18

Mental Health and Mental Disorders

Mental Health Status Improvement

18-1	Suicide
18-2	Adolescent suicide attempts
18-3	Serious mental illness (SMI) among homeless adults
18-4	Employment of persons with SMI
18-5	Fating disorder relapses

Treatment Expansion

18-6	Primary care screening and assessment
18-7	Treatment for children with mental health problems
18-8	Juvenile justice facility screening
18-9	Treatment for adults with mental disorders
18-9a	Adults aged 18 to 54 years with serious mental illness
18-9b	Adults aged 18 years and older with recognized depression
18-9c	Adults aged 18 years and older with schizophrenia
18-9d	Adults aged 18 years and older with generalized anxiety disorder
18-10	Treatment for co-occurring disorders
18-11	Adult jail diversion programs

State Activities

18-12	State tracking of consumer satisfaction
18-13	State plans addressing cultural competence
18-14	State plans addressing elderly persons

Mental Health Status Improvement

18-1. Reduce the suicide rate.

National Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

State Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

Healthy People 2000

Objective

6.1 (Mental Health and Mental Disorders) (also 7.2),

age adjusted to 2000 standard population.

Measure Rate per 100,000 (age adjusted, see Comments).

Baseline 11.3 (1998).

Numerator Number of deaths due to suicide (ICD-9 codes

E950-E959).

Denominator Number of persons.

Population Targeted U.S. resident population.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity Annual.

Comments Suicides may be undercounted because of difficulty

in the determination of suicidal intent by coroner or

medical examiner.

Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age

adjustment, see Part A, section 5.

This objective differs from Healthy People 2000 objective 6.1, which was age adjusted to the 1940

standard population. See Appendix C for

comparison data.

See Part C for a description of NVSS and Appendix

A for focus area contact information.

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18-2. Reduce the rate of suicide attempts by adolescents.

National Data Source Youth Risk Behavior Surveillance System (YRBSS),

CDC, NCCDPHP.

State Data Source Youth Risk Behavior Surveillance System (YRBSS),

CDC, NCCDPHP.

Healthy People 2000

Objective

7.8 (Violent and Abusive Behavior) (also 6.2).

Measure Percent.

Baseline 2.6 (1999).

Numerator Number of students in grades 9 through 12 who

reported suicide attempts that required medical attention in the 12 months preceding the survey.

Denominator Number of students in grades 9 through 12.

Population Targeted Students in grades 9 through 12.

Questions Used To Obtain the National Data From the 1999 Youth Risk Behavior Survey:

➤ If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or a nurse?

1) I did not attempt suicide during the past 12 months

2) Yes3) No

Expected Periodicity Biennial.

Comments See Part C for a description of YRBSS and

Appendix A for focus area contact information.

* * *

18-3. Reduce the proportion of homeless adults who have serious mental illness (SMI).

National Data Source Projects for Assistance in Transition from

Homelessness (PATH) Annual Application,

SAMHSA, CMHS.

State Data Source Projects for Assistance in Transition from

Homelessness (PATH) Annual Application,

SAMHSA, CMHS.

Healthy People 2000

Objective

Not applicable.

Measure Percent.

Baseline 25 (1996).

Numerator Sum of State estimates of the number of people

aged 18 years and older who have a serious mental

illness and are homeless.

Denominator Sum of State estimates of the number of people

aged 18 years and older who are homeless.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity A

Annual.

Comments The Federal definition of serious mental illness

(SMI) specifies that the mental condition interfered with the person's ability to work or find work. State

definitions of SMI may vary. States provide

estimates of the number of homeless persons and the number of homeless persons with SMI in their annual PATH grant applications. The procedures used to estimate the numbers of homeless people and homeless people with SMI vary considerably

across States.

See Appendix A for focus area contact information.

* * *

18-4. Increase the proportion of persons with serious mental illness (SMI) who are employed.

National Data Source National Health Interview Survey (NHIS), CDC,

NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

Not applicable.

Measure Percent.

Baseline 43 (1994).

