
| Tennessee | 610 | 10.0 | 1,309 | 21.5 | 3,104 | 51.1 | 279 | 4.7 | 1,377 | 22.4 | 276 | 4.5 |
| West South Central | 3,012 | 8.8 | 7,220 | 21.2 | 15,687 | 46.1 | 451 | 1.4 | 19,929 | 57.65 | 4,185 | 12.3 |
| Arkansas | 238 | 8.5 | 679 | 24.2 | 1,157 | 41.2 | 34 | 1.2 | 1,227 | 43.3 | 91 | 3.2 |
| Louisiana | 472 | 11.1 | 501 | 11.8 | 4,613 | 108.7 | 53 | 1.2 | 2,244 | 52.3 | 891 | 21.0 |
| Oklahoma | 284 | 7.9 | 506 | 14.1 | 1,493 | 41.7 | 32 | 0.9 | 2,818 | 77.9 | 501 | 14.0 |
| Texas | 2,018 | 8.6 | 5,534 | 23.6 | 8,424 | 36.0 | 332 | 1.5 | 13,640 | 57.1 | 2,702 | 11.5 |

See footnotes on page 144.

Table II.6 Number and Rate per 100,000 of Clinically Active or Clinically Trained Mental Health Personnel, by Discipline, by State and Each State, Selected Years (Continued)

| Region and State | Discipline and Year | | | | | | | | | | | |
|----------------------|-------------------------|------------------|-------------------------|------------------|--------------------------|------------------|--|------------------|-------------------------|------------------|--|------------------|
| | Psychiatry ¹ | | Psychology ² | | Social Work ³ | | Advanced Practice Psychiatric Nursing ⁴ | | Counseling ⁵ | | Marriage and Family Therapy ⁶ | |
| | 2006 | | 2006 | | 2008 | | 2006 | | 2008 | | 2006 | |
| | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 | Number of CA/CT persons | Rate per 100,000 |
| Mountain | 2,313 | 11.1 | 5,182 | 24.8 | 14,354 | 68.8 | 620 | 3.1 | 14,040 | 87.2 | 2,400 | 11.5 |
| Arizona | 629 | 10.2 | 1,392 | 22.6 | 3,365 | 54.6 | 175 | 3.0 | 3,272 | 51.6 | 336 | 5.4 |
| Colorado | 695 | 14.6 | 1,846 | 38.7 | 3,788 | 79.5 | 157 | 3.4 | 4,351 | 89.5 | 501 | 10.5 |
| Idaho | 96 | 6.6 | 206 | 14.1 | 978 | 66.8 | 26 | 1.9 | 933 | 62.2 | 208 | 14.2 |
| Montana | 150 | 15.8 | 218 | 23.0 | 878 | 92.7 | 31 | 3.3 | 944 | 98.6 | 31 | 3.3 |
| Nevada | 184 | 7.4 | 329 | 13.2 | 1,146 | 46.0 | 15 | 0.6 | 754 | 29.4 | 673 | 27.0 |
| New Mexico | 301 | 15.5 | 501 | 25.8 | 1,761 | 90.7 | 99 | 5.2 | 2,532 | 128.6 | 212 | 10.9 |
| Utah | 214 | 8.3 | 584 | 22.6 | 1,977 | 76.6 | 104 | 4.4 | 580 | 21.9 | 385 | 14.9 |
| Wyoming | 44 | 8.6 | 106 | 20.7 | 463 | 90.2 | 13 | 2.6 | 674 | 128.9 | 54 | 10.5 |
| Pacific | 7,733 | 16.0 | 19,616 | 40.6 | 29,631 | 61.4 | 1,060 | 2.2 | 15,181 | 54.9 | 29,388 | 60.9 |
| Alaska | 92 | 13.6 | 170 | 25.1 | 744 | 109.8 | 64 | 9.8 | 442 | 63.2 | 89 | 13.1 |
| California | 5,977 | 16.5 | 16,279 | 44.9 | 19,359 | 53.4 | 345 | 1.0 | 8,125 | 22.2 | 27,874 | 76.9 |
| Hawaii | 285 | 22.3 | 479 | 37.5 | 1,806 | 141.2 | 52 | 4.1 | 190 | 14.8 | 139 | 10.9 |
| Oregon | 527 | 14.3 | 1,055 | 28.6 | 3,472 | 94.1 | 120 | 3.3 | 1,771 | 47.3 | 342 | 9.3 |
| Washington | 852 | 13.4 | 1,633 | 25.6 | 4,250 | 66.7 | 479 | 7.7 | 4,653 | 71.9 | 944 | 14.8 |
| United States | 43,120 | 14.4 | 92,227 | 30.9 | 244,900 | 82.0 | 9,764 | 3.3 | 128,886 | 54.4 | 48,666 | 16.3 |

See footnotes on page 144.

Footnotes for Table II.6

¹For psychiatry, the numerator of the rate is based on clinically active psychiatrists and does not include residents or fellows (see AMA Physician Characteristics and Distribution in the United States, 2008 edition) and the denominator is from the U.S. Census Bureau population estimates as of July 1, 2006.

²For psychology, the estimates are based on clinically trained doctoral-level psychologists licensed by each state (2007) reported from several sources while the denominator is from the U.S. Census Bureau, GCT-T1, Population Estimates. 2006 Population estimates, United States (states and Puerto Rico). Retrieved December 2008. Compiled by APA Center for Workforce Studies. Numbers for each state were reduced by the proportion of psychologists licensed in more than one state (8.5%) in an attempt to avoid counting psychologists more than once.

³For social work, the Association for Social Work Boards estimates the number of licensed social workers to be 310,000. This number excludes bachelor level, doctorate level, and nondegreed licensed social workers. An estimated 79% of this number, or 244,900, have MSWs, and are thus eligible to hold clinical licenses. It is not known what proportion of these MSWs actually do hold clinical licenses. Hence, for purposes of this table, the total number of clinically trained social workers will be considered to be 244,900. The MSWs data were constructed as follows: The initial numerator was defined as 2 times the active NASW membership with a MSW degree in 2008 for the specified population aggregate. For the United States, this produced a total of 186,340. The denominator was defined as the population estimate for the aggregate from the U.S. Census Bureau Population Estimates for 2007. To adjust this ratio to the total of 244,900 MSW qualified social workers estimated above, each ratio was multiplied by 1.3142642 (or 244,900 divided by 186,340), and the final result was multiplied by 100,000 to produce a rate per 100,000.

⁴Clinically active Advanced Practice Psychiatric Nurses may be underestimated by as much as 50%. The data source is the American Nurses Credentialing Center (ANCC) of all Advanced Practice Psychiatric Nurses who are certified in 2006. According to estimates from the National Survey of Registered Nurses (2004) compiled by the Human Resource Division of the U.S. Health and Human Resource Department, there is an estimated 20,000 Advanced Practice Psychiatric Nurses in the United States. ANCC certification is only required if billing directly for services.

⁵2008 National Board for Certified Counselors certification directory and national job analysis, American Counseling Association membership directory, and licensure data provided by individual states. The denominator is from the U.S. Census Bureau population estimates 2007.

⁶The data for the numerator are based upon information collected by the AAMFT from state marriage and family therapy regulatory boards on the number of licensed MFTs in 2006. For those states that did not license MFTs in 2006, the numbers were obtained from the count of clinical members from the AAMFT Membership Database. The denominator is from the U.S. Census Bureau estimates as of July 1, 2006.

CA = clinically active

CT = clinically trained

Table II.7 Number of Mental Health Organizations with 24-Hour Hospital/ Residential Treatment Settings, by Type of Organization: United States, 1986–2004

| Type of Organization | 1986 | 1990 | 1992 | 1994 | 1998 | 2000 | 2002 | 2004 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| All organizations | 3,512 | 3,942 | 4,000 | 3,853 | 3,741 | 3,211 | 3,044 | 2,891 |
| Department of Veterans Affairs | | | | | | | | |
| Medical centers ¹ | 139 | 131 | 134 | 136 | 124 | 134 | 132 | * |
| Hospitals | | | | | | | | |
| State and county mental hospitals | 285 | 278 | 278 | 270 | 237 | 229 | 227 | 237 |
| Private psychiatric hospitals | 314 | 464 | 478 | 432 | 347 | 271 | 255 | 264 |
| Non-Federal general hospital psychiatric services | 1,351 | 1,577 | 1,520 | 1,539 | 1,595 | 1,325 | 1,231 | 1,230 |
| Residential treatment centers for emotionally disturbed children | 437 | 501 | 497 | 472 | 462 | 476 | 510 | 458 |
| All other organizations ² | 986 | 991 | 1,093 | 1,004 | 976 | 776 | 689 | 702 |

Footnotes

¹Department of Veterans Affairs Medical Centers (VA general hospital psychiatric services and VA psychiatric outpatient clinics) were not included in the 2004 survey.

²Includes freestanding psychiatric outpatient clinics, partial-care organizations, and multiservice mental health organizations.

Notes

* = Data not reported (available)

Data are based on inventories of mental health organizations.

Source

SAMHSA, CMHS, Survey Inventory of Mental Health Organizations. Health, United States 2008.

Table II.8 Number and Rate Per 100,000 Civilian Population for 24-Hour Hospital and Residential Treatment Beds, by Type of Mental Health Organization: United States, 1986–2004

| Type of Organization | 1986 | 1990 | 1992 | 1994 | 1998 | 2000 | 2002 | 2004 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|
| All Organizations, Number of Beds | 267,613 | 325,529 | 323,663 | 293,139 | 269,148 | 214,186 | 211,040 | 212,231 |
| All Organizations, Beds per 100,000 Civilian Population³ | 111.7 | 128.5 | 126.9 | 110.9 | 94.0 | 74.8 | 72.2 | 71.2 |
| Department of Veterans Affairs Medical Centers | | | | | | | | |
| Department of Veterans Affairs medical centers ¹ (number of beds) | 26,874 | 24,779 | 22,706 | 21,346 | 17,173 | 8,989 | 9,581 | * |
| Department of Veterans Affairs medical centers ¹ (beds per 100,000 civilian population) ³ | 11.2 | 9.9 | 8.9 | 8.1 | 6.0 | 3.1 | 3.3 | * |
| Hospitals | | | | | | | | |
| State and county mental hospital (number of beds) | 119,033 | 102,307 | 96,611 | 84,063 | 71,266 | 61,833 | 57,314 | 57,034 |
| Private psychiatric hospitals (number of beds) | 30,201 | 45,952 | 45,369 | 42,742 | 31,731 | 26,402 | 24,996 | 28,422 |
| Nonfederal general hospital psychiatric services (number of beds) | 45,808 | 53,576 | 52,105 | 53,455 | 54,775 | 40,410 | 40,520 | 41,403 |
| State and county mental hospitals (beds per 100,000 civilian population) ³ | 49.7 | 40.4 | 37.9 | 31.8 | 24.9 | 21.6 | 19.6 | 19.1 |
| Private psychiatric hospitals (beds per 100,000 civilian population) ³ | 12.6 | 18.1 | 17.8 | 16.2 | 11.1 | 9.2 | 8.6 | 9.5 |
| Nonfederal general hospital psychiatric services (beds per 100,000 civilian population) ³ | 19.1 | 21.2 | 20.4 | 20.2 | 19.1 | 14.1 | 13.9 | 13.9 |
| Residential Treatment Centers | | | | | | | | |
| Residential treatment centers for emotionally disturbed children (number of beds) | 24,547 | 35,170 | 34,952 | 32,691 | 32,040 | 33,508 | 39,407 | 33,835 |
| Residential treatment centers for emotionally disturbed children (beds per 100,000 civilian population) ³ | 10.3 | 13.9 | 13.7 | 12.4 | 11.2 | 11.7 | 13.5 | 11.4 |
| Other Mental Health Organizations | | | | | | | | |
| All other organizations ² (number of beds) | 21,150 | 63,745 | 71,920 | 58,842 | 62,163 | 43,044 | 39,222 | 51,536 |
| All other organizations ² (beds per 100,000 civilian population) ³ | 8.8 | 25.2 | 28.2 | 22.2 | 21.7 | 15.0 | 13.4 | 17.3 |

See footnotes and notes on page 147.

Footnotes for Table II.8

¹Department of Veterans Affairs Medical Centers (VA general hospital psychiatric services and VA psychiatric outpatient clinics) were not included in the 2004 survey.

²Includes freestanding psychiatric outpatient clinics, partial-care organizations, and multiservice mental health organizations.

³Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

Notes

* = Data not reported (available)

Data are based on inventories of mental health organizations.

Source

SAMHSA, CMHS, Survey Inventory of Mental Health Organizations. Health, United States 2008.

Table II.9 Number of Admissions to Mental Health Organizations and Rate per 100,000 Civilian Population, by Type of Service and Organization: United States, 1986–2004

| Type of Organization | 1986 | 1990 | 1992 | 1994 | 1998 | 2000 | 2002 | 2004 |
|--|---------|---------|---------|---------|---------|---------|---------|---------|
| 24-hour hospital and residential treatment | | | | | | | | |
| All organizations (admissions in thousands) ¹ | 1,819 | 2,110 | 2,151 | 2,286 | 2,316 | 2,044 | 2,158 | 2,713 |
| All organizations (admission rate per 100,000 civilian population) ² | 759.9 | 833.0 | 843.5 | 865.2 | 808.9 | 713.8 | 738.9 | 910.5 |
| Less than 24-hour care⁶ | | | | | | | | |
| All organizations (admissions in thousands) ¹ | 2,955 | 3,377 | 3,200 | 3,542 | 4,074 | 4,121 | 4,099 | 4,667 |
| All organizations (admission rate per 100,000 civilian population) ² | 1,233.4 | 1,333.3 | 1,254.8 | 1,340.2 | 1,423.0 | 1,439.1 | 1,403.2 | 1,566.6 |
| 24-hour hospital and residential treatment | | | | | | | | |
| Department of Veterans Affairs medical centers ⁴ (admissions in thousands) ¹ | 180 | 203 | 183 | 175 | 168 | 165 | 158 | * |
| Department of Veterans Affairs medical centers ⁴ (admission rate per 100,000 civilian population) ² | 75.1 | 80.3 | 71.8 | 66.2 | 58.8 | 57.5 | 54.1 | * |
| Less than 24-hour care⁶ | | | | | | | | |
| Department of Veterans Affairs medical centers ⁴ (admissions in thousands) ¹ | 133 | 235 | 162 | 133 | 128 | 139 | 99 | * |
| Department of Veterans Affairs medical centers ⁴ (admission rate per 100,000 civilian population) ² | 55.3 | 92.8 | 63.4 | 50.3 | 44.6 | 48.6 | 33.9 | * |
| 24-hour hospital and residential treatment | | | | | | | | |
| Hospitals | | | | | | | | |
| State and county mental hospitals (admissions in thousands) ¹ | 333 | 283 | 281 | 253 | 220 | 240 | 234 | 266 |
| Private psychiatric hospitals (admissions in thousands) ¹ | 235 | 411 | 475 | 491 | 470 | 462 | 477 | 599 |
| Non-Federal general hospital psychiatric services ³ (admissions in thousands) ¹ | 849 | 962 | 952 | 1,071 | 1,114 | 1,000 | 1,087 | 1,533 |
| State and county mental hospitals (admission rate per 100,000 civilian population) ² | 139.1 | 111.6 | 110.0 | 95.7 | 76.7 | 83.7 | 80.1 | 89.1 |
| Private psychiatric hospitals (admission rate per 100,000 civilian population) ² | 98.0 | 162.4 | 186.1 | 185.9 | 164.3 | 161.3 | 163.3 | 200.9 |
| Non-Federal general hospital psychiatric services ³ (admission rate per 100,000 civilian population) ² | 354.8 | 379.9 | 373.2 | 405.6 | 388.9 | 349.4 | 372.2 | 514.6 |

See footnotes and notes on page 150.

Table II.9 Number of Admissions to Mental Health Organizations and Rate per 100,000 Civilian Population, by Type of Service and Organization: United States, 1986–2004 (Continued)

| Type of Organization | 1986 | 1990 | 1992 | 1994 | 1998 | 2000 | 2002 | 2004 |
|--|-------|-------|-------|-------|---------|-------|-------|---------|
| Less than 24-hour care⁶ | | | | | | | | |
| Hospitals | | | | | | | | |
| State and county mental hospitals (admissions in thousands) ¹ | 68 | 50 | 52 | 60 | 69 | 52 | 62 | 130 |
| Private psychiatric hospitals (admissions in thousands) ¹ | 132 | 163 | 206 | 216 | 210 | 269 | 598 | 447 |
| Nonfederal general hospital psychiatric services ³ (admissions in thousands) ¹ | 533 | 661 | 480 | 501 | 628 | 1,144 | 681 | 900 |
| State and county mental hospitals (admission rate per 100,000 civilian population) ² | 28.4 | 19.7 | 20.4 | 22.8 | 24.2 | 18.1 | 21.2 | 43.6 |
| Private psychiatric hospitals (admission rate per 100,000 civilian population) ² | 55.2 | 64.5 | 80.9 | 81.7 | 73.3 | 93.9 | 204.7 | 150.1 |
| Nonfederal general hospital psychiatric services ³ (admission rate per 100,000 civilian population) ² | 222.4 | 260.8 | 188.3 | 189.5 | 219.3 | 399.7 | 233.0 | 302.2 |
| 24-hour hospital and residential treatment | | | | | | | | |
| Residential treatment centers for emotionally disturbed children (admissions in thousands) ¹ | 25 | 50 | 43 | 48 | 45 | 45 | 63 | 61 |
| Residential treatment centers for emotionally disturbed children (admission rate per 100,000 civilian population) ² | 10.2 | 19.8 | 16.8 | 18.3 | 15.7 | 15.9 | 21.6 | 20.3 |
| Less than 24-hour care⁶ | | | | | | | | |
| Residential treatment centers for emotionally disturbed children (admissions in thousands) ¹ | 67 | 100 | 121 | 182 | 129 | 202 | 222 | 194 |
| Residential treatment centers for emotionally disturbed children (admission rate per 100,000 civilian population) ² | 28.1 | 39.3 | 47.5 | 69.0 | 45.1 | 70.7 | 75.8 | 65.2 |
| 24-hour hospital and residential treatment | | | | | | | | |
| All other organizations ⁵ (admissions in thousands) ¹ | 198 | 200 | 218 | 247 | 299 | 132 | 139 | 255 |
| All other organizations ⁵ (admission rate per 100,000 civilian population) ² | 82.7 | 79.0 | 85.5 | 93.5 | 104.5 | 46.0 | 47.6 | 85.5 |
| Less than 24-hour care⁶ | | | | | | | | |
| All other organizations ⁵ (admissions in thousands) ¹ | 2,022 | 2,168 | 2,180 | 2,449 | 2,911 | 2,315 | 2,438 | 2,995 |
| All other organizations ⁵ (admission rate per 100,000 civilian population) ² | 844.0 | 856.2 | 854.3 | 926.9 | 1,016.6 | 808.2 | 834.3 | 1,005.4 |

See footnotes and notes on page 150.

Footnotes for Table II.9

¹Admissions sometimes are referred to as additions because they can be duplicated counts during a year.

²Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

³These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units.

⁴Department of Veterans Affairs Medical Centers (VA general hospital psychiatric services and VA psychiatric outpatient clinics) were not included in the 2004 survey.

⁵Includes freestanding psychiatric outpatient clinics, partial-care organizations, and multiservice mental health organizations.

⁶Formerly reported as partial care and outpatient treatment, the survey format was changed in 1994 and the reporting of these services was combined due to similarities in the care provided. These data exclude private office-based mental health care.

Notes

* = Data not reported (available)

Data are based on inventories of mental health organizations.

Sources

SAMHSA, CMHS

Revised 1990, 1992, 1994, 1998, 2000, and 2002 estimates are from the Survey Inventory of Mental Health Organizations. Health, United States, 2008. 2004 Survey Inventory of Mental Health Organizations, unpublished data, CMHS, SAMHSA.

Table II.10 Number of Admissions to State and County Mental Hospitals, by Selected Characteristics: United States, 1986 and 2004

| Characteristics | Admissions | |
|------------------------------|----------------|-------------------|
| | 1986 | 2004 ¹ |
| Age | | |
| < 18 | 21,434 | 17,234 |
| 18–24 | 54,857 | 29,093 |
| 25–44 | 175,695 | 89,175 |
| 45–64 | 57,900 | 44,103 |
| ≥ 65 | 15,080 | 4,791 |
| Diagnosis¹ | | |
| Affective disorders | 53,632 | 47,203 |
| Schizophrenia | 111,664 | 50,919 |
| Alcohol use related | 50,694 | 7,711 |
| Substance use related | 19,920 | 14,989 |
| Other psychotic | 16,652 | 16,439 |
| Other nonpsychotic | 18,345 | 23,333 |
| All other | 54,059 | 23,707 |
| Total | 324,966 | 184,396 |

Footnote

¹Total in 2004 includes 95 admissions for whom diagnosis was unknown.

Source

Annual Census of State and County Mental Health Hospitals, 1986 and 2004, CMHS, SAMHSA.

Table II.11 Number and Percentage of Discharges Admitted from the Emergency Department with a Principal or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis: United States, 2001–2006

| Diagnosis (based on ICD-9-CM codes) | 2001 | | | | | | 2002 | | | | | | |
|---|------------------|--------------------|--------------------------|-----------------------------------|--------------------|----------------------|--------------------------|---------|--------------------|-----------------------------------|---------|--------------------|----------------------|
| | Total Discharges | | | Admitted from the ED ² | | | Total Discharges | | | Admitted from the ED ³ | | | |
| | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Percent ¹ | Standard Error (Percent) | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Percent ¹ |
| All Discharges – All Diagnoses | 31,705,333 | 502,695 | 14,227,140 | 292,276 | 46.0 | 0.6 | 32,186,209 | 561,020 | 15,635,160 | 361,241 | 49.3527 | 0.7 | |
| Any Principal Mental Health Diagnosis | 1,303,526 | 68,429 | 610,481 | 37,348 | 48.0 | 1.8 | 1,218,387 | 65,908 | 661,804 | 42,522 | 54.7206 | 1.7279 | |
| Schizophrenia | 299,534 | 20,759 | 147,502 | 12,492 | 50.3 | 2.6 | 280,299 | 20,411 | 155,546 | 13,396 | 55.7403 | 2.6272 | |
| Major depression and affective psychoses | 682,113 | 38,284 | 300,196 | 19,092 | 45.1 | 1.8 | 632,335 | 35,945 | 323,853 | 21,238 | 51.6671 | 1.6175 | |
| Other psychoses | 74,583 | 4,412 | 37,556 | 2,545 | 51.6 | 2.1 | 74,611 | 4,602 | 44,239 | 3,249 | 59.7016 | 2.1464 | |
| Childhood psychoses | 1,530 | 225 | 667 | 128 | 45.5 | 4.5 | 1,848 | 331 | 1,013 | 191 | 54.9409 | 4.8626 | |
| Neurotic and other depressive episodes | 130,226 | 9,091 | 69,751 | 5,624 | 55.0 | 2.2 | 126,342 | 8,604 | 79,177 | 6,228 | 63.1195 | 1.8839 | |
| Personality disorders | 5,507 | 719 | 2,589 | 244 | 48.7 | 4.5 | 4,866 | 519 | 2,809 | 381 | 58.0 | 3.9 | |
| Other mental health disorders | 9,720 | 407 | 6,192 | 289 | 65.9 | 1.8 | 8,784 | 377 | 6,051 | 297 | 70.1 | 1.6 | |
| Special symptoms or syndromes | 10,752 | 1,821 | 4,591 | 321 | 43.6 | 6.4 | 9,181 | 1,189 | 4,367 | 293 | 48.3 | 5.2 | |
| Stress and adjustment reactions | 63,124 | 5,122 | 29,612 | 2,699 | 48.5 | 2.6 | 56,323 | 4,861 | 32,474 | 3,208 | 58.0 | 2.2 | |
| Conduct disorders | 16,314 | 1,861 | 7,464 | 1,114 | 46.8 | 4.3 | 14,041 | 1,596 | 7,665 | 1,119 | 54.9 | 5.0 | |
| Emotional disturbances | 4,884 | 906 | 1,977 | 428 | 41.1 | 6.3 | 4,532 | 798 | 2,196 | 422 | 48.6 | 5.3 | |
| Hyperkinetic syndrome | 5,239 | 956 | 2,406 | 588 | 48.3 | 5.6 | 5,224 | 1,026 | 2,413 | 509 | 46.3 | 5.9 | |
| Any (Principal or Secondary) Mental Health Diagnosis | 4,087,545 | 102,956 | 2,187,883 | 62,275 | 54.8 | 0.9 | 4,357,540 | 106,482 | 2,551,765 | 71,568 | 59.4 | 0.8 | |
| Schizophrenia | 502,405 | 26,160 | 273,078 | 15,883 | 55.5 | 1.9 | 495,435 | 25,573 | 300,529 | 17,126 | 61.2 | 1.7 | |
| Major depression and affective psychoses | 1,153,553 | 48,999 | 568,710 | 25,519 | 50.5 | 1.3 | 1,122,851 | 46,772 | 630,764 | 28,786 | 56.9 | 1.2 | |
| Other psychoses | 214,131 | 7,480 | 117,787 | 4,625 | 56.5 | 1.2 | 214,622 | 7,454 | 132,632 | 5,349 | 62.8 | 1.1 | |
| Childhood psychoses | 7,941 | 654 | 3,768 | 357 | 49.8 | 2.7 | 8,897 | 817 | 5,065 | 459 | 57.5 | 2.3 | |
| Neurotic and other depressive episodes | 2,290,616 | 56,979 | 1,259,752 | 35,591 | 56.2 | 0.7 | 2,604,897 | 61,990 | 1,533,852 | 41,188 | 59.8 | 0.7 | |
| Personality disorders | 240,848 | 14,203 | 119,440 | 7,956 | 51.2 | 1.9 | 227,422 | 14,597 | 128,843 | 8,976 | 57.4 | 1.7 | |
| Other mental health disorders | 83,536 | 3,409 | 49,803 | 2,490 | 61.2 | 1.4 | 76,674 | 2,952 | 48,464 | 2,186 | 64.2 | 1.3 | |
| Special symptoms or syndromes | 81,345 | 4,209 | 40,428 | 1,801 | 50.9 | 1.9 | 79,562 | 3,364 | 45,143 | 1,922 | 57.7 | 1.2 | |
| Stress and adjustment reactions | 246,748 | 11,695 | 122,409 | 5,866 | 51.0 | 1.5 | 246,253 | 12,253 | 141,177 | 7,575 | 58.3 | 1.2 | |
| Conduct disorders | 58,276 | 5,583 | 28,465 | 3,707 | 50.3 | 3.5 | 48,295 | 3,999 | 26,491 | 2,569 | 55.6 | 3.0 | |
| Emotional disturbances | 28,706 | 4,667 | 11,187 | 2,093 | 40.0 | 3.8 | 22,467 | 3,898 | 10,905 | 1,979 | 48.7 | 3.5 | |
| Hyperkinetic syndrome | 56,866 | 4,940 | 25,162 | 2,397 | 45.8 | 2.0 | 55,337 | 4,870 | 28,944 | 2,567 | 52.9 | 2.1 | |

See footnotes on page 155.

