

# 8. Prevalence and Treatment of Mental Health Problems

This chapter presents national estimates of the prevalence and characteristics of persons with serious mental illness (SMI) and of persons who received treatment for mental health problems. The 2001 National Household Survey on Drug Abuse (NHSDA) included a new series of questions designed to assess SMI among adults aged 18 or older. Since 2000, the NHSDA has included questions on mental health treatment and counseling. Separate questions are asked for adults and for youths aged 12 to 17, and different definitions are applied. Both the youth and the adult questions specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview. Because the survey represents the civilian, noninstitutionalized population, persons who reside in long-term psychiatric or other institutions at the time of interview are excluded from the sample and from the estimates presented in this chapter.

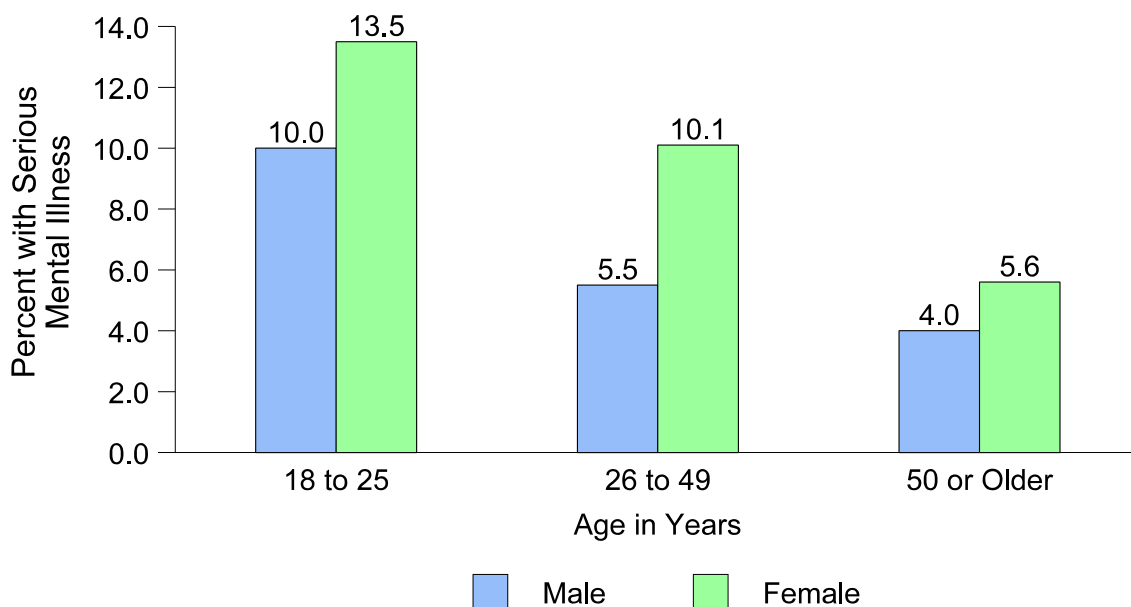
## 8.1 Serious Mental Illness

This section presents national estimates of the prevalence and characteristics of adults who had SMI in 2001. SMI is defined for this report as having at some time during the past year a diagnosable mental, behavioral, or emotional disorder that met the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. A scale consisting of six NHSDA questions is used to measure SMI. These questions ask how frequently a respondent experienced symptoms of psychological distress during the 1 month in the past year when he or she was at his or her worst emotionally. Use of this scale to estimate SMI is supported by methodological research that determined the scale to be a good predictor of SMI, based on clinical assessments done on survey respondents (Kessler et al., in press). The six questions and more discussion of this scale are given in Section B.5 of Appendix B in Volume II.