Numerator

Number of persons aged 18 years and older who report having either a serious mental illness; having Diagnostic Interview Schedule (DIS) or Composite International Diagnostic Interview (CIDI) symptoms; or having used prescription medicine for mental disorders in the past 12 months, and who also report that the symptoms "seriously interfere" with work, school, or day-to-day activities, and report being employed in the past 12 months.

Denominator

Number of persons aged 18 years and older who report having either a serious mental illness; having Diagnostic Interview Schedule (DIS) or Composite International Diagnostic Interview (CIDI) symptoms; or having used prescription medicine for mental disorders in the past 12 months, and who also report that the symptoms "seriously interfere" with work, school, or day-to-day activities.

Population Targeted

U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data

From the 1994 National Health Interview Survey:

[NUMERATOR:]

- During the past 12 months was (<u>Names</u>) employed?
 [DENOMINATOR:]
- During the past 12 months did (<u>Name of persons 18</u> years and older) have –

Schizophrenia?

Paranoid or delusional disorder other than schizophrenia?

Manic episodes or manic depression, also called bipolar disorder?

Major depression? (Major depression is a depressed mood and loss of interest in almost all activities for at least 2 weeks)

Anti-social personality, obsessive compulsive personality or any severe personality disorder? Alzheimer's disease or another type of senile disorder?

- > Are (Names) FREQUENTLY depressed or anxious?
- Do (<u>Names</u>) have a lot of trouble making or keeping friendships?
- Do (<u>Names</u>) have a lot of trouble getting along with other people in social or recreational settings?
- Do (<u>Names</u>) have a lot of trouble concentrating long enough to complete everyday tasks?

- Do (<u>Names</u>) have SERIOUS difficulty coping with day-to-day stresses?
- Are (<u>Names</u>) FREQUENTLY confused, disoriented or forgetful?
- Do (<u>Names</u>) have phobias or UNREASONABLY strong fears, that is, a fear of something or some situation where most people would not be afraid?
- During the past 12 months, did any of these problems SERIOUSLY interfere with ability to work or attend school or to manage day-to-day activities?

Expected Periodicity

Periodic.

Comments

Persons are considered to have a serious mental illness if they respond "yes" to <u>any</u> of the questions designated as DENOMINATOR questions above.

The baseline for this objective came from the disability supplement to the 1994 NHIS; there are currently no plans to repeat this supplement, so an alternative source will have to be identified for updates.

See Part C for a description of NHIS and Appendix A for focus area contact information.



18-5. (Developmental) Reduce the relapse rates for persons with eating disorders, including anorexia nervosa and bulimia nervosa.

Comments

An operational definition could not be specified at the time of publication. The proposed national data source is the Prospective Studies of Patients with Anorexia or Bulimia Nervosa, NIH, NIMH.

See Appendix A for focus area contact information.



Treatment Expansion

18-6. (Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.

Comments

An operational definition could not be specified at

the time of publication.

The proposed national data source is the Primary Care Data System/Federally Qualified Health

Centers, HRSA.

See Appendix A for focus area contact information.

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18-7. (Developmental) Increase the proportion of children with mental health problems who receive treatment.

Comments

An operational definition could not be specified at

the time of publication.

The proposed national data source is the National Household Survey on Drug Abuse (NHSDA),

SAMHSA.

See Appendix A for focus area contact information.

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18-8. (Developmental) Increase the proportion of juvenile justice facilities that screen new admissions for mental health problems.

Comments

An operational definition could not be specified at

the time of publication.

The proposed national data source is the Inventory of Mental Health Services in Juvenile Justice

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Facilities, SAMHSA.

See Appendix A for focus area contact information.

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18-9. Increase the proportion of adults with mental disorders who receive treatment.

18-9a. Adults aged 18 to 54 years with serious mental illness.

National Data Source National Comorbidity Survey (NCS), SAMHSA,

CMHS; NIH, NIMH.

State Data Source Not identified.

Healthy People 2000

Objective

Not applicable.

Measure Percent.

Baseline 47 (1991).

Numerator Number of adults aged 18 to 54 years who report

symptoms of serious mental illness and that they received help from a mental health professional.

Denominator Number of adults aged 18 to 54 years who report

symptoms of serious mental illness.

Population Targeted U.S. civilian, noninstitutionalized coterminous

population.

Questions Used To Obtain the National

Data

See Comments.