Table II.11 Number and Percentage of Discharges Admitted from the Emergency Department with a Principal or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis: United States, 2001–2006 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 2003 | | | | | | 2004 | | | | | |
|--|------------------|--------------------|--------------------------|-----------------------------------|--------------------|--------------------------|------------------|--------------------|--------------------------|-----------------------------------|--------------------|--------------------------|
| | Total Discharges | | | Admitted from the ED ⁴ | | | Total Discharges | | | Admitted from the ED ⁵ | | |
| | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Standard Error (Percent) |
| All Discharges – All Diagnoses | 32,526,826 | 604,069 | 49.0 | 15,862,737 | 377,325 | 49.0 | 32,811,485 | 595,066 | 15,912,928 | 373,604 | 48.6 | 0.7 |
| Any Principal Mental Health Diagnosis | 1,260,513 | 71,173 | 51.6 | 645,712 | 38,776 | 51.6 | 1,340,733 | 75,092 | 684,191 | 44,381 | 51.3 | 2.1 |
| Schizophrenia | 270,956 | 19,966 | 56.1 | 150,872 | 13,651 | 56.1 | 336,527 | 29,048 | 173,078 | 16,307 | 51.6 | 3.2 |
| Major depression and affective psychoses | 689,641 | 38,823 | 49.9 | 341,180 | 21,300 | 49.9 | 688,244 | 39,681 | 337,400 | 21,775 | 49.2 | 2.0 |
| Other psychoses | 68,785 | 4,378 | 53.5 | 36,565 | 2,373 | 53.5 | 79,676 | 5,493 | 46,382 | 4,294 | 58.4 | 2.8 |
| Childhood psychoses | 1,466 | 194 | 51.0 | 744 | 115 | 51.0 | 1,408 | 196 | 708 | 108 | 50.8 | 5.0 |
| Neurotic and other depressive episodes | 127,512 | 13,666 | 51.7 | 65,275 | 4,374 | 51.7 | 130,026 | 8,409 | 73,310 | 5,374 | 56.8 | 2.7 |
| Personality disorders | 4,365 | 409 | 56.0 | 2,399 | 231 | 56.0 | 4,695 | 643 | 2,429 | 331 | 52.4 | 3.9 |
| Other mental health disorders | 8,504 | 345 | 69.8 | 5,926 | 277 | 69.8 | 8,190 | 324 | 5,751 | 253 | 70.3 | 1.7 |
| Special symptoms or syndromes | 11,938 | 2,269 | 37.0 | 4,413 | 298 | 37.0 | 9,208 | 1,493 | 4,204 | 234 | 45.8 | 6.9 |
| Stress and adjustment reactions | 51,443 | 4,474 | 53.5 | 27,096 | 2,477 | 53.5 | 57,510 | 5,455 | 28,962 | 2,996 | 50.9 | 3.4 |
| Conduct disorders | 14,927 | 2,504 | 41.2 | 6,108 | 710 | 41.2 | 15,902 | 1,911 | 8,093 | 1,090 | 51.2 | 4.4 |
| Emotional disturbances | 6,183 | 1,434 | 52.2 | 3,219 | 868 | 52.2 | 4,859 | 1,198 | 2,065 | 539 | 42.8 | 5.6 |
| Hyperkinetic syndrome | 4,794 | 800 | 40.2 | 1,916 | 334 | 40.2 | 4,490 | 736 | 1,808 | 313 | 41.0 | 4.9 |
| Any (Principal or Secondary) Mental Health Diagnosis | 4,682,795 | 118,231 | 57.7 | 2,686,657 | 72,829 | 57.7 | 5,100,349 | 118,362 | 2,879,144 | 76,131 | 56.6 | 1.0 |
| Schizophrenia | 501,411 | 24,612 | 61.6 | 307,196 | 16,858 | 61.6 | 604,356 | 36,294 | 352,272 | 20,611 | 58.5 | 2.2 |
| Major depression and affective psychoses | 1,223,894 | 50,112 | 55.2 | 670,667 | 28,550 | 55.2 | 1,288,169 | 51,500 | 701,599 | 29,383 | 54.6 | 1.4 |
| Other psychoses | 225,774 | 8,283 | 59.4 | 133,296 | 5,287 | 59.4 | 239,766 | 9,411 | 142,698 | 6,651 | 59.7 | 1.6 |
| Childhood psychoses | 10,591 | 1,102 | 49.7 | 5,246 | 361 | 49.7 | 11,626 | 773 | 6,291 | 411 | 54.3 | 2.0 |
| Neurotic and other depressive episodes | 2,876,646 | 70,284 | 57.7 | 1,653,222 | 43,804 | 57.7 | 3,136,719 | 74,652 | 1,775,326 | 47,052 | 56.8 | 0.9 |
| Personality disorders | 229,205 | 15,087 | 54.1 | 122,959 | 8,421 | 54.1 | 260,852 | 16,819 | 146,986 | 10,902 | 56.6 | 2.1 |
| Other mental health disorders | 68,993 | 2,638 | 63.1 | 43,392 | 1,756 | 63.1 | 73,604 | 2,915 | 43,378 | 1,714 | 59.1 | 1.5 |
| Special symptoms or syndromes | 88,465 | 4,276 | 54.4 | 47,849 | 1,809 | 54.4 | 91,531 | 3,505 | 50,562 | 1,743 | 55.4 | 1.6 |
| Stress and adjustment reactions | 241,011 | 11,523 | 55.8 | 133,244 | 6,759 | 55.8 | 274,687 | 12,473 | 148,798 | 6,838 | 54.5 | 1.6 |
| Conduct disorders | 54,694 | 5,893 | 44.7 | 24,271 | 2,044 | 44.7 | 59,692 | 5,573 | 28,725 | 2,563 | 48.4 | 3.1 |
| Emotional disturbances | 32,541 | 4,688 | 43.5 | 14,071 | 2,223 | 43.5 | 24,567 | 3,940 | 10,054 | 1,656 | 41.2 | 5.0 |
| Hyperkinetic syndrome | 73,660 | 4,939 | 50.6 | 37,002 | 2,490 | 50.6 | 86,024 | 5,302 | 41,079 | 2,482 | 48.1 | 2.2 |

See footnotes on page 155.

Table II.11 Number and Percentage of Discharges Admitted from the Emergency Department with a Principal or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis: United States, 2001–2006 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 2005 | | | | | | 2006 | | | | | | |
|--|------------------|--------------------|----------------------|-----------------------------------|--------------------|--------------------------|------------------|--------------------|----------------------|-----------------------------------|---------|--------------------|----------------------|
| | Total Discharges | | | Admitted from the ED ⁶ | | | Total Discharges | | | Admitted from the ED ⁷ | | | |
| | N | Standard Error (N) | Percent ¹ | N | Standard Error (N) | Standard Error (Percent) | N | Standard Error (N) | Percent ¹ | Standard Error (Percent) | N | Standard Error (N) | Percent ¹ |
| All Discharges – All Diagnoses | 33,032,508 | 667,597 | 48.1 | 15,789,351 | 417,389 | 0.7 | 33,618,428 | 690,539 | 49.6 | 16,577,474 | 470,912 | 49.6 | 0.8 |
| Any Principal Mental Health Diagnosis | 1,210,872 | 71,001 | 48.2 | 579,957 | 36,297 | 2.3 | 1,227,374 | 69,315 | 49.4 | 603,006 | 38,047 | 49.4 | 2.3 |
| Schizophrenia | 300,098 | 25,318 | 49.5 | 147,683 | 13,211 | 3.3 | 306,073 | 24,718 | 52.3 | 159,447 | 15,388 | 52.3 | 2.8 |
| Major depression and affective psychoses | 623,382 | 38,508 | 46.0 | 285,222 | 18,617 | 2.2 | 636,356 | 38,136 | 46.4 | 294,004 | 18,999 | 46.4 | 2.3 |
| Other psychoses | 69,957 | 4,847 | 52.1 | 36,263 | 2,588 | 3.1 | 72,600 | 4,936 | 54.3 | 39,162 | 3,024 | 54.3 | 2.8 |
| Childhood psychoses | 2,171 | 351 | 39.1 | 847 | 160 | 3.5 | 1,774 | 309 | 47.3 | 834 | 155 | 47.3 | 4.8 |
| Neurotic and other depressive episodes | 115,615 | 7,796 | 53.7 | 61,636 | 4,191 | 2.6 | 120,473 | 8,105 | 52.3 | 62,678 | 3,886 | 52.3 | 3.2 |
| Personality disorders | 4,917 | 755 | 57.3 | 2,811 | 485 | 3.0 | 4,754 | 614 | 57.6 | 2,711 | 357 | 57.6 | 4.8 |
| Other mental health disorders | 7,940 | 331 | 68.8 | 5,452 | 271 | 1.9 | 8,658 | 844 | 63.1 | 5,421 | 275 | 63.1 | 6.0 |
| Special symptoms or syndromes | 12,401 | 2,434 | 37.2 | 4,521 | 287 | 7.0 | 8,315 | 988 | 51.0 | 4,212 | 258 | 51.0 | 6.1 |
| Stress and adjustment reactions | 51,962 | 4,482 | 52.1 | 26,878 | 2,546 | 2.7 | 47,088 | 3,870 | 52.3 | 24,547 | 2,376 | 52.3 | 2.5 |
| Conduct disorders | 13,396 | 2,012 | 44.6 | 5,971 | 959 | 5.6 | 13,558 | 1,931 | 49.5 | 6,691 | 995 | 49.5 | 5.6 |
| Emotional disturbances | 4,287 | 928 | 32.8 | 1,404 | 337 | 6.7 | 3,585 | 762 | 38.6 | 1,378 | 271 | 38.6 | 6.7 |
| Hyperkinetic syndrome | 4,746 | 1,104 | 27.0 | 1,270 | 263 | 4.7 | 4,140 | 904 | 46.6 | 1,921 | 553 | 46.6 | 5.6 |
| Any (Principal or Secondary) Mental Health Diagnosis | 5,189,592 | 138,514 | 55.6 | 2,870,512 | 87,145 | 1.0 | 5,554,042 | 142,106 | 56.9 | 3,145,073 | 97,969 | 56.9 | 1.1 |
| Schizophrenia | 558,761 | 31,682 | 57.2 | 318,326 | 18,154 | 2.1 | 603,822 | 32,135 | 59.9 | 360,014 | 21,170 | 59.9 | 1.9 |
| Major depression and affective psychoses | 1,255,768 | 51,885 | 53.1 | 663,996 | 28,239 | 1.5 | 1,341,110 | 52,885 | 54.6 | 728,963 | 30,556 | 54.6 | 1.6 |
| Other psychoses | 235,048 | 9,363 | 57.4 | 134,208 | 5,835 | 1.7 | 245,476 | 8,992 | 59.5 | 145,148 | 5,947 | 59.5 | 1.6 |
| Childhood psychoses | 16,516 | 1,292 | 48.7 | 8,026 | 601 | 2.2 | 15,820 | 1,125 | 51.5 | 8,037 | 528 | 51.5 | 2.8 |
| Neurotic and other depressive episodes | 3,318,232 | 91,175 | 56.4 | 1,862,995 | 57,767 | 0.8 | 3,572,431 | 96,507 | 57.0 | 2,027,640 | 66,189 | 57.0 | 1.0 |
| Personality disorders | 244,817 | 16,503 | 51.9 | 126,654 | 8,912 | 2.4 | 248,159 | 16,190 | 53.3 | 131,764 | 8,805 | 53.3 | 2.6 |
| Other mental health disorders | 73,231 | 2,733 | 57.6 | 41,961 | 1,724 | 1.4 | 75,235 | 3,367 | 61.0 | 45,536 | 2,141 | 61.0 | 1.7 |
| Special symptoms or syndromes | 95,073 | 4,424 | 54.1 | 51,088 | 1,958 | 1.7 | 98,409 | 3,836 | 56.2 | 55,058 | 2,077 | 56.2 | 1.7 |
| Stress and adjustment reactions | 286,771 | 14,243 | 53.7 | 153,166 | 8,384 | 1.4 | 289,190 | 13,451 | 54.1 | 155,611 | 7,906 | 54.1 | 1.7 |
| Conduct disorders | 54,560 | 4,527 | 2.93 | 25,695 | 2,393 | 3.0 | 55,202 | 4,263 | 2.56 | 27,527 | 2,256 | 2.56 | 3.1 |
| Emotional disturbances | 24,451 | 3,456 | 37.2 | 9,046 | 1,370 | 3.5 | 20,325 | 3,231 | 36.2 | 7,331 | 1,084 | 36.2 | 4.9 |
| Hyperkinetic syndrome | 94,169 | 5,815 | 48.0 | 44,900 | 2,629 | 1.7 | 94,929 | 5,447 | 49.2 | 46,536 | 2,638 | 49.2 | 1.9 |

See footnotes on page 155.

Footnotes for Table II.11

¹Percent represents the proportion of discharges admitted from the emergency department.

²Missing data on admission source from 743,748 records.

³Missing data on admission source from 505,776 records.

⁴Missing data on admission source from 156,022 records.

⁵Missing data on admission source from 79,936 records.

⁶Missing data on admission source from 177,905 records.

⁷Missing data on admission source from 32,389 records.

Source

2001–2006 Nationwide Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005

| Diagnosis (based on ICD-9-CM codes) | All Ages (10 and older) | | | | | | 10 to 17 Years | | | | | |
|--|-------------------------|--------------------|--------------------------|--------------------------|--|--------------------------|------------------|--------------------|----------------------|--------------------------|--|--------------------------|
| | Number of Visits | | Percent of All ED Visits | | Percent Distribution of ED Visits with Principal Mental Health Diagnosis | | Number of Visits | | Percent of ED Visits | | Percent Distribution of ED Visits with Principal Mental Health Diagnosis | |
| | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) |
| | | | | | | | | | | | | |
| All ED Visits – All Diagnoses | 99,060,127 | 4,903 | 100.0 | | | | 9,316,004 | 6,222 | 100.0 | | | |
| Any Principal Mental Health Diagnosis | 2,736,568 | 3,477 | 2.8 | 0.0 | 100.0 | 288,173 | 1,147 | 3.1 | 0.0 | 100.0 | | |
| Schizophrenia | 309,235 | 1,175 | 0.3 | 0.0 | 11.3 | 0.0 | 3,057 | 116 | 0.0 | 0.0 | 1.1 | 0.0 |
| Major depression and affective psychoses | 585,589 | 1,620 | 0.6 | 0.0 | 21.4 | 0.1 | 55,961 | 505 | 0.6 | 0.0 | 19.4 | 0.2 |
| Other psychoses | 212,008 | 976 | 0.2 | 0.0 | 7.7 | 0.0 | 8,144 | 192 | 0.1 | 0.0 | 2.8 | 0.1 |
| Childhood psychoses | 3,467 | 126 | 0.0 | 0.0 | 0.1 | 0.0 | 2,109 | 98 | 0.0 | 0.0 | 0.7 | 0.0 |
| Neurotic and other depressive episodes | 1,211,226 | 2,336 | 1.2 | 0.0 | 44.3 | 0.1 | 119,952 | 740 | 1.3 | 0.0 | 41.6 | 0.2 |
| Personality disorders | 13,675 | 256 | 0.0 | 0.0 | 0.5 | 0.0 | 2,865 | 114 | 0.0 | 0.0 | 1.0 | 0.0 |
| Other mental health disorders | 67,182 | 554 | 0.1 | 0.0 | 2.5 | 0.0 | 10,112 | 216 | 0.1 | 0.0 | 3.5 | 0.1 |
| Special symptoms of syndromes | 100,484 | 680 | 0.1 | 0.0 | 3.7 | 0.0 | 8,990 | 203 | 0.1 | 0.0 | 3.1 | 0.1 |
| Stress and adjustment reactions | 158,572 | 852 | 0.2 | 0.0 | 5.8 | 0.0 | 28,368 | 363 | 0.3 | 0.0 | 9.8 | 0.1 |
| Conduct disorders | 51,643 | 485 | 0.1 | 0.0 | 1.9 | 0.0 | 27,895 | 357 | 0.3 | 0.0 | 9.7 | 0.1 |
| Emotional disturbances | 12,153 | 238 | 0.0 | 0.0 | 0.4 | 0.0 | 11,695 | 233 | 0.1 | 0.0 | 4.1 | 0.1 |
| Hyperkinetic syndrome | 11,334 | 229 | 0.0 | 0.0 | 0.4 | 0.0 | 9,025 | 205 | 0.1 | 0.0 | 3.1 | 0.1 |

See footnote and notes on page 161.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 18 to 44 Years | | | | | | 44 to 64 Years | | | | | |
|--|------------------|--------------------|--------------------------|--------------------------|--|--------------------------|------------------|--------------------|----------------------|--------------------------|--|--------------------------|
| | Number of Visits | | Percent of All ED Visits | | Percent Distribution of ED Visits with Principal Mental Health Diagnosis | | Number of Visits | | Percent of ED Visits | | Percent Distribution of ED Visits with Principal Mental Health Diagnosis | |
| | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) |
| All ED Visits – All Diagnoses | 46,744,390 | 10,824 | | | | | 23,516,418 | 9,122 | | | | |
| Any Principal Mental Health Diagnosis | 1,554,135 | 2,636 | 3.3 | 0.0 | 100.0 | | 687,939 | 1,758 | 2.9 | 0.0 | 100.0 | |
| Schizophrenia | 178,234 | 894 | 0.4 | 0.0 | 11.5 | 0.1 | 114,387 | 715 | 0.5 | 0.0 | 16.6 | 0.1 |
| Major depression and affective psychoses | 331,984 | 1,223 | 0.7 | 0.0 | 21.4 | 0.1 | 161,004 | 848 | 0.7 | 0.0 | 23.4 | 0.1 |
| Other psychoses | 104,675 | 684 | 0.2 | 0.0 | 6.7 | 0.0 | 58,340 | 512 | 0.2 | 0.0 | 8.5 | 0.1 |
| Childhood psychoses | 1,262 | 76 | 0.0 | 0.0 | 0.1 | 0.0 | 1 | 1 | 1 | 1 | 1 | 1 |
| Neurotic and other depressive episodes | 724,462 | 1,810 | 1.5 | 0.0 | 46.6 | 0.1 | 280,456 | 1,128 | 1.2 | 0.0 | 40.8 | 0.1 |
| Personality disorders | 7,410 | 189 | 0.0 | 0.0 | 0.5 | 0.0 | 2,432 | 109 | 0.0 | 0.0 | 0.4 | 0.0 |
| Other mental health disorders | 37,744 | 414 | 0.1 | 0.0 | 2.4 | 0.0 | 13,195 | 247 | 0.1 | 0.0 | 1.9 | 0.0 |
| Special symptoms of syndromes | 58,963 | 521 | 0.1 | 0.0 | 3.8 | 0.0 | 21,727 | 317 | 0.1 | 0.0 | 3.2 | 0.0 |
| Stress and adjustment reactions | 90,601 | 643 | 0.2 | 0.0 | 5.8 | 0.0 | 31,194 | 378 | 0.1 | 0.0 | 4.5 | 0.1 |
| Conduct disorders | 16,402 | 274 | 0.0 | 0.0 | 1.1 | 0.0 | 4,782 | 147 | 0.0 | 0.0 | 0.7 | 0.0 |
| Emotional disturbances | 397 | 45 | 0.0 | 0.0 | 0.0 | 0.0 | 1 | 1 | 1 | 1 | 1 | 1 |
| Hyperkinetic syndrome | 1,999 | 95 | 0.0 | 0.0 | 0.1 | 0.0 | 1 | 1 | 1 | 1 | 1 | 1 |

See footnote and notes on page 161.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 65+ Years | | | | | | | |
|--|------------------|--------------------|----------------------|--------------------------|--|--------------------------|---------|--------------------------|
| | Number of Visits | | Percent of ED Visits | | Percent Distribution of ED Visits with Principal Mental Health Diagnosis | | | |
| | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) |
| All ED Visits – All Diagnoses | 19,483,314 | 8,526 | | | | | | |
| Any Principal Mental Health Diagnosis | 206,322 | 967 | 1.1 | 0.0 | 100.0 | | | |
| Schizophrenia | 13,557 | 245 | 0.1 | 0.0 | 6.6 | | | 0.1 |
| Major depression and affective psychoses | 36,640 | 402 | 0.2 | 0.0 | 17.8 | | | 0.2 |
| Other psychoses | 40,848 | 432 | 0.2 | 0.0 | 19.8 | | | 0.2 |
| Childhood psychoses | 1 | 1 | 1 | 1 | 1 | | | 1 |
| Neurotic and other depressive episodes | 86,356 | 629 | 0.4 | 0.0 | 41.9 | | | 0.2 |
| Personality disorders | 968 | 68 | 0.0 | 0.0 | 0.5 | | | 0.0 |
| Other mental health disorders | 6,131 | 166 | 0.0 | 0.0 | 3.0 | | | 0.1 |
| Special symptoms of syndromes | 10,804 | 222 | 0.1 | 0.0 | 5.2 | | | 0.1 |
| Stress and adjustment reactions | 8,410 | 196 | 0.0 | 0.0 | 4.1 | | | 0.1 |
| Conduct disorders | 2,565 | 107 | 0.0 | 0.0 | 1.2 | | | 0.1 |
| Emotional disturbances | 1 | 1 | 1 | 1 | 1 | | | 1 |
| Hyperkinetic syndrome | 1 | 1 | 1 | 1 | 1 | | | 1 |

See footnote and notes on page 161.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 (Continued)

| Diagnosis (based on ICD-9-CM codes) | All Ages (10 and Older) | | | | | | 10 to 17 Years | | | | | |
|--|-------------------------|---------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------|--------------------|--------------------------|--------------------------|--|
| | Number of Visits | | | Percent of ED Visits | | | Number of Visits | | | Percent of ED Visits | | |
| | Standard Error (N) | Percent | Standard Error (Percent) | Standard Error (Percent) | Percent | Standard Error (Percent) | Number | Standard Error (N) | Percent | Standard Error (Percent) | Standard Error (Percent) | |
| | Number | Percent | Standard Error (Percent) | Number | Standard Error (N) | Percent | Standard Error (Percent) | Number | Standard Error (N) | Percent | Standard Error (Percent) | |
| All ED Visits | 99,060,127 | 4,903 | | | | | 9,316,004 | 6,222 | | | | |
| Any Principal and/or Secondary Mental Health Diagnoses | 8,032,630 | 5,800 | 8.1 | 0.0 | 100.0 | 531,322 | 1,552 | 5.7 | 0.0 | | | |
| Schizophrenia | 697,652 | 1,763 | 0.7 | 0.0 | 8.7 | 6,722 | 173 | 0.1 | 0.0 | 1.3 | 0.0 | |
| Major depression and affective psychoses | 1,469,512 | 2,553 | 1.5 | 0.0 | 18.3 | 105,840 | 694 | 1.1 | 0.0 | 19.9 | 0.1 | |
| Other psychoses | 437,619 | 1,406 | 0.4 | 0.0 | 5.4 | 13,499 | 247 | 0.1 | 0.0 | 2.5 | 0.0 | |
| Childhood psychoses | 29,508 | 364 | 0.0 | 0.0 | 0.4 | 14,907 | 258 | 0.2 | 0.0 | 2.8 | 0.0 | |
| Neurotic and other depressive episodes | 5,277,469 | 4,774 | 5.3 | 0.0 | 65.7 | 241,793 | 1,050 | 2.6 | 0.0 | 45.5 | 0.1 | |
| Personality disorders | 210,654 | 981 | 0.2 | 0.0 | 2.6 | 10,572 | 219 | 0.1 | 0.0 | 2.0 | 0.0 | |
| Other mental health disorders | 159,868 | 851 | 0.2 | 0.0 | 2.0 | 15,988 | 271 | 0.2 | 0.0 | 3.0 | 0.1 | |
| Special symptoms of syndromes | 227,550 | 1,020 | 0.2 | 0.0 | 2.8 | 19,806 | 302 | 0.2 | 0.0 | 3.7 | 0.1 | |
| Stress and adjustment reactions | 445,431 | 1,428 | 0.4 | 0.0 | 5.5 | 53,532 | 499 | 0.6 | 0.0 | 10.1 | 0.1 | |
| Conduct disorders | 108,770 | 703 | 0.1 | 0.0 | 1.4 | 47,074 | 463 | 0.5 | 0.0 | 8.9 | 0.1 | |
| Emotional disturbances | 32,773 | 390 | 0.0 | 0.0 | 0.4 | 30,318 | 375 | 0.3 | 0.0 | 5.7 | 0.1 | |
| Hyperkinetic syndrome | 219,255 | 999 | 0.2 | 0.0 | 2.7 | 132,134 | 773 | 1.4 | 0.0 | 24.9 | 0.1 | |

See footnote and notes on page 161.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 18 to 44 Years | | | | | | 44 to 64 Years | | | | | |
|--|--------------------|--------------------|---------|--------------------------|---------|------------|--------------------|--------------------------|---------|--------------------------|---------|---------|
| | Number of Visits | | | Percent of ED Visits | | | Number of Visits | | | Percent of ED Visits | | |
| | Standard Error (N) | | Percent | Standard Error (Percent) | | Percent | Standard Error (N) | | Percent | Standard Error (Percent) | | Percent |
| | Number | Standard Error (N) | | Standard Error (Percent) | Percent | | Standard Error (N) | Standard Error (Percent) | | Standard Error (Percent) | Percent | |
| All ED Visits | 46,744,390 | 10,824 | | | | 23,516,418 | 9,122 | | | | | |
| Any Principal and/or Secondary Mental Health Diagnoses | 3,518,325 | 3,928 | 7.5 | 0.0 | | 2,345,786 | 3,222 | 10.0 | 0.0 | | | |
| Schizophrenia | 332,707 | 1,220 | 0.7 | 0.0 | 9.5 | 278,328 | 1,115 | 1.2 | 0.0 | 11.9 | 0.0 | |
| Major depression and affective psychoses | 780,430 | 1,870 | 1.7 | 0.0 | 22.2 | 439,309 | 1,400 | 1.9 | 0.0 | 18.7 | 0.1 | |
| Other psychoses | 166,106 | 863 | 0.4 | 0.0 | 4.7 | 114,317 | 718 | 0.5 | 0.0 | 4.9 | 0.0 | |
| Childhood psychoses | 11,961 | 232 | 0.0 | 0.0 | 0.3 | 2,239 | 101 | 0.0 | 0.0 | 0.1 | 0.0 | |
| Neurotic and other depressive episodes | 2,229,983 | 3,150 | 4.8 | 0.0 | 63.4 | 1,567,099 | 2,647 | 6.7 | 0.0 | 66.8 | 0.1 | |
| Personality disorders | 135,093 | 787 | 0.3 | 0.0 | 3.8 | 54,752 | 500 | 0.2 | 0.0 | 2.3 | 0.0 | |
| Other mental health disorders | 69,518 | 561 | 0.1 | 0.0 | 2.0 | 32,264 | 385 | 0.1 | 0.0 | 1.4 | 0.0 | |
| Special symptoms of syndromes | 119,326 | 740 | 0.3 | 0.0 | 3.4 | 50,007 | 478 | 0.2 | 0.0 | 2.1 | 0.0 | |
| Stress and adjustment reactions | 237,801 | 1,045 | 0.5 | 0.0 | 6.8 | 115,071 | 725 | 0.5 | 0.0 | 4.9 | 0.0 | |
| Conduct disorders | 39,425 | 425 | 0.1 | 0.0 | 1.1 | 13,230 | 245 | 0.1 | 0.0 | 0.6 | 0.0 | |
| Emotional disturbances | 2,088 | 99 | 0.0 | 0.0 | 0.1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Hyperkinetic syndrome | 72,370 | 578 | 0.2 | 0.0 | 2.1 | 13,693 | 250 | 0.1 | 0.0 | 0.6 | 0.0 | |

See footnote and notes on page 161.