### Prevalence of Serious Mental Illness

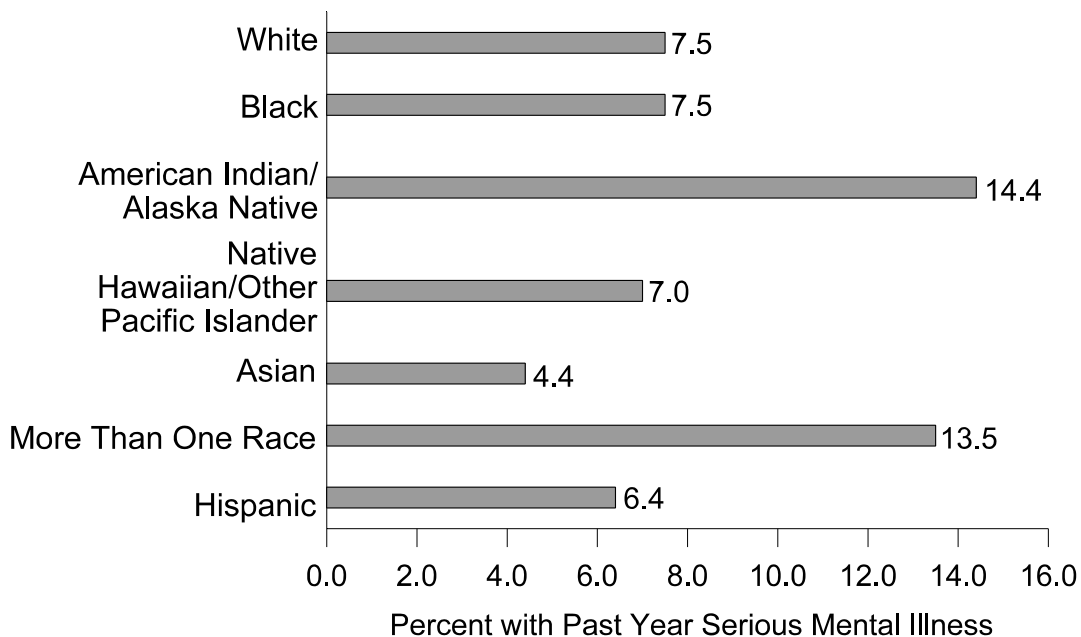
- In 2001, there were an estimated 14.8 million adults aged 18 or older with SMI. This represents 7.3 percent of all adults aged 18 or older.
- Rates of SMI were highest for persons aged 18 and generally decreased for each successive year of age after 18. The rate was 11.7 percent among persons aged 18 to 25, 7.9 percent among persons aged 26 to 49, and 4.9 percent among persons aged 50 or older.
- Among adults, the percentage of females with SMI was higher than the percentage of males (8.8 vs. 5.6 percent). Rates were higher for women than men in all age groups (Figure 8.1).

**Figure 8.1 Rates of Serious Mental Illness among Adults Aged 18 or Older, by Age and Gender: 2001**



- Among adults aged 18 or older in 2001, the rate of SMI was highest among the American Indian/Alaska Native population (14.4 percent) and lowest among Asians (4.4 percent) (Figure 8.2).
- SMI is correlated with educational status. In 2001, persons who did not complete high school had the highest rate of SMI (9.7 percent). The rate was 7.5 percent among high school graduates and 8.1 percent among persons who had some college. Persons who completed college had the lowest rate of SMI (4.8 percent).
- Rates of SMI in 2001 were highest among unemployed persons (13.1 percent) and lowest among persons employed full time (6.0 percent). The rate among persons employed part time was 8.9 percent. However, most (61 percent) adults with SMI were employed.
- Rates for SMI did not vary greatly by geographic region or division. The rate in 2001 was 7.2 percent for the Midwest and West regions, 7.1 percent for the Northeast region, and 7.6 percent in the South region. Rates by geographic division ranged from 8.7 percent in the East South Central division to 7.1 percent in the Middle Atlantic and East North Central divisions.
- The rate of SMI among adults was highest in completely rural counties (8.8 percent) and small metropolitan areas of fewer than 250,000 population (8.8 percent) and lowest in large metropolitan areas (6.6 percent).

