PROGRESS REVIEW

Mental Health & Mental Disorders

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ July 9, 1996

In a review of progress on HEALTHY PEOPLE 2000 objectives for mental health and mental disorders the Substance Abuse and Mental Health Services Administration and the National Institute of Mental Health reviewed 15 objectives:

6.1 The suicide rate for the total population was down slightly to 11.3 per 100,000 people in 1993 from the 1987 baseline of 11.7. The year 2000 target is 10.5 per 100,000. The rates for white males aged 65 and older (40.9 per 100,000 in 1993) and American Indian/Alaska Native men (18.7 per 100,000 in 1993) have also declined from the 1987 baseline. The rate for youth aged 15-19 was 10.9 per 100,000, an increase from the 1987 baseline of 10.2.

6.2 The rate of injurious suicide attempts among adolescents aged 14 through 17 was 2.8 percent in 1995, moving away from the year 2000 target of 1.8 percent.

6.3 No data are available on the objective to reduce to less than 17 percent (from the 1988 baseline of 20 percent) the prevalence of mental disorders among children and adolescents.

6.4 Data representative of the national population for non-institutionalized, non-rural, white, black or Hispanic persons aged 18-54 estimate a one-year prevalence of mental disorders as 20.4 percent in 1983 and 16 percent in 1992. The target for this objective was set based on a one-month prevalence of mental disorders in 1983.

6.5 The proportion of people aged 18 and older who experienced adverse health effects from stress within the preceding year declined in 1993 to 39.2 percent from the 1984 baseline of 44.2 percent. The year 2000 target is 35 percent.

6.6 In 1986, 15 percent of people aged 18 and older with severe, persistent mental disorders used community support programs. An update for this objective will be available from the National Health Interview Survey later in 1996.

6.7 Data representative of the national population for non-institutionalized, non-rural, white, black or Hispanic persons aged 18-54 estimate that 34.2 percent of people with major depressive disorders obtained treatment in 1992 (in the course of a one-year period.) The year 2000 target was set at 54 percent for people who obtained treatment in the preceding 6 months. The baseline estimate in 1983 was that 34.7 percent had obtained treatment.

6.8 In 1993, 14.3 percent of people aged 18 and older sought help in coping with personal and emotional problems. This is progress over the 1985 baseline of 11.1 percent and the 1990 update of 12.5 percent. The year 2000 target is 20 percent. Among people with disabilities, 19.8 percent sought help for personal and emotional problems in 1993, up from the 1985 baseline of 14.7 percent. The year 2000 target is 30 percent.

6.9 In 1994, 35 percent of people aged 18 and older who reported experiencing significant levels of stress did not take steps to reduce or control their stress. There has been little change over the last few years. The year 2000 target is 5 percent.

6.10 In 1995, there were only two States where all jails within the State had established official protocols to engage mental health, alcohol and drug, and public health authorities to facilitate identification and appropriate intervention to prevent suicide by male inmates. The baseline as published in the Healthy People 2000 Midcourse Review and 1995 Revisions has been revised. The year 2000 target is to have all 50 States establish such protocols.

6.11 37 percent of worksites employing 50 or more people provided programs to reduce employee stress in 1992. This is an increase from the 1985 baseline of 26.6 percent. The year 2000 target is 40 percent.

6.12 Two Federal and 8 State clearinghouses facilitate mutual self-help activities and access to resources and information for people and their family members who are experiencing emotional distress.

6.13 In 1992, there was wide variation in the proportions of primary care providers who routinely review their patients' cognitive functioning (7 percent of family physicians; 35 percent of nurse practitioners) and emotional/behavioral functioning (12 percent of obstetricians/gynecologists; 40 percent of nurse practitioners.) The year 2000 target is 60 percent.

HIGHLIGHTS

- During their lifetime, 22 percent of adult Americans have some form of diagnosable mental disorder.
- The prevalence of depression is much higher for women than for men.
- The disabling conditions arising from depression can now be treated more successfully, thus enhancing the quality of life for individuals.
- Recent studies have documented the phenomenon of co-morbidity of depression, i.e., its etiological association with smoking, alcohol abuse, or drug abuse in some patients. Recognition of these linkages can provide the basis for more effective treatment.
- Continuing public stigmatization of mental disorders creates one of the greatest barriers to obtaining mental health care.
- Too few primary care providers are trained to recognize depression and the variety of disabilities associated with it.
- Five States have legislated parity in insurance benefits for treatment of mental disorders and physical illnesses.
- The provision of mental health services in schools provides an opportunity for early intervention. For example, the city of Baltimore through collaboration with local universities is able to offer the services of full-time mental health professionals in more than 60 of its public schools.
- Sixty-three percent of people with health insurance coverage are enrolled in managed health care plans for mental health care services. A relative few companies predominate in this $2 billion business.
- Cost-shifting from private to public mental health services is occurring as service limits in insurance plans are reached.
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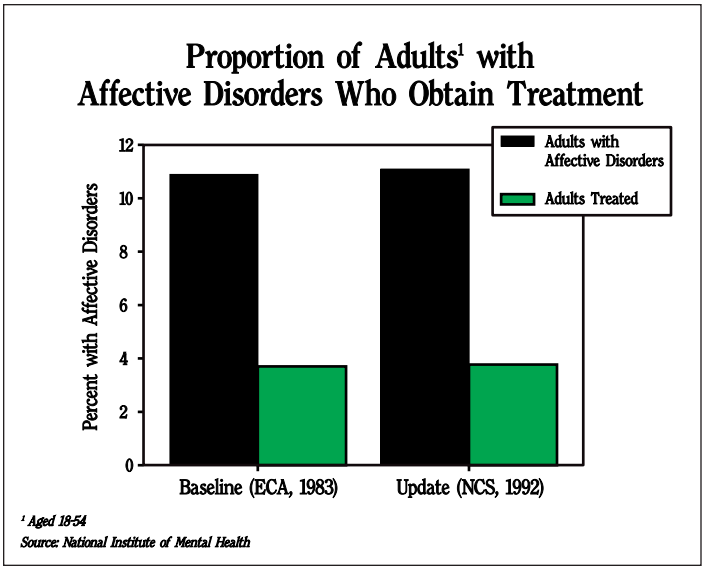

