

Patterns of Mental Health Service Utilization and Substance Use among Adults, 2000 and 2001

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Highlights

The National Household Survey on Drug Abuse (NHSDA) is the largest survey of its kind in the United States. The survey has been conducted since 1971 and is the primary source of information on substance use and abuse in the civilian, noninstitutionalized population. The sample size was greatly increased starting in 1999, resulting in interviews each year with about 70,000 people aged 12 or older, including 45,000 adults aged 18 or older. Beginning in 2000, the survey included measures of treatment for mental health problems other than substance use. Current data on patterns of mental health service use and the characteristics of persons receiving treatment are critical for policy-makers and service providers in the mental health service delivery system.

This report presents data for respondents aged 18 or older from the combined 2000 and 2001 NHSDA and is therefore the largest nationally representative study of the prevalence of mental health treatment and substance use among adults to date. Annual average estimates presented include the prevalence of mental health treatment among adults, the types of treatment received, and the characteristics of persons receiving treatment, including their substance use, abuse, and treatment for problems with substance use. Selected findings are given below.

Prevalence and Types of Mental Health Treatment

- In 2000 and 2001, an annual average of 21.1 million adults, or 10.5 percent of the U.S. population aged 18 or older, received treatment for a mental or emotional problem within the past 12 months. Over 16.5 million (8.3 percent of the adult population) received prescription medication to treat a mental or emotional problem, almost 12 million (6.0 percent) were treated on an outpatient basis, and about 1.5 million (0.7 percent) were hospitalized for mental health treatment. Persons may have received more than one type of treatment. (Tables 2.1 and 2.2)
- Among approximately 12 million adults who received outpatient treatment in the year prior to the interview, the majority (57.1 percent) were seen in private therapists' offices (includes private therapists, psychologists, psychiatrists, social workers, and counselors); 19.4 percent were seen in doctors' offices, 19.4 percent in outpatient mental health centers, and 12.3 percent in some other place (e.g., outpatient medical clinic, partial day hospital or day treatment program). Persons may have received treatment in more than one location. (Tables 4.1 and 4.2)
- Adults seen in private therapists' offices had the highest levels of income, education, and self-perceived health status. Those seen in doctors' offices were older than those seen in other places, had lower incomes, and less education than those seen in private therapists' offices. Those treated in outpatient mental health centers were younger, had the lowest incomes and educational attainment, were more likely to use illicit drugs, and had the lowest self-perceived health status. (Tables 4.1, 4.2, and 4.3)

- Almost 44 percent of the 1.5 million adults who were hospitalized for mental health treatment in the past year spent 5 or more nights in such facilities. (Table 5.1)
- The more than 16.5 million adults receiving prescription medication to treat their mental or emotional problems represent most (78.9 percent) of the 21.1 million adults receiving any mental health treatment in the past year. (Tables 2.1 and 3.1)
- Among adults receiving mental health treatment in the past year, most obtained only prescription medication (40.8 percent), 19.0 percent obtained only outpatient treatment, 33.1 percent obtained outpatient and prescription medication only, and 7.0 percent were hospitalized. (Table 3.5)
- Among adults receiving mental health treatment in the past year, the percentage of blacks receiving inpatient treatment was about 3½ times the percentage of whites, and the percentage of Hispanics receiving inpatient treatment was almost 3 times the percentage of whites. The percentage receiving outpatient treatment was about the same for blacks, whites, and Hispanics. (Table 3.1)

Substance Use and Mental Health Treatment

- Adults with alcohol dependence or abuse in the past year were almost 3 times more likely (18.6 percent) to have had mental health treatment than past month heavy drinkers who did not have dependence or abuse (6.8 percent), and their rate of treatment was almost 2½ times that of those who had never used alcohol in their lifetime (7.6 percent). (Table 6.1)
- Adults with marijuana dependence or abuse were almost 3 times more likely (22.9 percent) than those who had never used marijuana (7.9 percent) to have received mental health treatment in the past year. They also had higher rates of treatment than persons who used marijuana in their lifetime but not in the past year (14.6 percent), past year users who were not heavy users and did not have dependence or abuse (15.6 percent), and heavy users who did not have marijuana dependence or abuse (14.0 percent). (Table 6.1)
- Adults with dependence on or abuse of illicit drugs other than marijuana were more than 4 times more likely (34.7 percent) than those who had never used these other illicit drugs (8.2 percent) to have received mental health treatment in the past year. They were 1½ times as likely to have received mental health treatment as heavy users of illicit drugs other than marijuana who did not have dependence or abuse (19.0 percent). They were more than twice as likely to have received mental health treatment as those who used illicit drugs other than marijuana in their lifetime but did not use in the past year or who used in the past year but not heavily and did not have dependence or abuse (16.7 and 15.8 percent, respectively). (Table 6.1)

- Adults who had received substance abuse treatment had 2 to 5 times higher rates of past year mental health treatment than adults who never had substance abuse treatment. Rates of mental health treatment ranged from 21.2 percent for those who had treatment in their lifetimes (but not in the past year) to 49.3 percent for those who had both drug and alcohol treatment in the past year, compared with 9.7 percent of adults who never had substance abuse treatment. (Table 6.2)
- About 1.3 million adults received only treatment for a substance abuse problem, 1 million received treatment for both mental health and substance abuse problems, and 20 million were treated only for a mental health problem in the past year. (Table 6.3)

Perceived Unmet Need for Treatment

- Among adults not receiving mental health treatment in the past year, 2.4 percent (4.3 million) had perceived an unmet need for such treatment at some time during the year. (Table 7.1)
- Among adults receiving mental health treatment in the past year, 18.9 percent (4.0 million) had perceived an unmet need for treatment at some time during the year. Unmet need among those receiving treatment may be interpreted as delayed or insufficient care. (Table 7.1)

Insurance and Payment for Mental Health Services

- Nearly three quarters (72.6 percent) of adults receiving mental health treatment had private health insurance, while 8.3 percent had no insurance coverage in the past year. (Table 2.3)
- Among adults receiving outpatient treatment, 74.0 percent had private health insurance. However, among these persons with private insurance, fewer than half (47.4 percent) reported private insurance as the primary payer for their outpatient treatment. (Tables 2.3 and 4.7)
- Of the 4.3 million adults who did not receive treatment but perceived an unmet need for treatment, 22.3 percent had no health insurance. (Table 7.2)

1. Introduction

1.1 Purpose of the Report

Results from an array of clinical and population-based studies conclude that there are a variety of effective treatments for mental health problems, with most falling into the categories of psychosocial (counseling, both outpatient and inpatient) and pharmacological (prescription medication). When combined, these therapies can be even more effective than when used alone (U.S. Department of Health and Human Services [DHHS], 1999). Current data on mental health service utilization patterns and the characteristics of persons receiving treatment are critical for policy-makers and service providers in the mental health service delivery system. Given evidence that individuals with a substance use disorder are less likely to obtain treatment from the mental and addictive disorders service system (Regier et al., 1993), the influence of substance use and abuse on the receipt of mental health treatment is of particular interest.

This report presents estimates of the prevalence of mental health treatment among adults and describes the types of treatment received and the characteristics of persons receiving treatment based on data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA). The NHSDA, which was renamed the National Survey on Drug Use and Health (NSDUH) in 2002, is a nationally representative survey of the civilian, noninstitutionalized population aged 12 or older and is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). Summary results from the 2002 NSDUH were released in September 2003 (Office of Applied Studies [OAS], 2003). The more extensive analysis of the 2000-2001 data presented in this report is not comparable with the analysis of data from the 2002 survey because of methodological improvements made in the survey in 2002 that affected prevalence estimates.

To ensure adequate sample sizes for analyses of the smallest treatment group (i.e., persons receiving inpatient treatment), the analysis is based on combined data from the 2000 and 2001 NHSDA. Weights were adjusted to reflect a simple average over the 2 years. Estimates of the prevalence and selected demographic characteristics of persons receiving mental health treatment in 2000 and in 2001 were published earlier (OAS, 2001, 2002a, 2002b). The purpose of this report is to present an in-depth analysis of the prevalence of mental health treatment and types of treatment among population subgroups and to examine perceived unmet need for treatment. Specifically, the report has five objectives:

- estimate prevalence rates and characteristics of adults receiving mental health treatment;
- identify the types and combinations of treatments received;
- identify the types of facilities, number of visits (stays), and payers for outpatient and inpatient treatment received;
- examine the associations between receipt of mental health treatment and substance use, dependence/abuse, and substance abuse treatment; and

- describe the characteristics of persons reporting perceived unmet need for mental health treatment among the treated and untreated populations.

Subsequent reports will examine other topics, such as the relationship between serious mental illness (SMI) and the receipt of mental health treatment.

1.2 Prior Studies

Estimates of the numbers and characteristics of persons needing and receiving mental health treatment have been produced from various surveys conducted over the past two decades (Kessler et al., 1994; McKusick, Mark, King, Coffey, & Genuardi, 2002; OAS, 2001, 2002a, 2002b; Olfson, Pincus, & Sabashin, 1994; Regier et al., 1993; Sturm & Sherbourne, 2000). Direct comparison of estimates from these surveys is not possible because of differing definitions of treatment, survey methods, and sample composition. However, secondary analysis was performed on combined data from the two most often cited surveys, the Epidemiologic Catchment Area (ECA) study and the National Comorbidity Survey (NCS), and a 1-year estimate of mental health treatment produced. That analysis estimated that 11 percent of the adult population received services for mental health or addictive disorders in the specialty mental health sector or the general medical sector in the year prior to interview (DHHS, 1999; Kessler et al., 1996). Despite differences in methods, instruments, and procedures among these surveys, these estimates are remarkably similar to the overall estimate of mental health and substance use treatment produced from the 2000-2001 NHSDA (11.1 percent).

1.3 Summary of NHSDA Methodology

The NHSDA is the primary source of statistical information on the use of licit and illicit drugs by the civilian, noninstitutionalized population of the United States aged 12 or older. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their places of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Data collection in 2000 and 2001 was carried out by RTI International of Research Triangle Park, North Carolina,¹ under a contract with SAMHSA's Office of Applied Studies (OAS). The survey is conducted from January through December each year. In addition to extensive questions about the use of substances, the 2000 and 2001 versions of the survey included questions on mental health treatment. A measure of serious mental illness (SMI) was included in the 2001 survey. An earlier report presents the 2001 findings on SMI and treatment (OAS, 2002a, 2002b). In 2002, the name of the survey was changed to the National Survey on Drug Use and Health (NSDUH), and several improvements and modifications were made. Respondents were offered a \$30 incentive payment for participation in the survey, and quality control procedures were enhanced. Because of these improvements, estimates from the 2002 NSDUH should not be compared with estimates from the 2001 NHSDA or earlier versions. A discussion of survey methodology and results from the 2002 NSDUH are presented in OAS (2003).

¹RTI International is a trade name of Research Triangle Institute.

The NHSDA is administered using computer-assisted interviewing (CAI) methodology. The demographic questions are administered by interviewers using computer-assisted personal interviewing (CAPI); the drug use, mental health, and other sensitive questions are administered using audio computer-assisted self-interviewing (ACASI). The CAI method has many advantages over the previously used paper-and-pencil interviewing (PAPI) method, including more efficient processing and collection of the data and improved data quality.

Use of ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions and should increase the level of honest reporting of sensitive behaviors. The interview averages about an hour. In brief, the interview begins in CAPI mode with the interviewer reading the questions from the computer screen and entering the respondent's replies into the computer. The interviewer then turns the computer over to the respondent to answer the sensitive questions using ACASI. In this mode, the respondent can read the questions silently from the computer screen or listen to the questions read through headphones while entering his or her responses directly into the computer. The interviewer is responsible for ensuring that no other person in the household can see the computer screen during the self-administered portion. At the conclusion of the ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire. No personal identifying information is captured in the CAI record for the respondent. Additional details regarding the survey methodology are given in Appendix B.

Survey DATA ANALYSIS (SUDAAN) software (RTI, 2001) was used for the statistical analyses to take into account the NHSDA's complex survey design. Tests of significance, such as *t* tests and chi-square tests, were conducted using DESCRIPT and CROSSTAB procedures, and logistic regressions were conducted using the LOGISTIC procedure. Only significant differences between groups were reported. Missing data were excluded in all analyses.

1.4 Limitations of the Data

All data from the NHSDA are based on retrospective reports by survey respondents and are subject to recall and reporting biases. Some degree of underreporting on drug use and mental health treatment measures might occur because of the social unacceptability of drug use and the stigma of mental health treatment.

The survey represents the civilian, noninstitutionalized U.S. population aged 12 or older. Active military personnel, homeless persons not living in identifiable shelters, and persons who resided in long-term psychiatric or other institutions at the time of interview are excluded from the sample and from the estimates presented in this report.

See Appendix C for additional discussion of data limitations, including the effect of nonresponse on analyses presented in this report.

1.5 Sample Sizes

A total of 46,047 adults aged 18 or older completed the 2000 survey, and a total of 45,796 adults completed the 2001 survey. Analyses presented in this report are based on combined 2000 and 2001 NHSDA data. Therefore, weights are adjusted to reflect a simple

average over the 2 years. Table 1.1 presents survey sample sizes for 2000 and 2001 by selected demographic and socioeconomic characteristics. The weighted interview response rate for adults aged 18 or older was 72.9 percent in 2000 and 72.3 percent in 2001 (OAS, 2001, 2002a).

1.6 Definitions of Certain Terms Used in the Report

This section describes the treatment, demographic, socioeconomic, and health variables examined in this report. Definitions of the types of mental health treatment and substance use measures also are given in the sections where those data are presented.

Estimated numbers and prevalence rates of interest are presented for major demographic, socioeconomic, and health variables in several groupings based on the level of detail the sample will allow. Questionnaire items used in the 2000 NHSDA to identify respondents' age, gender, race and Hispanic origin, education, marital status, and overall health are reproduced in Appendix A. Definitions of certain variables, or categories of variables, that are not evident from the labels are given in the chapter in which the data are discussed or presented in tables in this report. Following are explanations of other descriptive variables used in this report.

1.6.1 Mental Health Treatment

Based on annual averages of combined data from the 2000 and 2001 NHSDA, an estimated 21.1 million adults aged 18 or older, or 10.5 percent of the adult population, received mental health treatment in the 12 months prior to the interview. The NHSDA asks whether adults received "treatment or counseling for problems with emotions, nerves, or mental health" in an inpatient setting, an outpatient setting (both specialty mental health and general medical), or used prescription medication "to treat a mental or emotional condition."² In these questions, respondents were asked *not* to include treatment for alcohol or drug use (which was asked about elsewhere in the questionnaire). In addition to the 21.1 million adults receiving mental health treatment, an estimated 1.3 million adults, or 0.6 percent of the adult population, received treatment only for substance use.