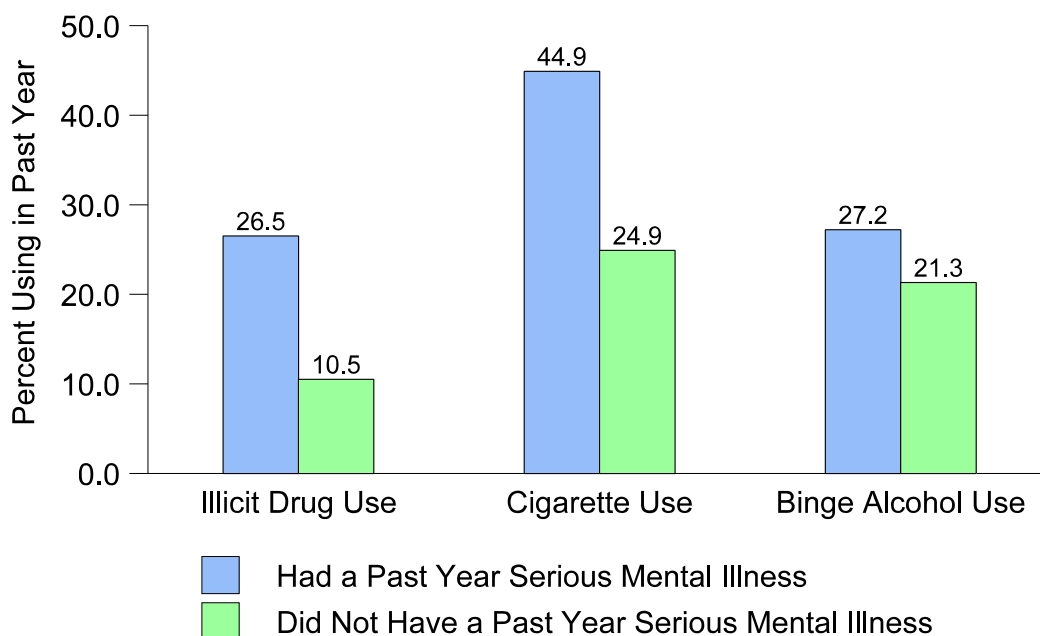
**Figure 8.2 Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race/Ethnicity: 2001**



### Serious Mental Illness and Substance Use

- Adults who used illicit drugs were twice as likely to have SMI as adults who did not use an illicit drug. In 2001, among adults who used an illicit drug in the past year, 16.6 percent also had SMI in that year, while among adults who did not use an illicit drug the rate of SMI was 6.1 percent. This pattern of higher rates of SMI among illicit drug users was observed within most demographic and geographic subgroups.
- SMI is strongly correlated with illicit drug use and cigarette use. Adults with SMI were more than twice as likely as those without SMI to use an illicit drug and to smoke cigarettes in the past year. Among persons with SMI, 26.5 percent used an illicit drug in the past year, while among those without SMI the rate was 10.5 percent. Similarly, among adults with SMI, the rate of cigarette use was 44.9 percent, while among adults without SMI the rate was only 24.9 percent (Figure 8.3).