Expected Periodicity Periodic.

Comments The National Comorbidity Survey (NCS) used a

modified version of the Composite International Diagnostic Interview (CIDI) to collect data for this

objective.

The SMI definition required at least one DSM-IIIR disorder other than substance use disorders in the past 12 months and serious impairment. Severe mental illness is defined as: 1) a diagnosis of schizophrenia, schizoaffective disorder, manic depressive disorder, autism, severe forms of major depression, panic disorder, and obsessive compulsive disorder; 2) 12-month prevalence of nonaffective psychosis or mania; 3) lifetime prevalence of nonaffective psychosis or mania; or 1-2-month prevalence of either major depression or panic disorder with evidence of severity. The SMI definition included those with a 12-month mental disorder that interfered with their vocational capacity, their main productive role, or was associated with serious interpersonal impairment.

See Appendix A for focus area contact information.

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18-9b. Adults aged 18 years and older with recognized depression.

National Data Source National Household Survey on Drug Abuse

(NHSDA), SAMHSA.

State Data Source National Household Survey on Drug Abuse

(NHSDA), SAMHSA.

Healthy People 2000

Objective

Adapted from 6.7 (Mental Health and Mental

Disorders).

Leading Health

Indicator

Mental Health.

Measure Percent.

Baseline 23 (1997).

Numerator Number of adults aged 18 years and older who

report symptoms of depression and that they received help from a mental health professional.

Denominator Number of adults aged 18 years and older who

report symptoms of depression.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Data

From the 1997 National Household Survey of Drug

Abuse:

[NUMERATOR:]

- During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?
- Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?

[DENOMINATOR:]

During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

For the next few questions, please think of the 2-week period when these feelings were worst.

During that time, did the feeling of being sad, blue, or depressed usually last:

All day long? Most of the day? About half the day? Less than half the day?

Did you feel this way:

Every day?
Almost every day?
Less often?

- During those 2 weeks, did you lose interest in most things?
- Did you feel tired or low on energy all of the time?
- Did you gain weight, lose weight or stayed about the same?

Gained weight?
Lost weight?
Both gained and lost weight
Stayed the same

- > About how much weight did you gain/lose?
- Did you have more trouble falling asleep than you usually do?
- Did that happen every night, nearly every night or less often during those 2 weeks?

Every night?
Nearly every night?
Less often?

Did you have a lot more trouble concentrating than usual?

- At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?
- Did you think a lot about death—either your own, someone else's, or death in general?

Expected Periodicity Annual.

Comments

This objective differs from Healthy People 2000 objective 6.7 in that it uses a different age group and data source; objective 6.7 limited the data to persons aged 18 to 54 years and used data from the ECA and NCS.

This objective is one of the measures used to track the Mental Health Leading Health Indicator. See Appendix H for a complete listing.

See Part C for a discussion of NHSDA and Appendix A for focus area contact information.



18-9c. Adults aged 18 years and older with schizophrenia.

National Data Source Epidemiologic Catchment Area (ECA) Program,

NIH, NIMH.

State Data Source Not identified.

Healthy People 2000

Objective

Not applicable.

Measure Percent.

Baseline 60 (1984).

Numerator Adults aged 18 years and older who were

diagnosed with schizophrenia and who received

treatment.

Denominator Adults 18 years and older who were diagnosed with

schizophrenia.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Data

See Comments.

Expected Periodicity Periodic.

Comments The Epidemiologic Catchment Area (ECA), NIMH,

NIH study provided the baseline for this objective; there are currently no plans to repeat this 1984

study.

The ECA used the Diagnostic Interview Schedule (DIS) to collect the data. The data are limited to: 1) persons who were diagnosed with DSM-IIIR schizophrenia within the last year or, 2) persons who were diagnosed with DSM-IIIR schizophrenia at some other point during their life with evidence of severity, including use within the past year of any inpatient psychiatric hospitalization or nursing home placement; any outpatient mental health treatment in a specialty mental health or general medical setting; or psychotic symptoms. Treatment questions included use of inpatient or ambulatory service sectors in the last 12 months.

See Appendix A for focus area contact information.

***** * *

18-9d. Adults aged 18 years and older with generalized anxiety disorder.