Table II.12 Number and Percentage of Emergency Department Visits, by Persons with a Principal and/or Secondary Diagnosis of Mental Disorder, Aged 10 or Older, by Diagnosis and Age Group: United States 2005 (Continued)

| Diagnosis (based on ICD-9-CM codes) | 65+ Years | | | | | |
|--|-------------------|--------------------|----------------------|--------------------------|--|--------------------------|
| | Number of Visits | | Percent of ED Visits | | Percent of ED Visits with Principal and/or Secondary Mental Health Diagnosis | |
| | Number | Standard Error (N) | Percent | Standard Error (Percent) | Percent | Standard Error (Percent) |
| All ED Visits – All Diagnoses | 19,483,314 | 8,526 | | | | |
| Any Principal Mental Health Diagnosis | 1,637,197 | 2,707 | 8.4 | 0.0 | | |
| Schizophrenia | 79,895 | 600 | 0.4 | 0.0 | 4.9 | 0.0 |
| Major depression and affective psychoses | 143,933 | 799 | 0.7 | 0.0 | 8.8 | 0.5 |
| Other psychoses | 143,698 | 813 | 0.7 | 0.0 | 8.8 | 0.0 |
| Childhood psychoses | 402 | 43 | 0.0 | 0.0 | 0.0 | 0.0 |
| Neurotic and other depressive episodes | 1,238,594 | 2,361 | 6.4 | 0.0 | 75.7 | 0.1 |
| Personality disorders | 10,237 | 217 | 0.1 | 0.0 | 0.6 | 0.0 |
| Other mental health disorders | 42,098 | 435 | 0.2 | 0.0 | 2.6 | 0.0 |
| Special symptoms of syndromes | 38,410 | 418 | 0.2 | 0.0 | 2.3 | 0.0 |
| Stress and adjustment reactions | 39,028 | 421 | 0.2 | 0.0 | 2.4 | 0.0 |
| Conduct disorders | 9,041 | 200 | 0.0 | 0.0 | 0.6 | 0.0 |
| Emotional disturbances | ¹ | ¹ | ¹ | ¹ | ¹ | ¹ |
| Hyperkinetic syndrome | 1,058 | 71 | 0.0 | 0.0 | 0.1 | 0.0 |

Footnote

¹Indicates fewer than 300 discharges

Notes

ED = Emergency department

Principal diagnoses total to 100 percent because each visit can have only one diagnosis; principal and/or secondary diagnosis can total to more than 100 percent because a single visit can include both a principal and/or one or more secondary diagnosis.

Source

2005 Nationwide Emergency Department Sample (NEDS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality.

Table II.13 Number of Total Visits to Physicians Offices and Percentage of Visits for Mental Health Problems by Physician Specialty, Age Group, and Primary or Any Mental Disorder Diagnosis: United States, 2006

| Physician Categories | Total Visits | | |
|----------------------------------|------------------------------------|--------------------------|----------------------|
| | Number of Visits for All Diagnosis | Percent of All Visits | |
| | | Primary Mental Diagnosis | Any Mental Diagnosis |
| All Ages¹ | | | |
| General and Family Practice | 208,475,329 | 3.8 | 7.7 |
| Internal Medicine | 125,398,034 | 3.0 | 6.3 |
| Pediatrics | 122,343,757 | 2.9 | 3.8 |
| Obstetrics and Gynecology | 69,435,646 | 0.4 | 1.3 |
| Psychiatry | 25,150,175 | 89.3 | 92.2 |
| All Other Specialties (combined) | 351,151,284 | 0.4 | 1.0 |
| Age 1–21 | | | |
| General and Family Practice | 35,363,179 | 3.7 | 5.3 |
| Internal Medicine | 6,711,526 | 4.5 | 7.6 |
| Pediatrics | 95,078,588 | 3.5 | 4.6 |
| Obstetrics and Gynecology | 8,678,629 | 0.0 | 0.4 |
| Psychiatry | 5,319,066 | 92.6 | 95.8 |
| All Other Specialties (combined) | 25,515,514 | 2.0 | 2.9 |
| Age 22–64 | | | |
| General and Family Practice | 126,297,268 | 4.6 | 9.7 |
| Internal Medicine | 71,630,904 | 3.8 | 8.3 |
| Pediatrics | 1,189,910 | 4.2 | 4.4 |
| Obstetrics and Gynecology | 56,406,085 | 0.5 | 1.5 |
| Psychiatry | 17,570,859 | 89.2 | 91.4 |
| All Other Specialties (combined) | 191,121,746 | 0.3 | 1.0 |
| Age 65+ | | | |
| General and Family Practice | 42,733,393 | 1.9 | 4.3 |
| Internal Medicine | 46,467,965 | 1.6 | 3.3 |
| Pediatrics | 763,501 | 6.5 | 12.9 |
| Obstetrics and Gynecology | 4,340,361 | 0.0 | 0.0 |
| Psychiatry | 2,260,250 | 81.7 | 89.1 |
| All Other Specialties (combined) | 133,271,983 | 0.3 | 0.7 |

Footnote

¹“All Ages” group includes age < 1.

Source

CDC/NCHS, National Ambulatory Medical Care Survey.

Table II.14 Number and Percentage of Visits to Physicians Offices for Mental Health Problems by Physician Specialty, Age Group, and Primary, or Any Mental Diagnosis: United States, 2006

| Physician Categories | Total Visits | | | |
|----------------------------------|--------------------------|----------------------|----------------------|----------------------|
| | All Ages ¹ | | | |
| | Primary Mental Diagnosis | | Any Mental Diagnosis | |
| | Number | Percent Distribution | Number | Percent Distribution |
| All Ages¹ | | | | |
| General and Family Practice | 7,965,847 | 20.2 | 16,023,801 | 28.5 |
| Internal Medicine | 3,790,323 | 9.6 | 7,954,588 | 14.1 |
| Pediatrics | 3,495,279 | 8.9 | 4,668,138 | 8.3 |
| Obstetrics and Gynecology | 278,441 | 0.7 | 891,389 | 1.6 |
| Psychiatry | 22,449,345 | 56.9 | 23,177,565 | 41.2 |
| All Other Specialties (combined) | 1,447,557 | 3.7 | 3,598,828 | 6.4 |
| Total¹ | 39,426,792 | 100 | 56,314,309 | 100 |
| Age 1–21 | | | | |
| General and Family Practice | 1,318,371 | 12.7 | 1,888,951 | 14.9 |
| Internal Medicine | 298,705 | 2.9 | 510,002 | 4.0 |
| Pediatrics | 3,291,427 | 31.8 | 4,412,540 | 34.8 |
| Obstetrics and Gynecology | 0 | 0.0 | 36,922 | 0.3 |
| Psychiatry | 4,924,726 | 47.6 | 5,095,525 | 40.2 |
| All Other Specialties (combined) | 508,791 | 4.9 | 732,943 | 5.8 |
| Total¹ | 10,342,020 | 100 | 12,676,883 | 100 |
| Age 22–64 | | | | |
| General and Family Practice | 5,828,831 | 23.2 | 12,302,131 | 33.1 |
| Internal Medicine | 2,730,112 | 10.9 | 5,925,532 | 15.9 |
| Pediatrics | 49,987 | 0.2 | 52,332 | 0.1 |
| Obstetrics and Gynecology | 278,441 | 1.1 | 854,467 | 2.3 |
| Psychiatry | 15,677,585 | 62.3 | 16,067,549 | 43.2 |
| All Other Specialties (combined) | 588,318 | 2.3 | 1,973,392 | 5.3 |
| Total¹ | 25,153,274 | 100 | 37,175,403 | 100 |
| Age 65+ | | | | |
| General and Family Practice | 818,645 | 21.4 | 1,832,719 | 28.8 |
| Internal Medicine | 761,506 | 19.9 | 1,519,054 | 23.9 |
| Pediatrics | 49,401 | 1.3 | 98,802 | 1.6 |
| Obstetrics and Gynecology | 0 | 0.0 | 0 | 0.0 |
| Psychiatry | 1,847,034 | 48.3 | 2,014,491 | 31.7 |
| All Other Specialties (combined) | 350,448 | 9.2 | 892,493 | 14.0 |
| Total¹ | 3,827,034 | 100 | 6,357,559 | 100 |

Footnote

¹“All Ages” group includes age < 1.

Source

CDC/NCHS, National Ambulatory Medical Care Survey.

Table II. 15 Trends in the Number and Percentage of Prescription Drug Fills by Selected Psychotherapeutic Medication Class, Civilian Noninstitutionalized Population: United States, 1996–2006

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|--|------|------|------|------|------|------|------|------|------|------|------|
| All Prescription Medication Fills (Millions) | | | | | | | | | | | |
| All Psychotherapeutic Medications | 174 | 193 | 206 | 206 | 234 | 280 | 306 | 317 | 340 | 373 | 372 |
| Percent of All RX Fills | 9.3 | 10.3 | 10.4 | 10.0 | 10.8 | 11.2 | 11.4 | 11.3 | 11.6 | 12.4 | 12.0 |
| Antidepressants, All Classes | 80 | 89 | 98 | 99 | 115 | 140 | 158 | 167 | 179 | 191 | 192 |
| Antipsychotics, All Classes | 13 | 17 | 16 | 15 | 20 | 22 | 22 | 21 | 23 | 28 | 30 |
| Antianxiety, Sedatives, Hypnotics | 60 | 64 | 63 | 58 | 64 | 76 | 82 | 79 | 81 | 94 | 87 |
| Stimulants | 14 | 14 | 17 | 18 | 16 | 20 | 21 | 27 | 30 | 30 | 33 |
| Prescription Medication Fills Reported to be for MH/SA Condition (Millions) | | | | | | | | | | | |
| All Psychotherapeutic Medications | 121 | 134 | 146 | 150 | 170 | 197 | 225 | 235 | 251 | 270 | 274 |
| Percent of All RX Fills | 6.5 | 7.2 | 7.4 | 7.2 | 7.9 | 7.9 | 8.3 | 8.4 | 8.5 | 9.0 | 8.8 |
| Antidepressants, All Classes | 59 | 67 | 78 | 78 | 92 | 108 | 127 | 135 | 148 | 155 | 156 |
| Antipsychotics, All Classes | 10 | 13 | 12 | 11 | 16 | 17 | 18 | 17 | 18 | 22 | 24 |
| Antianxiety, Sedatives, Hypnotics | 33 | 32 | 31 | 30 | 33 | 40 | 46 | 41 | 42 | 49 | 47 |
| Stimulants | 12 | 13 | 15 | 17 | 14 | 18 | 18 | 24 | 27 | 27 | 30 |

See notes on page 165.

Notes for Table II.15

Methodology based on S. H. Zuvekas (2005, Jan/Feb), Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001, *Health Affairs*, 24(1), 195–205.

Numbers have been rounded because decimal places set to “0.”

Source

Medical Expenditure Panel Survey 1996–2006, Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality.

Table II.16 Top Three Therapeutic Drug Categories¹ by Insurance Coverage Group, Civilian Noninstitutionalized Population: United States, 1996, 2001, 2006

| Coverage Group/Drug Category | Users (Millions) ² | | | Spending (Millions of 2006 dollars) ³ | | |
|---|-------------------------------|-------------|-------------|--|--------------|---------------|
| | 1996 | 2001 | 2006 | 1996 | 2001 | 2006 |
| Medicare, Age 65+ (Total) | 3.3 | 3.9 | 5.5 | 1,131 | 2,082 | 3,297 |
| Antidepressants, newer | 1.4 | 2.4 | 3.9 | 662 | 1,210 | 2,225 |
| Antianxiety, benzodiazepines | 1.5 | 1.6 | 1.8 | 281 | 417 | 414 |
| Antipsychotics, atypical | 0.0 | 0.1 | 0.3 | *2 | 172 | 354 |
| Medicare, Under Age 65 (Total)⁴ | 1.0 | 1.7 | 2.3 | 621 | 2,763 | 3,264 |
| Antipsychotics, atypical | *2 | 0.4 | 0.7 | *2 | 1,130 | 1,069 |
| Antidepressants, newer | 0.4 | 1.1 | 1.7 | 227 | 922 | 1,385 |
| Antimanics, anticonvulsants | *2 | 0.2 | 0.3 | *2 | 243 | 201 |
| Private Insurance (Total)⁵ | 8.7 | 13.1 | 15.3 | 3,652 | 8,347 | 11,648 |
| Antidepressants, newer | 4.8 | 9.2 | 11.3 | 2,306 | 5,338 | 7,300 |
| Antianxiety, benzodiazepines | 2.6 | 3.1 | 2.9 | 460 | 831 | 565 |
| Stimulants | 1.4 | 1.9 | 2.5 | 540 | 799 | 1,698 |
| Medicaid/Other Public (Total)⁶ | 1.9 | 2.6 | 3.3 | 1,020 | 2,995 | 4,799 |
| Antipsychotics, atypical | 0.1 | 0.5 | 0.8 | *2 | 1,183 | 1,700 |
| Antidepressants, newer | 0.7 | 1.5 | 1.9 | 410 | 968 | 1,446 |
| Antianxiety, benzodiazepines | 0.6 | 0.6 | 0.7 | 128 | 214 | 215 |
| Uninsured (Total) | 1.0 | 1.6 | 2.1 | 349 | 857 | 1,529 |
| Antidepressants, newer | 0.5 | 1.2 | 1.4 | 222 | 508 | 818 |
| Antipsychotics, atypical | *2 | 0.1 | 0.2 | *2 | *2 | 248 |
| Antianxiety, benzodiazepines | 0.3 | 0.5 | 0.6 | *2 | *2 | 169 |

Footnotes

¹Ranked by total expenditures in 2001.

²Adjusted to constant 2006 dollars using the gross domestic product implicit price deflator.

³Estimate suppressed because of large standard error.

⁴Number 3 ranked category in 2006 was antianxiety, benzodiazepines (0.9 million users, \$338 million).

⁵Number 3 ranked category in 2006 was atypical antipsychotics (0.7 million users, \$1,078 million).

⁶Number 3 ranked category in 2006 was stimulants (0.9 million users, \$666 million).

Source

Medicare Expenditure Panel Survey (MEPS), 1996–2001; Center for Financing, Access and Cost Trends (CFACT); Agency for Healthcare Research and Quality (AHRQ); Adapted from Exhibit 4 in S.H. Zuvekas (2005, Jan/Feb), Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205.

Table II.17 Number of Total Residents and Number and Percentage of Nursing Home Residents with a Diagnosis of Mental Illness: United States, 2004

| | Number | Percent |
|--|------------------|----------------|
| Total population of residents | 1,492,207 | 100.0 |
| Number and percent with a primary diagnosis of a mental illness | 101,667 | 6.8 |
| Number and percent with any diagnosis of a mental illness | 734,139 | 49.2 |
| Total population of residents aged 64 or younger | 174,915 | 11.7 |
| Number and percent with a primary diagnosis of a mental illness | 22,636 | 12.9 |
| Number and percent with any diagnosis of a mental illness | 98,184 | 56.1 |
| Total population of residents age 65 or older | 1,317,292 | 88.3 |
| Number and percent with a primary diagnosis of a mental illness | 79,031 | 6.0 |
| Number and percent with any diagnosis of a mental illness | 635,955 | 48.3 |

Note

Mental Illness defined as having ICD9 diagnosis codes 295–302, 306–314.

Source

2004 National Nursing Home Survey.

Table II.18 Percentage Distribution of Primary or Any Mental Illness Diagnoses for Nursing Home Residents: United States, 2004

| | | Primary Diagnosis | Any Diagnosis¹ |
|---------------------------|--|------------------------------|----------------------------------|
| Diagnosis Code | Total Number | 101,667 | 1,027,511 |
| | Total Percent | 100.0 | 100.0 |
| 295 | Schizophrenic disorders | 32.3 | 6.6 |
| 296 | Affective psychoses | 8.7 | 4.7 |
| 297 | Delusional disorders | 1.1 | 2.7 |
| 298 | Other nonorganic psychoses | 12.1 | 9.1 |
| 299 | Psychoses with origin specific to childhood | 0.1 | 0.0 |
| 300 | Neurotic disorders | 6.9 | 17.6 |
| 301 | Personality disorders | 0.1 | 1.0 |
| 302 | Sexual deviations and disorders | 0.1 | 0.1 |
| 306 | Physiological malfunction arising from mental factors | 0.0 | 0.0 |
| 307 | Special symptoms or syndromes, not elsewhere classified | 0.8 | 2.8 |
| 308 | Acute reaction to stress | 0.0 | 0.2 |
| 309 | Adjustment reaction | 0.0 | 0.4 |
| 310 | Specific nonpsychotic mental disorders due to organic brain damage | 16.2 | 5.4 |
| 311 | Depressive disorders, not elsewhere classified | 21.4 | 48.7 |
| 312 | Disturbance of conduct, not elsewhere classified | 0.0 | 0.5 |
| 313 | Disturbance of emotions specific to childhood and adolescence | 0.0 | 0.0 |
| 314 | Hyperkinetic syndrome of childhood | 0.2 | 0.1 |

Footnote

¹Because some residents may have more than one mental illness, the total represents the number of diagnoses, not an unduplicated count of residents.

Source

2004 National Nursing Home Survey.

Table II.19 Percentage of All Schools that Provided Mental Health, Social, or Prevention Services, and Methods of Service Delivery: United States, 2006

| Type of Service | Percent of All Schools Providing Services |
|--|---|
| Mental health or social service¹ | |
| Alcohol- or other drug-use treatment ² | 53.8 |
| Assistance with enrolling in Medicaid or SCHIP | 46.1 |
| Assistance with enrolling in WIC or accessing food stamps or food banks ² | 49.9 |
| Counseling after a natural disaster or other emergency or crisis situation | 94.2 |
| Crisis for emotional or behavioral disorders (e.g., anxiety, depression, ADHD) | 86.2 |
| Crisis intervention for personal problems | 95.4 |
| Eating disorders treatment ² | 46.2 |
| HIV counseling, testing, and referral ² | 40.7 |
| Identification of emotional or behavioral disorders (e.g., anxiety, depression, ADHD) | 81.7 |
| Identification of or referral for physical, sexual, or emotional abuse | 93.8 |
| Identification of or referral for students with family problems | 94.0 |
| Job readiness skills problems ² | 56.8 |
| Referrals for afterschool programs (e.g., day care, supervised recreation) | 60.0 |
| Referrals for child care for teen mothers | 57.6 |
| Services for gay, lesbian, or bisexual students ² | 59.0 |
| Stress management | 83.6 |
| Tobacco-use cessation ² | 60.2 |
| Weight management | 34.5 |
| Prevention service in one-on-one small group sessions¹ | |
| Alcohol- or other drug-use prevention | 73.0 |
| HIV prevention ² | 54.4 |
| Injury prevention and safety counseling | 60.9 |
| Nutrition and dietary behavior counseling | 42.9 |
| Physical activity and fitness counseling | 35.7 |
| Pregnancy prevention ² | 60.4 |
| STD Prevention ² | 55.6 |
| Suicide prevention | 82.6 |
| Tobacco-use prevention | 64.1 |
| Violence prevention | 90.7 |
| Method of service delivery¹ | |
| Case management for students with chronic health conditions (e.g., asthma, diabetes) | 40.3 |
| Case management for students with emotional or behavioral problems (e.g., anxiety, depression, ADHD) | 83.7 |
| Comprehensive assessment or intake evaluation | 65.1 |
| Family counseling | 49.7 |
| Group counseling | 78.6 |
| Individual counseling | 92.9 |
| Peer counseling or mediation | 67.9 |
| Self-help or support groups | 64.4 |

See footnotes and note on page 170.

Footnotes for Table II.19

¹Services provided by mental health and social services staff such as counselors, psychologists, and social workers. Did not include activities by teachers in the classroom or activities by nurses or physicians.

²Only asked among middle schools and high schools.

Note

ADHD, attention deficit hyperactivity disorder; HIV, human immunodeficiency virus; SCHIP, State Children's Health Insurance Program; STD, sexually transmitted disease.

Source

Percentage of All Schools that Provided Mental Health and Social Services, Prevention Services, and Methods of Service Delivery, SHPPS 2006, Table 4. Brener, N. D., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the School Health Policies and Programs Study 2006. *J Sch Health*, 77, 486–499. Available at: <http://www.cdc.gov/HealthyYouth/shpps/index.htm>.

Table II.20 Number and Percentage of Inmates in State and Federal Correctional Facilities (2004) and in Local Jails (2002) Who had a Mental Health Problem, by Gender, Race/Ethnicity, and Age: United States

| Any Mental Health Problem ¹ | State Prison Inmates, 2004 | | Federal Prison Inmates, 2004 | | Local Jail Inmates, 2002 | |
|--|----------------------------|-------------------------------------|------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| | Total Number | Percent with Mental Health Problems | Total Number | Percent with Mental Health Problems | Total Number | Percent with Mental Health Problems |
| All Inmates | 681,600 | 56.2 | 56,600 | 44.8 | 398,800 | 64.2 |
| Gender | | | | | | |
| Male | 622,000 | 55.0 | 51,100 | 43.6 | 344,700 | 62.8 |
| Female | 59,600 | 73.1 | 5,500 | 61.2 | 54,100 | 75.4 |
| Race/ethnicity ² | | | | | | |
| White ³ | 265,700 | 62.2 | 16,500 | 49.6 | 159,000 | 71.2 |
| Black ³ | 268,000 | 54.7 | 25,000 | 45.9 | 157,100 | 63.4 |
| Hispanic | 102,100 | 46.3 | 11,600 | 36.8 | 57,900 | 50.7 |
| Other ^{3,4} | 45,800 | 61.9 | 3,600 | 50.3 | 23,400 | 69.5 |
| Age | | | | | | |
| 24 or younger | 132,100 | 62.6 | 6,600 | 57.8 | 131,000 | 70.3 |
| 25–34 | 231,500 | 57.9 | 23,400 | 48.2 | 127,600 | 64.8 |
| 35–44 | 206,000 | 55.9 | 14,500 | 40.1 | 100,400 | 62.0 |
| 45–54 | 87,700 | 51.3 | 9,100 | 41.6 | 32,500 | 52.5 |
| 55 or older | 24,200 | 39.6 | 3,000 | 36.1 | 7,200 | 52.4 |

See footnotes and notes on page 172.

Footnotes for Table II.20

¹Any mental health problem was defined by two measures: a recent history of a mental health problem, either in the year before arrest or since admission, or symptoms of a mental health problem that occurred within the 12 months prior to the interview. A recent history of mental health problem included inmates self-reporting they were diagnosed with a mental health problem by a mental health professional or that they received treatment for a mental health problem by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).

²Not reported by an estimated 1,400 jail inmates who had a mental health problem.

³Excludes persons of Hispanic origin.

⁴Includes American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders, and inmates who specified more than one race.

Notes

Details may not sum to totals due to rounding.

Number refers to the actual number of inmates who have mental health problems by the demographic category indicated, Percent refers to inmates with mental health problems as a proportion of the total number of prisoners in each demographic category.

Sources

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. (NCJ-213600). Bureau of Justice Statistics Special Report. Table 3. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=789>.

Survey of Inmates in State and Federal Correctional Facilities (2004) and Survey of Inmates in Local Jails (2002), Bureau of Justice Statistics (BJS), Washington, DC. Unpublished data delivered upon special request by Lauren E. Glaze, BJS Statistician, and verified by Tracy L. Snell, BJS Statistician. March 2, 2009.