**Figure 8.3 Past Year Substance Use among Adults Aged 18 or Older, by Serious Mental Illness: 2001**

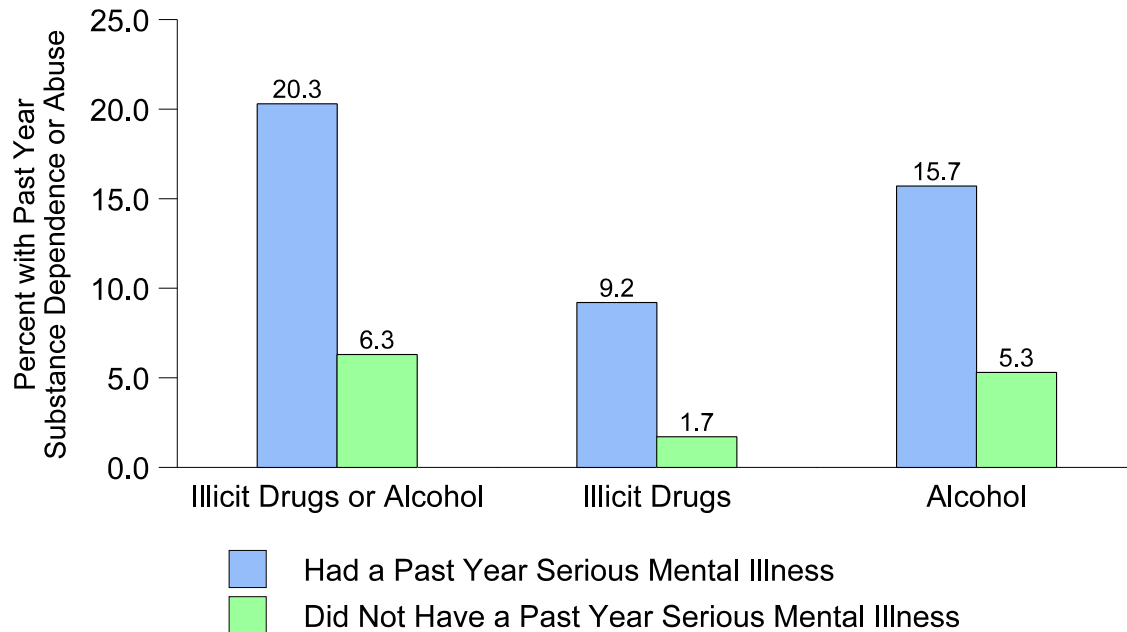


- SMI is not strongly correlated with alcohol use. The rate of past year alcohol use among adults with SMI was almost the same as the rate among adults without SMI (50.8 vs. 52.0 percent, respectively, in 2001). However, SMI is somewhat correlated with binge alcohol use, defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Among adults with SMI, 27.2 percent were binge drinkers while among adults without SMI, 21.3 percent were binge drinkers (Figure 8.3).

#### **Co-Occurrence of Serious Mental Illness with Substance Dependence/Abuse**

- SMI is highly correlated with substance dependence or abuse. Among adults with SMI in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without SMI was only 6.3 percent (Figure 8.4).
- In 2001, an estimated 3.0 million adults had both a SMI and substance dependence or abuse in the past year. Of these, an estimated 0.7 million had a SMI and were dependent on or abused both alcohol and illicit drugs, 0.7 million had a SMI and were dependent on or abused an illicit drug only, and 1.6 million had a SMI and were dependent on or abused alcohol only.