1.6.2 Unmet Need for Mental Health Treatment

Unmet need is defined as a perceived need for mental health treatment during the past 12 months that was not received, based on respondents' self-report. Estimates include persons who did not receive any mental health treatment in the past 12 months, as well as persons who received some mental health treatment. Unmet need among those who received treatment may be interpreted as delayed or insufficient treatment in the past 12 months.

1.6.3 Demographic and Socioeconomic Variables

A range of social and demographic variables was included in the 2000 and 2001 NHSDA. *Age* of the respondent was defined as "age at time of interview." *Race/ethnicity* was coded into the following categories: (a) non-Hispanic whites (referred to as "whites"); (b) non-

²Questionnaire items are shown in Appendix A. Entire questionnaires for 2000 and 2001 are accessible at <http://www.oas.samhsa.gov> (see, specifically, <http://www.oas.samhsa.gov/nhsda/methods.cfm>).

Hispanic blacks (referred to as "blacks"); (c) Hispanics; (d) non-Hispanic American Indians/ Alaska Natives; (e) non-Hispanic Hawaiian or other Pacific Islanders; (f) non-Hispanic Asians; and (g) non-Hispanic persons reporting more than one race. *Current employment* was based on the following definitions: full-time employed persons have a job or business and worked 35 or more hours in the week prior to interview, or usually work 35 or more hours per week; part-time employed persons work fewer than 35 hours per week; unemployed persons do not have a job or business and have made specific efforts to find work in the past 30 days; and "not in the labor force" includes persons who are retired, homemakers, students, and others not looking for work. *Family income* was elicited in three steps: First, respondents were asked a series of "yes/no" questions about specific sources of income for family members; second, they were asked if last calendar year's total combined family income was \$20,000 or more, or less than \$20,000; and third, they were presented with a card from which they were asked to choose a range that included their income.

A series of questions was asked to identify whether respondents were currently covered by Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), military health care (TRICARE, CHAMPUS, CHAMPVA), private health insurance, or any kind of health insurance (if none of the above was reported). *NOTE: For youths and those respondents who were unable to respond to the insurance questions, proxy responses were accepted.* Respondents were asked to indicate all the health insurance they had in the past year. Therefore, individual categories were not mutually exclusive.

County type was grouped into three categories: large metropolitan, small metropolitan, and nonmetropolitan. *Large metropolitan areas* had a population of 1 million or more; *small metropolitan areas* had a population of fewer than 1 million (this category was broken into the subcategories *250,000 to 1,000,000* and *<250,000*); and *nonmetropolitan areas* were areas outside metropolitan statistical areas (MSAs). States were categorized into four regions (Northeast, Midwest, South, and West) and nine geographic divisions within these regions. These regions and divisions consist of the following groups of States:

Northeast Region - *New England Division*: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; *Middle Atlantic Division*: New Jersey, New York, Pennsylvania.

Midwest Region - *East North Central Division*: Illinois, Indiana, Michigan, Ohio, Wisconsin; *West North Central Division*: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.

South Region - *South Atlantic Division*: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; *East South Central Division*: Alabama, Kentucky, Mississippi, Tennessee; *West South Central Division*: Arkansas, Louisiana, Oklahoma, Texas.

West Region - *Mountain Division*: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; *Pacific Division*: Alaska, California, Hawaii, Oregon, Washington.

1.6.4 Use of Cigarettes, Alcohol, and Illicit Drugs

The variables measuring the use of cigarettes, alcohol, and other drugs include lifetime use and past year use. *Lifetime use* referred to a respondent reporting any use of the substance at least once in his or her lifetime. *Past year use* referred to a respondent reporting any use of the substance at least once during the 12 months preceding the interview date. For cigarettes, *daily use* referred to a respondent reporting smoking cigarettes every day during the 30 days preceding the interview date. Illicit drugs include marijuana, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically. Respondents are asked about nonmedical use of pain relievers, tranquilizers, sedatives, and stimulants. Nonmedical use of prescription-type drugs is defined as using the drug when it was not prescribed for the respondent or used only for the experience or feeling it caused.

1.6.5 Heavy Use of Alcohol and Illicit Drugs

Heavy alcohol use was defined as drinking five or more drinks on the same occasion on 5 or more days in the past 30 days. *Heavy marijuana use* was defined as using marijuana on at least 300 days during the 12 months preceding the interview date. *Heavy use of other illicit drugs* referred to using one or more of the following drugs on at least 50 days in the past 12 months: cocaine, hallucinogens, heroin, inhalants, or the nonmedical use of prescription-type pain relievers, sedatives, tranquilizers, or stimulants, regardless of heavy marijuana use.

1.6.6 Substance Dependence or Abuse

The 2000 and 2001 NHSDA included a series of questions to assess substance dependence and abuse based on criteria in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association [APA], 1994). The seven *dependence criteria* are (1) tolerance; (2) withdrawal or avoidance of withdrawal; (3) persistent desire or unsuccessful attempts to cut down or stop substance use; (4) spending a lot of time using the substance, obtaining the substance, or recovering from its effects; (5) reducing or giving up occupational, social, or recreational activities in favor of substance use; (6) impaired control over substance use; and (7) continuing to use the substance despite physical or psychological problems. A respondent was considered to be dependent on a substance when he or she reported having at least three of the dependence criteria. According to the DSM-IV, a person is defined as dependent if he or she meets three out of seven dependence criteria (for substances with a withdrawal criterion) or three out of six criteria (for substances without a withdrawal criterion). An additional criterion imposed on NHSDA data is that a person must have used alcohol on 5 or more days in the past year to be asked the items that measure alcohol dependence or abuse. An additional criterion for marijuana is that a person must have used marijuana on 6 or more days to be asked the items that measure marijuana dependence or abuse.

The four *substance abuse criteria* are (1) having serious problems due to substance use at home, work, or school; (2) the use of that substance putting the respondent in physical danger; (3) substance use causing the respondent to be in trouble with the law; and (4) continuing to use the substance despite having substance use-related problems with family and friends. A respondent was classified with abuse when he or she reported having at least one of the four abuse criteria and did not meet the definition for dependence.

1.7 Organization of This Report

This report is divided into seven chapters. The demographic and socioeconomic characteristics of persons receiving mental health treatment are discussed in Chapter 2. Chapter 3 compares the characteristics of adults receiving each type of mental health treatment. Chapter 4 examines the characteristics of persons receiving outpatient treatment, as well as the location, number of visits, and payers, while Chapter 5 provides similar data on inpatient treatment. Rates of mental health treatment among substance users and nonusers and the co-occurrence of mental health treatment and substance abuse treatment are covered in Chapter 6. Data on perceived unmet need for mental health treatment are discussed in Chapter 7. Appendices provide technical details on the survey methodology, selected detailed tables with standard errors for population estimates in the report, and selected questionnaire pages from the 2000 NHSDA with demographic and mental health treatment questions.

Table 1.1 Survey Sample Sizes for Respondents Aged 18 or Older, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Survey Year	
	2000	2001
Total	46,047	45,796
Age in Years		
18-25	22,613	22,658
26-49	16,710	16,929
50 or older	6,724	6,209
Gender		
Male	21,409	21,393
Female	24,638	24,403
Hispanic Origin and Race		
Not Hispanic	40,325	40,005
White only	32,368	32,161
Black only	5,127	5,064
American Indian or Alaska Native only	481	528
Native Hawaiian or other Pacific Islander only	169	163
Asian only	1,609	1,490
More than one race	571	599
Hispanic	5,722	5,791
Education		
Less than high school	8,376	7,891
High school graduate	16,026	15,786
Some college	12,577	12,979
College graduate	9,068	9,140
Current Employment		
Full-time	26,694	26,234
Part-time	7,554	7,837
Unemployed	1,442	1,822
Not in the labor force ¹	10,357	9,903
Marital Status		
Married	19,424	19,314
Widowed	1,285	1,198
Divorced or separated	3,668	3,730
Never married	21,670	21,554

Table 1.1 (continued)

Demographic/Socioeconomic Characteristic	Survey Year	
	2000	2001
Geographic Division		
Northeast	9,292	9,482
New England	3,693	3,685
Middle Atlantic	5,599	5,797
Midwest	12,700	12,831
East North Central	8,513	8,516
West North Central	4,187	4,315
South	14,185	13,637
South Atlantic	7,253	7,114
East South Central	2,507	2,329
West South Central	4,425	4,194
West	9,870	9,846
Mountain	4,864	4,954
Pacific	5,006	4,892
County Type		
Large metropolitan	18,168	17,497
Small metropolitan	16,074	16,494
250,000 to 1,000,000	11,390	11,569
<250,000	4,684	4,925
Nonmetropolitan	11,805	11,805
Urbanized	3,874	3,934
Less urbanized	6,590	6,603
Completely rural	1,341	1,268
Family Income		
Less than \$20,000	12,376	11,624
\$20,000 to \$49,999	18,901	18,174
\$50,000 to \$74,999	7,382	7,726
\$75,000 or more	7,388	8,272
Government Assistance²		
Yes	6,224	5,869
No	39,823	39,927
Health Insurance		
Private	33,246	32,207
Medicaid/CHIP ³	4,045	3,973
Other ⁴	6,430	5,485
No coverage	7,841	8,003
Past Year Any Illicit Drug Use⁵		
Yes	8,144	9,279
No	37,903	36,517

Table 1.1 (continued)

Demographic/Socioeconomic Characteristic	Survey Year	
	2000	2001
Overall Health		
Excellent	14,805	14,063
Very good	16,601	16,880
Good	10,876	10,986
Fair/poor	3,745	3,851

Note: The four categories of health insurance are not mutually exclusive, so their sum does not add up to the total. Overall health is not an imputed variable, and its four levels do not sum up to the total.

¹ Retired, disabled, homemaker, student, or other.

² Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

³ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁴ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁵ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

2. Demographic and Socioeconomic Characteristics of Adults Receiving Mental Health Treatment

Several studies have found that the receipt of mental health treatment varies with sociodemographic characteristics. For example, women are more likely than men to seek some type of treatment for a psychiatric problem (Kessler, 2000). Although racial and ethnic minority populations have traditionally been underrepresented in mental health care settings (Alvidrez, 1999), mental health service use has increased during the past decade, and the increase has been greatest among African Americans in general medical settings (Cooper-Patrick et al., 1999). The use of mental health services also has been shown to vary by type of household, with persons in female-headed families and persons living alone using the greatest number of services (Badawi, Kramer, & Eaton, 1996).

Using data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA), this chapter provides detailed descriptions of the demographic and socioeconomic characteristics of adults receiving mental health treatment in the United States. Receipt of any mental health treatment is defined as self-reported receipt of inpatient or outpatient treatment or counseling or the use of prescription medication for mental or emotional problems during the 12 months prior to the interview. The chapter first presents the size and characteristics of the population of adults receiving treatment, followed by the prevalence of receipt of treatment among demographic and socioeconomic subgroups. A discussion of the logistic regression models used and their results also is presented.

2.1 Size of the Population Receiving Mental Health Treatment

Based on annual averages of combined data from the 2000 and 2001 NHSDA, an estimated 21.1 million adults aged 18 or older, or 10.5 percent of the adult population, received mental health treatment in the 12 months prior to the interview (see Tables 2.1 and 2.2). This total excludes the estimated 1.3 million adults, or 0.6 percent of the adult population, who received treatment only for substance abuse (see Table 6.3 in Chapter 6).

2.2 Characteristics of the Population Receiving Mental Health Treatment

As shown in Table 2.3, more than half of the 21.1 million adults in 2000 and 2001 who received mental health treatment in the past year were aged 26 to 49 (54.2 percent); 12.5 percent were aged 18 to 25, and 33 percent were aged 50 or older. Two thirds were women. The vast majority (83.5 percent) were non-Hispanic white. Over half were married (51.6 percent); almost one quarter (23.6 percent) had never been married; and 19.2 percent were divorced or separated. Slightly less than half (47.3 percent) had a high school education or less. Nearly half (49.2 percent) were employed full time, while only 2.9 percent were unemployed, and 34.3 percent were not in the labor force (e.g., students, housewives, and retired persons).

One fourth (25.1 percent) of adults receiving mental health treatment in the past year had family incomes of less than \$20,000, while 21.3 percent had family incomes of \$75,000 or more. The vast majority (72.6 percent) were covered by private health insurance: 14.7 percent by Medicaid or the Children's Health Insurance Program (CHIP), and 22.7 percent by some other

type of insurance. An estimated 8.3 percent had no insurance coverage in the past year. Government assistance was received by 19.7 percent.

The highest proportion of adults receiving mental health treatment resided in the South (34.4 percent), followed by the Midwest (23.7 percent), the West (22.0 percent), and the Northeast (19.9 percent). Among adults receiving treatment, 47.0 percent were from large metropolitan areas, 32.8 percent were from small metropolitan areas, and 20.2 percent were from nonmetropolitan areas.

Almost half (49.4 percent) of all adults receiving mental health treatment perceived their overall health as very good or excellent; 26.6 percent perceived their health as good; and 23.9 percent perceived their overall health as fair or poor.

2.3 Prevalence of Mental Health Treatment among Demographic and Socioeconomic Subgroups

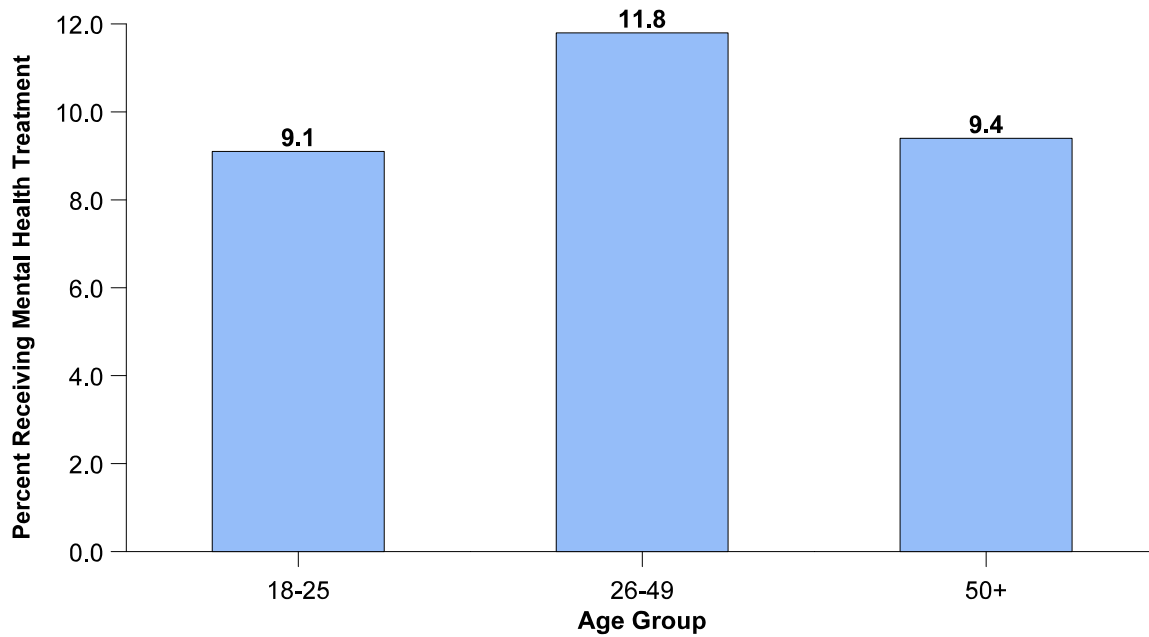
2.3.1 Age, Gender, and Race/Ethnicity

As shown in Table 2.2 and Figures 2.1 to 2.3, in 2000 and 2001, 11.8 percent of adults between the ages of 26 and 49 obtained treatment for a mental or emotional problem. This was a significantly greater proportion than the 9.1 percent of 18 to 25 year olds and the 9.4 percent of adults aged 50 or older who received treatment (Figure 2.1). Significantly more women (13.2 percent) than men (7.6 percent) received treatment for a mental or emotional problem in the previous year (Figure 2.2). Persons reporting more than one race and American Indians/Alaska Natives were more likely than persons in other racial/ethnic groups to receive mental health treatment in the past year (15.5 and 15.1 percent, respectively) (Figure 2.3). Whites (12.0 percent) were more likely to have received treatment than blacks (6.8 percent) or Hispanics (6.5 percent). Rates were lowest among Native Hawaiians and other Pacific Islanders (4.4 percent) and among Asians (3.1 percent).