Table II.21 Number and Percentage of Inmates in State Correctional Facilities Receiving Mental Health Treatment, by Type of Treatment: United States and Each State, 2000

| States | 24-Hour Mental Health Care | | Therapy/Counseling | | Psychotropic Medications | |
|----------------------|----------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| | Number Receiving Care | Percent of Total Inmates | Number Receiving Care | Percent of Total Inmates | Number Receiving Care | Percent of Total Inmates |
| Alabama | 556 | 2.5 | 1,768 | 8.4 | 1,078 | 4.9 |
| Alaska | 93 | 2.9 | 286 | 10.8 | 238 | 9.0 |
| Arizona | 378 | 1.4 | 3,874 | 14.7 | 2,194 | 8.3 |
| Arkansas | 82 | 0.8 | 1,117 | 10.7 | 424 | 4.1 |
| California | 3,144 | 2.1 | 18,863 | 12.5 | 15,831 | 10.5 |
| Colorado | 274 | 1.8 | 2,213 | 14.9 | 2,180 | 14.2 |
| Connecticut | 341 | 2.3 | 2,596 | 17.8 | 1,659 | 11.4 |
| Delaware | 2 | 0.0 | 801 | 14.5 | 739 | 12.5 |
| District of Columbia | 38 | 1.6 | 503 | 21.1 | 213 | 8.9 |
| Florida | 191 | 0.3 | 10,689 | 14.9 | 7,764 | 10.8 |
| Georgia | 2,070 | 4.8 | 5,302 | 12.1 | 4,659 | 10.6 |
| Hawaii | 120 | 3.2 | 100 | 2.7 | 746 | 19.8 |
| Idaho | 1 | 0.0 | 547 | 14.3 | 728 | 19.1 |
| Illinois | 672 | 1.5 | 4,374 | 9.9 | 2,954 | 6.7 |
| Indiana | 354 | 1.9 | 4,281 | 23.5 | 2,392 | 13.1 |
| Iowa | 134 | 1.5 | 1,293 | 14.3 | 1,122 | 12.4 |
| Kansas | 218 | 2.4 | 2,075 | 23.1 | 1,518 | 16.9 |
| Kentucky | 126 | 1.0 | 2,626 | 21.9 | 2,296 | 18.5 |
| Louisiana | 201 | 1.2 | 5,062 | 27.0 | 1,626 | 8.7 |
| Maine | 26 | 2.8 | 538 | 33.0 | 367 | 23.5 |
| Maryland | 253 | 1.3 | 2,829 | 14.9 | 2,344 | 12.4 |
| Massachusetts | 309 | 3 | 2,271 | 21.8 | 1,331 | 12.7 |
| Michigan | 760 | 1.7 | 4,678 | 10.5 | 2,161 | 4.8 |
| Minnesota | 32 | 0.4 | 1,222 | 16.4 | 1,312 | 17.6 |
| Mississippi | 580 | 3.9 | 1,607 | 10.9 | 1,935 | 13.1 |
| Missouri | 12 | 0.0 | 3,331 | 11.9 | 1,054 | 3.8 |
| Montana | 13 | 0.6 | 268 | 12.0 | 478 | 21.4 |
| Nebraska | 84 | 2.4 | 982 | 28.0 | 691 | 19.7 |
| Nevada | 54 | 0.8 | 599 | 10.6 | 529 | 7.7 |
| New Hampshire | 92 | 4.9 | 387 | 20.7 | 228 | 12.2 |
| New Jersey | 467 | 1.8 | 2,308 | 9.2 | 2,541 | 9.4 |
| New Mexico | 138 | 2.7 | 803 | 15.6 | 427 | 8.5 |
| New York | 262 | 0.4 | 6,888 | 10.2 | 4,539 | 6.7 |
| North Carolina | 715 | 2.5 | 3,747 | 13.2 | 2,783 | 10.2 |
| North Dakota | * | * | * | * | 247 | 39.3 |
| Ohio | 1,042 | 2.2 | 7,165 | 15.0 | 4,921 | 10.3 |
| Oklahoma | 187 | 0.8 | 3,349 | 14.6 | 2,716 | 11.8 |
| Oregon | 65 | 0.8 | 2,032 | 21.8 | 1,796 | 19.6 |
| Pennsylvania | 178 | 0.5 | 4,761 | 13.0 | 3,891 | 10.6 |
| Rhode Island | 10 | 0.3 | * | * | * | * |
| South Carolina | 39 | 0.2 | 1,122 | 5.3 | 28 | 1.1 |
| South Dakota | 43 | 1.7 | 577 | 22.3 | 420 | 16.2 |
| Tennessee | 399 | 2.2 | 430 | 6.5 | 1,811 | 9.9 |
| Texas | 1,638 | 1.5 | 9,599 | 7.7 | 7,838 | 6.2 |
| Utah | 22 | 1.8 | 306 | 29.0 | 239 | 19.8 |
| Vermont | 30 | 3.0 | 350 | 34.9 | 284 | 28.3 |
| Virginia | 0 | 0 | 3,215 | 10.6 | 2,540 | 8.4 |
| Washington | 381 | 2.6 | * | * | 1,925 | 13.1 |
| West Virginia | 29 | 1.0 | 353 | 12.6 | 486 | 16.1 |
| Wisconsin | 492 | 3.2 | 2,483 | 20.4 | 2,735 | 18.0 |
| Wyoming | 7 | 0.3 | 815 | 37.3 | 378 | 17.3 |
| United States | 17,354 | 1.6 | 137,385 | 12.8 | 105,336 | 9.7 |

See notes on page 174.

Notes for Table II.21

* Data not reported

Percents based on the number of inmates held in facilities reporting data. Totals vary by item: 1,073,455 for 24-hour care; 1,069,605 for therapy/counseling; and 1,088,023 for use of medications.

Based on facilities reporting use of psychotropic medications.

Source

Beck, A. J., & Maruschak, L. M. (2001). *Mental health treatment in state prisons, 2000*, Appendix B, Inmates receiving mental health treatment in state correctional facilities, June 30, 2000. (NCJ 188215). Washington, DC: U.S. Department of Justice. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=788>.

Table II.22 Number and Percentage of State Correctional Facilities Offering Various Mental Health Services, by Type of Facility: United States, 2000

| Mental Health Service | All Facilities | | Confinement Facilities | | Community-Based Facilities | |
|---------------------------------------|----------------|---------------------------|------------------------|---------------------------|----------------------------|---------------------------|
| | Total Number | Percent Offering Services | Total Number | Percent Offering Services | Total Number | Percent Offering Services |
| Any screening/treatment | 1,394 | 91.8 | 1,047 | 95.4 | 347 | 82.2 |
| Screen inmates at intake | 1,055 | 69.5 | 855 | 77.9 | 200 | 47.4 |
| Conduct psychiatric assessments | 990 | 65.2 | 864 | 78.8 | 126 | 29.9 |
| Provide 24-hour mental health care | 776 | 51.1 | 693 | 63.2 | 83 | 19.7 |
| Provide therapy/counseling | 1,073 | 70.6 | 926 | 84.4 | 147 | 34.8 |
| Distribute psychotropic medications | 1,115 | 73.4 | 910 | 83 | 205 | 48.6 |
| Help released inmates obtain services | 1,006 | 66.2 | 790 | 72 | 216 | 51.2 |
| No screening/treatment | 125 | 8.2 | 50 | 4.6 | 75 | 17.8 |
| Not reported | 39 | 2.5 | 12 | 1.1 | 27 | 6 |
| Total | 1,558 | | 1,109 | | 449 | |

Source

Beck, A. J., & Maruschak, L. M. (2001). *Mental health treatment in state prisons, 2000*, Appendix B, Inmates receiving mental health treatment in state correctional facilities, June 30, 2000. (NCJ 188215). Washington, DC: U.S. Department of Justice. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=788>.

Table II.23 Selected Characteristics of Mental Health and Substance Abuse Services Provided by Community Health Centers: United States, 2007

| Services Offered | Delivery Method | | | | | | | |
|--|---------------------|-----------------|--------------------------|-----------------|----------------------------------|-----------------|---|--|
| | Provided by Grantee | | By Referral/Grantee Pays | | By Referral/Grantee Does Not Pay | | Provides One or More Delivery Method | |
| | Number of CHCs | Percent of CHCs | Number of CHCs | Percent of CHCs | Number of CHCs | Percent of CHCs | Number with One or More Delivery Method | Percent with One or More Delivery Method |
| Mental Health/Substance Abuse Services | | | | | | | | |
| All Community Health Centers (CHCs) | 1,067 | | 1,067 | | 1,067 | | 1,067 | |
| Mental Health Treatment/ Counseling | 822 | 77.0 | 129 | 12.1 | 816 | 76.5 | 1,058 | 99.2 |
| Developmental Screening | 765 | 71.7 | 54 | 5.1 | 685 | 64.2 | 1,044 | 97.8 |
| 24-Hour Crisis Intervention/ Counseling | 211 | 19.8 | 39 | 3.7 | 947 | 88.8 | 1,030 | 96.5 |
| Other Mental Health Services | 513 | 48.1 | 77 | 7.2 | 833 | 78.1 | 1,022 | 95.8 |
| Substance Abuse Treatment/ Counseling | 543 | 50.9 | 93 | 8.7 | 907 | 85.0 | 1,047 | 98.1 |
| Other Substance Abuse Services | 367 | 34.4 | 69 | 6.5 | 905 | 84.8 | 1,019 | 95.5 |
| Comprehensive Mental Health/ Substance Abuse Screening | 450 | 42.2 | 57 | 5.3 | 815 | 76.4 | 1,003 | 94.0 |

See notes on page 177.

Notes for Table II.23

Community health centers (CHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas. (The Health Center Program, U.S. Department of Health and Human Services, Health Resources and Services Administration. Available at <http://bphc.hrsa.gov/about/>).

"Grantees" refers to receipt of a grant from the United States Health Resources and Services Administration (HRSA) to deliver services.

All numbers are potentially duplicated because all centers can offer more than one service.

Source

National Rollup Report. Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS). U.S. Department of Health and Human Services. Health Resources and Services Administration.

Table II.24 Selected Characteristics of Mental Health and Substance Abuse Service Providers and Encounters, Community Health Centers: United States, 2007

| Provider/Services | Service Providers FTE | | | Encounters | | | Patients | | |
|----------------------------------|-----------------------|------------------------------|-----------------------------|----------------------|------------------------------------|-----------------------------------|------------------------------|---------|--|
| | Number of FTEs | Percent Distribution of FTEs | Percent of All FTEs in CHCs | Number of Encounters | Percent Distribution of Encounters | Percent of All Encounters in CHCs | Number of Encounters per FTE | Number | Percent of All Unduplicated Patients in CHCs |
| Type of Provider | | | | | | | | | |
| Psychiatrists | 264 | 9.7 | 0.3 | 700,293 | 25.6 | 1.1 | 2,651 | | |
| Licensed Mental Health Providers | 1,504 | 55.4 | 1.4 | 1,432,317 | 52.3 | 2.3 | 952 | | |
| Other Mental Health Staff | 945 | 34.8 | 0.9 | 605,798 | 22.1 | 1.0 | 641 | | |
| All Types of Service | | | | | | | | | |
| Mental Health | 2,714 | 100.0 | 2.6 | 2,738,408 | 100.0 | 4.3 | 1,009 | 527,173 | 3.3 |
| Substance Abuse | 698 | 100.0 | 0.7 | 972,857 | 100.0 | 1.5 | 1,393 | 90,570 | 0.6 |
| Other Professional | 714 | 100.0 | 0.7 | 1,037,186 | 100.0 | 1.6 | 1,454 | 434,943 | 2.7 |
| Pharmacy | 2,166 | 100.0 | 2.1 | | 100.0 | | | | |
| Total FTE Staff | 104,923 | 100.0 | | | | | | | |

See notes on page 179.

Notes for Table II.24

Community health centers (CHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid Programs and serve a variety of underserved populations and areas (The Health Center Program, U.S. Department of Health and Human Services, Health Resources and Services Administration. Available at <http://bphc.hrsa.gov/about/>).

FTE is the number of hours that defines full time employment.

Source

National Rollup Report. Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS). U.S. Department of Health and Human Services, Health Resources and Services Administration.

Table II.25 Number and Percentage of Encounters and Patients Receiving Mental Health Services, Community Health Centers: United States, 2007

| Diagnostic Category | Encounters | | | Patients | | | Encounters per Patient |
|--|----------------------|-----------------------------|--|--------------------|-------------------------|---|------------------------|
| | Number of Encounters | Percent of Total Encounters | Percent Distribution of Mental Health Encounters | Number of Patients | Percent of All Patients | Percent Distribution of Mental Health Diagnoses | Encounters per Patient |
| All Diagnoses | 47,037,267 | 100.0 | | 13,962,680 | | | 3.4 |
| Mental health diagnoses | 4,450,166 | 9.5 | 100.0 | 1,357,188 | 9.7 | 100.0 | 3.3 |
| Alcohol-related disorders | 338,382 | 0.7 | 7.6 | 69,076 | 0.5 | 5.1 | 4.9 |
| Other substances-related disorders (excluding tobacco use disorders) | 579,997 | 1.2 | 13.0 | 79,664 | 0.6 | 5.9 | 7.3 |
| Depression and other mood disorders | 1,557,220 | 3.3 | 35.0 | 506,442 | 3.6 | 37.3 | 3.1 |
| Anxiety disorders including PTSD | 595,093 | 1.3 | 13.4 | 257,997 | 1.8 | 19.0 | 2.3 |
| Attention deficit and disruptive behavior disorders | 414,651 | 0.9 | 9.3 | 129,460 | 0.9 | 9.5 | 3.2 |
| Other mental disorders, excluding drug or alcohol dependence (includes mental retardation) | 964,823 | 2.1 | 21.7 | 314,549 | 2.3 | 23.2 | 3.1 |

See note on page 181.

Note for Table II.25

Community health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas (The Health Center Program, U.S. Department of Health and Human Services, Health Resources and Services Administration. Available at: <http://bphc.hrsa.gov/about/>).

Source

National Rollup Report. Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS). U.S. Department of Health and Human Services, Health Resources and Services Administration.

Table II.26 Number and Percentage Distribution of Ambulatory Care Visits by Type of Mental Health Diagnosis and by Setting: United States, 2005–2006

| Diagnostic Group | Type of Setting | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------|----------------------|----------------------|----------------------------|---------------------------|---------------------------------|--------------------------------|--------------|----------------------|----------------------------|---------------------------|---------------------------------|--------------------------------|--------------|---------------------------------|----------------------------|---------------------------|---------------------------------|--------------------------------|--|--|--|
| | All settings | | Primary Care Offices | | | | Surgical Specialty Offices | | | | Medical Specialty Offices | | | | Hospital Outpatient Departments | | | | Hospital Emergency Departments | | | |
| | Number of Visits (1,000s) | Percent Distribution | Primary Care Offices | Surgical Specialty Offices | Medical Specialty Offices | Hospital Outpatient Departments | Hospital Emergency Departments | All Settings | Primary Care Offices | Surgical Specialty Offices | Medical Specialty Offices | Hospital Outpatient Departments | Hospital Emergency Departments | All Settings | Primary Care Offices | Surgical Specialty Offices | Medical Specialty Offices | Hospital Outpatient Departments | Hospital Emergency Departments | | | |
| All Visits | 1,146,343 | 100.0 | 549,388 | 188,955 | 194,443 | 96,301 | 117,257 | 100.0 | 47.9 | 16.5 | 17.0 | 8.4 | 10.2 | 100.0 | 47.9 | 16.5 | 17.0 | 8.4 | 10.2 | | | |
| Mental disorder | 55,690 | 4.9 | 17,520 | 321 | 26,492 | 7,216 | 4,141 | 100.0 | 31.5 | 0.6 | 47.6 | 13.0 | 7.4 | 100.0 | 31.5 | 0.6 | 47.6 | 13.0 | 7.4 | | | |
| Schizophrenic disorders | 2,517 | 0.2 | * | - | 1,649 | 534 | 199 | 100.0 | *5.4 | ... | 65.5 | 21.2 | 7.9 | 100.0 | *5.4 | ... | 65.5 | 21.2 | 7.9 | | | |
| Major depressive disorder | 8,497 | 0.7 | * | - | 6,714 | 1,070 | 211 | 100.0 | 5.9 | ... | 79.0 | 12.6 | 2.5 | 100.0 | 5.9 | ... | 79.0 | 12.6 | 2.5 | | | |
| Other psychoses | 8,784 | 0.8 | 1,278 | * | 5,506 | 1,228 | 755 | 100.0 | 14.6 | *0.2 | 62.7 | 14.0 | 8.6 | 100.0 | 14.6 | *0.2 | 62.7 | 14.0 | 8.6 | | | |
| Anxiety states | 6,980 | 0.6 | 3,452 | * | 2,290 | 538 | 669 | 100.0 | 49.5 | *0.4 | 32.8 | 7.7 | 9.6 | 100.0 | 49.5 | *0.4 | 32.8 | 7.7 | 9.6 | | | |
| Neurotic depression | 3,392 | 0.3 | 1,277 | * | 1,676 | 342 | 58 | 100.0 | 37.7 | *1.1 | 49.4 | 10.1 | 1.7 | 100.0 | 37.7 | *1.1 | 49.4 | 10.1 | 1.7 | | | |
| Alcohol dependence syndrome | 530 | 0.0 | * | - | * | 245 | 127 | 100.0 | *22.3 | ... | *7.5 | 46.3 | 23.9 | 100.0 | *22.3 | ... | *7.5 | 46.3 | 23.9 | | | |
| Primary Diagnosis Group (ICD-9-CM Code(s))¹ Visits | 1,123,354 | | | | | | | 100.0 | 46.8 | 15.8 | 17.7 | 9.1 | 10.6 | 100.0 | 46.8 | 15.8 | 17.7 | 9.1 | 10.6 | | | |
| Psychoses, excluding major depressive disorder: 290295, 296.0–296.1, 296.4–299 | 10,932 | | | | | | | 100.0 | 14.6 | <1* | 59.6 | 16.9 | 8.8 | 100.0 | 14.6 | <1* | 59.6 | 16.9 | 8.8 | | | |

See footnote and notes on page 183.

Footnote for Table II.26

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification. However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

Notes

* = Low precision; no estimate reported or exhibit does not meet standards of reliability or precision.

- Quantity zero

... Category not applicable

0.0 Quantity more than zero but less than 0.05

Numbers may not add to totals because of rounding. Figures are annual averages. The 2006 National Ambulatory Medical Care Survey included a sample of community health centers (CHCs). In addition to the traditional sample of office-based physicians.

Source

CDC/NCHS, National Ambulatory Medical Care Survey.

Table II.27 Number and Percentage of Patients Aged 12 to 17 with a Past-Year Major Depressive Episode Who Received Particular Types of Care by Selected Characteristics: 2006 and 2007

| Selected Characteristic | Type of Past-Year Treatment for Depression ¹ | | | | | | | | | | | | | | | |
|--|---|-------------------|-----------------|---------|--|-------------------|-----------------|---------|-----------------------------------|---------|-----------------|---------|--|------------------|-----------------|---------|
| | Saw or Talked to Medical Doctor or Other Professional OR Used Prescription Medication | | | | Saw or Talked to Medical Doctor or Other Professional Only | | | | Used Prescription Medication Only | | | | Saw or Talked to Medical Doctor or Other Professional AND Used Prescription Medication | | | |
| | 2006 | | 2007 | | 2006 | | 2007 | | 2006 | | 2007 | | 2006 | | 2007 | |
| | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent |
| Total | 762 | 38.9 | 781.0 | 38.9 | 468 | 23.9 | 412.0 | 20.5 | 42 | 2.1 | 49.0 | 2.5 | 249 ² | 12.7 | 313.0 | 15.6 |
| Gender | | | | | | | | | | | | | | | | |
| Male | 190 | 35.4 | 213.0 | 36.7 | 121 | 22.5 | 105.0 | 18.0 | 17 | 3.1 | 17.0 | 2.9 | 50 ² | 9.4 | 91.0 | 15.7 |
| Female | 572 | 40.3 | 568.0 | 39.9 | 347 | 24.5 | 308.0 | 21.6 | 25 | 1.8 | 32.0 | 2.3 | 199 | 14.0 | 222.0 | 15.6 |
| Hispanic Origin or Race | | | | | | | | | | | | | | | | |
| Not Hispanic or Latino | 635 | 39.6 | 690.0 | 41.0 | 368 | 22.9 | 357.0 | 21.2 | 37 | 2.3 | 42.0 | 2.5 | 227 ² | 14.1 | 285.0 | 16.9 |
| White | 502 | 41.4 | 543.0 | 42.6 | 266 | 22.0 | 245.0 | 19.2 | 31 | 2.6 | 36.0 | 2.8 | 203 | 16.8 | 258.0 | 20.2 |
| Black or African American | 70 ² | 29.0 ² | 117.0 | 39.9 | 61 | 25.1 | 92.0 | 31.6 | 4 | 1.5 | 4.0 | 1.4 | 5 | 2.2 | 19.0 | 6.7 |
| Other or Two or More Races | * | * | * | * | * | * | * | * | * | * | 2.0 | 1.6 | * | * | 8.0 | 6.5 |
| Hispanic or Latino | 127 | 36.0 | 91.0 | 28.1 | 100 ² | 28.3 ² | 55.0 | 17.0 | * | * | 7.0 | 2.3 | 22 | 6.3 | 28.0 | 8.8 |
| Family Income | | | | | | | | | | | | | | | | |
| Less than \$20,000 | 113 | 34.7 | 135.0 | 39.9 | 84 | 26.0 | 85.0 | 25.3 | 7 | 2.0 | 6.0 | 1.8 | 22.2 | 6.6 ² | 43.0 | 12.8 |
| \$20,000-\$49,999 | 276 | 37.5 | 265.0 | 38.2 | 170 | 23.1 | 154.0 | 22.1 | 17 | 2.3 | 19.0 | 2.7 | 88 | 11.9 | 88.0 | 12.7 |
| \$50,000-\$74,999 | 140 | 43.2 | 127.0 | 36.1 | 80 | 24.7 | 67.0 | 19.1 | 12 | 3.6 | 11.0 | 3.2 | 49 | 14.9 | 47.0 | 13.5 |
| \$75,000 or More | 232 | 40.7 | 254.0 | 40.8 | 133 | 23.4 ² | 106.0 | 17.1 | 7 | 1.2 | 13.0 | 2.1 | 91 ² | 15.9 | 135.0 | 21.6 |
| Government Assistance² | | | | | | | | | | | | | | | | |
| Yes | 177 | 40.4 | 183.0 | 45.0 | 120 | 27.4 | 107.0 | 26.3 | 11 | 2.5 | 11.0 | 2.7 | 45 | 10.3 | 61.0 | 15.0 |
| No | 584 | 38.5 | 598.0 | 37.4 | 348 | 22.9 | 306.0 | 19.1 | 31 | 2.0 | 38.0 | 2.4 | 204 | 13.4 | 253.0 | 15.7 |
| Health Insurance³ | | | | | | | | | | | | | | | | |
| Private | 474 | 38.5 | 535.0 | 40.6 | 267 | 21.7 | 268.0 | 20.3 | 18 | 1.4 | 31.0 | 2.4 | 188 | 15.3 | 234.0 | 17.8 |
| Medicaid/CHIP ⁴ | 216 | 41.0 | 224.0 | 42.9 | 147 | 27.7 | 126.0 | 24.1 | 16 | 3.0 | 19.0 | 3.5 | 54 | 10.1 | 75.0 | 14.5 |
| Other ⁵ | * | * | * | * | * | * | * | * | * | * | * | * | 5 | 4.0 | * | * |
| No Coverage | 56.3 | 32.6.2 | 25.0 | 17.2 | 32.2 | 18.9 | 14.0 | 9.4 | 8 | 4.6 | 2.0 | 1.6 | 15 | 8.9 | 9.0 | 5.8 |

See footnotes and notes on page 185.

Footnotes for Table II.27

¹Respondents with unknown past year treatment data were excluded.

²Difference between estimate and 2007 estimate is statistically significant at the 0.05 level.

³Difference between estimate and 2007 estimate is statistically significant at the 0.01 level.

⁴Government assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families [TANF]), noncash assistance, or food stamps. CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁵Respondents could indicate multiple types of health insurance so these response categories are not mutually exclusive. Other health insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance.

Notes

* = Low precision; no estimate reported.

Major Depressive Episode (MDE) is defined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007.

Table II.28 Number and Percentage of Patients Aged 18 or Older with a Past-Year Major Depressive Episode Who Received Particular Types of Care by Selected Characteristics: 2006 and 2007

| Selected Characteristic | Type of Past-Year Treatment for Depression ¹ | | | | | | | | | | | | | | | |
|--|---|---------|-----------------|---------|--|---------|-----------------|---------|-----------------------------------|---------|-----------------|---------|--|---------|-----------------|---------|
| | Saw or Talked to Medical Doctor or Other Professional OR Used Prescription Medication | | | | Saw or Talked to Medical Doctor or Other Professional Only | | | | Used Prescription Medication Only | | | | Saw or Talked to Medical Doctor or Other Professional AND Used Prescription Medication | | | |
| | 2006 | | 2007 | | 2006 | | 2007 | | 2006 | | 2007 | | 2006 | | 2007 | |
| | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent | Number (1,000s) | Percent |
| Total | 10,916 | 69.13 | 10,621 | 64.5 | 2,573 | 16.3 | 2,545 | 15.5 | 760 | 4.8 | 755 | 4.6 | 7,555 | 47.9 | 7,284 | 44.4 |
| Gender | | | | | | | | | | | | | | | | |
| Male | 3,410 | 60.8 | 3,243 | 57.8 | 980 | 17.5 | 884 | 15.8 | 229 | 4.1 | 245 | 4.4 | 2,200 | 39.3 | 2,114 | 37.7 |
| Female | 7,506 | 73.73 | 7,378 | 68.0 | 1,593 | 15.6 | 1,661 | 15.3 | 531 | 5.2 | 510 | 4.7 | 5,356 | 52.72 | 5,171 | 47.8 |
| Hispanic Origin or Race | | | | | | | | | | | | | | | | |
| Not Hispanic or Latino | 10,117 | 71.03 | 9,624 | 65.9 | 2,288 | 16.1 | 2,176 | 14.9 | 703 | 4.9 | 676 | 4.6 | 7,099 | 49.9 | 6,734 | 46.2 |
| White | 8,732 | 73.33 | 8,456 | 68.5 | 1,871 | 15.7 | 1,682 | 13.6 | 657 | 5.5 | 609 | 4.9 | 6,202 | 52.1 | 6,151 | 49.9 |
| Black or African American | 948 | 60.1 | 806 | 53.0 | 312 | 19.8 | 335 | 22.3 | 36 | 2.3 | 45 | 3.0 | 576 | 37.0 | 404 | 27.0 |
| Other or Two or More Races | 437 | 57.0 | * | * | 104 | 13.5 | 160 | 21.7 | 11 | 1.4 | 22 | 3.0 | 322.2 | 42.02 | 180 | 24.5 |
| Hispanic or Latino | 799 | 51.8 | 997 | 53.9 | 285 | 18.5 | 368 | 19.9 | 57 | 3.7 | 79 | 4.3 | 456 | 29.6 | 550 | 29.7 |
| Family Income | | | | | | | | | | | | | | | | |
| Less Than \$20,000 | 2,721 | 69.0 | 2,819 | 69.4 | 688 | 17.5 | 606 | 15.0 | 255 | 6.5 | 254 | 6.3 | 1,753 | 44.7 | 1,922 | 47.8 |
| \$20,000-\$49,999 | 3,934 | 67.62 | 3,495 | 61.6 | 811 | 13.9 | 925 | 16.3 | 277 | 4.8 | 198 | 3.5 | 2,846 | 48.92 | 2,372 | 41.8 |
| \$50,000-\$74,999 | 1,735 | 70.6 | 1,944 | 64.6 | 360 | 14.7 | 469 | 15.6 | 122 | 5.0 | 116 | 3.8 | 1,251 | 51.0 | 1,360 | 45.2 |
| \$75,000 or More | 2,527 | 70.6 | 2,362 | 63.5 | 713 | 19.9 | 545 | 14.7 | 107 | 3.0 | 186 | 5.0 | 1,706 | 47.6 | 1,631 | 43.9 |
| Government Assistance² | | | | | | | | | | | | | | | | |
| Yes | 2,775 | 70.9 | 2,937 | 73.3 | 620 | 15.8 | 488 | 12.2 | 183 | 4.7 | 254 | 6.3 | 1,947 | 50.0 | 2,168 | 54.4 |
| No | 8,141 | 68.53 | 7,683 | 61.7 | 1,953 | 16.4 | 2,057 | 16.5 | 577 | 4.9 | 501 | 4.0 | 5,609 | 47.23 | 5,116 | 41.1 |
| Health Insurance³ | | | | | | | | | | | | | | | | |
| Private | 6,644 | 71.13 | 5,979 | 64.4 | 1,682 | 18.0 | 1,419 | 15.3 | 414 | 4.4 | 437 | 4.7 | 4,546 | 48.7 | 4,122 | 44.4 |
| Medicaid/CHIP ⁴ | 1,702 | 79.9 | 1,798 | 76.7 | 317 | 14.9 | 264 | 11.4 | 103 | 4.8 | 148 | 6.3 | 1,280 | 60.2 | 1,359 | 58.6 |
| Other ⁵ | 2,501 | 86.82 | 2,577 | 77.6 | 372 | 12.9 | 472 | 14.3 | 194 | 6.8 | 245 | 7.4 | 1,910 | 66.92 | 1,838 | 55.8 |
| No Coverage | 1,491 | 49.6 | 1,702 | 49.3 | 443.2 | 14.7 | 652 | 18.9 | 153 | 5.1 | 84 | 2.4 | 895 | 29.7 | 957 | 27.8 |

See footnotes and notes on page 187.