**Figure 8.4 Past Year Substance Dependence or Abuse among Adults Aged 18 or Older, by Serious Mental Illness: 2001**

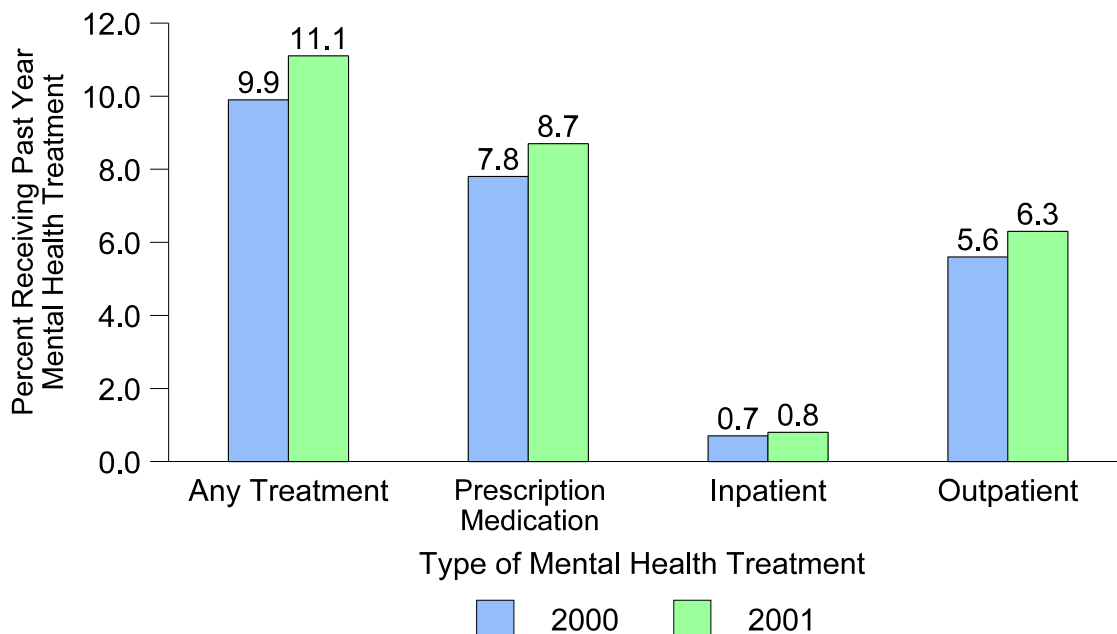


## 8.2 Mental Health Treatment among Adults

This section presents national estimates of the prevalence and characteristics of adults aged 18 or older who received mental health treatment in 2001. Estimates are presented for the total adult population and separately for the adult population with SMI. Treatment is defined as the receipt of treatment or counseling for any problem with emotions, "nerves," or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. Treatment for only a substance abuse problem is not included.

- In 2001, an estimated 22.3 million adults received mental health treatment in the 12 months prior to the interview. This estimate represents 11.1 percent of the population 18 years old or older, which is significantly higher than the 9.9 percent rate in 2000 (Figure 8.5).
- The most prevalent type of treatment in the adult population in 2001 was prescription medication (8.7 percent), followed by outpatient treatment (6.3 percent). These were significant increases over the 2000 estimates (7.8 percent used prescription medication and 5.6 percent obtained outpatient treatment in 2000).
- In 2001, an estimated 1.5 million adults (0.8 percent) were hospitalized for mental health problems. This estimate is similar to the estimate for 2000 (0.7 percent) (Figure 8.5).

**Figure 8.5 Past Year Mental Health Treatment among Adults Aged 18 or Older, by Type of Treatment: 2000 and 2001**



- Rates of mental health treatment among adults varied by age, with the highest rate among adults aged 26 to 49 (12.1 percent). Rates were 9.6 percent for persons aged 18 to 25 years and 10.3 percent among those aged 50 or older.
- In 2001, female adults were more likely than males to receive treatment (13.7 vs. 8.2 percent). There was no gender difference in the rates of inpatient treatment (0.7 percent for males and 0.8 percent for females). Between 2000 and 2001, the overall rates of treatment increased for both males and females.
- Among racial/ethnic groups, the rates of mental health treatment for adults in 2001 were 14.2 percent for American Indian/Alaska Natives, 12.4 percent for whites, 8.4 percent for blacks, 6.3 percent for Hispanics, and 4.1 percent for Asians. The rate for adults reporting more than one race was 16.6 percent.
- The overall rate of mental health treatment does not vary by educational attainment, but there are variations by type of treatment. Adults who had not completed high school were more than 5 times as likely as college graduates to have been hospitalized for mental health treatment in 2001 (1.6 vs. 0.3 percent). This pattern was reversed for outpatient treatment (7.8 percent of college graduates vs. 4.8 percent of persons who had not completed high school). For prescription medication, there was little variation by education.