National Data Source National Household Survey on Drug Abuse

(NHSDA), SAMHSA.

State Data Source National Household Survey on Drug Abuse

(NHSDA), SAMHSA.

Healthy People 2000

Objective

Not applicable.

Measure Percent.

Baseline 38 (1997).

Numerator Number of adults aged 18 years and older who

report symptoms of anxiety disorders and that they received help from a mental health professional.

Denominator Number of adults aged 18 years and older who

report symptoms of anxiety disorders.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Obtain the Nationa

Data

From the 1997 National Household Survey on Drug

Abuse:

[NUMERATOR:]

- During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?
- Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?

[DENOMINATOR:]

During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried or anxious?

[If yes:]

- Has that period ended or is it still going on?
 - Ended Still going on
- How many months or years did it go on before it ended?
- > During that period, did you worry about things that were not likely to happen?
- Did you worry a great deal about things that were not really serious?
- During this period of worry or anxiety, did you have different worries that were on your mind at the same time?
 - How many years or months has it been going on?
- Do you worry about things that are not likely to happen?
- Do you worry a great deal about things that are not really serious?
- Do you have different worries on your mind at the same time?
- When you (are/were) worried or anxious (are/were) you also—

Restless?
Keyed up or on edge?
Particularly irritable?
Aware of your heart pounding or racing?
Easily tired?
Have trouble falling asleep or staying asleep?
Feel faint or unreal?

Expected Periodicity Annual.

See Part C for a description of NHSDA and Appendix A for focus area contact information.

***** * *

18-10. (Developmental) Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Comments An operational definition could not be specified at

the time of publication.

Proposed national data sources are the National Health Interview Survey (NHIS), CDC, NCHS; the

National Household Survey on Drug Abuse

(NHSDA), SAMHSA; or the Replication of National

Comorbidity Survey, NIH, NIMH.

See Appendix A for focus area contact information.

***** * *

18-11. (Developmental) Increase the proportion of local governments with community-based jail diversion programs for adults with serious mental illness (SMI).

Comments An operational definition could not be specified at

the time of publication.

The proposed national data source is the National Survey of Jail Mental Health Diversion Programs,

SAMHSA.

See Appendix A for focus area contact information.

* * *

State Activities

18-12. Increase the number of States and the District of Columbia that track consumers' satisfaction with the mental health services they receive.

National Data Source Mental Health Statistics Improvement Program

(MHSIP), SAMHSA, CMHS.

State Data Source Mental Health Statistics Improvement Program

(MHSIP), SAMHSA, CMHS.

Healthy People 2000

Objective

Not applicable.

Measure Number.

Baseline 36 (1999).

Numerator Number of States and the District of Columbia that

report to MHSIP results of a consumer satisfaction

survey.

Denominator Not applicable.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity Annual.

Comments See Appendix A for focus area contact information.

* * *

18-13. (Developmental) Increase the number of States,
Territories, and the District of Columbia with an
operational mental health plan that addresses cultural
competence.

Comments An operational definition could not be specified at

the time of publication.

The proposed national data source is the National Technical Assistance Center for State Mental

Health Systems, SAMHSA.

See Appendix A for focus area contact information.



18-14. Increase the number of States, Territories, and the District of Columbia with an operational mental health plan that addresses mental health crisis interventions, ongoing screening, and treatment services for elderly persons.

National Data Source National Technical Assistance Center for State

Mental Health Systems, SAMHSA, CMHS.

State Data Source National Technical Assistance Center for State

Mental Health Systems, SAMHSA, CMHS.

Healthy People 2000

Objective

Not applicable.

Measure Number.

Baseline 24 (1997).

Numerator Number of States and the District of Columbia that

report an operational mental health plan that addresses mental health crisis interventions, ongoing screening, and treatment services for

elderly persons.

Denominator Not applicable.

Questions Used To Obtain the National

Data

From the 1998 National Association of State Mental

Health Program Directors' survey:

Does the Mental Health system operate a separate, specialized treatment unit/program for elderly

clients?

Expected Periodicity Annual.

Comments Data for Territories are currently unavailable.

See Appendix A for focus area contact information.