Footnotes for Table II.28

¹Respondents with unknown past-year treatment data were excluded.

²Difference between estimate and 2007 estimate is statistically significant at the 0.05 level.

³Difference between estimate and 2007 estimate is statistically significant at the 0.01 level.

⁴Government assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families [TANF]), noncash assistance, or food stamps. CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁵Respondents could indicate multiple types of health insurance so these response categories are not mutually exclusive. Other health insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance.

Notes

* = Low precision; no estimate reported.

Major Depressive Episode (MDE) is defined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure.

Source

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007.

Table III.1 Mental Health Expenditures and All Health Expenditures by Type of Provider (in Millions): 1986–2014 (Selected Years)

| Type of Provider | 1986 | 1993 | 2000 | 2003 | 2006 | 2014 |
|---|------------------|------------------|--------------------|--------------------|--------------------|--------------------|
| Mental Health (amount in millions) | | | | | | |
| Total Expenditures | \$33,125 | \$55,166 | \$79,203 | \$100,321 | \$121,709 | \$203,294 |
| Total All Service Providers and Products | 31,546 | 52,025 | 74,157 | 93,177 | 113,537 | 190,571 |
| Total All Service Providers | 29,355 | 47,860 | 57,740 | 69,918 | 82,822 | 129,549 |
| All Hospitals | 13,720 | 21,509 | 23,074 | 27,600 | 31,471 | 45,448 |
| Community Hospitals | 5,469 | 9,665 | 12,069 | 15,927 | 19,167 | 30,722 |
| Community Hospital, Specialty Units ¹ | 3,038 | 7,175 | 6,445 | 6,568 | 7,138 | 10,445 |
| Community Hospital, Nonspecialty Care | 2,432 | 2,490 | 5,624 | 9,359 | 12,028 | 20,277 |
| Specialty Hospitals | 8,251 | 11,843 | 11,005 | 11,673 | 12,305 | 14,726 |
| All Physicians | 3,753 | 7,126 | 10,445 | 13,748 | 17,595 | 32,017 |
| Psychiatrists | 2,681 | 4,973 | 7,569 | 9,802 | 12,537 | 22,321 |
| Nonpsychiatric Physicians | 1,072 | 2,153 | 2,876 | 3,946 | 5,057 | 9,695 |
| Other Professionals ² | 3,099 | 4,749 | 6,251 | 8,370 | 10,735 | 16,959 |
| Freestanding Nursing Homes | 4,754 | 5,512 | 5,310 | 6,234 | 7,395 | 11,743 |
| Freestanding Home Health | 113 | 377 | 612 | 823 | 1,192 | 2,256 |
| All Other Personal and Public Health | 3,916 | 8,588 | 12,048 | 13,143 | 14,434 | 21,126 |
| Multiservice Mental Health Organizations ³ | 3,916 | 8,588 | 12,048 | 13,143 | 14,434 | 21,126 |
| Retail Prescription Drugs | 2,191 | 4,165 | 16,417 | 23,259 | 30,715 | 61,022 |
| Insurance Administration | 1,579 | 3,141 | 5,046 | 7,145 | 8,172 | 12,724 |
| All Specialty Providers ⁴ | 20,984 | 37,329 | 43,318 | 49,557 | 57,149 | 85,578 |
| All Nonspecialty Providers ⁵ | 8,370 | 10,531 | 14,422 | 20,361 | 25,672 | 43,971 |
| All Health (amount in millions) | | | | | | |
| Total Expenditures | \$439,201 | \$856,274 | \$1,260,935 | \$1,614,223 | \$1,997,843 | \$3,451,284 |
| Total All Service Providers and Products | 417,251 | 802,970 | 1,179,972 | 1,494,511 | 1,850,527 | 3,198,388 |
| Total All Service Providers | 392,961 | 751,720 | 1,058,433 | 1,315,307 | 1,601,228 | 2,677,063 |
| All Hospitals | 177,941 | 319,963 | 413,131 | 515,866 | 623,542 | 1,007,156 |
| Community Hospitals | 165,423 | 303,754 | 397,114 | 496,623 | --- | --- |
| Specialty Hospitals | 12,518 | 16,209 | 16,017 | 19,243 | --- | --- |
| All Physicians | 99,562 | 201,239 | 290,192 | 369,746 | 453,821 | 782,458 |
| Other Professionals ² | 9,737 | 24,478 | 38,791 | 48,507 | 59,621 | 102,281 |
| Freestanding Nursing Homes | 33,508 | 65,713 | 95,296 | 110,797 | 127,128 | 194,574 |
| Freestanding Home Health | 6,388 | 21,879 | 31,616 | 40,009 | 54,756 | 95,914 |
| All Other Personal and Public Health | 65,825 | 118,448 | 189,407 | 230,382 | 282,360 | 494,681 |
| Retail Prescription Drugs | 24,290 | 51,250 | 121,539 | 179,204 | 249,299 | 521,325 |
| Insurance Administration | 21,950 | 53,304 | 80,963 | 119,712 | 147,316 | 252,896 |
| Mental Health Share of All Health Spending (percentage distribution) | | | | | | |
| Total Expenditures | 7.5% | 6.4% | 6.3% | 6.2% | 6.1% | 5.9% |
| Total All Service Providers and Products | 7.6% | 6.5% | 6.3% | 6.2% | 6.1% | 6.0% |
| Total All Service Providers | 7.5% | 6.4% | 5.5% | 5.3% | 5.2% | 4.8% |
| All Hospitals | 7.7% | 6.7% | 5.6% | 5.4% | 5.0% | 4.5% |
| Community Hospitals | 3.3% | 3.2% | 3.0% | 3.2% | --- | --- |
| Specialty Hospitals | 65.9% | 73.1% | 68.7% | 60.7% | --- | --- |
| All Physicians | 3.8% | 3.5% | 3.6% | 3.7% | 3.9% | 4.1% |
| Other Professionals ² | 31.8% | 19.4% | 16.1% | 17.3% | 18.0% | 16.6% |
| Freestanding Nursing Homes | 14.2% | 8.4% | 5.6% | 5.6% | 5.8% | 6.0% |
| Freestanding Home Health | 1.8% | 1.7% | 1.9% | 2.1% | 2.2% | 2.4% |
| All Other Personal and Public Health | 5.9% | 7.3% | 6.4% | 5.7% | 5.1% | 4.3% |
| Retail Prescription Drugs | 9.0% | 8.1% | 13.5% | 13.0% | 12.3% | 11.7% |
| Insurance Administration | 7.2% | 5.9% | 6.2% | 6.0% | 5.5% | 5.0% |

See footnotes and notes on page 189.

Footnotes for Table III.1

¹Community hospital specialty units include all spending for mental health care in VA hospitals.

²Other professionals include psychologists and counselors/social workers.

³Multiservice mental health organizations include residential treatment centers for children.

⁴All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and multiservice mental health organizations.

⁵All nonspecialty providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

Notes

These data include revisions and may differ from previously published data.

--- Data not available.

Source

SAMHSA Spending Estimates Project. Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.2 Percentage Distribution of Mental Health Expenditures and All Health Expenditures by Type of Provider: 1986–2014 (Selected Years)

| Type of Provider | 1986 | 1993 | 2000 | 2003 | 2006 | 2014 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| Mental Health (percentage distribution) | | | | | | |
| Total Expenditures | 100% | 100% | 100% | 100% | 100% | 100% |
| Total All Service Providers and Products | 95 | 94 | 94 | 93 | 93 | 94 |
| Total All Service Providers | 89 | 87 | 73 | 70 | 68 | 64 |
| All Hospitals | 41 | 39 | 29 | 28 | 26 | 22 |
| Community Hospitals | 17 | 18 | 15 | 16 | 16 | 15 |
| Community Hospital, Specialty Units ¹ | 9 | 13 | 8 | 7 | 6 | 5 |
| Community Hospital, Nonspecialty Care | 7 | 5 | 7 | 9 | 10 | 10 |
| Specialty Hospitals | 25 | 22 | 14 | 12 | 10 | 7 |
| All Physicians | 11 | 13 | 13 | 14 | 15 | 16 |
| Psychiatrists | 8 | 9 | 10 | 10 | 10 | 11 |
| Nonpsychiatric Physicians | 3 | 4 | 4 | 4 | 4 | 5 |
| Other Professionals ² | 9 | 9 | 8 | 8 | 9 | 8 |
| Freestanding Nursing Homes | 14 | 10 | 7 | 6 | 6 | 6 |
| Freestanding Home Health | 0 | 1 | 1 | 1 | 1 | 1 |
| All Other Personal and Public Health | 12 | 16 | 15 | 13 | 12 | 10 |
| Multiservice Mental Health Organizations ³ | 12 | 16 | 15 | 13 | 12 | 10 |
| Retail Prescription Drugs | 7 | 8 | 21 | 23 | 25 | 30 |
| Insurance Administration | 5 | 6 | 6 | 7 | 7 | 6 |
| All Specialty Providers ⁴ | 63 | 68 | 55 | 49 | 47 | 42 |
| All Nonspecialty Providers ⁵ | 25 | 19 | 18 | 20 | 21 | 22 |
| All Health (percentage distribution) | | | | | | |
| Total Expenditures | 100% | 100% | 100% | 100% | 100% | 100% |
| Total All Service Providers and Products | 95 | 94 | 94 | 93 | 93 | 93 |
| Total All Service Providers | 90 | 88 | 84 | 82 | 80 | 78 |
| All Hospitals | 41 | 37 | 33 | 32 | 31 | 29 |
| Community Hospitals | 38 | 36 | 32 | 31 | --- | --- |
| Specialty Hospitals | 3 | 2 | 1 | 1 | --- | --- |
| All Physicians | 23 | 24 | 23 | 23 | 23 | 23 |
| Other Professionals ² | 2 | 3 | 3 | 3 | 3 | 3 |
| Freestanding Nursing Homes | 8 | 8 | 8 | 7 | 6 | 6 |
| Freestanding Home Health | 2 | 3 | 3 | 3 | 3 | 3 |
| All Other Personal and Public Health | 15 | 14 | 15 | 14 | 14 | 14 |
| Retail Prescription Drugs | 6 | 6 | 10 | 11 | 13 | 15 |
| Insurance Administration | 5 | 6 | 6 | 7 | 7 | 7 |

See footnotes and notes on page 191.

Footnotes for Table III.2

¹Community hospital specialty units include all spending for mental health care in VA hospitals.

²Other professionals include psychologists and counselors/social workers.

³Multiservice mental health organizations include residential treatment centers for children.

⁴All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and multiservice mental health organizations.

⁵All nonspecialty providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

Notes

These data include revisions and may differ from previously published data.

--- Data not available.

Source

SAMHSA Spending Estimates Project. Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.3 Mental Health Expenditures and All Health Expenditures by Payer (in Millions): 1986–2014 (Selected Years)

| Type of Payer | 1986 | 1993 | 2000 | 2003 | 2006 | 2014 |
|---|------------------|------------------|--------------------|--------------------|--------------------|--------------------|
| Mental Health (amount in millions) | | | | | | |
| Total Expenditures | \$33,125 | \$55,166 | \$79,203 | \$100,321 | \$121,709 | \$203,294 |
| Private Total | 15,393 | 21,351 | 30,654 | 42,013 | 51,147 | 85,041 |
| Out-of-pocket | 6,033 | 7,158 | 10,735 | 14,311 | 17,100 | 24,802 |
| Private insurance | 7,068 | 11,174 | 17,375 | 24,311 | 29,700 | 53,582 |
| Other private | 2,292 | 3,019 | 2,545 | 3,390 | 4,347 | 6,657 |
| Public Total | 17,732 | 33,815 | 48,549 | 58,308 | 70,562 | 118,254 |
| Medicare | 1,915 | 4,732 | 6,575 | 7,343 | 13,716 | 23,355 |
| Medicaid ¹ | 5,320 | 11,723 | 20,900 | 26,391 | 29,059 | 54,965 |
| Other Federal ² | 2,047 | 2,732 | 2,766 | 3,525 | 3,993 | 6,572 |
| Other state and local ² | 8,451 | 14,628 | 18,308 | 21,049 | 23,794 | 33,362 |
| All Federal ³ | 6,939 | 14,864 | 21,510 | 26,419 | 34,405 | 61,441 |
| All State ⁴ | 10,794 | 18,951 | 27,039 | 31,889 | 36,157 | 56,813 |
| All Health (amount in millions) | | | | | | |
| Total Expenditures | \$439,201 | \$856,274 | \$1,260,936 | \$1,614,222 | \$1,997,843 | \$3,451,284 |
| Private Total | 259,441 | 484,049 | 699,244 | 892,564 | 1,053,393 | 1,775,986 |
| Out-of-pocket | 103,103 | 146,948 | 193,110 | 230,483 | 257,745 | 430,886 |
| Private insurance | 134,604 | 298,078 | 450,586 | 600,594 | 721,977 | 1,224,827 |
| Other private | 21,734 | 39,023 | 55,548 | 61,487 | 73,720 | 120,372 |
| Public Total | 179,760 | 372,225 | 561,692 | 721,658 | 944,449 | 1,675,298 |
| Medicare | 76,829 | 148,336 | 224,484 | 283,104 | 424,817 | 746,925 |
| Medicaid ¹ | 45,363 | 121,612 | 203,410 | 268,629 | 321,623 | 618,500 |
| Other Federal ² | 21,311 | 36,247 | 50,021 | 65,672 | 77,801 | 115,368 |
| Other state and local ² | 36,257 | 66,030 | 83,777 | 104,253 | 126,400 | 206,850 |
| All Federal ³ | 123,531 | 261,345 | 392,937 | 507,480 | 687,412 | 1,216,903 |
| All State ⁴ | 56,229 | 110,880 | 168,755 | 214,178 | 263,228 | 470,740 |
| Mental Health Share of All Health Spending (percentage distribution) | | | | | | |
| Total Expenditures | 7.5% | 6.4% | 6.3% | 6.2% | 6.1% | 5.9% |
| Private Total | 5.9% | 4.4% | 4.4% | 4.7% | 4.9% | 4.8% |
| Out-of-pocket | 5.9% | 4.9% | 5.6% | 6.2% | 6.6% | 5.8% |
| Private insurance | 5.3% | 3.7% | 3.9% | 4.0% | 4.1% | 4.4% |
| Other private | 10.5% | 7.7% | 4.6% | 5.5% | 5.9% | 5.5% |
| Public Total | 9.9% | 9.1% | 8.6% | 8.1% | 7.5% | 7.1% |
| Medicare | 2.5% | 3.2% | 2.9% | 2.6% | 3.2% | 3.1% |
| Medicaid ¹ | 11.7% | 9.6% | 10.3% | 9.8% | 9.0% | 8.9% |
| Other Federal ² | 9.6% | 7.5% | 5.5% | 5.4% | 5.1% | 5.7% |
| Other state and local ² | 23.3% | 22.2% | 21.9% | 20.2% | 18.8% | 16.1% |
| All Federal ³ | 5.6% | 5.7% | 5.5% | 5.2% | 5.0% | 5.0% |
| All State ⁴ | 19.2% | 17.1% | 16.0% | 14.9% | 13.7% | 12.1% |

See footnotes and note on page 193.

Footnotes for Table III.3

¹SCHIP is distributed across Medicaid, Other Federal, and Other State and Local categories, depending on whether SCHIP was run through Medicaid or as a separate state program.

²SAMHSA block grant expenditures are included in Other Federal expenditures. However, these funds are distributed from the Federal government to state and local governments that then distribute them to providers.

³All Federal category includes Federal share of Medicaid.

⁴All State category includes state and local share of Medicaid.

Note

These data include revisions and may differ from previously published data.

Source

SAMHSA Spending Estimates Project. Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.4 Percentage Distribution of Mental Health Expenditures and All Health Expenditures by Payer: 1986–2014 (Selected Years)

| Type of Payer | 1986 | 1993 | 2000 | 2003 | 2006 | 2014 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Mental Health (percentage distribution) | | | | | | |
| Total Expenditures | 100% | 100% | 100% | 100% | 100% | 100% |
| Private Total | 47 | 39 | 39 | 42 | 42 | 42 |
| Out-of-pocket | 18 | 13 | 14 | 14 | 14 | 12 |
| Private insurance | 21 | 20 | 22 | 24 | 24 | 26 |
| Other private | 7 | 6 | 3 | 3 | 4 | 3 |
| Public Total | 54 | 61 | 61 | 58 | 58 | 58 |
| Medicare | 6 | 9 | 8 | 7 | 11 | 12 |
| Medicaid ¹ | 16 | 21 | 26 | 26 | 24 | 27 |
| Other Federal ² | 6 | 5 | 4 | 4 | 3 | 3 |
| Other state and local ² | 26 | 27 | 23 | 21 | 20 | 16 |
| All Federal ³ | 21 | 27 | 27 | 26 | 28 | 30 |
| All State ⁴ | 33 | 34 | 34 | 32 | 30 | 28 |
| All Health (percentage distribution) | | | | | | |
| Total Expenditures | 100% | 100% | 100% | 100% | 100% | 100% |
| Private Total | 59 | 57 | 56 | 55 | 53 | 52 |
| Out-of-pocket | 24 | 17 | 15 | 14 | 13 | 13 |
| Private insurance | 31 | 35 | 36 | 37 | 36 | 36 |
| Other private | 5 | 5 | 4 | 4 | 4 | 4 |
| Public Total | 41 | 44 | 45 | 45 | 47 | 49 |
| Medicare | 18 | 17 | 18 | 18 | 21 | 22 |
| Medicaid ¹ | 10 | 14 | 16 | 17 | 16 | 18 |
| Other Federal ² | 5 | 4 | 4 | 4 | 4 | 3 |
| Other state and local ² | 8 | 8 | 7 | 7 | 6 | 6 |
| All Federal ³ | 28 | 31 | 31 | 31 | 34 | 35 |
| All State ⁴ | 13 | 13 | 13 | 13 | 13 | 14 |

See footnotes and note on page 195.

Footnotes for Table III.4

¹SCHIP is distributed across Medicaid, Other Federal, and Other State and Local categories, depending on whether SCHIP was run through Medicaid or as a separate state program.

²SAMHSA Block grant expenditures are included in Other Federal expenditures. However, these funds are distributed from the federal government to state and local governments that then distribute them to providers.

³All Federal category includes federal share of Medicaid.

⁴All State category includes state and local share of Medicaid.

Note

These data include revisions and may differ from previously published data.

Source

SAMHSA Spending Estimates Project. Levit, K. R., Kassed, C. A., Coffey, R. M., Mark, T. L., McKusick, D. R., King, E., et al. (2008). *Projections of national expenditures for mental health services and substance abuse treatment, 2004–2014*. (SAMHSA Publication No. SMA 08-4326). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.5 Mental Health Treatment Expenditures by Site of Service: 1986 to 2003

| Site of Service | 1986 | 1993 | 2000 | 2003 |
|--|-----------------|-----------------|-----------------|-----------------|
| All Service Providers (amount in millions) | \$29,355 | \$47,860 | \$57,740 | \$69,918 |
| Inpatient | 13,502 | 20,056 | 19,545 | 24,080 |
| Outpatient | 9,053 | 17,236 | 26,187 | 31,082 |
| Residential | 6,799 | 10,568 | 12,008 | 14,755 |
| All Service Providers (percentage distribution) | 100% | 100% | 100% | 100% |
| Inpatient | 46 | 42 | 34 | 34 |
| Outpatient | 31 | 36 | 45 | 45 |
| Residential | 23 | 22 | 21 | 21 |

Source

SAMHSA Spending Estimates Project

Table III.6 Medicaid Fee-for-Service Mental Health and Substance Abuse Beneficiaries and Expenditures in 13 States,¹ 2003

| | FFS Mental Health (MH) Beneficiaries ² | | | FFS Substance Abuse (SA) Beneficiaries ² | | | Average Number of Months of Months ³ in Receiving an SA Service | FFS Expenditures ⁴ for MH Beneficiaries (Amount in Millions) | FFS Expenditures ⁴ for SA Beneficiaries (Amount in Millions) |
|-----------------------------------|---|---------------------------------|--|---|---------------------------------|--|--|---|---|
| | Number | Percentage of FFS Beneficiaries | Average Number of Months ³ in FFS | Number | Percentage of FFS Beneficiaries | Average Number of Months ³ in FFS | | | |
| All | 1,292,854 | 11% | 10.5 | 87,336 | 1% | 9.8 | 3.0 | \$13,720 | \$812 |
| Age | | | | | | | | | |
| 0-5 | 80,673 | 3% | 10.1 | 1,223 | 0% | 8.4 | 1.9 | \$534 | \$19 |
| 6-12 | 294,139 | 13% | 10.6 | 539 | 0% | 10.8 | 2.8 | \$1,389 | \$4 |
| 13-18 | 226,422 | 15% | 10.5 | 15,444 | 1% | 9.8 | 3.0 | \$1,830 | \$97 |
| 19-21 | 41,270 | 8% | 9.7 | 5,110 | 1% | 8.7 | 2.5 | \$388 | \$27 |
| 22-44 | 329,204 | 15% | 10.2 | 42,424 | 2% | 9.5 | 3.0 | \$3,599 | \$343 |
| 45-64 | 206,563 | 21% | 11.0 | 18,891 | 2% | 10.6 | 3.1 | \$3,485 | \$262 |
| 65 and Older | 114,582 | 8% | 11.0 | 3,705 | 0% | 11.0 | 3.2 | \$2,496 | \$60 |
| Unknown | * | * | * | * | * | * | * | * | * |
| Gender | | | | | | | | | |
| Female | 708,103 | 10% | 10.5 | 44,856 | 1% | 9.7 | 2.9 | \$7,497 | \$384 |
| Male | 584,625 | 12% | 10.6 | 42,475 | 1% | 9.9 | 3.0 | \$6,223 | \$429 |
| Unknown | 126 | 6% | 8.3 | * | * | * | * | \$0.7 | * |
| Race/Ethnicity | | | | | | | | | |
| White | 783,057 | 15% | 10.5 | 48,268 | 1% | 9.6 | 3.2 | \$8,825 | \$440 |
| Black | 310,275 | 9% | 10.7 | 28,202 | 1% | 10.2 | 2.8 | \$3,144 | \$284 |
| Hispanic | 129,516 | 6% | 10.3 | 6,328 | 0% | 9.5 | 2.3 | \$984 | \$46 |
| American Indian/Alaskan Native | 11,192 | 12% | 10.7 | 1,795 | 2% | 9.9 | 2.7 | \$113 | \$15 |
| Asian/Hawaiian/Pacific Islander | 7,512 | 5% | 10.6 | 212 | 0% | 9.6 | 2.6 | \$82 | \$2 |
| Other/Unknown | 51,302 | 12% | 10.9 | 2,531 | 1% | 10.0 | 2.9 | \$573 | \$26 |
| Dual Status | | | | | | | | | |
| Aged Duals with Full Medicaid | 103,073 | 9% | 11.0 | 3,215 | 0% | 11.0 | 3.4 | \$2,324 | \$54 |
| Disabled Duals with Full Medicaid | 153,553 | 29% | 11.3 | 9,101 | 2% | 11.1 | 3.4 | \$2,716 | \$86 |
| Duals with Limited Medicaid | 24,440 | 6% | 10.9 | 1,321 | 0% | 10.7 | 2.0 | \$124 | \$6 |
| Other Duals | 4,914 | 28% | 9.9 | 385 | 2% | 9.6 | 3.7 | \$42 | \$3 |
| Disabled Non-Duals | 290,115 | 29% | 11.1 | 20,860 | 2% | 10.8 | 3.1 | \$4,833 | \$340 |
| All Other Non-Duals | 716,759 | 8% | 10.1 | 52,454 | 1% | 9.1 | 2.8 | \$3,681 | \$324 |
| Eligibility Group ⁵ | | | | | | | | | |
| Aged | 101,319 | 7% | 11.0 | 3,120 | 0% | 10.9 | 3.2 | \$2,206 | \$51 |
| Disabled | 473,203 | 27% | 11.2 | 31,527 | 2% | 10.9 | 3.2 | \$7,878 | \$437 |
| Adults | 193,563 | 9% | 9.3 | 34,804 | 2% | 8.9 | 2.8 | \$956 | \$208 |
| Children | 524,769 | 8% | 10.4 | 17,885 | 0% | 9.5 | 2.9 | \$2,681 | \$116 |
| Unknown | * | * | * | * | * | * | * | * | * |

See footnotes and note on page 198.