- Among current employment status categories, adults who were employed full time had the lowest rates of mental health treatment (9.4 percent) compared with 12.0 percent for part-time employees, 13.8 percent for unemployed persons, and 13.7 percent for adults who were not in the labor force. Adults not in the labor force were 5 times more likely than full-time employed persons to have been hospitalized for mental health treatment (1.6 vs. 0.3 percent).
- There was little variation in rates of treatment by region or type of county. Rates were highest in the New England division (14.8 percent) and lowest in the Middle Atlantic and West South Central divisions (9.9 percent). Rates were highest in small metropolitan areas of fewer than 250,000 population (12.3 percent) and lowest in large metropolitan areas (10.4 percent).
- In 2001, adults with an annual family income of less than \$20,000 were more likely to have received treatment for mental health problems (13.9 percent) than were those with incomes of \$20,000 to \$49,999 (10.4 percent), those with incomes of \$50,000 to \$74,999 (10.2 percent), and those with incomes of \$75,000 or more (10.4 percent).
- Adults in families receiving government assistance were more likely to receive mental health treatment in 2001 (18.1 percent) than adults in unassisted families (10.1 percent). Adults in assisted families were almost 2 times more likely than those in unassisted families to receive outpatient treatment or prescription medication and almost 6 times more likely to have been hospitalized for mental health treatment.

### **Treatment among Adults with Serious Mental Illness**

- Among the 14.8 million adults with SMI in 2001, 6.9 million (46.8 percent) received treatment for a mental health problem in the 12 months prior to the interview.
- The likelihood of receiving treatment among adults with SMI generally increased with age. The rate of treatment among persons aged 18 to 25 was 32.7 percent, while the rate among persons aged 50 or older was 53.3 percent.
- Females with SMI were more likely to have received mental health treatment in the past year than males with SMI (51.7 vs. 38.4 percent).
- Rates of treatment for a mental health problem among persons with SMI did not vary greatly by geographic region or division. Rates by region were 47.2 percent in the South, 46.8 percent in the West, 42.7 percent in the Northeast, and 49.7 percent in the Midwest. Rates by division were lowest in the Middle Atlantic division (41.3 percent) and highest in the East North Central division (49.9 percent). None of these differences is statistically significant.

- Rates of treatment for a mental health problem among persons with SMI also did not vary greatly by county type. The rate was 45.1 percent for persons from large metropolitan areas, 48.1 percent for persons from small metropolitan areas, and 48.2 percent for persons from nonmetropolitan areas.
- An estimated 56.7 percent of adults with SMI who were not in the labor force received mental health treatment. The rate was 47.7 percent among adults with SMI who were employed part time. Rates of mental health treatment were similar among adults with SMI who were employed full time or were unemployed (40.0 and 40.2 percent, respectively).