2.3.2 Marital Status, Education, and Employment

A significantly greater proportion of divorced or separated adults (16.6 percent) received treatment for a mental or emotional problem than those who had never married (11.1 percent), those who were married (9.3 percent), or those who were widowed (9.0 percent) (Figure 2.4). College graduates and adults with some college were more likely to have received mental health treatment (11.2 percent) than those with a high school education or less (10.0 and 9.7 percent, respectively) (Figure 2.5). Unemployed persons and those not in the labor force were more likely to have received mental health treatment (13.4 and 12.8 percent, respectively) than full-time employees (9.0 percent) (Figure 2.6).

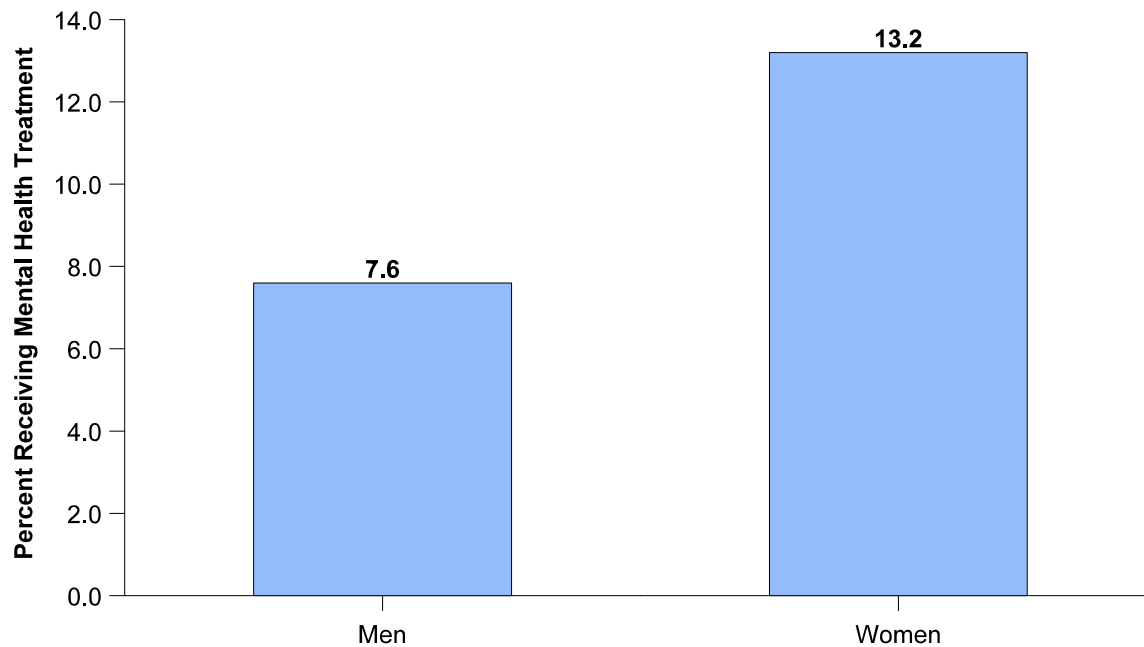
Figure 2.1 Past Year Mental Health Treatment, by Age Group



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

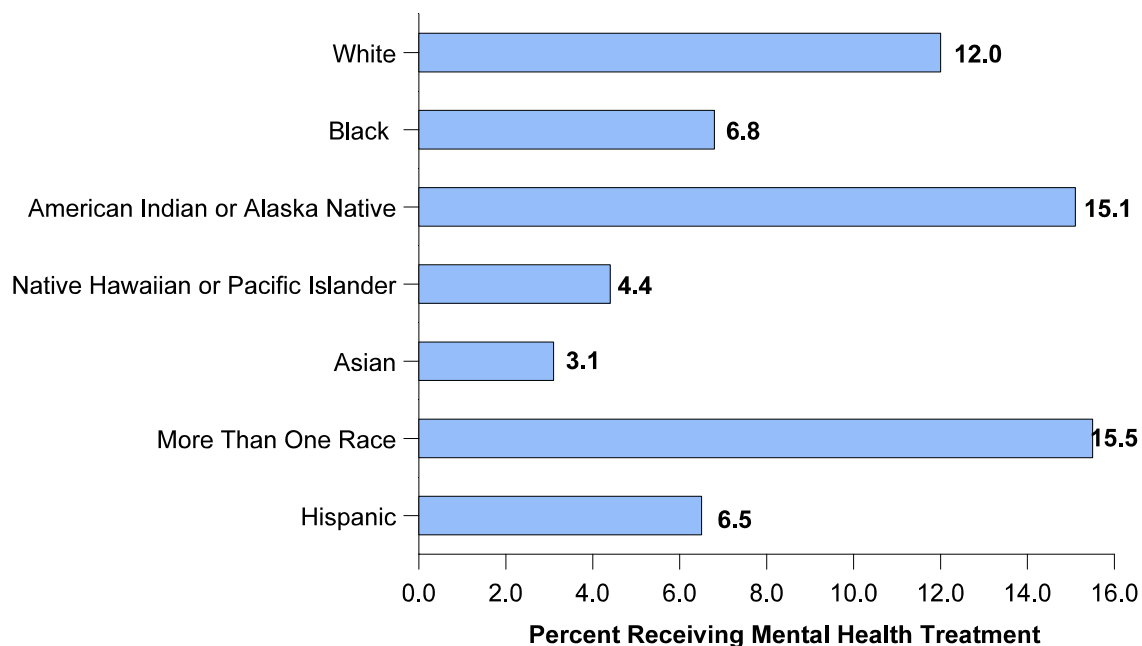
Figure 2.2 Past Year Mental Health Treatment, by Gender



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

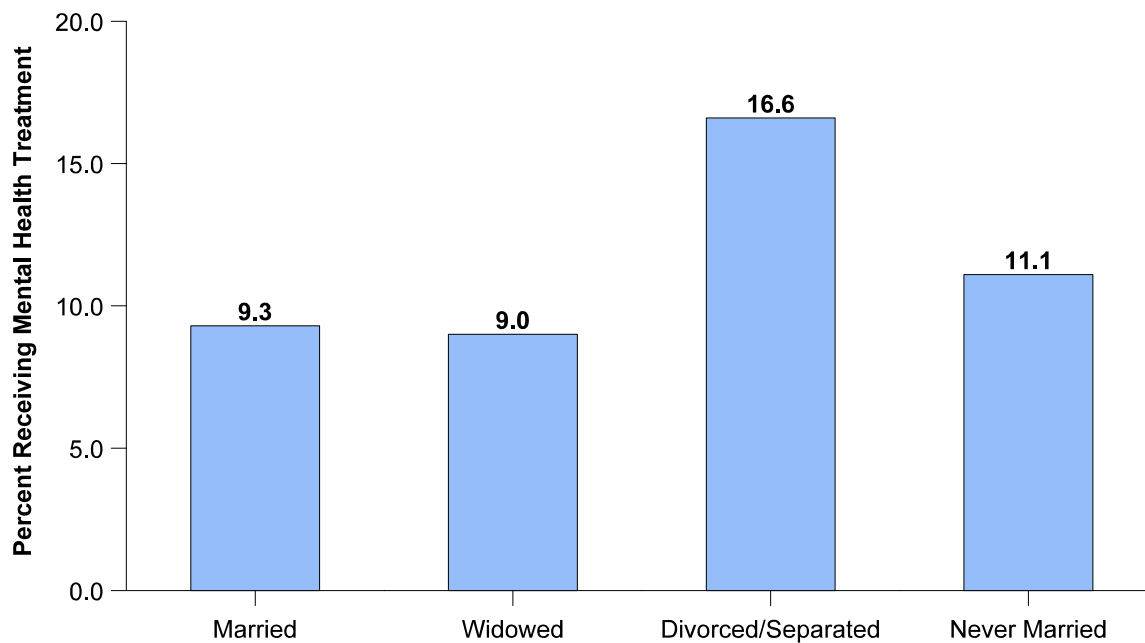
Figure 2.3 Past Year Mental Health Treatment, by Race/Ethnicity



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

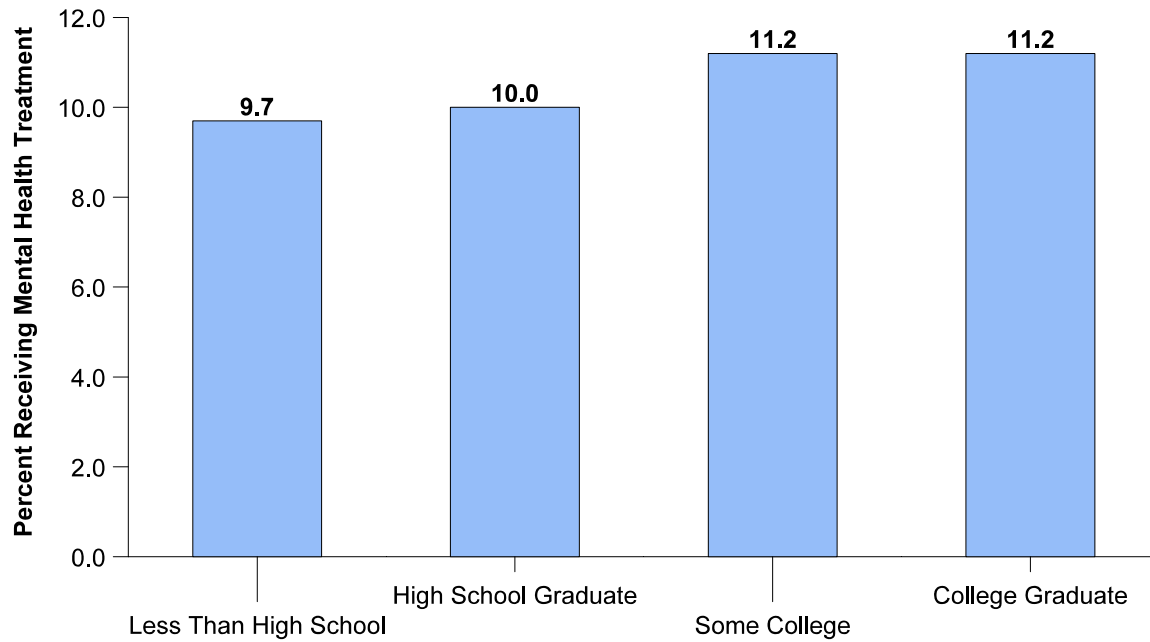
Figure 2.4 Past Year Mental Health Treatment, by Marital Status



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

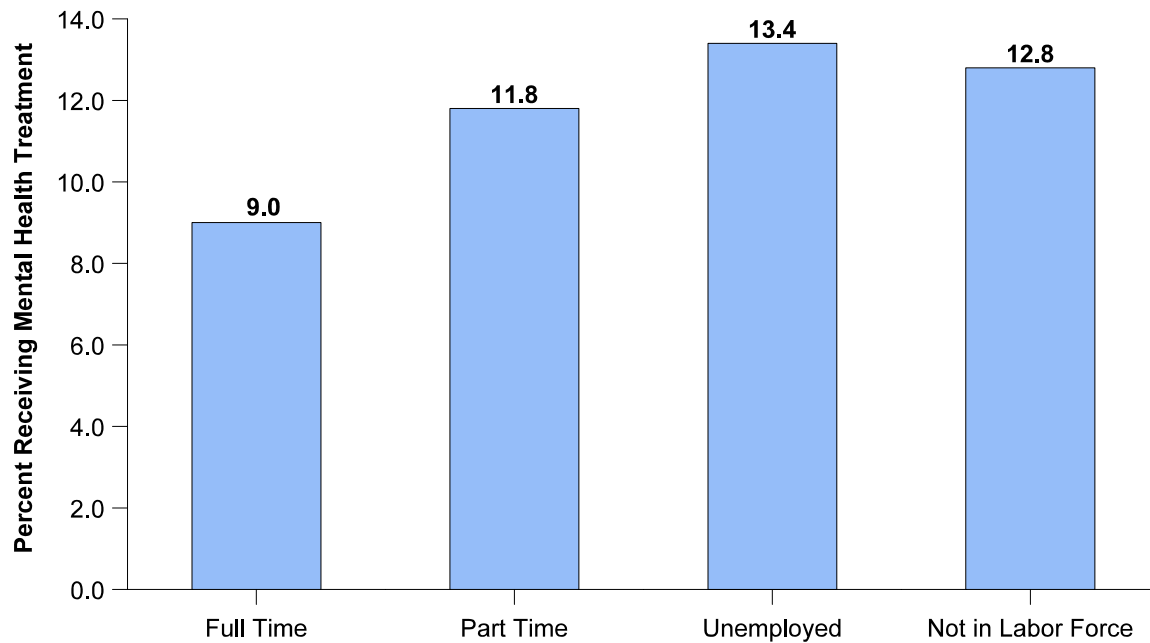
Figure 2.5 Past Year Mental Health Treatment, by Education



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 2.6 Past Year Mental Health Treatment, by Employment



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

2.3.3 Geographic Region and County Type

There were no significant differences in the rate of mental health treatment by geographic region (Figure 2.7). Individuals living in large metropolitan areas were significantly less likely to have received treatment for a mental or emotional problem (10.2 percent) than those living in small metropolitan areas (11.2 percent) (Figure 2.8).