Footnotes for Table III.6

¹The states included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

²FFS (fee-for-service) beneficiaries include beneficiaries enrolled in Medicaid but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health beneficiaries include FFS beneficiaries who, during the year (1) had at least one claim in which a mental health disorder was the primary diagnosis or (2) received a clearly identifiable mental health service. FFS substance abuse beneficiaries include FFS beneficiaries who, during the year, had at least one claim in which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim in which a mental health disorder was the primary diagnosis and at least one claim in which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

³Months receiving a mental health service are those in which the beneficiary had at least one nonprescription drug claim in which the primary diagnosis was a mental health disorder, or a month in which the beneficiary received a clearly identifiable mental health service. Months receiving a substance abuse service are those in which the beneficiary had at least one nonprescription drug claim in which the primary diagnosis was a substance use disorder.

⁴Expenditures are claims-based Medicaid payments, including both Federal and state shares. Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

⁵Eligibility groups are mutually exclusive. All individuals aged 65 or older are in the Aged group; all remaining individuals who qualify for Medicaid due to disability are in the Disabled group; remaining individuals are categorized as Adults or Children according to their classification in state enrollment files. Children who qualify for Medicaid through receipt of Supplemental Security Income payments are included in the Disabled category.

Note

* = Indicates that estimate is suppressed because of small cell size.

Source

Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.7 Medicaid Fee-for-Service Mental Health and Substance Abuse Beneficiaries by Diagnostic Category and Age Group, 2003

| Diagnostic Category | All Ages | | 21 and Younger | | 22-64 | | 65 and Older | |
|---|------------------|-------------|----------------|-------------|----------------|-------------|----------------|-------------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Mental Health², FFS Mental Health Beneficiaries¹ | | | | | | | | |
| Schizophrenia | 116,116 | 9% | 3,636 | 1% | 97,050 | 18% | 15,430 | 13% |
| Major depression and affective psychoses | 254,669 | 20% | 55,423 | 9% | 170,967 | 32% | 28,279 | 25% |
| Other psychoses | 38,199 | 3% | 3,648 | 1% | 17,649 | 3% | 16,902 | 15% |
| Childhood psychoses | 20,965 | 2% | 17,241 | 3% | 3,414 | 1% | 310 | 0% |
| Neurotic and other depressive episodes | 280,681 | 22% | 84,048 | 13% | 160,043 | 30% | 36,590 | 32% |
| Personality disorders | 6,953 | 1% | 1,515 | 0% | 4,679 | 1% | 759 | 1% |
| Other mental health disorders | 16,311 | 1% | 4,090 | 1% | 7,475 | 1% | 4,746 | 4% |
| Special symptoms of syndromes | 42,436 | 3% | 21,402 | 3% | 16,954 | 3% | 4,080 | 4% |
| Stress and adjustment reactions | 158,617 | 12% | 113,030 | 18% | 39,488 | 7% | 6,099 | 5% |
| Conduct disorders | 57,902 | 4% | 48,831 | 8% | 7,997 | 1% | 1,074 | 1% |
| Emotional disturbances | 57,894 | 4% | 57,383 | 9% | 447 | 0% | 64 | 0% |
| Hyperkinetic syndrome | 234,093 | 18% | 229,542 | 36% | 4,477 | 1% | 74 | 0% |
| Mental disorders associated with childbirth | 7,799 | 1% | 2,686 | 0% | 5,111 | 1% | * | * |
| No diagnosis | 218 | 0% | 29 | 0% | 16 | 0% | 173 | 0% |
| Total | 1,292,853 | 100% | 642,504 | 100% | 535,767 | 100% | 114,582 | 100% |
| Substance Abuse³, FFS Mental Health Beneficiaries¹ | | | | | | | | |
| Alcoholic psychoses | 3,672 | 4% | 178 | 1% | 2,475 | 4% | 1,019 | 28% |
| Alcohol dependence or nondependent abuse | 29,939 | 34% | 4,080 | 18% | 24,087 | 39% | 1,772 | 48% |
| Drug psychoses | 4,830 | 6% | 743 | 3% | 3,534 | 6% | 553 | 15% |
| Drug dependence or nondependent abuse | 45,847 | 52% | 15,647 | 70% | 29,842 | 49% | 358 | 10% |
| Substance abuse associated with childbirth | 3,048 | 3% | 1,668 | 7% | 1,377 | 2% | * | * |
| Total | 87,336 | 100% | 22,316 | 100% | 61,315 | 100% | 3,705 | 100% |

See footnotes and notes on page 200.

Footnotes for Table III.7

¹FFS (fee-for-service) beneficiaries include beneficiaries enrolled in Medicaid but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health beneficiaries include FFS beneficiaries who, during the year, had at least one claim in which one of the mental health disorders shown in this table was the primary diagnosis or who received a clearly identifiable mental health service during the year. FFS substance abuse beneficiaries include all FFS beneficiaries who, during the year, had at least one claim in which one of the substance use disorders shown on this table was the primary diagnosis. The specific diagnoses and services used to define these beneficiaries are listed in the Introduction. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

²Schizophrenia (ICD-9-CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders. Major depression and affective psychoses (ICD-9-CM diagnosis codes beginning with 296) include manic, depressive, and bipolar disorders. Other psychoses (ICD-9-CM diagnosis codes beginning with 297 or 298) include paranoid states, delusional disorders, depressive psychosis, and reactive psychoses. Childhood psychoses (ICD-9-CM diagnosis codes beginning with 299) include infantile autism, disintegrative disorders, and childhood-type schizophrenia. Neurotic and other depressive disorders (ICD-9-CM diagnosis codes beginning with 300 or 311) include anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders. Personality disorders (ICD-9-CM diagnosis codes beginning with 301) include affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders. Other mental disorders (ICD-9-CM diagnosis codes beginning with 302, 306, or 310) include sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage. Special symptoms or syndromes (ICD-9-CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis. Stress and adjustment reactions (ICD-9-CM diagnosis codes beginning with 308 or 309) include acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance. Conduct disorders (ICD-9-CM diagnosis codes beginning with 312) include aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders. Emotional disturbances (ICD-9-CM diagnosis codes beginning with 313) include overanxious disorder, shyness, relationship problems, and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder. Hyperkinetic syndrome (ICD-9-CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay. Mental disorders associated with childbirth (ICD-9-CM diagnosis codes 648.40 through 648.44) include mental disorders of the mother associated with pregnancy, delivery, and postpartum periods.

³Alcohol psychoses (ICD-9-CM diagnosis codes beginning with 291) include alcohol-induced mental disorders. Alcohol dependence or nondependent abuse (ICD-9-CM diagnosis codes beginning with 303 and 305.0) include alcohol dependence syndrome, acute alcoholic intoxication, and nondependent alcohol abuse. Drug psychoses (ICD-9-CM diagnosis codes beginning with 292) include drug-induced mental disorders and drug withdrawal. Drug dependence or nondependence abuse (ICD-9-CM diagnosis codes beginning with 304, 305.2–305.9, and 965.0) includes all drug dependence and nondependent abuse except for those relating to alcohol or nicotine, and poisoning by opiates and related narcotics. Substance abuse associated with childbirth (ICD-9-CM diagnosis codes 648.3, 760.71, and 779.5) includes drug dependence complicating pregnancy, childbirth, or the puerperium; fetal alcohol syndrome or alcohol withdrawal in a newborn; and drug withdrawal syndrome in a newborn.

Notes

* = Indicates that estimate is suppressed because of small cell size.

The states included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Source

Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.8 Prescription Drug Use for Medicaid Fee-for-Service Beneficiaries,¹ by Age Group, 2003

| Age Group | Total FFS Beneficiaries with Any Psychotropic Drug Use ² | | FFS Mental Health (MH) Beneficiaries with Any Psychotropic Drug Use | | FFS Substance Abuse (SA) Beneficiaries with Any Psychotropic Drug Use | | FFS Non-MH Non-SA Beneficiaries with Any Psychotropic Drug Use | |
|------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|--|---------------------------------|
| | Number | Percentage of FFS Beneficiaries | Number | Percentage of FFS Beneficiaries | Number | Percentage of FFS Beneficiaries | Number | Percentage of FFS Beneficiaries |
| 0-5 | 95,506 | 3% | 19,986 | 25% | 60 | 5% | 75,460 | 3% |
| 6-12 | 277,173 | 12% | 193,350 | 66% | 160 | 30% | 83,663 | 4% |
| 13-18 | 205,765 | 13% | 141,065 | 62% | 3,963 | 26% | 60,737 | 5% |
| 19-21 | 55,017 | 11% | 27,098 | 66% | 1,502 | 29% | 26,417 | 6% |
| 22-44 | 526,965 | 23% | 262,080 | 80% | 21,243 | 50% | 243,642 | 13% |
| 45-64 | 399,802 | 41% | 174,611 | 85% | 11,198 | 59% | 213,993 | 29% |
| 65+ ³ | 441,565 | 30% | 92,456 | 81% | 2,154 | 58% | 346,955 | 26% |
| All Ages | 2,001,793 | 17% | 910,646 | 70% | 40,280 | 46% | 1,050,867 | 10% |

See footnotes and note on page 202.

Footnotes for Table III.8

¹FFS (fee-for-service) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which a mental health disorder was the primary diagnosis or (2) received a clearly identifiable mental health service. FFS substance abuse beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim on which a mental health disorder was the primary diagnosis and at least one claim on which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

²Psychotropic drugs include antidepressants, antipsychotics, anti-anxiety agents, and stimulants.

³Beneficiaries dually eligible for Medicaid and Medicare may have received mental health treatment under Medicare that is not reported in Medicaid coinsurance claims, so diagnoses that would classify them as mental health beneficiaries may be missing.

Note

The states included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Source

Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.9 Utilization and Expenditures by Service Type for Medicaid Fee-for-Service Beneficiaries, All Ages, 2003

| Service Type ² | All Beneficiaries | | | Any Utilization of Service Type | | | Substance Abuse (SA) Beneficiaries ¹ | | | Average Annual Expenditures ³ on Service Type Among Users | | |
|---|-------------------------------------|-----|---|--|--------|------------------------------------|---|--------|-------------------|--|----------------------|--|
| | Percentage of All FFS Beneficiaries | | Mental Health (MH) Beneficiaries ¹ | Percentage of All FFS MH Beneficiaries | | Number of All FFS SA Beneficiaries | Percentage of All FFS SA Beneficiaries | | FFS Beneficiaries | FFS MH Beneficiaries | FFS SA Beneficiaries | |
| | Number | | | Number | | | Number | | | | | |
| Inpatient Hospital | 1,595,061 | 14% | 235,921 | 18% | 29,220 | 33% | 5,015 | 7,156 | 9,268 | | | |
| Institutional Long-Term Care | | | | | | | | | | | | |
| Inpatient psychiatric facility for individuals under 21 | 21,372 | 0% | 20,967 | 2% | 383 | 0% | 16,824 | 16,931 | 9,479 | | | |
| Mental hospital for the aged | 6,418 | 0% | 5,913 | 0% | 173 | 0% | 13,139 | 11,516 | 6,195 | | | |
| Nursing facility | 374,040 | 3% | 94,768 | 7% | 3,330 | 4% | 20,385 | 21,781 | 17,890 | | | |
| Intermediate care facility for the mentally retarded | 38,341 | 0% | 10,670 | 1% | 27 | 0% | 71,378 | 55,404 | 66,255 | | | |
| Prescription Drugs | | | | | | | | | | | | |
| Prescription drugs | 7,708,085 | 65% | 1,171,956 | 91% | 72,467 | 83% | 1,046 | 2,339 | 1,598 | | | |
| Other Services | | | | | | | | | | | | |
| Physician or other practitioner | 7,832,280 | 66% | 1,134,155 | 88% | 73,567 | 84% | 443 | 581 | 762 | | | |
| Clinic | 2,455,735 | 21% | 441,794 | 34% | 26,503 | 30% | 505 | 1,048 | 715 | | | |
| Outpatient hospital | 3,942,545 | 33% | 650,990 | 50% | 55,827 | 64% | 509 | 688 | 912 | | | |
| Lab and X-ray | 6,033,229 | 51% | 907,440 | 70% | 68,159 | 78% | 264 | 371 | 538 | | | |
| Dental | 2,828,533 | 24% | 450,478 | 35% | 21,136 | 24% | 318 | 344 | 414 | | | |
| Durable medical equipment | 2,202,692 | 19% | 389,390 | 30% | 27,657 | 32% | 426 | 547 | 380 | | | |
| Psychiatric services | 1,357,677 | 11% | 823,597 | 64% | 46,174 | 53% | 1,040 | 1,474 | 1,457 | | | |
| Targeted case management | 1,054,170 | 9% | 204,754 | 16% | 7,520 | 9% | 574 | 1,299 | 1,004 | | | |
| Rehabilitation services | 159,683 | 1% | 97,611 | 8% | 17,438 | 20% | 2,419 | 2,617 | 2,591 | | | |
| PT, OT, speech, or hearing services | 233,369 | 2% | 61,847 | 5% | 1,559 | 2% | 737 | 734 | 485 | | | |
| Residential care | 57,607 | 0% | 26,775 | 2% | 1,633 | 2% | 23,773 | 27,834 | 9,160 | | | |
| Home health | 105,914 | 1% | 21,739 | 2% | 1,900 | 2% | 3,682 | 3,205 | 1,855 | | | |
| Hospice benefits | 32,108 | 0% | 5,316 | 0% | 280 | 0% | 8,551 | 8,757 | 7,792 | | | |
| Transportation services | 1,262,649 | 11% | 297,714 | 23% | 23,417 | 27% | 413 | 471 | 471 | | | |
| Nurse midwife services | 40,204 | 0% | 2,527 | 0% | 505 | 1% | 459 | 362 | 336 | | | |
| Nurse practitioner services | 343,725 | 3% | 59,746 | 5% | 3,268 | 4% | 102 | 111 | 122 | | | |
| Private duty nursing | 17,459 | 0% | 4,012 | 0% | 277 | 0% | 4,549 | 2,052 | 654 | | | |
| Religious nonmedical health care institutions | * | * | * | * | * | * | * | * | * | * | | |
| Personal care services | 140,979 | 1% | 36,155 | 3% | 1,975 | 2% | 4,537 | 4,231 | 3,987 | | | |
| Adult day care | 60,463 | 1% | 25,008 | 2% | 760 | 1% | 5,183 | 5,359 | 3,948 | | | |
| Sterilizations | 61,761 | 1% | 7,556 | 1% | 1,040 | 1% | 1,156 | 971 | 1,100 | | | |
| Abortions | 7,097 | 0% | 689 | 0% | 71 | 0% | 417 | 360 | 300 | | | |
| Other services | 1,121,163 | 9% | 259,586 | 21% | 15,822 | 18% | 2,947 | 3,879 | 1,695 | | | |

See footnotes and note on page 204.

Footnotes for Table III.9

¹FFS (fee-for-service) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1one month during the year. FFS mental health beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim in which a mental health disorder was the primary diagnosis or (2) received a clearly identifiable mental health service. FFS substance abuse beneficiaries include FFS beneficiaries who, during the year, had at least one claim in which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim in which a mental health disorder was the primary diagnosis and at least one claim in which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

²Claims in the Medicaid Analytic eXtract (MAX) files are classified into one of 31 types of service (TOS) categories based on state and local service or procedure codes. States may vary in how they categorize similar claims into TOS categories. The psychiatric TOS includes both mental health and substance abuse services. In some cases, treatments classified in the psychiatric TOS in the MAX may be received by beneficiaries who are not identified as mental health or substance abuse beneficiaries in these tables.

³Expenditures are claims-based Medicaid payments, including both Federal and state share. Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Note

The states included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming.

Source

Substance Abuse and Mental Health Services Administration (in press). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table III.10 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants,¹ 2004

| Number of Claimants and Expenditures | 2004 | |
|---|--------------------|-------------------|
| | Mental Health (MH) | All Claimants |
| MH as Percentage of All Claimants | 13% | |
| Age | | |
| 0–64 | 36% | 15% |
| 65+ | 64% | 85% |
| Gender | | |
| Female | 62% | 58% |
| Male | 38% | 42% |
| Race | | |
| White | 84% | 86% |
| Black | 11% | 9% |
| Hispanic | 3% | 2% |
| Other | | |
| Total | 4,295,820 | 33,019,180 |
| MH as Percentage of All Expenditures | 26% | |
| Age | | |
| 0–64 | 24% | 16% |
| 65+ | 76% | 84% |
| Gender | | |
| Female | 61% | 56% |
| Male | 39% | 44% |
| Race | | |
| White | 81% | 82% |
| Black | 13% | 12% |
| Hispanic | 3% | 2% |
| Other | 2% | 3% |
| Total | \$62,924 | \$243,047 |

Footnote

¹Mental health claimants are defined by having at least one of the following ICD-9-CM diagnosis codes as a primary diagnosis on at least one Medicare claim during 2004: 293–302, 306–314, and 316.

Notes

Fee-for-service (FFS) claimants are a proportion of all available beneficiaries in the data. As of 2002, the latest year for which relevant data were available, FFS claimants represented 75.3 percent of all Medicare beneficiaries. The 24.7 percent excluded comprised 13.3 percent enrolled in Medicare managed care (for which there are no detailed expenditure data) and 11.3 percent with no claims.

Source

Medicare 5% Standard Analytic File.

Table III.11 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants¹ by Treatment Modality, 1998–2004

| Modality | 1998 | 2004 |
|--|------------------|------------------|
| Number of Fee-for-Service (FFS) Mental Health (MH) Claimants for Mental Health Services | | |
| All Settings | 3,486,800 | 4,295,820 |
| Inpatient | 9% | 8% |
| Outpatient | 25% | 24% |
| Physician/Supplier | 90% | 92% |
| HHA/Hospice/SNF ² | 3% | 3% |
| Number of FFS MH Claimants for All Health Services | | |
| All Settings | 3,486,800 | 4,295,820 |
| Inpatient | 40% | 41% |
| Outpatient | 81% | 83% |
| Physician/Supplier | 99% | 99% |
| HHA/Hospice/SNF ² | 26% | 26% |
| Mental Health Expenditures for FFS MH Claimants (millions of dollars and percentages) | | |
| All settings | \$4,887 | |
| Inpatient | 57% | 55% |
| Outpatient | 14% | 12% |
| Physician/Supplier | 20% | 22% |
| HHA/Hospice/SNF ² | 8% | 11% |
| All Health Expenditures for FFS MH Claimants | | |
| All Settings | \$39,348 | \$62,924 |
| Inpatient | 53% | 49% |
| Outpatient | 9% | 10% |
| Physician/Supplier | 20% | 22% |
| HHA/Hospice/SNF ² | 18% | 19% |

Footnotes

¹Mental health claimants are defined by having at least one of the following ICD-9-CM diagnosis codes as a primary diagnosis on at least one Medicare claim during 2004: 293–302, 306–314, and 316. The number of mental health claimants is the unique number of patients who had a mental health claim in each calendar year. The sum of claimants across settings is greater than this number because a patient could have claims in more than one setting.

²HHA is home health agency and SNF is skilled nursing facility.

Notes

Fee-for-service (FFS) claimants are a proportion of all available beneficiaries in the data. As of 2002, the latest year for which relevant data were available, FFS claimants represented 75.3 percent of all Medicare beneficiaries. The 24.7 percent excluded comprised 13.3 percent enrolled in Medicare managed care (for which there are no detailed expenditure data) and 11.3 percent with no claims.

Source

Medicare 5% Standard Analytic File.

Table III.12 Number of Expenditures for Medicare Fee-for-Service Mental Health Claimants by Mutually Exclusive Diagnostic Categories,¹ 1998–2004

| Diagnostic Category | 1998 | 2004 |
|--|------------------|------------------|
| Number of Fee-for Service (FFS) Mental Health (MH) Claimants | | |
| All categories² | 3,486,800 | 4,295,820 |
| Schizophrenia | 11% | 10% |
| Major Depression | 18% | 19% |
| Other Affective psychoses | 5% | 7% |
| Other Psychoses | 22% | 24% |
| Stress and Adjustment Disorders | 6% | 6% |
| Personality Disorders | 1% | 0% |
| Impulse Control Disorders | 1% | 1% |
| Other Mood and Anxiety Disorders | 28% | 26% |
| All Other Mental Disorders | 8% | 6% |
| Expenditures for MH Services to MH Claimants (millions of dollars and percent distribution) | | |
| All categories | \$4,887 | \$5,917 |
| Schizophrenia | 27% | 30% |
| Major Depression | 29% | 22% |
| Other Affective psychoses | 13% | 14% |
| Other Psychoses | 15% | 20% |
| Stress and Adjustment Disorders | 3% | 3% |
| Personality Disorders | 0% | 0% |
| Impulse Control Disorders | 1% | 1% |
| Other Mood and Anxiety Disorders | 11% | 10% |
| All Other Mental Disorders | 2% | 1% |
| Expenditures for All Health Services to MH Claimants | | |
| All categories | \$39,348 | \$62,924 |
| Schizophrenia | 7% | 6% |
| Major Depression | 21% | 19% |
| Other Affective psychoses | 4% | 5% |
| Other Psychoses | 30% | 34% |
| Stress and Adjustment Disorders | 9% | 9% |
| Personality Disorders | 0% | 0% |
| Impulse Control Disorders | 1% | 1% |
| Other Mood and Anxiety Disorders | 22% | 21% |
| All Other Mental Disorders | 6% | 5% |

See footnotes and notes on page 208.

Footnotes for Table III.12

¹Diagnostic category for each claimant was selected based on the most frequent diagnosis category in the year across all treatment settings.

²ICD-9 diagnostic codes for each of the categories are as follows: Schizophrenia (295), Major Depression (296.2, 296.3), Other Affective Psychoses (296.0, 296.1, 296.4–296.99), Other Psychoses (293, 294, 297, 298, 299), Stress and Adjustment Disorders (308, 309), Personality Disorders (301 without 301.13), Other Mood and Anxiety (300, 301.13, 311), and All Other Mental Disorders (302, 306, 307, 310, 312, 313, 314, 316).

Notes

FFS claimants are a proportion of all available beneficiaries in the data. As of 2002, the latest year for which relevant data were available, FFS claimants represented 75.3% of all Medicare beneficiaries. The 24.7% excluded comprised 13.3% enrolled in Medicare managed care (for which there are no detailed expenditure data) and 11.3% with no claims.

Source

Medicare 5% Standard Analytic File.

Table III.13 Amount of Revenue by Source for State Mental Health Agencies (in Millions), FY 2001 and FY 2006

| State | Total | | State General Funds | | Medicaid | | Medicare/Block/ Other Federal/Local/ Other | |
|-----------------------------|---------|---------|---------------------|-------|----------|-------|--|-------|
| | 2001 | 2006 | 2001 | 2006 | 2001 | 2006 | 2001 | 2006 |
| Alabama | \$253 | \$297 | 52.6% | 59.3% | 37.9% | 33.0% | 9.9% | 7.5% |
| Alaska | \$51 | \$183 | 64.7% | 18.6% | 19.6% | 78.7% | 17.6% | 2.7% |
| Arizona | \$517 | \$978 | 49.3% | 14.2% | 36.9% | 80.2% | 13.7% | 5.6% |
| Arkansas ¹ | \$76 | \$108 | 69.7% | 63.0% | 19.7% | 25.9% | 10.5% | 12.0% |
| California ² | \$3,158 | \$4,440 | 37.7% | 37.0% | 44.1% | 43.2% | 18.2% | 20.6% |
| Colorado | \$283 | \$340 | 35.7% | 30.0% | 57.6% | 63.5% | 6.4% | 6.5% |
| Connecticut ^{1,3} | \$464 | \$622 | 92.5% | 91.2% | 3.0% | 2.9% | 4.5% | 5.9% |
| Delaware ^{1,3} | \$80 | \$88 | 76.3% | 81.8% | 15.0% | 17.0% | 8.8% | 1.1% |
| District of Columbia | \$227 | \$230 | 75.8% | 79.6% | 11.9% | 17.4% | 12.3% | 3.0% |
| Florida | \$586 | \$687 | 69.1% | 72.1% | 16.0% | 18.8% | 14.8% | 9.0% |
| Georgia ¹ | \$381 | \$565 | 91.1% | 83.4% | 0.8% | 0.2% | 8.1% | 16.5% |
| Hawaii ³ | \$215 | \$147 | 95.3% | 81.0% | 1.9% | 17.0% | 2.8% | 2.4% |
| Idaho | \$61 | \$67 | 45.9% | 73.1% | 16.4% | 7.5% | 36.1% | 20.9% |
| Illinois | \$790 | \$1,052 | 75.1% | 55.2% | 22.5% | 41.5% | 2.3% | 3.2% |
| Indiana | \$411 | \$556 | 40.6% | 9.9% | 34.5% | 86.3% | 19.7% | 3.8% |
| Iowa | * | \$299 | * | 23.1% | * | 55.9% | * | 21.1% |
| Kansas | \$162 | \$249 | 36.4% | 43.0% | 54.9% | 55.8% | 8.6% | 1.2% |
| Kentucky ² | \$197 | \$207 | 55.8% | 55.6% | 35.0% | 33.3% | 9.1% | 10.6% |
| Louisiana | \$201 | \$257 | 36.3% | 40.9% | 44.3% | 40.5% | 19.4% | 18.7% |
| Maine ² | \$138 | \$464 | 39.9% | 8.6% | 57.2% | 90.7% | 2.9% | 0.6% |
| Maryland | \$678 | \$810 | 73.7% | 73.0% | 24.3% | 25.4% | 1.9% | 1.6% |
| Massachusetts ² | \$805 | \$855 | 83.5% | 82.3% | 14.3% | 14.9% | 2.2% | 2.8% |
| Michigan | \$844 | \$1,010 | 51.8% | 33.8% | 43.6% | 62.8% | 4.6% | 3.5% |
| Minnesota | \$518 | \$721 | 50.6% | 41.2% | 34.7% | 45.9% | 14.7% | 12.9% |
| Mississippi | \$247 | \$318 | 49.8% | 41.8% | 43.7% | 50.6% | 6.5% | 7.2% |
| Missouri | \$470 | \$597 | 68.3% | 49.9% | 26.2% | 43.9% | 5.3% | 6.4% |
| Montana | \$112 | \$138 | 30.4% | 29.7% | 66.1% | 68.1% | 2.7% | 1.4% |
| Nebraska ² | \$92 | \$109 | 68.5% | 89.0% | 15.2% | 6.4% | 16.3% | 4.6% |
| Nevada | \$120 | \$151 | 30.0% | 76.8% | 62.5% | 12.6% | 6.7% | 9.9% |
| New Hampshire | \$140 | \$166 | 31.4% | 12.0% | 58.6% | 76.5% | 10.0% | 11.4% |
| New Jersey ² | \$763 | \$1,242 | 78.8% | 64.1% | 13.4% | 18.2% | 8.0% | 28.0% |
| New Mexico ^{2,3} | \$61 | \$50 | 72.1% | 80.0% | 21.3% | 10.0% | 6.6% | 10.0% |
| New York ² | \$3,144 | \$3,982 | 21.3% | 26.5% | 60.0% | 57.8% | 18.7% | 15.7% |
| North Carolina | \$443 | \$1,105 | 74.0% | 29.0% | 12.2% | 61.4% | 13.8% | 9.6% |
| North Dakota | \$53 | \$46 | 54.7% | 45.7% | 24.5% | 26.1% | 20.8% | 26.1% |
| Ohio | \$729 | \$838 | 60.4% | 55.0% | 32.9% | 39.5% | 6.7% | 5.4% |
| Oklahoma ² | \$134 | \$174 | 84.3% | 77.6% | 3.7% | 12.1% | 11.2% | 10.3% |
| Oregon | \$202 | \$432 | 36.6% | 32.6% | 47.0% | 64.1% | 15.8% | 3.5% |
| Pennsylvania ^{1,3} | \$2,002 | \$2,590 | 65.2% | 63.2% | 25.2% | 27.6% | 9.6% | 9.2% |
| Rhode Island ³ | \$92 | \$108 | 13.0% | 13.0% | 70.7% | 85.2% | 16.3% | 1.9% |
| South Carolina | \$318 | \$276 | 40.6% | 40.9% | 48.7% | 50.0% | 10.7% | 9.1% |
| South Dakota | \$17 | \$58 | 17.6% | 55.2% | 64.7% | 36.2% | 23.5% | 8.6% |
| Tennessee | \$395 | \$534 | 21.5% | 26.0% | 73.7% | 69.3% | 5.1% | 4.7% |
| Texas ² | \$797 | \$805 | 61.6% | 61.9% | 27.2% | 22.5% | 11.2% | 15.7% |
| Utah ² | \$159 | \$150 | 36.5% | 24.7% | 43.4% | 65.3% | 20.8% | 10.0% |
| Vermont | \$80 | \$123 | 6.3% | 19.5% | 87.5% | 78.0% | 5.0% | 1.6% |
| Virginia | \$465 | \$607 | 67.1% | 62.6% | 25.6% | 31.5% | 7.3% | 5.9% |
| Washington | \$526 | \$625 | 10.1% | 24.3% | 85.2% | 71.4% | 4.8% | 4.3% |
| West Virginia ² | \$87 | \$127 | 43.7% | 42.5% | 48.3% | 51.2% | 8.0% | 7.1% |
| Wisconsin | \$405 | \$600 | 60.5% | 50.8% | 31.4% | 24.3% | 8.4% | 26.0% |
| Wyoming ² | \$38 | \$53 | 78.9% | 83.0% | 15.8% | 15.1% | 5.3% | 1.9% |

See footnotes and notes on page 210.