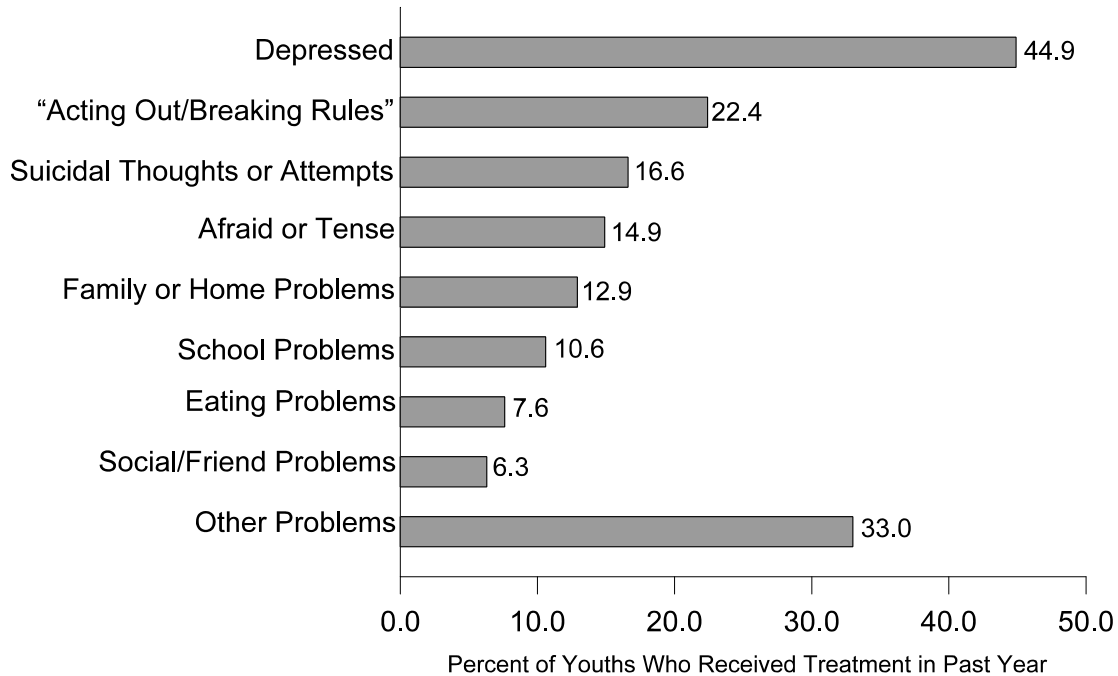
### **8.3 Mental Health Treatment among Youths**

This section presents national estimates of the receipt of mental health treatment or counseling among youths aged 12 to 17. Data on reasons for treatment on last visit and sources or locations of past year treatment also are discussed. Mental health treatment for youths is defined as receiving treatment or counseling for problems with behaviors or emotions from specific mental health or other health professionals in school, home, outpatient, or inpatient settings within the 12 months prior to the interview. Treatment for only a substance abuse problem is not included.

- In 2001, an estimated 4.3 million youths aged 12 to 17 received treatment or counseling for emotional or behavior problems in the year prior to the interview. This represents 18.4 percent of this population and is a significant increase over the 14.6 percent estimate in 2000. There were significant increases between 2000 and 2001 in rates of treatment for all demographic, geographic, and socioeconomic subgroups of youths aged 12 to 17.
- Among the 4.3 million youths receiving mental health treatment in 2001, the most commonly reported sources were school counselors, school psychologists, or teachers (46.5 percent), followed by private therapists, psychologists, psychiatrists, social workers, or counselors (44.1 percent). Youths aged 12 or 13 were more likely to receive school-based treatment, and youths aged 16 or 17 were more likely to receive treatment from private therapists, psychologists, psychiatrists, social workers, or counselors. In 2001, 332,000 youths, or 7.8 percent of those receiving treatment, were hospitalized for mental health treatment. Between 2000 and 2001, there were significant increases among youths in rates of treatment for all sources except for inpatient settings and foster care.
- The reason cited most often for the latest treatment session was "felt depressed" (44.9 percent of youths receiving treatment), followed by "breaking rules or acting out" (22.4 percent), and "thought about killing self or tried to kill self" (16.6 percent) (Figure 8.6). The rank order of reasons for treatment was the same in 2000.
- There was little variation by age group in the overall rates of treatment among youths (18.9 percent of those aged 12 or 13, 18.4 percent of those aged 14 or 15, and 17.7 percent of those aged 16 or 17).