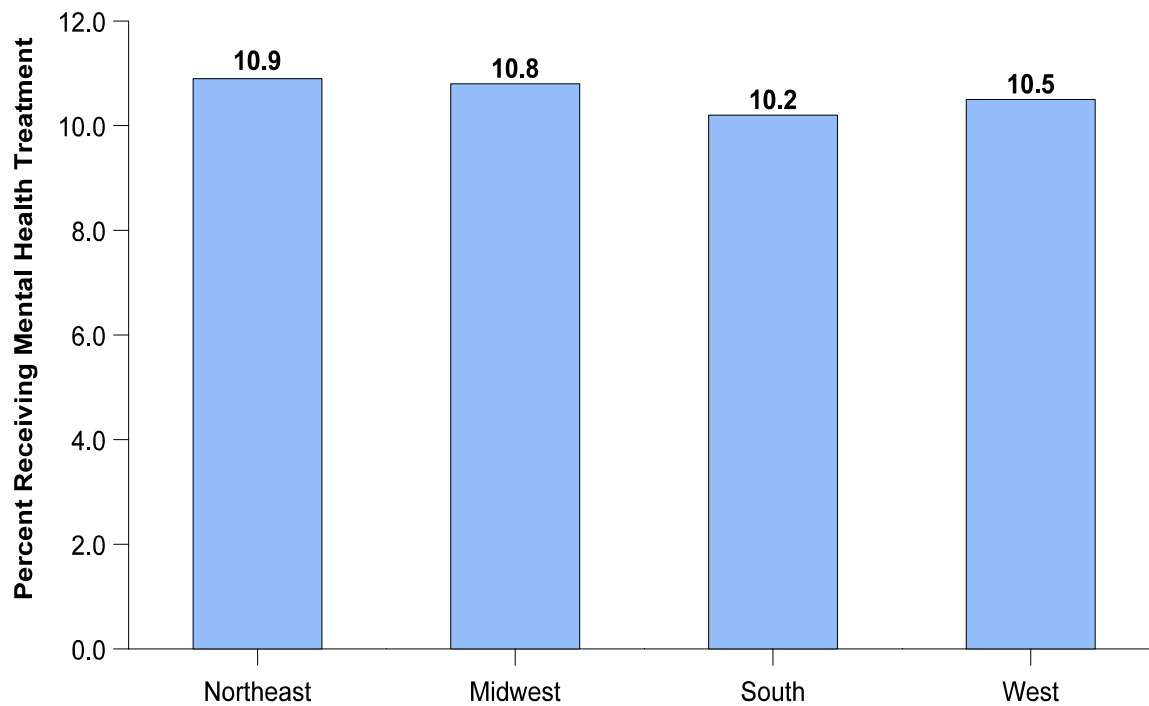
2.3.4 Family Income, Government Assistance, and Health Insurance

Adults in the lowest family income category (less than \$20,000 in the past year) were more likely to have received mental health services (13.1 percent) compared with those in all higher family income categories (approximately 10 percent) (Figure 2.9). Adults in families receiving government assistance (including supplemental security income, food stamps, cash or noncash assistance) were significantly more likely than those not in such families to have received mental health treatment in 2000 and 2001 (17.1 vs. 9.6 percent, respectively) (Figure 2.10). The rate of mental health treatment among adults covered by Medicaid/CHIP (19.3 percent) was significantly higher than the rate among adults covered by private insurance (10.1 percent) and other types of insurance (10.8 percent). The rate was lowest among persons with no coverage (7.5 percent) (Figure 2.11).

2.3.5 Perceived Health Status

Rates of mental health treatment were higher for adults with a more negative perception of their overall health. Adults who perceived their overall health as fair or poor were the most likely to receive mental health treatment in the past year (20.2 percent), while those who perceived their health as excellent were the least likely to receive treatment (7.2 percent) (Figure 2.12). The rate of mental health treatment was 9.4 percent among those who perceived their health as very good and 11 percent among those who perceived their health as good.

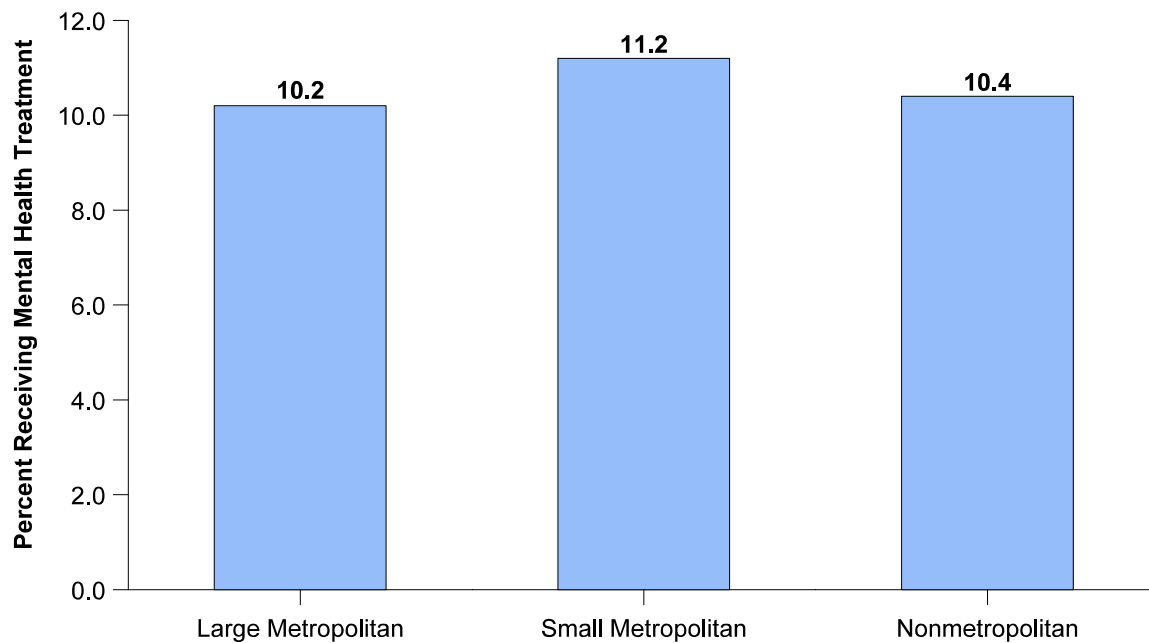
Figure 2.7 Past Year Mental Health Treatment, by Geographic Region



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

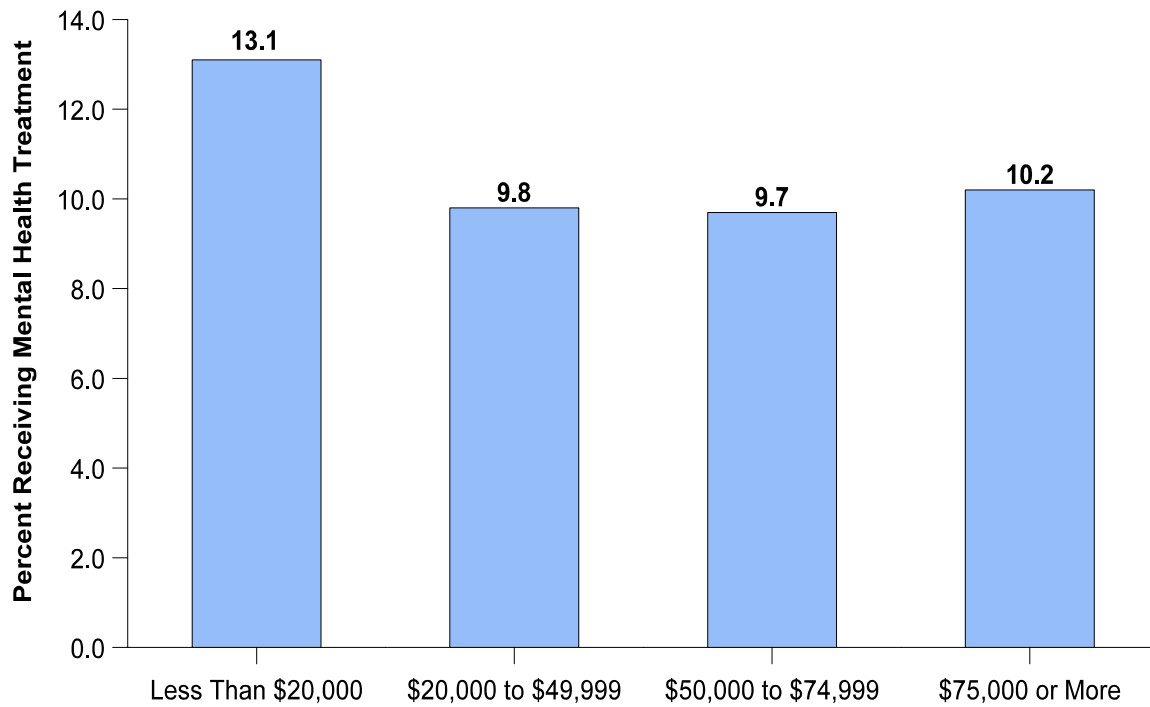
Figure 2.8 Past Year Mental Health Treatment, by County Type



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

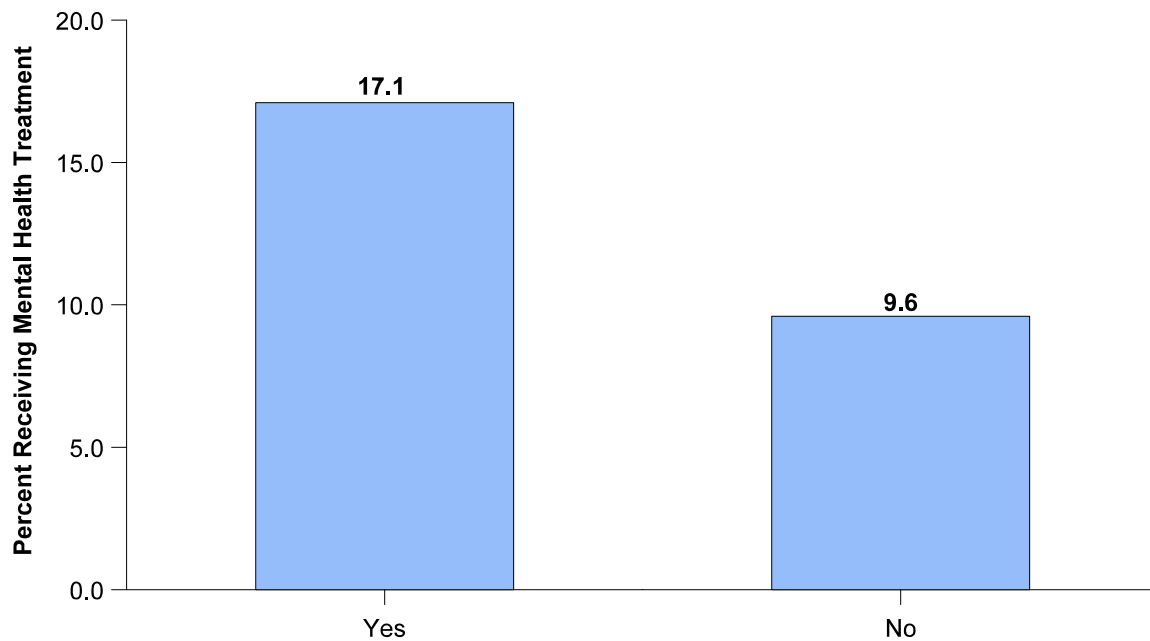
Figure 2.9 Past Year Mental Health Treatment, by Family Income Category



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

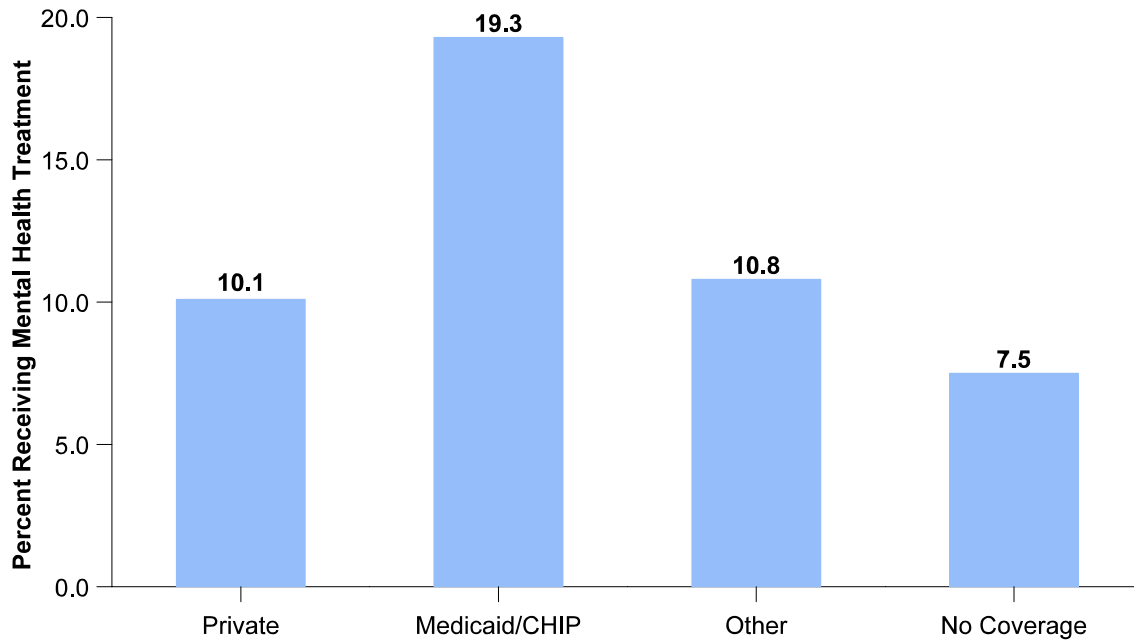
Figure 2.10 Past Year Mental Health Treatment, by Receipt of Government Assistance



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

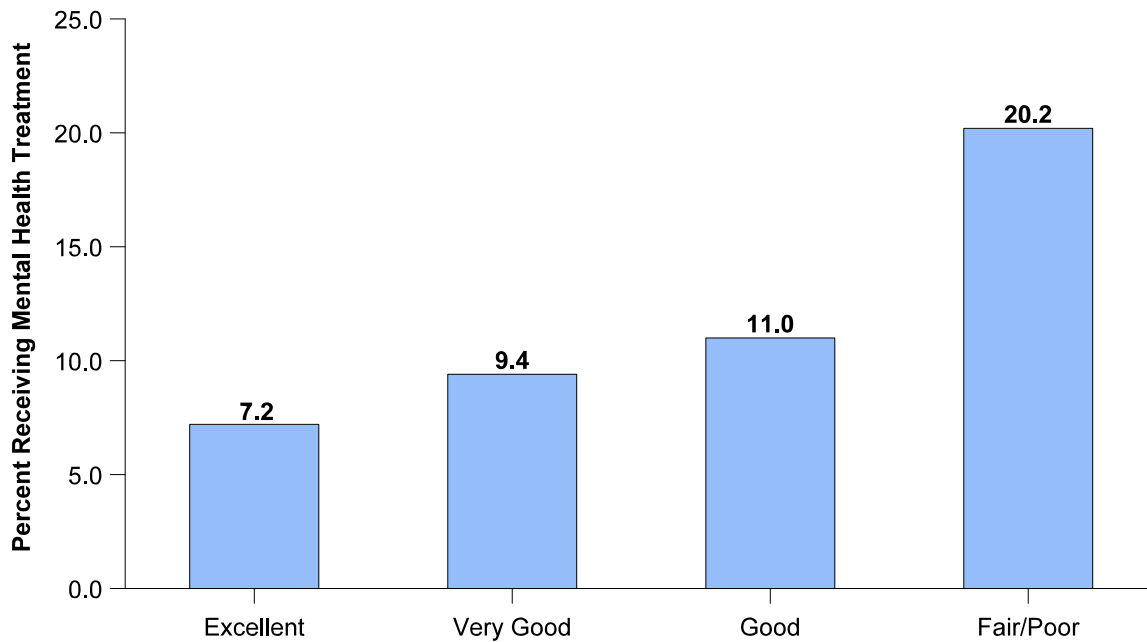
Figure 2.11 Past Year Mental Health Treatment, by Health Insurance



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 2.12 Past Year Mental Health Treatment, by Perceived Health Status



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

2.4 Logistic Regression Models

Simple logistic regression models were used to estimate the unadjusted odds of receiving any mental health treatment in the past year given an individual characteristic. To control for possible confounding variables, a multivariate logistic regression model also was estimated. In this model, the dependent variable was mental health treatment in the past year, and the independent variables included illicit drug dependence/abuse, alcohol dependence/abuse, daily smoking, and all the socioeconomic and demographic characteristics described above except region and county type (Table 2.4).