Footnotes for Table III.13

¹Medicaid revenues for community programs are not included in State Mental Health Agency-Controlled Expenditures.

²State Mental Health Agency-Controlled Expenditures include funds for mental health services in jails or prisons.

³Children's Mental Health Expenditures are not included in State Mental Health Agency-Controlled Expenditures.

Notes

* = Data unavailable

Because of rounding, estimates may not sum to 100%.

Sources

NRI, Inc. (2008). *State mental health agency revenues and expenditures studies*. Retrieved October 31, 2008, from http://www.nri-inc.org/projects/Profiles/Prior_RE.cfm.

Table III.14 State Mental Health Agency-Controlled Mental Health Expenditures, FY 2001 and FY 2006

| State | Total (\$ Million) | | State Psychiatric Hospital-Inpatient (percent) | | Community Mental Health (percent) | | State Mental Health Agency Central Office* (percent) | |
|-----------------------------|--------------------|---------|--|-------|-----------------------------------|-------|--|-------|
| | FY'01 | FY'06 | FY'01 | FY'06 | FY'01 | FY'06 | FY'01 | FY'06 |
| Alabama | \$253 | \$295 | 40.9% | 46.4% | 56.3% | 50.7% | 2.8% | 3.0% |
| Alaska | \$51 | \$184 | 33.3% | 11.2% | 60.6% | 86.2% | 6.1% | 2.7% |
| Arizona | \$472 | \$963 | 9.8% | 6.6% | 87.9% | 91.7% | 2.2% | 1.6% |
| Arkansas ¹ | \$76 | \$108 | 30.7% | 31.7% | 65.0% | 64.4% | 4.3% | 3.9% |
| California ² | \$3,148 | \$4,440 | 18.1% | 19.8% | 80.9% | 79.3% | 1.0% | 0.9% |
| Colorado | \$283 | \$340 | 29.6% | 27.0% | 69.9% | 72.6% | 0.5% | 0.4% |
| Connecticut ^{1,3} | \$440 | \$592 | 30.4% | 30.3% | 60.8% | 58.8% | 8.8% | 10.9% |
| Delaware ^{1,3} | \$74 | \$88 | 64.5% | 48.2% | 33.5% | 49.7% | 2.0% | 2.1% |
| District of Columbia | \$227 | \$230 | 45.6% | 34.1% | 54.4% | 57.6% | NA | NA |
| Florida | \$578 | \$687 | 43.6% | 42.3% | 54.7% | 55.8% | 1.8% | 1.8% |
| Georgia ¹ | \$381 | \$565 | 45.6% | 48.4% | 48.6% | 51.6% | 5.8% | 0.0% |
| Hawaii ³ | \$214 | \$168 | 15.8% | 33.8% | 71.4% | 59.7% | 12.8% | 6.4% |
| Idaho | \$61 | \$67 | 36.4% | 32.8% | 61.8% | 58.5% | 1.8% | 8.6% |
| Illinois | \$790 | \$1,052 | 38.8% | 26.7% | 59.0% | 71.4% | 2.2% | 1.9% |
| Indiana | \$412 | \$556 | 35.7% | 33.1% | 63.4% | 66.1% | 0.9% | 0.8% |
| Iowa | \$152 | \$299 | 23.7% | 13.1% | 75.9% | 85.1% | 0.4% | 1.8% |
| Kansas | \$162 | \$249 | 35.5% | 30.9% | 63.0% | 69.1% | 1.5% | 0.0% |
| Kentucky ² | \$197 | \$207 | 51.2% | 52.0% | 47.0% | 43.6% | 1.9% | 4.4% |
| Louisiana | \$201 | \$257 | 57.9% | 56.4% | 40.2% | 30.5% | 2.0% | 13.2% |
| Maine ² | \$138 | \$464 | 30.1% | 11.6% | 65.1% | 87.8% | 4.8% | 0.6% |
| Maryland | \$678 | \$810 | 30.0% | 28.4% | 65.6% | 67.7% | 4.4% | 3.9% |
| Massachusetts ² | \$682 | \$717 | 18.0% | 16.6% | 78.9% | 80.5% | 3.1% | 2.9% |
| Michigan | \$844 | \$1,010 | 35.0% | 21.0% | 64.0% | 78.2% | 1.1% | 0.8% |
| Minnesota | \$518 | \$721 | 29.9% | 27.1% | 69.5% | 72.4% | 0.6% | 0.5% |
| Mississippi | \$247 | \$318 | 59.6% | 53.1% | 39.2% | 46.0% | 1.2% | 1.0% |
| Missouri | \$336 | \$436 | 50.4% | 48.2% | 45.0% | 48.6% | 4.6% | 3.2% |
| Montana | \$112 | \$138 | 17.4% | 17.0% | 79.2% | 79.8% | 3.5% | 3.2% |
| Nebraska ² | \$87 | \$109 | 63.4% | 55.7% | 34.7% | 41.7% | 1.9% | 2.5% |
| Nevada | \$120 | \$151 | 36.2% | 23.8% | 62.9% | 73.6% | 0.9% | 2.6% |
| New Hampshire | \$140 | \$166 | 29.6% | 31.2% | 68.6% | 65.9% | 1.8% | 2.9% |
| New Jersey ² | \$763 | \$1,242 | 38.9% | 36.6% | 59.3% | 62.0% | 1.7% | 1.3% |
| New Mexico ^{2,3} | \$59 | \$49 | 37.1% | 44.9% | 62.3% | 55.1% | 0.6% | 0.0% |
| New York ² | \$3,332 | \$4,108 | 29.8% | 27.0% | 66.3% | 68.8% | 3.9% | 4.2% |
| North Carolina | \$443 | \$1,105 | 67.8% | 25.2% | 31.5% | 73.8% | 0.7% | 0.9% |
| North Dakota | \$50 | \$45 | 44.9% | 32.3% | 53.7% | 67.6% | 1.4% | 0.1% |
| Ohio | \$692 | \$781 | 28.0% | 26.1% | 67.8% | 69.9% | 4.2% | 4.1% |
| Oklahoma ² | \$136 | \$174 | 29.9% | 28.3% | 64.3% | 64.6% | 5.8% | 7.1% |
| Oregon | \$202 | \$432 | 40.1% | 26.9% | 57.4% | 70.5% | 2.5% | 2.6% |
| Pennsylvania ^{1,3} | \$1,860 | \$2,584 | 21.5% | 20.3% | 77.8% | 79.1% | 0.7% | 0.6% |
| Rhode Island ³ | \$92 | \$108 | 25.6% | 26.9% | 72.1% | 71.3% | 2.3% | 1.7% |
| South Carolina | \$299 | \$282 | 36.3% | 28.9% | 58.2% | 65.7% | 5.5% | 5.4% |
| South Dakota | \$46 | \$58 | 67.0% | 62.7% | 31.3% | 35.5% | 1.7% | 1.8% |
| Tennessee | \$395 | \$534 | 32.1% | 30.4% | 65.2% | 67.2% | 2.7% | 2.5% |
| Texas ² | \$797 | \$805 | 38.4% | 37.5% | 58.0% | 60.6% | 3.6% | 1.8% |
| Utah ² | \$159 | \$150 | 25.9% | 30.5% | 73.4% | 68.8% | 0.7% | 0.8% |
| Vermont | \$80 | \$123 | 12.0% | 14.1% | 85.2% | 82.7% | 2.8% | 3.2% |
| Virginia | \$467 | \$613 | 59.5% | 50.0% | 34.9% | 47.2% | 5.6% | 2.8% |
| Washington | \$526 | \$625 | 31.9% | 31.5% | 65.8% | 66.1% | 2.3% | 2.5% |
| West Virginia ² | \$87 | \$129 | 42.4% | 38.0% | 55.7% | 62.0% | 2.0% | 0.0% |
| Wisconsin | \$405 | \$600 | 27.1% | 27.7% | 72.4% | 72.2% | 0.5% | 0.1% |
| Wyoming ² | \$30 | \$45 | 43.4% | 40.1% | 53.8% | 58.1% | 2.8% | 1.8% |

See footnotes and note on page 212.

Footnotes for Table III.14

¹Medicaid revenues for community programs are not included in State Mental Health Agency-Controlled Expenditures.

²State Mental Health Agency-Controlled Expenditures include funds for mental health services in jails or prisons.

³Children's Mental Health Expenditures are not included in State Mental Health Agency-Controlled Expenditures.

Note

* Central Office includes administration, research, training, prevention, and other central and regional office expenditures.

Source

NRI, Inc. (2008). *State mental health agency revenues and expenditures studies*. Retrieved October 31, 2008, from http://www.nri-inc.org/projects/Profiles/Prior_RE.cfm.

Table III.15 Mental Health Care Benefits: Separate Limits on Coverage, Private Industry, in Prepaid Plans and in Indemnity Plans, United States, 1997, 2000, and 2002

| Coverage Limitation | Private Industry | | | | | | Prepaid Plans in Private Industry | | | | | | Indemnity Plans in Private Industry | | | | | |
|---|------------------|---------------|---------------|---------------|--------------|---------------------|-----------------------------------|---------------|---------------|---------------|--------------|---------------------|-------------------------------------|---------------|---------------|---------------|--------------|---------------------|
| | 1997 | | 2000 | | 2002 | | 1997 | | 2000 | | 2002 | | 1997 | | 2000 | | 2002 | |
| | All Employees | All Employees | All Employees | All Employees | 1-99 Workers | 100 Workers or More | All Employees | All Employees | All Employees | All Employees | 1-99 Workers | 100 Workers or More | All Employees | All Employees | All Employees | All Employees | 1-99 Workers | 100 Workers or More |
| Inpatient Care | | | | | | | | | | | | | | | | | | |
| Total with Mental Health Care Benefits | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| No separate limits ¹ | 14 | 15 | 15 | 19 | 12 | 12 | 10 | 15 | 16 | 19 | 14 | 14 | 16 | 15 | 14 | 19 | 11 | 11 |
| Subject to separate limits ² | 86 | 85 | 85 | 81 | 88 | 88 | 90 | 85 | 54 | 81 | 86 | 86 | 84 | 85 | 86 | 81 | 89 | 89 |
| Days ³ | 61 | 76 | 77 | 71 | 81 | 81 | 84 | 77 | 77 | 72 | 82 | 82 | 50 | 75 | 77 | 70 | 81 | 81 |
| Maximum dollar ⁴ | 41 | 10 | 7 | 9 | 6 | 6 | 12 | 7 | 4 | 6 | 3 | 3 | 55 | 11 | 9 | 11 | 8 | 8 |
| Coinsurance ⁵ | 13 | 13 | 11 | 11 | 12 | 12 | 10 | 10 | 8 | 7 | 9 | 9 | 15 | 15 | 13 | 13 | 13 | 13 |
| Copayment ⁶ | 7 | 3 | 12 | 12 | 12 | 12 | 16 | 5 | 14 | 15 | 13 | 13 | 3 | 2 | 10 | 10 | 11 | 11 |
| Other ⁷ | 1 | 4 | 4 | 4 | 5 | 5 | 1 | 2 | 3 | 2 | 4 | 4 | 2 | 5 | 5 | 5 | 5 | 5 |
| Outpatient Care⁸ | | | | | | | | | | | | | | | | | | |
| Total with Mental Health Care Benefits | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| No separate limits ¹ | 4 | 7 | 10 | 13 | 9 | 9 | 3 | 9 | 7 | 8 | 6 | 6 | 4 | 7 | 12 | 15 | 9 | 9 |
| Subject to separate limits ² | 96 | 93 | 90 | 87 | 91 | 91 | 97 | 91 | 93 | 92 | 94 | 94 | 96 | 93 | 88 | 85 | 91 | 91 |
| Visits ⁹ | 53 | 72 | 75 | 70 | 79 | 79 | 83 | 77 | 84 | 82 | 85 | 85 | 38 | 70 | 70 | 62 | 76 | 76 |
| Maximum dollar ⁴ | 55 | 15 | 7 | 8 | 6 | 6 | 19 | 8 | 4 | 5 | 2 | 2 | 74 | 19 | 9 | 10 | 8 | 8 |
| Coinsurance ⁵ | 36 | 20 | 18 | 20 | 17 | 17 | 13 | 6 | 10 | 8 | 12 | 12 | 47 | 28 | 22 | 27 | 19 | 19 |
| Copayment ⁶ | 30 | 30 | 29 | 27 | 31 | 31 | 61 | 44 | 44 | 40 | 48 | 48 | 14 | 20 | 21 | 19 | 23 | 23 |
| Other ⁷ | 2 | 16 | 9 | 11 | 8 | 8 | 1 | 8 | 7 | 9 | 5 | 5 | 2 | 22 | 11 | 13 | 10 | 10 |

See footnotes and note on page 214.

Footnotes for Table III.15

¹These may include plans that provide coverage without any separate limits; they also may include plans that provide coverage subject to only the major medical limits of the plans.

²Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental healthcare to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

³Days is the maximum number of inpatient days covered by a plan in a policy year.

⁴Maximum dollar is the highest amount of spending authorized and paid for by the medical plan.

⁵Coinsurance is the percentage of authorized expenses paid by the medical plan. For example, the plan may have a coinsurance rate of 80 percent. In this case, the plan pays 80 percent of covered medical expenses and the participant (employee) pays the remaining 20 percent. In some plans, the coinsurance rate is lower for outpatient mental health care than for other services.

⁶Copayment is the out-of-pocket expense paid by the participant at the time of service.

⁷These are plans where comparisons were made between individual copayments and coinsurances for mental health care and all other illnesses. For example, outpatient mental health care had a 50 percent coinsurance payment, while office visits for other illnesses had a \$10 co-payment.

⁸Outpatient care includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

⁹Visits is the maximum number of visits covered by a plan in a policy year.

Note

Sum of individual items is greater than total because some of the participants were in plans with more than one type of limit.

Source

Morton, J. D., & Aleman, P. (2005). Trends in employer-provided mental health and substance abuse benefits. *Monthly Labor Review*, 25–35. 1997 Bureau of Labor Statistics Employee Benefits Survey. 2000 and 2002 Bureau of Labor Statistics National Compensation Survey.

Table III.16 Percentage of Covered Workers with Various Outpatient and Inpatient Mental Health Visits, Annual Maximums/Days Covered by Plan Type, 2000 and 2008

| | Conventional | | HMO | | PPO | | POS | | HDHP/SO | | All Plans | |
|---|--------------|------|------|------|------|------|------|------|---------|------|-----------|------|
| | 2000 | 2008 | 2000 | 2008 | 2000 | 2008 | 2000 | 2008 | 2000 | 2008 | 2000 | 2008 |
| Number of Annual Outpatient Mental Health Visits Covered | | | | | | | | | | | | |
| 20 visits or fewer | 23% | - | 36% | 49% | 24% | 29% | 28% | 38% | - | 41% | 26% | 34% |
| 21 To 30 visits | 16 | - | 26 | 22 | 26 | 30 | 26 | 20 | - | 27 | 26 | 27 |
| 31 To 50 visits | 15 | - | 12 | 10 | 14 | 11 | 10 | 16 | - | 14 | 14 | 11 |
| More than 50 visits | 6 | - | 4 | 5 | 5 | 11 | 6 | 9 | - | 6 | 7 | 9 |
| No limit | 25 | - | 8 | 15 | 13 | 19 | 12 | 18 | - | 12 | 11 | 18 |
| Don't know | 16 | - | 14 | - | 18 | - | 19 | - | - | - | 16 | - |
| Number of Annual Inpatient Mental Health Days Covered | | | | | | | | | | | | |
| 10 Days or fewer | 2% | - | 4% | 12% | 4% | 5% | 6% | 8% | - | 10% | 6% | 7% |
| 11 To 20 days | 5 | - | 9 | 12 | 7 | 11 | 7 | 17 | - | 11 | 7 | 11 |
| 21 To 30 days | 25 | - | 46 | 46 | 38 | 44 | 40 | 35 | - | 49 | 37 | 44 |
| 31 Or more days | 22 | - | 16 | 14 | 14 | 17 | 16 | 21 | - | 15 | 14 | 16 |
| No limit | 27 | - | 9 | 17 | 21 | 24 | 17 | 19 | - | 16 | 14 | 22 |
| Don't know | 19 | - | 15 | - | 16 | - | 15 | - | - | - | 16 | - |

See notes on page 216.

Notes for Table III.16

HMO = Health Maintenance Organization

PPO = Preferred Provider Organization

POS = Point of Service

HDHP/SO = High Deductible Health Plan with Savings Option

In 2008, 2 percent of covered workers did not have outpatient and inpatient mental health coverage.

Given the decline in conventional health plan enrollment and the addition of HDHP/SO as a plan type option, nearly all questions pertaining to conventional coverage from the survey instrument and thus the conventional plan type are not included in 2008.

In 2006, the survey began asking questions about HDHP/SO as a separate plan type, equal to the other plan types.

In prior years, data on HDHP/SO plans were collected as part of one of the other types of plans. Therefore, the removal of HDHP/SOs from the other plan types may affect the year-to-year comparisons for the other plan types.

Differences between years in HMO, PPO, and POS plan types may be a result of reclassification.

Sources

Estimates comes from the Kaiser Family Foundation/Health Research and Education Trust Survey of Employer-Sponsored Health Benefits. See also following references: Kaiser Family Foundation (2008). *Employer health benefits, 2008*. Menlo Park, Kaiser Family Foundation; Kaiser Family Foundation (2000). *Employer health benefits, 2000*. Menlo Park: Kaiser Family Foundation.

Table III.17 Percentage of Employers Covering Specific Mental Health Services in Primary Plans,¹ by Employer Size, 1997 and 2003

| | Under 500 Employees | | 500+ Employees | |
|--------------------------------|---------------------|-----------|----------------|-----------|
| | 1997 | 2003 | 1997 | 2003 |
| | N = 1,356 | N = 772 | N = 1,315 | N = 1,299 |
| | (Percent) | (Percent) | (Percent) | (Percent) |
| Inpatient psychiatric care | 94 | 88* | 98 | 98 |
| Nonhospital residential care | 52 | 48 | 54 | 40* |
| Intensive outpatient treatment | 64 | 72* | 71 | 76* |
| Outpatient psychotherapy | 85 | 80* | 93 | 91 |
| Crisis services | 49 | 46 | 48 | 32* |

Footnote

¹Data are from the Mercer National Survey of Employer-Sponsored Health Plans in 1997 and 2003. The survey includes only employers who sponsor health insurance. A primary plan represents the employer's single plan with the largest enrollment, regardless of plan type. Small employers with fewer than 10 employees are not included in the survey.

Notes

* = Indicates differences between 1997 and 2003 are statistically significant at $p < 0.05$.

Sources

Teich, J. L., & Buck, J. A. (2007). Mental health benefits in employer-sponsored health plans, 1997–2003. *Journal of Behavioral Health Services Research, 34*(3), 343–348.

Table III.18 Overview of State Mental Health/Substance Abuse Parity Laws

| | Year Law or Amendment Enacted | Mandated Benefit ¹ | Broad Definition of Mental Illness ² | Covers Substance Abuse | Prohibits Limits on Inpatient Days and Outpatient Visits ³ | Requires Financial Parity ⁴ | Covers Small Employers ⁵ | Covers Policies or Employers Regardless of Cost Increases |
|---|-------------------------------|-------------------------------|---|------------------------|---|--|-------------------------------------|---|
| Total Number of States | 49 | 36 | 21 | 25 | 26 | 39 | 19 | 24 |
| Alabama | 2001, 2002 | | X | | | X | | |
| Alaska | 2006 | X | X | | | X | | |
| Arizona | 1998 | | X ⁶ | | | | | |
| Arkansas ⁷ | 1997, 2001 | X | X | | 7 | X | 7 | |
| California | 1999 | X | | | X | X | X | X ⁸ |
| Colorado | 1997, 2007 | X ⁹ | | X | X | X | 9 | X |
| Connecticut | 1999, 2002 | X | X ¹⁰ | X | X | X | X | X |
| Delaware | 1998, 2001 | X | | X | X | X | X | X |
| Florida | 1992, 1993 | ¹¹ | X | X | | | | |
| Georgia | 1998 | | X | X | | X | X | X |
| Hawaii | 1999, 2000, 2005 | X | ¹² | | X | X | X ¹² | |
| Idaho | 2006 | ¹³ | | | | X | | |
| Illinois | 2001, 2005 | X | ¹⁴ | | ¹⁵ | X | | X |
| Indiana | 1999, 2001, 2003 | ¹⁶ | | X ¹⁷ | X | X | ¹⁸ | |
| Iowa | 2005 | X | ¹⁹ | | | X | | |
| Kansas | 2001, 2003, 2006 | X | | X ²⁰ | ²⁰ | ²⁰ | | ²⁰ |
| Kentucky | 2000 | | X | X | X | X | | X |
| Louisiana | 1999 | X | ²¹ | | | X | | |
| Maine | 1995 | ²² | | X | X | X | | X |
| Maryland | 1994, 2002 | X | X | X | ²³ | X | X | X |
| Massachusetts | 2000, 2008 | X | ²⁴ | X ²⁴ | X | X | X | X |
| Michigan | 2000 | X ²⁵ | X | X ²⁵ | X ²⁵ | X ²⁵ | | |
| Minnesota | 1995, 2000, 2008 | X ²⁶ | X | X | X | X | X | X |
| Mississippi | 2001 | X ²⁷ | | | ²⁷ | X ²⁷ | | |
| Missouri | 1999, 2004 | | X | X | | X | X | |
| Montana | 1999, 2001, 2003 | X | | X | X ²⁸ | X | X | X |
| Nebraska | 1999 | X ²⁹ | ²⁹ | | X | | | X |
| Nevada | 1999 | X | | | | ³⁰ | | |
| New Hampshire | 1994, 2002 | X | | X ³¹ | X | X | X | X |
| New Jersey | 1999, 2002 | X | X ³² | X | X | X | X | X |
| New Mexico | 2000 | X | X | | X | X | X | |
| New York ³³ | 2006 | X | ³³ | | | X | X | |
| North Carolina | 1997, 2007 | X | ³⁴ | X | ³⁵ | X | ¹⁸ | ³⁵ |
| North Dakota | 1995, 2003 | X | X ³⁶ | X ³⁷ | | | X | X |
| Ohio | 2006 | X ³⁸ | | | X | X | | |
| Oklahoma | 1999, 2000 | X | | | X | X ³⁹ | | |
| Oregon ⁴⁰ | 2005 | X | X | X | X | X | X | X |
| Pennsylvania | 1998 | X | | | | ⁴¹ | | X |
| Rhode Island | 1994, 2001 | X | X | X | | X | X | X |
| South Carolina | 2000, 2005 | X | | X | X | X | ¹⁸ | |
| South Dakota | 1998, 2003 | X | | | X | | X | X |
| Tennessee | 1998, 2000 | X | X | | | X | | |
| Texas | 1997, 2003 | ⁴² | | | X | X | | X |
| Utah ⁴³ | 2000 | | | | X | | | |
| Vermont ⁴⁴ | 1997, 2006 | X | X | X | X | X | X | X |
| Virginia | 1999, 2004 | X ⁴⁵ | | X | X | X | | X |
| Washington | 2005, 2006 | X | X ⁴⁶ | | | X ⁴⁶ | | X |
| West Virginia | 2002, 2004, 2007 | X | | | X | X | | |
| Wisconsin ⁴⁷ | 2004 | | X | X | | | | |
| Federal Mental Health Parity Act | 1996 | | ⁴⁸ | | | | | |
| Federal Mental Health Parity and Addiction Equity Act | 2008 | | ⁴⁸ | | | | | |

See footnotes on pages 219–224.