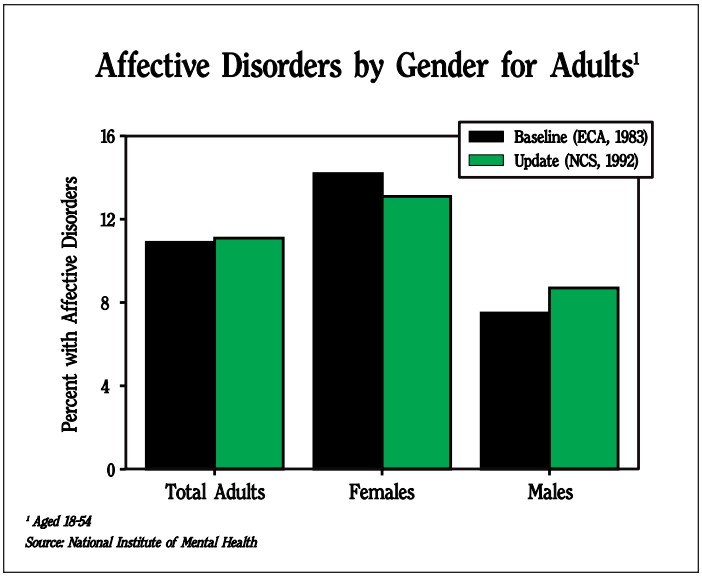

6.14 This objective aims to increase to at least 75 percent the proportion of providers of primary care for children who assess cognitive, emotional, and parent-child functioning and provide appropriate counseling, referral, and follow-up. Data for the baseline year 1992 show that 47 percent of pediatricians routinely inquire (of 81 to 100 percent of patients) about emotional/behavioral functioning and 62 percent inquire about cognitive functioning. In that year, 45 percent of pediatricians provided treatment/referral for emotional and behavioral problems, and 51 percent for cognitive problems.

6.15 In 1992, data representative of the national poulation for non-institutionalized, non-rural, white, black or Hispanic persons aged 18-54 estimate the one-year prevalence of depressive disorders as 11.1 percent, virtually unchanged from the 1983 baseline of 10.9 percent. For women, the prevalence in 1992 was 13.1 percent, a slight improvement on the 1983 baseline of 14.2 percent. (See graph.) The targets for the objective and subobjective were set using one-month prevalence data and are not comparable with the 1992 updates.

FOLLOW-UP

- Conduct more rigorous studies on the cost-effectiveness of preventive intervention and mental health treatment to document the long-term benefits of these services.
- Promote early access to mental health diagnostic services for children.
- Seek to enhance communication between mental health and primary care providers so that concepts of mental health are integrated in the overall health assessment of individuals of all ages.
- Promote activities that foster the training and continuing education of primary care providers in the recognition of symptoms of depression and other mental and emotional disorders with their resulting disabilities.
- Place greater emphasis on the provision of mental health care services in a variety of community settings, including schools and workplaces.
- Expand the base of knowledge about the influence of differences in age, race, sex, and culture on the prevention and treatment of mental disorders.
- Promote anti-stigma campaigns stressing the value and successes of early interventions. Using celebrities in such campaigns can raise the visibility of both the problem and available solutions.
- Stress the importance of early interventions, as in Head Start and childhood immunization programs, as strong determinants of positive mental health at later stages of life.
- Evaluate mental health services targeted to children and their families with mental disorders, such as a conduct disorder or depression, to ensure that service designs effectively meet their needs.
- Apply findings from studies of the co-morbidity of depression to mitigate substance abuse, smoking, and alcohol abuse, beginning with adolescents.
- In planning for Healthy People 2010, provide for broad participation of consumer groups from the outset and ensure that new objectives for mental health take account of the full spectrum of acute, intermediate, and long term/chronic care needs.

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