The results of these models indicate a strong association between past year mental health treatment and the demographic and socioeconomic variables in the model. All the unadjusted odds ratios for the variables in the models were significant for some level of the independent variable. The adjusted odds ratios corresponding to each of the unadjusted odds ratios also were significant except for family income, indicating that these variables were still associated with treatment receipt even when controlling for other confounding variables in the multivariate model.

For example, after controlling for possible confounding variables, adults who perceived their overall health as poor or fair were almost 4 times as likely as those who perceived their health as excellent to receive mental health treatment. Women were almost twice as likely to receive treatment as men, while whites were 2.4 times as likely to receive mental health treatment as blacks. Those who were divorced or separated were twice as likely to receive mental health treatment as those who were widowed. Those receiving Medicaid/CHIP were more than twice as likely to receive mental health treatment as those who had no health insurance coverage. Adults with drug dependence/abuse were 2.8 times as likely to receive mental health treatment as those who did not meet criteria for drug dependence or abuse. Further findings on the association between mental health treatment and substance use and abuse are discussed in Chapter 6.

2.5 Summary

The receipt of mental health treatment varies significantly by demographic and socioeconomic characteristics. This was demonstrated by both the rates of mental health treatment and the logistic regression models. Rates of mental health treatment were highest among adults aged 26 to 49; women; American Indians or Alaska Natives, persons reporting more than one race, and, to a lesser extent, whites; divorced or separated persons; persons with some college or college graduates; unemployed persons and persons not in the labor force; those living in small metropolitan areas; persons with less than \$20,000 family income; and those in families receiving government assistance. The results of the logistic regression models indicated that persons with the levels of the characteristics described above were significantly more likely to receive mental health treatment even after controlling for confounding variables, except for those with a family income of less than \$20,000.

Table 2.1 Estimated Numbers (in Thousands) of Adults Who Received Specific Types of Mental Health Treatment and No Treatment in the Past Year, by Type of Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Total	21,092	1,477	11,924	16,567	178,997
Age in Years					
18-25	2,643	261	1,623	1,828	26,456
26-49	11,433	725	6,909	8,749	85,132
50 or older	7,015	491	3,393	5,989	67,410
Gender					
Male	7,258	630	4,067	5,386	88,198
Female	13,833	848	7,857	11,180	90,799
Hispanic Origin and Race					
Not Hispanic	19,741	1,284	11,140	15,574	159,557
White only	17,619	937	9,902	14,048	129,809
Black only	1,505	272	827	1,148	20,470
American Indian or Alaska Native only	146	25	107	85	820
Native Hawaiian or other Pacific Islander only	24	1	11	16	512
Asian only	216	24	135	115	6,684
More than one race	231	26	158	161	1,263
Hispanic	1,351	193	784	993	19,440
Education					
Less than high school	3,340	574	1,538	2,671	31,256
High school graduate	6,639	524	3,231	5,583	59,434
Some college	5,475	272	3,223	4,449	43,609
College graduate	5,638	107	3,931	3,863	44,699
Current Employment					
Full-time	10,369	352	6,115	7,687	104,399
Part-time	2,867	193	1,852	2,133	21,336
Unemployed	614	57	357	466	3,973
Not in the labor force ²	7,242	875	3,601	6,281	49,288

Table 2.1 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Marital Status					
Married	10,879	508	5,812	8,842	106,700
Widowed	1,191	107	407	1,049	12,037
Divorced or separated	4,049	365	2,494	3,184	20,329
Never married	4,972	497	3,211	3,492	39,931
Geographic Division					
Northeast	4,196	260	2,628	3,131	34,387
New England	1,437	68	934	1,104	8,684
Middle Atlantic	2,759	192	1,694	2,027	25,703
Midwest	5,001	336	2,920	4,000	41,311
East North Central	3,502	227	2,077	2,809	29,018
West North Central	1,499	110	843	1,191	12,292
South	7,249	615	3,680	5,929	63,785
South Atlantic	3,851	350	2,050	3,133	33,176
East South Central	1,381	112	596	1,185	10,934
West South Central	2,017	154	1,035	1,610	19,675
West	4,646	266	2,696	3,506	39,514
Mountain	1,533	82	857	1,181	11,052
Pacific	3,113	184	1,839	2,325	28,462
County Type					
Large metropolitan	9,923	673	6,025	7,417	87,320
Small metropolitan	6,916	478	3,803	5,615	54,906
250,000 to 1,000,000	5,163	367	2,743	4,200	40,704
<250,000	1,754	111	1,060	1,415	14,202
Nonmetropolitan	4,252	326	2,095	3,535	36,772
Urbanized	1,341	92	671	1,054	10,610
Less urbanized	2,451	201	1,170	2,083	22,134
Completely rural	460	32	254	399	4,028

Table 2.1 (continued)

Demographic/Socioeconomic Characteristics	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Family Income					
Less than \$20,000	5,299	685	2,706	4,315	35,079
\$20,000 to \$49,999	7,707	574	4,170	6,248	70,847
\$50,000 to \$74,999	3,601	141	2,139	2,698	33,442
\$75,000 or more	4,484	78	2,910	3,306	39,630
Government Assistance³					
Yes	4,164	706	2,336	3,428	20,168
No	16,928	772	9,589	13,139	158,829
Health Insurance					
Private	15,317	584	8,824	11,890	136,511
Medicaid/CHIP ⁴	3,101	532	1,652	2,628	12,939
Other ⁵	4,793	501	2,376	4,136	39,703
No coverage	1,756	224	870	1,291	21,729
Past Year Any Illicit Drug Use⁶					
Yes	3,815	346	2,353	2,830	17,930
No	17,277	1,131	9,571	13,737	161,067
Overall Health					
Excellent	4,034	165	2,612	2,720	52,179
Very good	6,388	250	3,734	4,878	61,271
Good	5,611	426	3,117	4,567	45,466
Fair/poor	5,051	637	2,456	4,397	19,932

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 2.2 Percentages of Adults Who Received Specific Types of Mental Health Treatment and No Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Total	10.5	0.7	6.0	8.3	89.5
Age in Years					
18-25	9.1	0.9	5.6	6.3	90.9
26-49	11.8	0.8	7.2	9.1	88.2
50 or older	9.4	0.7	4.6	8.1	90.6
Gender					
Male	7.6	0.7	4.3	5.6	92.4
Female	13.2	0.8	7.5	10.7	86.8
Hispanic Origin and Race					
Not Hispanic	11.0	0.7	6.2	8.7	89.0
White only	12.0	0.6	6.7	9.5	88.0
Black only	6.8	1.2	3.8	5.2	93.2
American Indian or Alaska Native only	15.1	2.5	11.1	8.8	84.9
Native Hawaiian or other Pacific Islander only	4.4	0.2	2.0	2.9	95.6
Asian only	3.1	0.4	2.0	1.7	96.9
More than one race	15.5	1.7	10.5	10.8	84.5
Hispanic	6.5	0.9	3.8	4.8	93.5
Education					
Less than high school	9.7	1.7	4.4	7.7	90.3
High school graduate	10.0	0.8	4.9	8.5	90.0
Some college	11.2	0.6	6.6	9.1	88.8
College graduate	11.2	0.2	7.8	7.7	88.8
Current Employment					
Full-time	9.0	0.3	5.3	6.7	91.0
Part-time	11.8	0.8	7.7	8.8	88.2
Unemployed	13.4	1.2	7.8	10.1	86.6
Not in the labor force ²	12.8	1.5	6.4	11.1	87.2

Table 2.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Marital Status					
Married	9.3	0.4	4.9	7.5	90.7
Widowed	9.0	0.8	3.1	7.9	91.0
Divorced or separated	16.6	1.5	10.2	13.1	83.4
Never married	11.1	1.1	7.2	7.8	88.9
Geographic Division					
Northeast	10.9	0.7	6.8	8.1	89.1
New England	14.2	0.7	9.2	10.9	85.8
Middle Atlantic	9.7	0.7	6.0	7.1	90.3
Midwest	10.8	0.7	6.3	8.6	89.2
East North Central	10.8	0.7	6.4	8.6	89.2
West North Central	10.9	0.8	6.1	8.6	89.1
South	10.2	0.9	5.2	8.3	89.8
South Atlantic	10.4	0.9	5.5	8.5	89.6
East South Central	11.2	0.9	4.8	9.6	88.8
West South Central	9.3	0.7	4.8	7.4	90.7
West	10.5	0.6	6.1	7.9	89.5
Mountain	12.2	0.7	6.8	9.4	87.8
Pacific	9.9	0.6	5.8	7.4	90.1
County Type					
Large metropolitan	10.2	0.7	6.2	7.6	89.8
Small metropolitan	11.2	0.8	6.2	9.1	88.8
250,000 to 1,000,000	11.3	0.8	6.0	9.2	88.7
<250,000	11.0	0.7	6.6	8.9	89.0
Nonmetropolitan	10.4	0.8	5.1	8.6	89.6
Urbanized	11.2	0.8	5.6	8.8	88.8
Less urbanized	10.0	0.8	4.8	8.5	90.0
Completely rural	10.3	0.7	5.7	8.9	89.7

Table 2.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Family Income					
Less than \$20,000	13.1	1.7	6.7	10.7	86.9
\$20,000 to \$49,999	9.8	0.7	5.3	8.0	90.2
\$50,000 to \$74,999	9.7	0.4	5.8	7.3	90.3
\$75,000 or more	10.2	0.2	6.6	7.5	89.8
Government Assistance³					
Yes	17.1	2.9	9.6	14.1	82.9
No	9.6	0.4	5.5	7.5	90.4
Health Insurance					
Private	10.1	0.4	5.8	7.8	89.9
Medicaid/CHIP ⁴	19.3	3.3	10.3	16.4	80.7
Other ⁵	10.8	1.1	5.3	9.3	89.2
No coverage	7.5	1.0	3.7	5.5	92.5
Past Year Any Illicit Drug Use⁶					
Yes	17.5	1.6	10.8	13.0	82.5
No	9.7	0.6	5.4	7.7	90.3
Overall Health					
Excellent	7.2	0.3	4.6	4.8	92.8
Very good	9.4	0.4	5.5	7.2	90.6
Good	11.0	0.8	6.1	8.9	89.0
Fair/poor	20.2	2.5	9.8	17.6	79.8

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 2.3 Percent Distributions of Selected Characteristics among Adults Who Received Specific Types of Mental Health Treatment and No Treatment in the Past Year: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Total	100.0	100.0	100.0	100.0	100.0
Age in Years					
18-25	12.5	17.7	13.6	11.0	14.8
26-49	54.2	49.1	57.9	52.8	47.6
50 or older	33.3	33.2	28.5	36.2	37.7
Gender					
Male	34.4	42.6	34.1	32.5	49.3
Female	65.6	57.4	65.9	67.5	50.7
Hispanic Origin and Race					
Not Hispanic	93.6	86.9	93.4	94.0	89.1
White only	83.5	63.4	83.0	84.8	72.5
Black only	7.1	18.4	6.9	6.9	11.4
American Indian or Alaska Native only	0.7	1.7	0.9	0.5	0.5
Native Hawaiian or other Pacific Islander only	0.1	0.1	0.1	0.1	0.3
Asian only	1.0	1.7	1.1	0.7	3.7
More than one race	1.1	1.8	1.3	1.0	0.7
Hispanic	6.4	13.1	6.6	6.0	10.9
Education					
Less than high school	15.8	38.9	12.9	16.1	17.5
High school graduate	31.5	35.5	27.1	33.7	33.2
Some college	26.0	18.4	27.0	26.9	24.4
College graduate	26.7	7.2	33.0	23.3	25.0
Current Employment					
Full-time	49.2	23.8	51.3	46.4	58.3
Part-time	13.6	13.1	15.5	12.9	11.9
Unemployed	2.9	3.9	3.0	2.8	2.2
Not in the labor force ²	34.3	59.2	30.2	37.9	27.5

Table 2.3 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Marital Status					
Married	51.6	34.4	48.7	53.4	59.6
Widowed	5.6	7.3	3.4	6.3	6.7
Divorced or separated	19.2	24.7	20.9	19.2	11.4
Never married	23.6	33.6	26.9	21.1	22.3
Geographic Division					
Northeast	19.9	17.6	22.0	18.9	19.2
New England	6.8	4.6	7.8	6.7	4.9
Middle Atlantic	13.1	13.0	14.2	12.2	14.4
Midwest	23.7	22.8	24.5	24.1	23.1
East North Central	16.6	15.3	17.4	17.0	16.2
West North Central	7.1	7.4	7.1	7.2	6.9
South	34.4	41.6	30.9	35.8	35.6
South Atlantic	18.3	23.7	17.2	18.9	18.5
East South Central	6.5	7.6	5.0	7.2	6.1
West South Central	9.6	10.4	8.7	9.7	11.0
West	22.0	18.0	22.6	21.2	22.1
Mountain	7.3	5.5	7.2	7.1	6.2
Pacific	14.8	12.4	15.4	14.0	15.9
County Type					
Large metropolitan	47.0	45.6	50.5	44.8	48.8
Small metropolitan	32.8	32.4	31.9	33.9	30.7
250,000 to 1,000,000	24.5	24.9	23.0	25.4	22.7
<250,000	8.3	7.5	8.9	8.5	7.9
Nonmetropolitan	20.2	22.1	17.6	21.3	20.5
Urbanized	6.4	6.2	5.6	6.4	5.9
Less urbanized	11.6	13.6	9.8	12.6	12.4
Completely rural	2.2	2.2	2.1	2.4	2.3