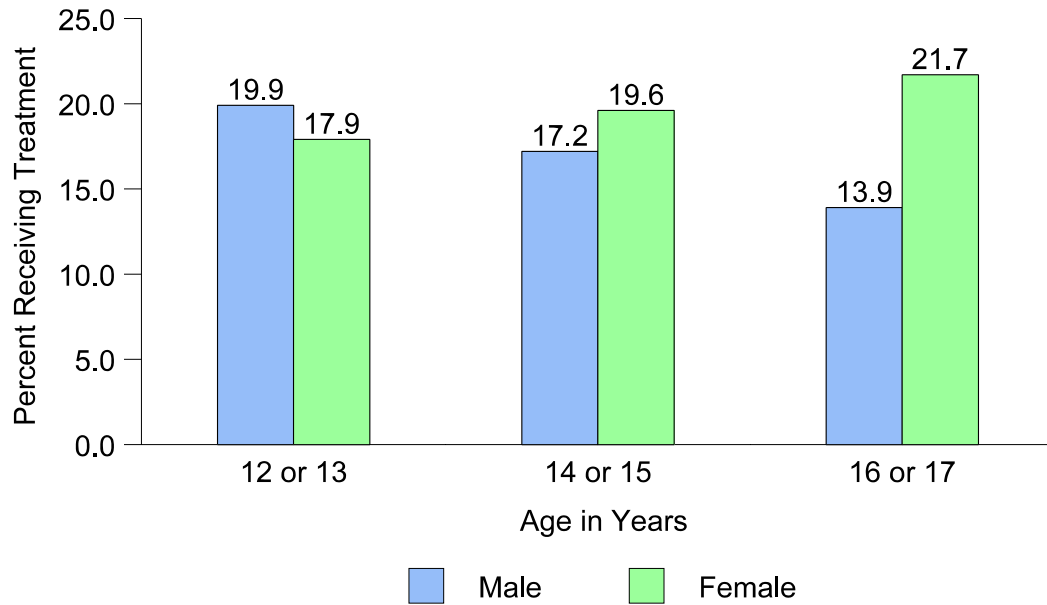


**Figure 8.6 Past Year Mental Health Treatment among Youths Aged 12 to 17, by Reason for Treatment: 2001**



- Females aged 12 to 17 were slightly more likely than males to have received mental health treatment or counseling in 2001 (19.7 vs. 17.0 percent). There were significant increases in rates of treatment for both females and males between 2000 and 2001 (16.1 percent of females and 13.1 percent of males received treatment in 2000).
- Among youths aged 12 or 13, boys were slightly more likely (not statistically significant) than girls to have received mental health treatment or counseling (19.9 vs. 17.9 percent). However, rates increased with age for girls and decreased with age for boys, resulting in a significantly higher rate of treatment for girls aged 16 or 17 (21.7 percent) than boys aged 16 or 17 (13.9 percent) (Figure 8.7). This pattern is similar to the pattern in the 2000 data.
- Asian youths were less likely than all other groups to receive mental health services in 2001 (9.8 percent vs. 22.4 percent of youths reporting more than one race, 21.7 percent of American Indians/Alaska Natives, 18.9 percent of whites, 18.5 percent of blacks, and 17.2 percent of Hispanics).
- Youths in families with incomes of less than \$20,000 in 2000 were slightly more likely to receive mental health treatment in 2001 (20.6 percent) than those in families with higher incomes. Treatment rates in other income groups were 18.3 percent of those with incomes of \$20,000 to \$49,999, 17.0 percent of those with incomes of \$50,000 to \$74,999, and 18.0 percent of those with incomes of \$75,000 or more.

**Figure 8.7 Mental Health Treatment among Youths Aged 12 to 17, by Age and Gender: 2001**



- Youths in families receiving government assistance were more likely than those in unassisted families to receive mental health treatment in 2001 (23.5 vs. 17.5 percent).
- In 2001, youths in the South had somewhat lower rates of mental health treatment (16.8 percent) than those in other regions (17.6 percent of those living in the Midwest, 19.3 percent of those in the West, and 21.2 percent of those in the Northeast). By county type, youths living in nonmetropolitan areas had somewhat lower rates of treatment (16.0 percent) than those in metropolitan areas (18.6 percent of those in small metropolitan areas and 19.2 percent of those in large metropolitan areas).
- The rate of mental health treatment among youths who used illicit drugs in the past year (26.2 percent) was higher than the rate among youths who did not use illicit drugs (16.3 percent).