Footnotes

¹A “mandated benefit” means that health insurance policies must include certain benefit provisions. A typical provision states that a group health plan shall provide benefits for diagnosis and mental health treatment under the same terms and conditions as provided for physical illnesses. States that do not require mandated benefits have either a “mandated benefit offering” or a “mandated, if offered” provision. The “mandated benefit offering” provision requires sellers to offer certain types of mental health coverage, with the decision of whether to purchase coverage left to the buyers. The “mandated, if offered” provision does not require the employer or insurer to offer mental health coverage; however, if the employer offers coverage, then the coverage must comply with parity provisions. In National Conference of State Legislature terminologies, state laws are classified into three categories: parity or equal coverage laws, minimum mandated benefit laws, and mandated offering laws. Mandated offering laws differ from the other two types of laws in that they do not require or mandate that benefits be provided at all.

²“Broad definition of mental illness” is defined as encompassing all the disorders listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Health Disorders and/or the visits for International Classification of Diseases Manual. For states that do not apply a broad definition of mental illness, some narrow their laws’ scope by requiring coverage only for “biologically based” illness or “serious mental illness.” Serious mental illness is most commonly defined as schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, schizoaffective disorder, and delusional disorder. Alternatively, some states—as well as the Federal Mental Health Parity Act—allow health plans to define mental illness.

³Prohibiting limits on inpatient days and outpatient visits means that mental health and physical conditions must have the same cap on the number of days/visits covered.

⁴Financial parity means that the amount/proportion that consumers contribute for mental health services and the amount/proportion they contribute for physical health services are the same.

⁵Some states exempt small employers from parity legislation and statutes. The definition of a small employer varies by state but is typically fewer than 50 employees.

⁶Arizona Revised Statute 20-2322 has a “mandated if offered” provision for group plans with small employer exemption and 1 percent cost increase cap.

⁷Arkansas: S. 716 (2001) prohibits health plans from imposing limits on coverage for mental health treatment offered by employers with 50 or fewer employees. This law allows groups of 51 or more employees to impose an annual maximum of 8 inpatient/partial hospitalization days together with 40 outpatient days. Employer plans with 50 or fewer employees may impose an annual maximum benefit payable no less than \$7,500. Employer plans with 51 or more employees may impose an annual maximum of 8 inpatient days and 40 outpatient visits. Arkansas Act 1063 prohibits small employer plans to impose limits with regard to deductible amounts, lifetime maximum payments, payments per outpatient visit, or payments per day of partial hospitalization, which differ from benefits for any other condition or illness, provided such insurer or hospital and medical service corporation may impose an annual maximum benefit payable, which shall not be less than \$7,500 per calendar year.

⁸The Cal. Ins. Code 10144.5 and Kirschstein (2000) indicate CA has no exemption due to cost increase.

⁹Colorado HB 97-1192 (1997) defines biologically based mental illness to include schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder. Colorado S.B. 07-36 (2007) expands the definition of serious mental illness to include posttraumatic stress disorder, drug and alcohol disorder, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, general anxiety disorder, and anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an outpatient, day treatment, and inpatient basis, exclusive of residential treatment. Colorado S.B. 07-36 (2007) exempts small group plans from the requirement to cover mental disorders.

¹⁰CT Public Act 99-284 (2002) repealed the general statutes of Sec 27. Sec 38a-488a (2000) and “mental or nervous conditions” means mental disorders, as defined in the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders. “Mental or nervous conditions” does not include (1) mental retardation, (2) learning disorders, (3) motor skills disorder, (4) communication disorders, (5) caffeine-related disorders, (6) relational problems, and (7) additional conditions that may be a focus of clinical

attention that are not otherwise defined as mental disorders in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

¹¹Based on FL Statutes, Title XXXVII, Chapter 627, Part VII, §627.668 (1992).

¹²Hawaii SB 761 (2005) amends the definition of serious mental illness as follows: "Serious mental illness" means a mental disorder that is of sufficient severity to result in substantial interference with the activities of daily living, consisting of at least one of the following: schizophrenia, schizoaffective disorder, bipolar types I and II, obsessive compulsive disorder, dissociative disorder, delusional disorder, and major depression, as defined in the most recent version of the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders. Hawaii HB 2392 (2000) repeals exemptions for small employers and government employee health benefit plans.

¹³State employees and their family members only.

¹⁴Illinois HB 2190 (2005) adds posttraumatic stress disorder to the list of serious mental illness.

¹⁵Illinois: S. 1341 requires "group health benefit plans to provide coverage based upon medical necessity for the following treatment of mental illness in each calendar year: 45 days of inpatient treatment and 35 outpatient treatment, including group and individual outpatient treatment, and prohibits a lifetime limit on the number of inpatient treatment days and outpatient visits covered by the plan. Plans must include the same amount limits, deductibles, copayments, and coinsurance factors for serious mental illness as for physical illness." Illinois HB 2190 (Public Act 094-0584) prohibits "an issuer of a group health benefit plan to count toward the number of outpatient visits required to be covered under this section an outpatient visit for the purpose of medication management and shall cover the outpatient visits under the same terms and conditions as it covers outpatient visits for the treatment of physical illness."

¹⁶Indiana: Statute specifies a "mandated benefit" for state employee plans and a "mandated offering" for group and individual plans. In 1997, Indiana HB 1400 Parity for mental health coverage provides that a state employee contract for health services that is issued, entered into, or renewed after June 30, 1997, may not permit treatment limitations or financial requirements on the coverage for the services for mental illness if similar limitations are not imposed on other conditions. Provides that (1) an accident and sickness insurance policy that is issued, entered into, or renewed after June 30, 1998; or (2) a health maintenance organization (HMO) contract that is entered into or renewed after June 30, 1998, may not impose aggregate lifetime limits or annual limits on the coverage of services for a mental illness unless the policy or contract imposes similar limits on coverage of services for other conditions. Provides that these prohibitions do not apply to (1) an employee benefit program that is subject to the Federal Employee Retirement Income Security Act, except for a state employee health plan; (2) an employer that employs fewer than 50 employees; (3) an individual, association, or business entity whose premiums would increase more than 1 percent as a result of the restriction on aggregate lifetime limits and annual limits on mental illness coverage.

¹⁷Indiana House Enrolled Act 1135 (2003) adds the provision that "an insurer that issues a policy of accident and sickness insurance that provides coverage of services for the treatment of substance abuse and chemical dependency when the services are required in the treatment of a mental illness shall offer to provide the coverage without treatment limitations or financial requirements if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions."

¹⁸Indiana HB 1108 (1999) applies to all group, individual plans, and state employees. North Carolina HB 973 (2007) applies to all group health insurance plans. South Carolina SB 49 (2005) applies to all group and individual health plans.

¹⁹"Biologically based mental illness" in Iowa Code 514c.22 (HF 420, 2005) means schizophrenia, bipolar disorders, major depressive disorders, schizoaffective disorders, pervasive developmental disorders, and autistic disorders.

²⁰Kansas HB 2033 (2001) provides no less than 30 days per year for treatment of alcoholism, drug abuse, or nervous or mental conditions; and provides reimbursement of the costs no less than 100 percent of the first \$100, 80 percent of the next \$100, and 50 percent of the next \$1,640 in any year, and no less than \$7,500 in lifetime. "Nervous or mental conditions" are schizophrenia, schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major depressive disorders, bipolar disorders, cyclothymic and dysthymic disorders, obsessive compulsive disorder, panic

disorder, pervasive developmental disorder, including autism, attention deficit disorder, and attention deficit hyperactive disorder. Kansas HB 2033 (2001) imposes annual coverage for both 45 days of inpatient care for mental illness and for 45 visits for outpatient care for mental illness on or after January 1, 2002. Kansas HB 2691 (2006) stipulates if a policy does not include an aggregate lifetime or annual limit on substantially all hospital, medical, and surgical expense benefits, the policy may not impose any aggregate lifetime limit on mental health benefits. Kansas HB 2071 (2003) allows a 1 percent cost increase cap for a group policy.

²¹Louisiana HB 1300 (1999) defines “severe mental illness” to include schizophrenia or schizoaffective disorder, bipolar disorder, pervasive developmental disorder or autism, panic disorder, obsessive compulsive disorder, major depressive disorder, anorexia/bulimia, Asperger’s disorder, intermittent explosive disorder, posttraumatic stress disorder, psychosis not otherwise specified when diagnosed in a child under 17 years of age, Rhettt’s disorder, and Tourette’s disorder. Coverage of other mental illnesses is optional.

²²Maine: The statute mandates coverage for group plans and requires a mandated offering for individual policies. Maine Revised Statute Title 24 Chapter 19 Subchapter 1 §2325 (2003) requires group plans to provide benefits (excluding “v” codes) for psychotic disorder, including schizophrenia, dissociative disorders, mood disorders, anxiety disorders, personality disorders, paraphilias, attention deficit and disruptive behavior disorders, pervasive developmental disorders, tic disorders, eating disorders including bulimia and anorexia, and substance abuse related disorders; and requires individual and group plans to offer benefits for schizophrenia, bipolar disorder, pervasive developmental disorder or autism, paranoia, panic disorder, obsessive compulsive disorder, or major depressive disorder. Maine (2003) LD 566 makes no change to the exemption of the mandated offering for individual plans and group plans covering fewer than 20 persons. Maine (2003) LD 566 adds home support services and residential treatment services in the provision.

²³Maryland Insurance Code §15-802 requires equal coverage for inpatient and partial hospitalization (at least 60 days) and requires expenses for outpatient coverage of mental illness, emotional disorders, drug abuse, or alcohol abuse at a rate no less than 80 percent for the first 5 visits per year, 65 percent for the 6th through 30th visit in a calendar year, and 50 percent for the 31st visit and any subsequent visit a year. Maryland 2002 Chapter 394 of the Acts of the General Assembly added a mandated benefit for residential crisis services (codified as §15-840 of the Insurance Codes).

²⁴Massachusetts: The General Laws of Massachusetts Chapter 175, Section 47B was amended in 2008 to include substance abuse disorders effective July 1, 2009. Subsection (f) of co-occurring alcoholism or chemical dependence parity was deleted by 2008, 256, sec. 4. In addition to the biologically based mental disorders, MA Gen. Laws Chapter 175, Sec 47B also stipulates nondiscriminatory treatment and diagnoses of rape-related mental or emotional disorders and nondiscriminatory benefits for children and adolescents under the age of 19 for the diagnosis and treatment of nonbiologically based mental, behavioral, or emotional disorders.

²⁵Michigan SB 1209 (2000) Act No. 252 §3501 applies only to providers having a contract with a health maintenance organization. Michigan SB 1209 (2000) Act No. 252 §3501 stipulates “charges, terms, and conditions for the services required to be provided ... share not be less favorable than the maximum prescribed for any other comparable service ... share at a minimum provide for up to \$2,698 in services for intermediate and outpatient care for substance abuse per year.”

²⁶Minnesota: Sec 10 Minnesota Statutes 2006, section 62A.152 is amended in 2008 to include all group policies. The statutes requires equal cost-sharing and benefit or service limitations for outpatient and inpatient mental health, chemical dependency, and alcoholism services.

²⁷Mississippi HB 667 (2001) amends §83-9-39 of MS Code to require effective January 1, 2002, all group health policies to provide covered benefits for mental illness, except for policies that only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts. It has a 1 percent cost increase cap. It requires employers of 100 or fewer employees and all individual plans to offer mental health benefits on an optional basis. Mississippi HB 667 (2001) amends §83-9-39 of MS Code to require effective January 1, 2002, all group health policies to provide covered benefits for mental illness, except for policies that only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts. It has a 1% cost increase cap. It requires employers of 100 or fewer employees and all individual plans shall offer mental health benefits on an optional basis. Missouri HB 855 (2004) repeals sections 376.779, 376.810, 376.811, 376.826, 376.836 and 376.840 of MO Codes, and requires all individually underwritten policies to provide coverage for treatment of alcoholism on the same basis for other illness effective January 1, 2005. It requires all individually underwritten policies to offer coverage for chemical dependency. It requires all group policies to provide mental health benefits or coverage if offered. Section

376.1550 requires such coverage to be equal to physical condition. The Bill grants a waiver for 2 percent cost increase.

²⁸Montana Code Annotated 2007 § 33-22-701 to 706 stipulates effective July 1, 2009, that health policies are required to provide benefits for treatment of severe mental illness that is no less favorable than that level provided for other physical illness in terms of and not limited to inpatient, outpatient, rehabilitative services, medication, services rendered by a licensed physician, licensed advanced practice registered nurse with a specialty in mental health, licensed social worker, licensed psychologist, or licensed professional counselor when those services are part of a treatment plan recommended and authorized by a licensed physician; and services rendered by a licensed advanced practice registered nurse with prescriptive authority and specializing in mental health. However, for other mental illness, alcoholism, and drug addiction, the benefits may be limited (e.g., maximum of 21 inpatient days for other mental illness, maximum of \$6,000 per year inpatient and outpatient treatment for alcoholism and drug addiction.).

²⁹Prior to January 1, 2002, Nebraska Revised Statute 44-792 defines serious mental illness to mean schizophrenia, schizoaffective disorder, delusional disorder, bipolar, major depression, and obsessive compulsive disorder. On and after January 1, 2002, serious mental illness means any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person. It includes but is not limited to the old definition. The Statute 44-794 interprets that the law shall not be construed to require a health insurance plan to provide coverage for mental health condition or serious mental illness or provide the same rates, terms, or conditions between treatment for serious mental illness and preventive care.

³⁰Nevada: Annual and lifetime dollar limits must be equal to other illnesses; cost sharing for co-payments and coinsurance must not be more than 150 percent of out-of-pocket expenses for medical and surgical benefits.

³¹New Hampshire HB 672 (2002) revises the laws relative to insurance coverage for mental and nervous conditions. The bill also requires limited insurance coverage for treatment for chemical dependency, including alcoholism effective January 1, 2003.

³²New Jersey SB 1633 (2002) expands definition to mental disorders included in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders. In addition, the substitute generally mandates the provision of health insurance coverage for alcohol and drug addiction treatment in New Jersey.

³³In New York, Chapter 748 of the Laws of 2006, commonly referred to as Timothy's Law, became effective on January 1, 2007. Biologically based mental illness is defined as a mental, nervous, or emotional disorder caused by a biological disorder of the brain that results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorders satisfy the definition of biologically based mental illness: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia. Children with serious emotional disturbances is defined as those persons under age 18 who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household. Timothy's Law may result in a premium reduction under small group policies issued or renewed in 2007 because of the required state subsidy of the mandated benefits. If premiums are reduced, then insurers, Article 43 corporations, and HMOs must provide a full premium credit or refund to affected small groups for the amount of the approved premium reduction measured from the renewal date or issue date.

³⁴North Carolina HB 973 (2002) requires parity in durational limits for the following mental illnesses: bipolar disorder, major depressive disorder, obsessive compulsive disorder, paranoid and other psychotic disorder, schizoaffective disorder, schizophrenia, posttraumatic stress disorder, anorexia nervosa, and bulimia, effective July 1, 2008. North Carolina General Statutes §58-51-50 requires insurer to offer benefits for chemical dependency at a minimum of \$8,000 per year and \$16,000 per lifetime if the insurer provides total annual benefits for all illnesses in excess of \$8,000.

³⁵NC HB 973 (2007) mandates minimum benefit of 30 combined inpatient and outpatient days per year and 30 office visits per year for other mental illnesses except substance related disorders, sexual dysfunctions not due to organic diseases, and "V" codes; a group health plan may apply different durational limits to other mental

disorders. NC SB 400 (1997) stipulates a 2 percent cost increase cap. The act expired October 1, 2001. The new act (2007) does not specify this cost increase cap.

³⁶North Dakota Century Code 26.1-36-09 requires a minimum of 45 inpatient days 120 partial hospitalization days, 120 residential treatment days (for individuals under 21 years of age), 30 hours of outpatient services with no deductible or a co-payment for the first 5 hours and no greater than 20 percent for the remaining hours.

³⁷North Dakota Century Code 26.1-36-08 requires a minimum of 60 inpatient days, 120 partial hospitalization days, or 20 outpatient visits for substance abuse. The insurer may not establish a deductible or copayment for the first 5 visits and may not charge a co-payment greater than 20 percent of the remaining visits. The deductible limit does not apply to a high-deductible health savings account. Century Code 26.1-36-08-1 (HB 2210 in 2003) provides an alternative to the coverage for substance abuse (45 inpatient days, 60 residential treatment days).

³⁸Ohio SB 116 (2006) was signed on December 29, 2006, and grants full parity for biologically based mental disorders. It has a 1 percent cost increase cap and does not apply to small employers.

³⁹Oklahoma Statute Title §36-6060.11 requires for severe mental illness equal co-payment, coinsurance, maximum lifetime benefit, and deductibles as all other physical illness.

⁴⁰Oregon SB 1 (2005) stipulates full parity for mental and nervous conditions and chemical dependency effective January 1, 2007. ORS 743.556 was renumbered 743A.168 in 2007 amended by HB 2608 (2009).

⁴¹Pennsylvania: Statute requires parity in annual and lifetime dollar limits but only specifies that cost sharing “must not prohibit access to care.”

⁴²Texas: Statute requires “mandated benefits” for group and HMO plans and a “mandated offering” for groups of 50 or fewer. The SB541 (2003) allows insurers and HMOs to offer policies without mandated benefits for the treatment of mental illness and chemical dependency with the exception for serious mental illness (schizophrenia, paranoid and other psychotic disorders, bipolar disorders, major depressive disorders, schizoaffective disorders, pervasive developmental disorders, obsessive-compulsive disorders, and depression in childhood and adolescence).

⁴³Utah HB 35 (2000) defines mental health conditions as disorders in the DSM mental illness category excluding conduct disorder, chronic adjustment disorder, psychosexual disorder, chronic organic brain syndrome, personality disorder, specific developmental disorder or learning disability, mental retardation, marital or family problem, and social, occupational, religious, or other maladjustment.

⁴⁴Vermont HB 40 (2006) amends the 1998 statute to add an “any willing provider” amendment. The law prohibits an insurer from excluding from its network or list of authorized providers any licensed mental health or substance abuse provider located within the geographic coverage area of the health benefit plan if the provider is willing to meet the terms and conditions for participation established by the health insurer.

⁴⁵Virginia Code § 38.2-3412.1 stipulates coverage for mental health and substance abuse services, and § 38.2-3412.01 stipulates coverage for biologically based mental health with full parity.

⁴⁶Washington HB 1154 (2005) defines mental disorders covered by DSM except substance-related disorder, life transition problems, “V” codes, and diagnostic codes 302 through 302.9. Mental health services excludes skilled nursing facility services, home health care, residential treatment and custodial care, and court-ordered treatment unless the authority’s or contracted insuring entity’s medical director determines the treatment to be medically necessary. (Parity for copays and coinsurance in 2006, parity of out-of-pocket limits in 2008, and parity of deductibles and treatment limitations in 2010, NAMI update).

⁴⁷Wisconsin Statutes §632.748 prohibits discrimination under a group plan for continued eligibility with respect to medical condition, including both physical and mental illnesses. §632.89 specifies required coverage of nervous or mental disorders or alcoholism or other drug abuse problem.

⁴⁸The Federal Mental Health Parity Act allows health plans to define the covered illnesses. On October 3, 2008, the Emergency Economic Stabilization Act (HR 1424) passed Congress and was signed into law. It included a major mental health provision, known as the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act,” which was attached to the economic bill and also became law. This Federal

mental health law requires health insurance plans that offer mental health coverage to provide the same financial and treatment coverage offered for other physical illnesses. It does not mandate that group plans must provide mental health coverage. This legislation expands parity by requiring equality for deductibles, copayments, out-of-pocket expenses, coinsurance, covered hospital days, and covered out-patient visits. The measure also includes a small business exemption for companies with fewer than 50 employees, as well as a cost exemption for all businesses if it will result in a cost increase of 2 percent in the first year and 1 percent in each subsequent year. The bill builds on the current 1996 Federal parity law, which already requires parity coverage for annual and lifetime dollar limits. The current HIPAA preemption standard applies. This standard is extremely protective of state law. Only a state law that “prevents the application” of this act will be preempted, which means that stronger state parity and other consumer protection laws remain in place. It will require the Comptroller General to inform Congress on health plans’ and health insurers’ coverage and exclusion rates, patterns, and trends of mental health and substance use disorder diagnoses. The new law exempts businesses with 50 or fewer employees from its mental health parity requirements. (Sources: Press Release from the Office of U.S. Senator Pete Domenici; Press Release from the Office of U.S. Senator Edward Kennedy.)

Sources

Gitterman, D., Scheffler, R., Peck, M., Ciemans, E., & Gruttadero, D. (July 2000). *A decade of mental health parity: The regulation of mental health insurance parity in the United States, 1990–2000*. NIMH Grant MH-18828-11. Berkeley: University of California.

U.S. General Accounting Office. (2000). *Mental Health Parity Act: Despite new Federal standards, mental health benefits remain limited*. GAO-HEHS-00–95. Washington, DC: Author. National Alliance on Mental Illness (2009). State mental health parity laws. Retrieved February 12, 2009, from http://www.nami.org/Content/ContentGroups/Policy/Issues_Spotlights/Parity1/State_Parity_Chart_0709.pdf.

Cauchi, R., & Thangasamy, A. (2009). *State laws mandating or regulating mental health benefits*. Retrieved February 12, 2009, from <http://www.ncsl.org/default.aspx?tabid=14352>.

National Conference of State Legislatures. (2001). *Mental health parity*. Behavioral Health Brief. Washington, DC: NCSL Health Policy Tracking Service. Online Sources of State laws, bills, and statutes.

Table III.19 Top Three Drug Categories in Various Insurance Coverage Groups, Ranked by 2001 Expenditures, 1996 and 2001

| Coverage Group/Drug Category | Users (millions) | | Spending (millions of 2001 dollars) ¹ | | Annual Growth Rate (percent) | |
|---------------------------------------|------------------|-------------|--|----------------|------------------------------|----------------|
| | 1996 | 2001 | 1996 | 2001 | 1996 | 2001 |
| Medicare, age 65+ (total) | 3.3 | 3.9 | 992 | 1,798 | 12.6 | |
| Antidepressants, newer | 1.4 | 2.4 | 582 | 1,063 | 12.8 | 60 |
| Antianxiety, benzodiazepines | 1.5 | 1.6 | 247 | 366 | 8.2 | 15 |
| Antipsychotics, atypical | 0.0 | 0.1 | 10 | 151 | 71.1 | 17 |
| Medicare, under age 65 (total) | 1.0 | 1.7 | 545 | 2,386 | 34.4 | |
| Antipsychotics, atypical | 0.1 | 0.4 | 65 | 992 | 72.5 | 50 |
| Antidepressants, newer | 0.4 | 1.1 | 199 | 809 | 32.4 | 33 |
| Antimaniacs, anticonvulsants | 0.1 | 0.2 | 28 | 177 | 44.9 | 8 |
| Private insurance (total) | 8.7 | 13.1 | 3,204 | 7,216 | 17.6 | |
| Antidepressants, newer | 4.8 | 9.2 | 2,024 | 4,688 | 18.3 | 66 |
| Antianxiety, benzodiazepines | 2.6 | 3.1 | 404 | 730 | 12.6 | 8 |
| Stimulants | 1.4 | 1.9 | 473 | 701 | 8.2 | 6 |
| Medicaid/other public (total) | 1.9 | 2.6 | 896 | 2,525 | 23.0 | |
| Antipsychotics, atypical | 0.1 | 0.5 | 39 | 1,038 | 92.4 | 61 |
| Antidepressants, newer | 0.7 | 1.5 | 360 | 850 | 18.8 | 30 |
| Antianxiety, benzodiazepines | 0.6 | 0.6 | 113 | 188 | 10.7 | 5 |
| Uninsured (total) | 1.0 | 1.6 | 307 | 741 | 19.3 | |
| Antidepressants, newer | 0.5 | 1.2 | 195 | 446 | 18.0 | 58 |
| Antipsychotics, atypical | 0.0 | 0.1 | – ² | – ² | – ² | – ² |
| Antianxiety, benzodiazepines | 0.3 | 0.5 | 46 | 71 | 8.9 | 6 |

Footnotes

¹Adjusted to constant 2001 dollars (using the gross domestic product deflator)

²Estimate suppressed because of large relative standard error.

Source

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205. Medical Expenditure Panel Survey (MEPS), 1996–2001.

Table III.20 Volume and Cost of Mental Health and Substance Abuse Services in the Veterans Health Administration, FY 2008

| | Mental Health | Substance Abuse | Combined Mental Health/ Substance Abuse |
|---|----------------------|------------------------|--|
| Volume of Specialty Mental Health/Substance Abuse Encounters¹ | | | |
| Inpatient days | 994,669 | 17,454 | 1,012,123 |
| Residential days (includes domiciliary) | 1,824,377 | 515,900 | 2,340,277 |
| Outpatient visits | 8,644,630 | 2,043,944 | 10,688,574 |
| Nominal Expenditures (amount in millions) | | | |
| Inpatient | \$1,121 | \$16 | \$1,137 |
| Residential (includes domiciliary) | 678 | 216 | 894 |
| Outpatient except pharmacy | 1,765 | 259 | 2,024 |
| Outpatient pharmacy ² | - | - | 1,068 |
| Total | - | - | 5,123 |

Footnotes

¹Volume of services are for specialized mental health facilities/units only; excludes any mental health care in primary care, for instance.

²Outpatient pharmacy is for all mental health and substance abuse users, including those treated outside specialty mental health/substance abuse facilities. Mental health and substance abuse prescriptions are not separated. Inpatient and Residential include pharmacy items dispensed through those facilities, such as IV medications or ward stock, but exclude items dispensed directly to the patient. The latter items are covered under Outpatient Pharmacy.

Note

For an explanation of VA residential programs, see <http://www1.va.gov/GeriatricsSHG/page.cfm?pg=63>. Expenditures are in nominal 2008 dollars.

Source

Smith, M. (2009). Estimates from the Decision Support System (DSS). Personal communication, Dr. Alexander Cowell. Received March 6, 2009. RTP, NC.

Additional Acknowledgments

Joyce T. Berry, Ph.D., J.D., Director of the Division of State and Community Systems Development (DSCSD), Center for Mental Health Services, SAMHSA, provided support throughout the implementation of this project.

Many people contributed to the development of this document. The structure and content of the report were guided by the suggestions of an Expert Advisory Panel that was convened in February 2008. Subsequently, organizations such as the National Center for Health Statistics, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the National Association of State Mental Health Program Directors (NASMHPD), the NASMHPD Research Institute, SAMHSA's Office of Applied Studies, the Bureau of Justice Statistics, and the Social Security Administration prepared and contributed data that were crucial to the completion of the report.

Particular recognition is due to Nancy McKenzie and the staff of Ruiz Associates, who provided expert editorial services.

HHS Pub. No. (SMA) 10-4590
Printed 2010