Table 2.3 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Family Income					
Less than \$20,000	25.1	46.4	22.7	26.0	19.6
\$20,000 to \$49,999	36.5	38.8	35.0	37.7	39.6
\$50,000 to \$74,999	17.1	9.5	17.9	16.3	18.7
\$75,000 or more	21.3	5.3	24.4	20.0	22.1
Government Assistance³					
Yes	19.7	47.8	19.6	20.7	11.3
No	80.3	52.2	80.4	79.3	88.7
Health Insurance					
Private	72.6	39.5	74.0	71.8	76.3
Medicaid/CHIP ⁴	14.7	36.0	13.9	15.9	7.2
Other ⁵	22.7	33.9	19.9	25.0	22.2
No coverage	8.3	15.2	7.3	7.8	12.1
Past Year Any Illicit Drug Use⁶					
Yes	18.1	23.5	19.7	17.1	10.0
No	81.9	76.5	80.3	82.9	90.0
Overall Health					
Excellent	19.1	11.1	21.9	16.4	29.2
Very good	30.3	17.0	31.3	29.4	34.2
Good	26.6	28.8	26.1	27.6	25.4
Fair/poor	23.9	43.1	20.6	26.5	11.1

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 2.4 Results of Logistic Regression of Demographic and Socioeconomic Characteristics and Substance Abuse on Receipt of Past Year Mental Health Treatment: 2000 and 2001

Covariate	Unadjusted		Adjusted	
	Odds Ratio	95% Limit	Odds Ratio	95% Limit
Age Group				
Age 26-49 vs. Age 18-25	1.34	(1.26 - 1.43)	1.52	(1.39 - 1.67)
Age 50 or Older vs. Age 18-25	1.04	(0.96 - 1.13)	0.91	(0.80 - 1.04)
Gender				
Female vs. Male	1.85	(1.73 - 1.98)	1.93	(1.80 - 2.08)
Race/Ethnicity				
Non-Hispanic White vs. Non-Hispanic Black	1.82	(1.59 - 2.09)	2.44	(2.11 - 2.82)
Hispanic vs. Non-Hispanic Black	0.93	(0.77 - 1.13)	1.20	(0.98 - 1.46)
Other ¹ vs. Non-Hispanic Black	0.69	(0.53 - 0.90)	0.82	(0.63 - 1.07)
Adult Education				
High School Graduate vs. Less Than High School	1.05	(0.93 - 1.17)	1.19	(1.06 - 1.34)
Some College vs. Less Than High School	1.17	(1.05 - 1.32)	1.49	(1.31 - 1.68)
College Graduate vs. Less Than High School	1.18	(1.05 - 1.32)	1.80	(1.57 - 2.07)
Current Employment				
Part-Time vs. Full-Time	1.35	(1.22 - 1.49)	1.21	(1.08 - 1.34)
Unemployed vs. Full-Time	1.56	(1.28 - 1.89)	1.45	(1.18 - 1.79)
Not in the Labor Force ² vs. Full-Time	1.48	(1.36 - 1.61)	1.27	(1.14 - 1.41)
Marital Status				
Married vs. Widowed	1.03	(0.86 - 1.24)	1.33	(1.09 - 1.63)
Divorced/Separated vs. Widowed	2.01	(1.67 - 2.43)	2.26	(1.84 - 2.78)
Never Married vs. Widowed	1.26	(1.05 - 1.50)	1.76	(1.43 - 2.18)
Family Income				
\$20,000-Lower Than \$50,000 vs. Less Than \$20,000	0.72	(0.65 - 0.79)	0.91	(0.82 - 1.02)
\$50,000-Lower Than \$75,000 vs. Less Than \$20,000	0.71	(0.64 - 0.80)	0.95	(0.84 - 1.08)
\$75,000 or More vs. Less Than \$20,000	0.75	(0.66 - 0.84)	1.05	(0.91 - 1.21)
Government Assistance³				
Yes vs. No	1.94	(1.76 - 2.13)	1.51	(1.35 - 1.69)
Health Insurance				
Medicaid/CHIP ⁴ vs. No Coverage	2.97	(2.57 - 3.43)	2.22	(1.89 - 2.60)
Other ⁵ vs. No Coverage	1.39	(1.24 - 1.56)	1.61	(1.41 - 1.84)
Overall Health				
Very Good vs. Excellent	1.35	(1.23 - 1.48)	1.40	(1.27 - 1.54)
Good vs. Excellent	1.60	(1.45 - 1.76)	1.84	(1.66 - 2.04)
Fair/Poor vs. Excellent	3.28	(2.94 - 3.66)	3.90	(3.44 - 4.43)
Illicit Drug Dependence/Abuse⁶				
Yes vs. No	3.52	(3.04 - 4.07)	2.80	(2.37 - 3.31)

Table 2.4 (continued)

Covariate	Unadjusted		Adjusted	
	Odds Ratio	95% Limit	Odds Ratio	95% Limit
Alcohol Dependence/Abuse				
Yes vs. No	2.04	(1.84 - 2.28)	1.86	(1.65 - 2.11)
Daily Smoking⁷				
Yes vs. No	1.50	(1.38 - 1.63)	1.16	(1.05 - 1.27)

¹ American Indian or Alaska Native, Asian, or Pacific Islander.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other government-sponsored program that provides or pays for medical care.

⁶ Illicit drug dependence or abuse indicates dependence on or abuse of at least one of the following drugs: marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Dependence or abuse is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

⁷ Daily cigarette use is defined as using cigarettes daily in the past 30 days.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

3. Types of Mental Health Services Received

The past decade has seen significant changes in the patterns and approaches to mental health treatment in the United States. One study tracking trends in mental health and substance abuse service use between 1987 and 1996 found that outpatient visits increased by 29 percent, while inpatient stays did not change (Zuvekas, 2001). However, many such studies have considered mental health and substance abuse services together, and little is known about how service utilization has changed within the specialty mental health sector alone. The Epidemiologic Catchment Area (ECA) study estimated that 10.7 percent of the civilian adult population used outpatient mental health services during 1 year—5.6 percent in the specialty mental health sector and 6.4 percent in the general medical sector (Regier et al., 1993).

Further, little is known about how mental health service utilization overall or types of services vary among population subgroups. Most studies have examined correlates of use for only one type of service or service use among a particular population subgroup. However, one research group found no significant differences in the use of inpatient mental health services among racial/ethnic groups in an insured population after controlling for a number of covariates (Padgett et al., 1994a), but they found that blacks and Hispanics had less use of outpatient services than whites (Padgett et al., 1994b). This suggests that types of mental health services utilization may be associated with sociodemographic characteristics (Howard et al., 1996; Klinkenberg & Calsyn, 1998; Olfson, Pincus, & Sabshin, 1994).

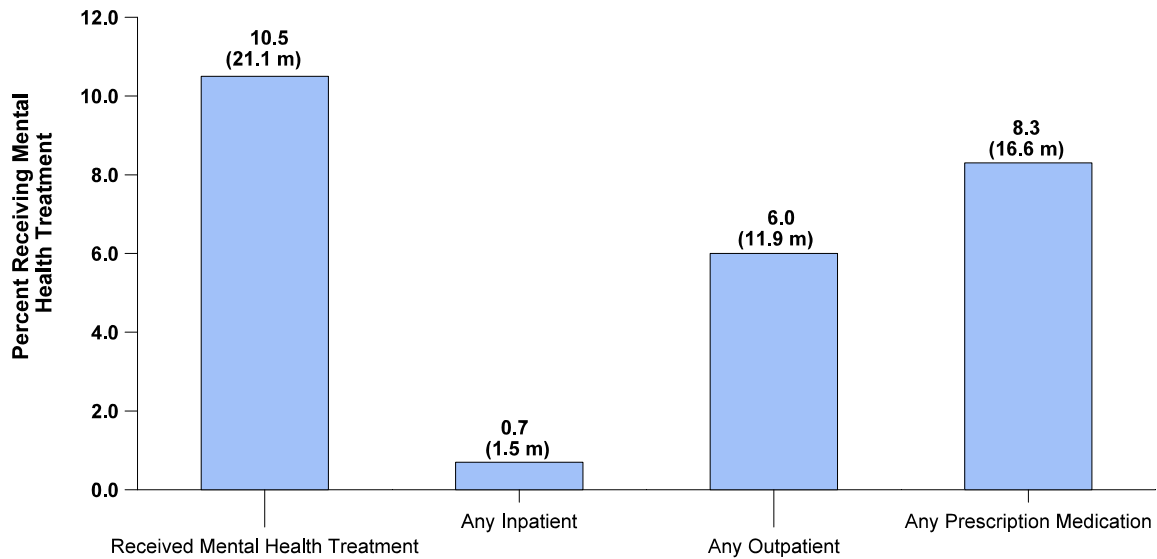
Using data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA), this chapter examines the past year prevalence of three types of mental health treatment: any inpatient, any outpatient, and any prescription medication. Also examined is the prevalence of four mutually exclusive categories of the three types of mental health treatments: outpatient only, outpatient and prescription medication only, prescription medication only, and any inpatient treatment (those receiving any inpatient treatment with or without other types of treatment).

3.1 Overall Prevalence of Mental Health Treatment in the U.S. Population, by Type of Treatment

In 2000 and 2001, 10.5 percent of the adult population in the United States, or 21.1 million adults, received mental health treatment. About 16.6 million adults (8.3 percent of the adult population) received prescription medication, almost 12 million (6.0 percent) received outpatient services, and about 1.5 million (0.7 percent) received inpatient services (Figure 3.1). These numbers add to more than 21.1 million because some persons received more than one type of treatment (see Figure 3.2).

Among those receiving mental health treatment, almost 80 percent received prescription medication and less than 60 percent received any outpatient treatment (Table 3.1). When considering mutually exclusive categories of treatment, the greatest proportion of treated adults (40.8 percent) received prescription medication only, followed by a combination of outpatient treatment and prescription medication only (33.1 percent), outpatient treatment only (19.0 percent), and any inpatient treatment (7.0 percent) (Figure 3.3).

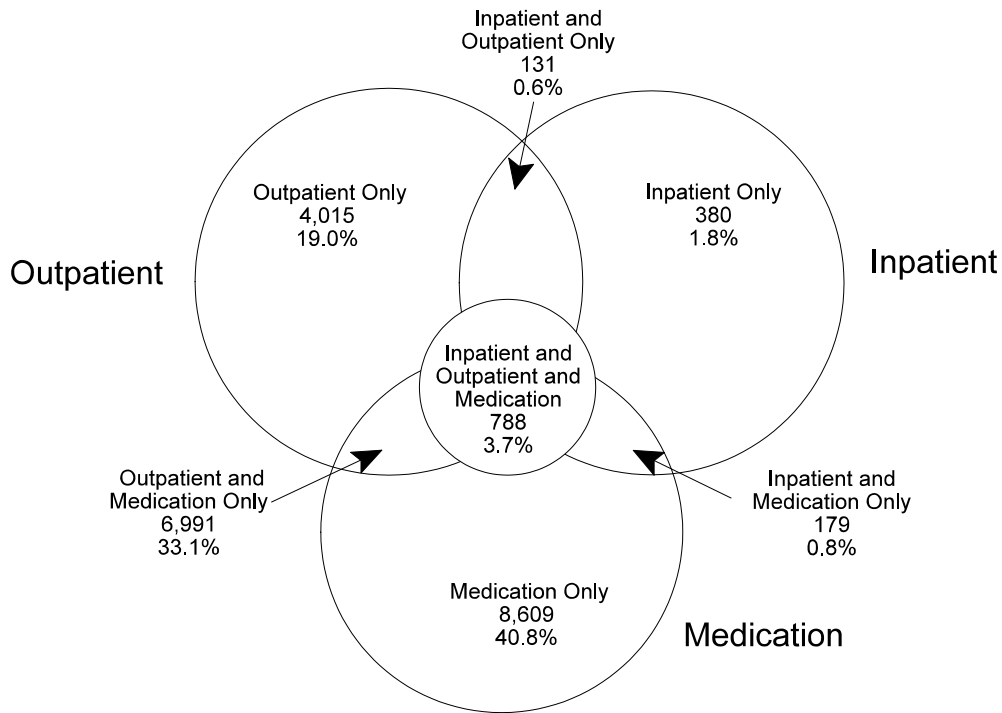
Figure 3.1 Adults Receiving Mental Health Treatment in the Past Year



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

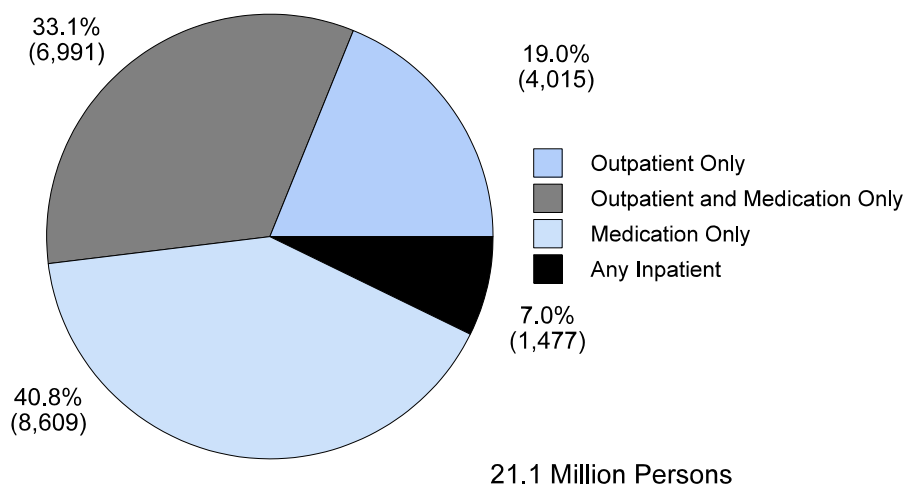
Figure 3.2 Past Year Mental Health Treatment, by Type (with Numbers in Thousands)



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Circles are not drawn to scale.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 3.3 Mental Health Treatment in the Past Year, by Type (Mutually Exclusive Categories with Numbers in Thousands)



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

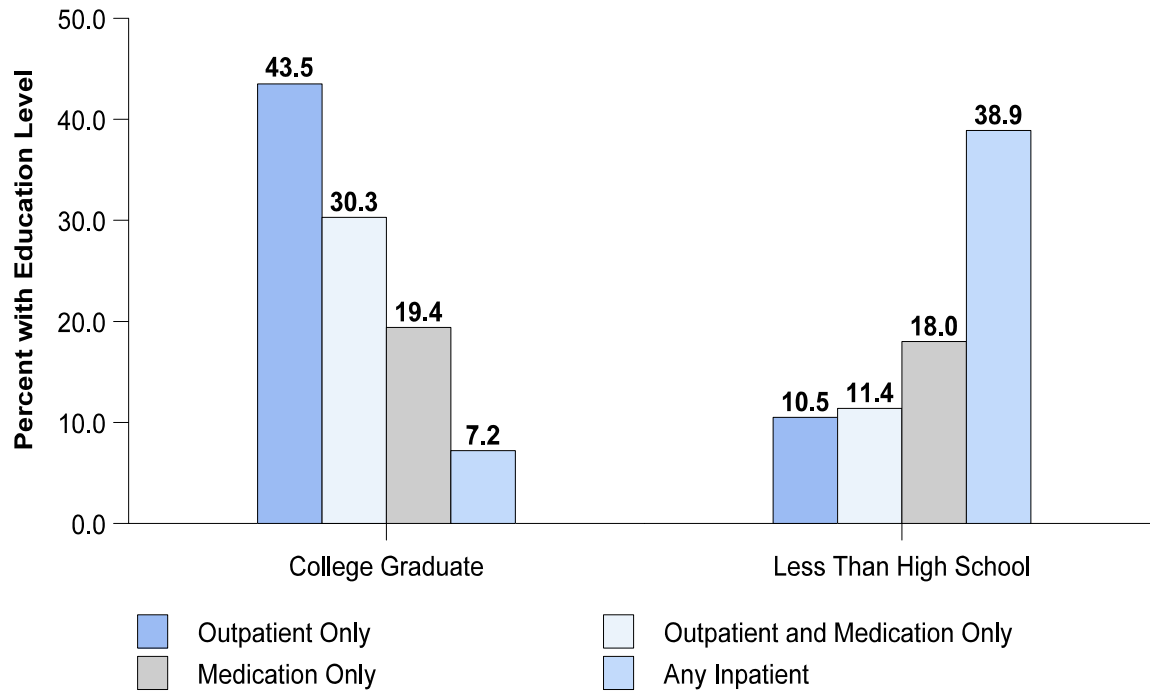
3.2 Characteristics of the Population Receiving Specific Types of Mental Health Treatment

This section presents the demographic and socioeconomic characteristics of persons receiving each of the four mutually exclusive categories of mental health treatment noted in Figure 3.3. These data can be found in Table 3.2. An interesting pattern that emerges from the comparison of these four treatment groups is the differences in socioeconomic status (SES). In Figures 3.4 through 3.8, data are presented for two subgroups of a socioeconomic characteristic for each category of treatment. The percentages in the figures are the percentages of adults receiving each type of treatment who have the given characteristic (e.g., the percentage receiving outpatient treatment only who are college graduates). In general, the data show that those receiving outpatient only treatment had the highest SES, followed by those treated with both outpatient and prescription medication, then those treated with prescription medication only. Those who had been hospitalized for their mental health problems had the lowest SES.

3.2.1 Outpatient Treatment Only

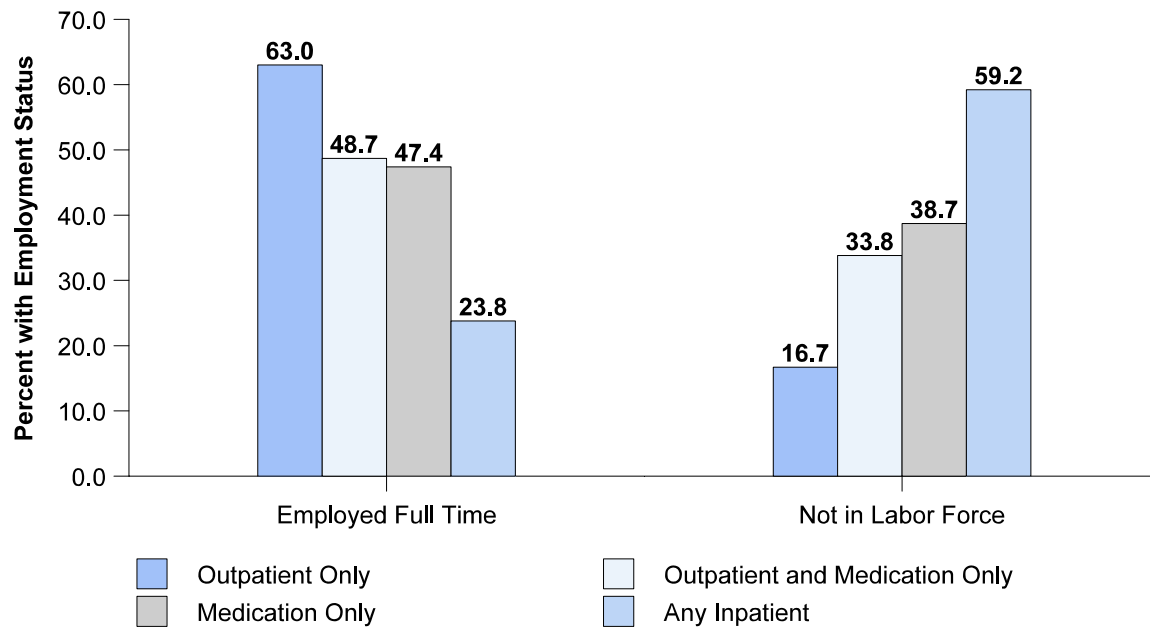
Adults who received only outpatient treatment in the past year were more likely than recipients of any other category of treatment to have characteristics associated with high SES. These adults were more highly educated than those receiving other types of treatment (43.5 percent were college graduates and only 10.5 percent had less than a high school education). They had the highest rate of full-time employment (63.0 percent), were the least likely to be out of the labor force (16.7 percent), and were in families with the highest incomes (28.9 percent had incomes of \$75,000 or more). They were the least likely to receive government assistance (12.3 percent) and the most likely to have private health insurance (81.3 percent).

Figure 3.4 Education Level, by Type of Treatment in the Past Year



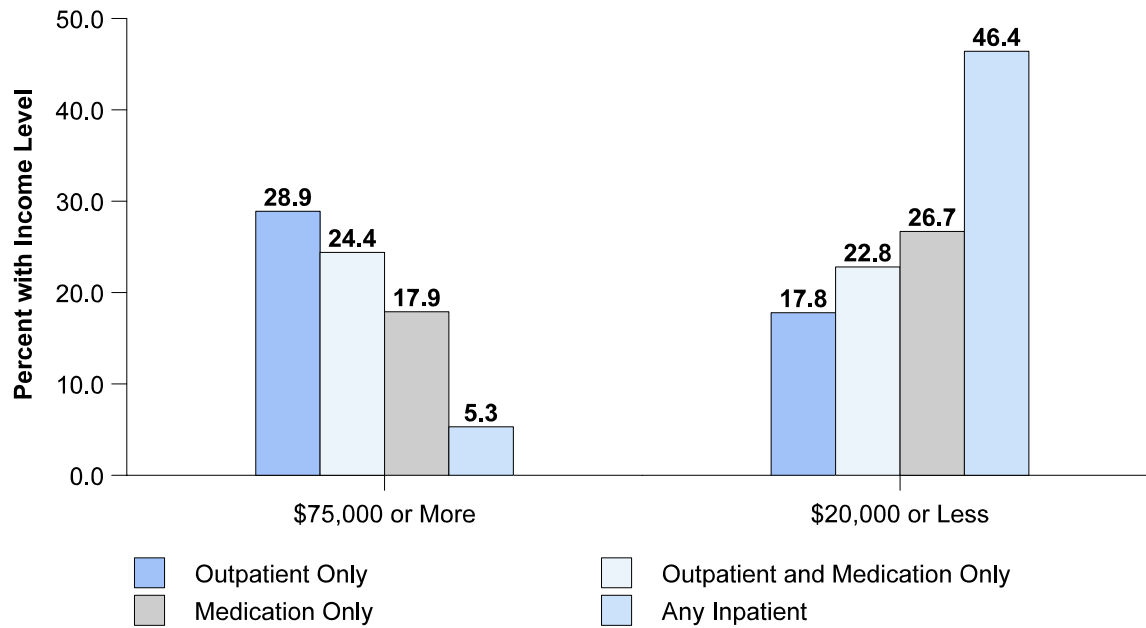
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 3.5 Employment Status, by Type of Treatment in the Past Year



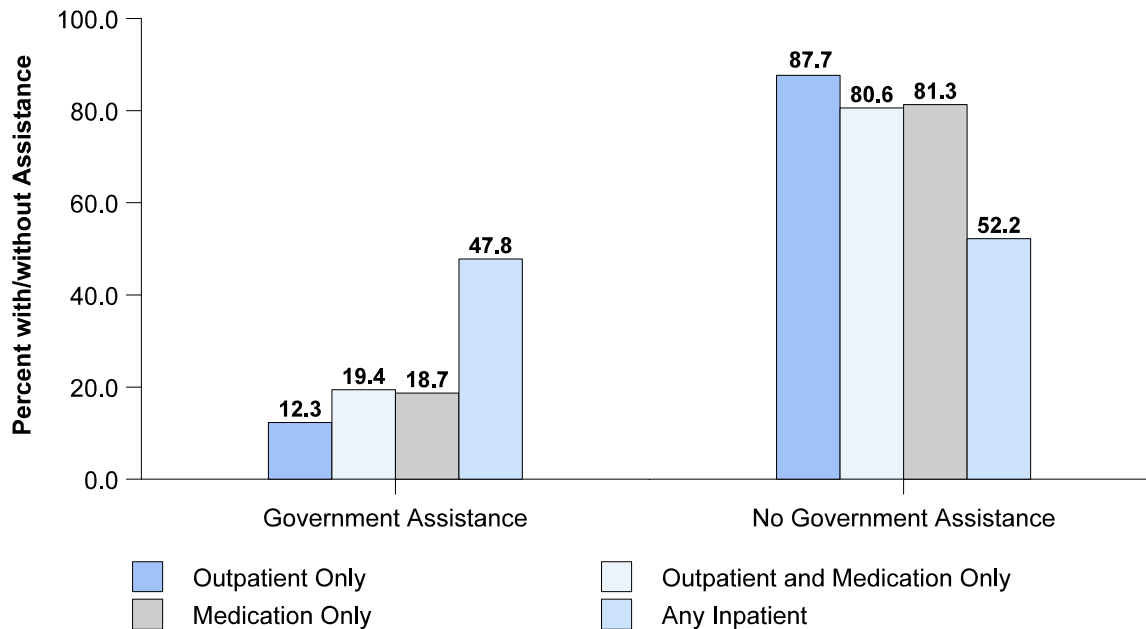
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 3.6 Family Income, by Type of Treatment in the Past Year



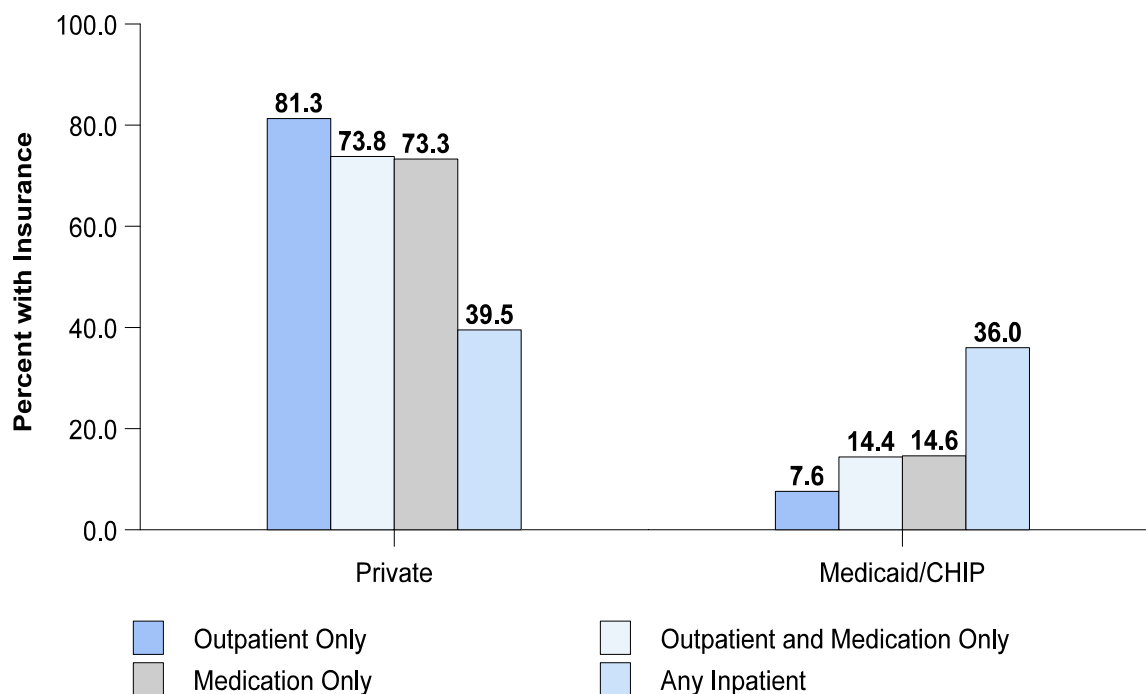
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 3.7 Government Assistance, by Type of Treatment in the Past Year



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 3.8 Health Insurance, by Type of Treatment in the Past Year



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Compared with recipients of the other types of treatment, these adults were younger (79.1 percent were under 50 years of age), were more likely to be from large metropolitan areas (56.5 percent), and were more likely to perceive their overall health as very good or excellent (66.0 percent).

3.2.2 Outpatient and Prescription Medication Only

Compared with adults receiving only outpatient treatment, adults who received treatment consisting of both outpatient care and prescription medication had less education (30.3 percent were college graduates), had a lower rate of full-time employment (48.7 percent), had lower family incomes (24.4 percent had incomes of \$75,000 or more), and were less likely to have private health insurance coverage (73.8 percent). These adults had lower perceived overall health status (49.9 percent perceived their health as very good or excellent). While more females than males received every category of treatment, females had the highest representation in this category of treatment (69.8 percent).

3.2.3 Prescription Medication Only

When compared with those receiving all other categories of treatment, adults treated only with prescription medications were older (40.2 percent were aged 50 or older) and were the most likely to be married (56.9 percent).

3.2.4 Any Inpatient Treatment

Of the four categories of treatment described, recipients of any inpatient treatment had the lowest levels of the socioeconomic variables examined. They had less education (38.9 percent had less than a high school education and 7.2 percent were college graduates), lower rates of full-time employment (23.8 percent were employed full time, while 59.2 percent were out of the labor force), and lower incomes (46.4 percent had family incomes of less than \$20,000). Almost half of these adults received government assistance (47.8 percent). They were less likely to have private health insurance (39.5 percent), and more than a third (36 percent) were covered by Medicaid or the Children's Health Insurance Program (CHIP).

Adults receiving any inpatient treatment were more likely to be black (18.4 percent) and more likely to be Hispanic (13.1 percent) compared with adults receiving other categories of treatment. Only 28.1 percent of these adults perceived their health as very good or excellent, and almost half (43.1 percent) perceived their health as fair or poor. This was the only category of treatment dominated by males (57.4 percent).

3.3 Prevalence of Specific Types of Mental Health Treatment among Persons in the Adult Population

This section presents percentages of the total adult population in the United States receiving the four categories of mental health treatment described in Section 3.2 (Table 3.3). These percentages are referred to as rates.

For three of the four categories of treatment, females had higher rates than males. Rates of outpatient-only treatment were 2.3 percent for females versus 1.7 percent for males; rates for outpatient and medication only were 4.7 versus 2.2 percent, respectively; and rates for prescription medication only were 5.4 versus 3.1 percent, respectively. However, the rate of inpatient treatment among females (0.8 percent) did not differ from that among males (0.7 percent).

Divorced or separated individuals were more likely than other marital status groups to receive each type of mental health treatment. Divorced or separated individuals were about twice as likely as married persons to receive outpatient treatment only (3.3 vs. 1.6 percent) or outpatient and prescription medication treatment (5.9 vs. 3.1 percent) and approximately 3 times as likely to receive any inpatient care (1.5 vs. 0.4 percent). With the exception of college graduates, whose rates of receipt of outpatient-only treatment and prescription medication-only treatment were essentially the same, all other sociodemographic groups had a higher rate of receiving medication only than outpatient treatment only. Tables 3.4 and 3.5 provide further data on the numbers and percentages of adults who received specific categories of mental health treatment among adults receiving treatment in the past year, by selected characteristics.

3.4 Summary

Most adults receiving any mental health treatment in 2000 and 2001 received prescription medication (80.0 percent), and more than 40 percent received prescription medication and no other treatment. The type of mental health treatment received varied by demographic and socioeconomic characteristics. Compared with adults receiving all other categories of treatment described, those receiving only outpatient treatment in the past year were more likely to be college graduates, to have family incomes of \$75,000 or more, to be employed full time, to receive no government assistance, and to have private health insurance. Persons receiving inpatient treatment were more likely to have less than a high school education, to have a family income of less than \$20,000, to be out of the labor force, and to be on government assistance or to receive Medicaid/CHIP. In addition, adults receiving only outpatient treatment in the past year were more likely to perceive their health as excellent, and those reporting any inpatient treatment in the past year were more likely to perceive their health as fair/poor.

Table 3.1 Percentages of Adults Who Received Specific Types of Mental Health Treatment among Those Receiving Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment ¹		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Total	7.0	56.7	78.9
Age in Years			
18-25	9.9	61.8	69.5
26-49	6.3	60.5	76.6
50 or older	7.0	48.7	86.3
Gender			
Male	8.7	56.4	74.8
Female	6.1	56.9	81.0
Hispanic Origin and Race			
Not Hispanic	6.5	56.6	79.3
White only	5.3	56.4	80.0
Black only	18.1	55.3	76.6
American Indian or Alaska Native only	*	*	*
Native Hawaiian or other Pacific Islander only	*	*	*
Asian only	*	*	*
More than one race	*	*	*
Hispanic	14.3	58.1	73.6
Education			
Less than high school	17.3	46.3	80.2
High school graduate	7.9	48.9	84.8
Some college	5.0	59.1	81.6
College graduate	1.9	69.8	68.7
Current Employment			
Full-time	3.4	59.1	74.5
Part-time	6.7	64.8	74.5
Unemployed	9.3	58.3	75.8
Not in the labor force ²	12.1	50.0	87.2
Marital Status			
Married	4.7	53.7	81.5
Widowed	9.1	34.2	88.0
Divorced or separated	9.0	61.7	79.2
Never married	10.0	64.8	70.8

Table 3.1 (continued)

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment¹		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Geographic Division			
Northeast	6.2	62.9	75.0
New England	4.8	65.0	76.9
Middle Atlantic	6.9	61.8	74.1
Midwest	6.7	58.7	80.1
East North Central	6.5	59.7	80.4
West North Central	7.3	56.3	79.5
South	8.5	50.9	82.0
South Atlantic	9.1	53.4	81.5
East South Central	8.2	43.2	86.1
West South Central	7.6	51.4	80.3
West	5.7	58.1	76.3
Mountain	5.3	55.9	77.1
Pacific	5.9	59.2	75.9
County Type			
Large metropolitan	6.8	60.9	75.2
Small metropolitan	6.9	55.1	81.3
250,000 to 1,000,000	7.1	53.2	81.4
<250,000	6.3	60.6	80.9
Nonmetropolitan	7.7	49.6	83.8
Urbanized	6.9	50.4	80.4
Less urbanized	8.2	48.1	85.1
Completely rural	7.1	55.2	86.7
Family Income			
Less than \$20,000	13.0	51.3	81.8
\$20,000 to \$49,999	7.4	54.3	81.6
\$50,000 to \$74,999	3.9	59.5	75.1
\$75,000 or more	1.7	65.0	74.0
Government Assistance³			
Yes	17.0	56.4	83.2
No	4.6	56.8	77.9
Health Insurance			
Private	3.8	57.8	77.9
Medicaid/CHIP ⁴	17.2	53.8	85.9
Other ⁵	10.5	49.9	86.6
No coverage	12.7	49.6	73.6
Past Year Any Illicit Drug Use⁶			
Yes	9.1	62.2	74.8
No	6.6	55.5	79.8

Table 3.1 (continued)

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment¹		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Overall Health			
Excellent	4.1	64.8	67.8
Very good	3.9	58.7	76.4
Good	7.6	55.8	81.9
Fair/poor	12.6	48.9	87.8

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 3.2 Percent Distributions of Selected Characteristics among Adults Who Received Specific Categories of Mental Health Treatment in the Past Year: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Total	100.0	100.0	100.0	100.0	100.0
Age in Years					
18-25	12.5	17.5	11.2	10.4	17.7
26-49	54.2	61.6	57.0	49.4	49.1
50 or older	33.3	20.9	31.8	40.2	33.2
Gender					
Male	34.4	39.6	30.2	34.0	42.6
Female	65.6	60.4	69.8	66.0	57.4
Hispanic Origin and Race					
Not Hispanic	93.6	93.3	94.0	94.5	86.9
White only	83.5	82.5	85.3	86.0	63.4
Black only	7.1	5.7	6.4	6.5	18.4
American Indian or Alaska Native only	0.7	*	*	*	1.7
Native Hawaiian or other Pacific Islander only	0.1	*	*	*	0.1
Asian only	1.0	*	*	*	1.7
More than one race	1.1	*	*	*	1.8
Hispanic	6.4	6.7	6.0	5.5	13.1
Education					
Less than high school	15.8	10.5	11.4	18.0	38.9
High school graduate	31.5	22.0	29.0	37.2	35.5
Some college	26.0	24.1	29.3	25.4	18.4
College graduate	26.7	43.5	30.3	19.4	7.2
Current Employment					
Full-time	49.2	63.0	48.7	47.4	23.8
Part-time	13.6	17.1	14.7	11.2	13.1
Unemployed	2.9	3.3	2.8	2.7	3.9
Not in the labor force ²	34.3	16.7	33.8	38.7	59.2

Table 3.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Marital Status					
Married	51.6	46.6	51.6	56.9	34.4
Widowed	5.6	1.6	4.4	8.2	7.3
Divorced or separated	19.2	20.0	20.5	16.8	24.7
Never married	23.6	31.8	23.5	18.1	33.6
Geographic Division					
Northeast	19.9	24.6	21.1	17.2	17.6
New England	6.8	8.1	8.1	5.5	4.6
Middle Atlantic	13.1	16.5	13.0	11.6	13.0
Midwest	23.7	22.3	26.0	22.7	22.8
East North Central	16.6	15.3	18.9	15.5	15.3
West North Central	7.1	7.0	7.1	7.2	7.4
South	34.4	26.8	32.3	38.3	41.6
South Atlantic	18.3	14.8	17.8	19.3	23.7
East South Central	6.5	3.9	5.4	8.5	7.6
West South Central	9.6	8.2	9.0	10.5	10.4
West	22.0	26.3	20.7	21.8	18.0
Mountain	7.3	8.0	6.9	7.5	5.5
Pacific	14.8	18.3	13.8	14.3	12.4
County Type					
Large metropolitan	47.0	56.5	47.3	42.7	45.6
Small metropolitan	32.8	29.0	33.3	34.2	32.4
250,000 to 1,000,000	24.5	21.4	23.6	26.6	24.9
<250,000	8.3	7.6	9.7	7.7	7.5
Nonmetropolitan	20.2	14.5	19.4	23.1	22.1
Urbanized	6.4	6.0	5.6	7.1	6.2
Less urbanized	11.6	7.4	10.9	13.8	13.6
Completely rural	2.2	1.1	2.8	2.2	2.2

Table 3.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Family Income					
Less than \$20,000	25.1	17.8	22.8	26.7	46.4
\$20,000 to \$49,999	36.5	31.8	36.0	38.8	38.8
\$50,000 to \$74,999	17.1	21.5	16.7	16.6	9.5
\$75,000 or more	21.3	28.9	24.4	17.9	5.3
Government Assistance³					
Yes	19.7	12.3	19.4	18.7	47.8
No	80.3	87.7	80.6	81.3	52.2
Health Insurance					
Private	72.6	81.3	73.8	73.3	39.5
Medicaid/CHIP ⁴	14.7	7.6	14.4	14.6	36.0
Other ⁵	22.7	12.2	22.2	26.1	33.9
No coverage	8.3	8.6	6.4	8.6	15.2
Past Year Any Illicit Drug Use⁶					
Yes	18.1	21.5	18.2	15.5	23.5
No	81.9	78.5	81.8	84.5	76.5
Overall Health					
Excellent	19.1	30.7	18.6	15.5	11.1
Very good	30.3	35.3	31.3	29.4	17.0
Good	26.6	23.1	27.5	27.1	28.8
Fair/poor	23.9	10.8	22.5	27.9	43.1

*Low precision; no estimate reported.

Note: Persons receiving "any inpatient" services may have received other types of treatment as well.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 3.3 Percentages of Adults Receiving Specific Categories of Mental Health Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Category of Mental Health Treatment			
	Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Total	2.0	3.5	4.3	0.7
Age in Years				
18-25	2.4	2.7	3.1	0.9
26-49	2.6	4.1	4.4	0.8
50 or older	1.1	3.0	4.7	0.7
Gender				
Male	1.7	2.2	3.1	0.7
Female	2.3	4.7	5.4	0.8
Hispanic Origin and Race				
Not Hispanic	2.1	3.7	4.5	0.7
White only	2.2	4.0	5.0	0.6
Black only	1.0	2.0	2.5	1.2
American Indian or Alaska Native only	*	*	*	2.5
Native Hawaiian or other Pacific Islander only	*	*	*	0.2
Asian only	*	*	*	0.4
More than one race	*	*	*	1.7
Hispanic	1.3	2.0	2.3	0.9
Education				
Less than high school	1.2	2.3	4.5	1.7
High school graduate	1.3	3.1	4.9	0.8
Some college	2.0	4.2	4.5	0.6
College graduate	3.5	4.2	3.3	0.2
Current Employment				
Full-time	2.2	3.0	3.6	0.3
Part-time	2.8	4.2	4.0	0.8
Unemployed	2.8	4.3	5.0	1.2
Not in the labor force ²	1.2	4.2	5.9	1.5

Table 3.3 (continued)

Demographic/Socioeconomic Characteristic	Category of Mental Health Treatment			
	Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Marital Status				
Married	1.6	3.1	4.2	0.4
Widowed	0.5	2.3	5.4	0.8
Divorced or separated	3.3	5.9	5.9	1.5
Never married	2.8	3.7	3.5	1.1
Geographic Division				
Northeast	2.6	3.8	3.8	0.7
New England	3.2	5.6	4.7	0.7
Middle Atlantic	2.3	3.2	3.5	0.7
Midwest	1.9	3.9	4.2	0.7
East North Central	1.9	4.1	4.1	0.7
West North Central	2.0	3.6	4.5	0.8
South	1.5	3.2	4.6	0.9
South Atlantic	1.6	3.4	4.5	0.9
East South Central	1.3	3.1	6.0	0.9
West South Central	1.5	2.9	4.2	0.7
West	2.4	3.3	4.3	0.6
Mountain	2.6	3.8	5.1	0.7
Pacific	2.3	3.0	3.9	0.6
County Type				
Large metropolitan	2.3	3.4	3.8	0.7
Small metropolitan	1.9	3.8	4.8	0.8
250,000 to 1,000,000	1.9	3.6	5.0	0.8
<250,000	1.9	4.2	4.1	0.7
Nonmetropolitan	1.4	3.3	4.8	0.8
Urbanized	2.0	3.3	5.1	0.8
Less urbanized	1.2	3.1	4.8	0.8
Completely rural	1.0	4.4	4.2	0.7

Table 3.3 (continued)

Demographic/Socioeconomic Characteristic	Category of Mental Health Treatment			
	Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Family Income				
Less than \$20,000	1.8	4.0	5.7	1.7
\$20,000 to \$49,999	1.6	3.2	4.2	0.7
\$50,000 to \$74,999	2.3	3.2	3.9	0.4
\$75,000 or more	2.6	3.9	3.5	0.2
Government Assistance³				
Yes	2.0	5.6	6.6	2.9
No	2.0	3.2	4.0	0.4
Health Insurance				
Private	2.1	3.4	4.2	0.4
Medicaid/CHIP ⁴	1.9	6.3	7.8	3.3
Other ⁵	1.1	3.5	5.0	1.1
No coverage	1.5	1.9	3.1	1.0
Past Year Any Illicit Drug Use⁶				
Yes	4.0	5.9	6.1	1.6
No	1.8	3.2	4.1	0.6
Overall Health				
Excellent	2.2	2.3	2.4	0.3
Very good	2.1	3.2	3.7	0.4
Good	1.8	3.8	4.6	0.8
Fair/poor	1.7	6.3	9.6	2.5

*Low precision; no estimate reported.

Note: Persons receiving "any inpatient" services may have received other types of treatment as well.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 3.4 Estimated Numbers (in Thousands) of Adults Who Received Mental Health Treatment in the Past Year, by Specific Categories of Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Total	21,092	4,015	6,991	8,609	1,477
Age in Years					
18-25	2,643	703	786	893	261
26-49	11,433	2,472	3,984	4,252	725
50 or older	7,015	840	2,222	3,464	491
Gender					
Male	7,258	1,591	2,112	2,925	630
Female	13,833	2,423	4,879	5,684	848
Hispanic Origin and Race					
Not Hispanic	19,741	3,746	6,575	8,136	1,284
White only	17,619	3,311	5,966	7,405	937
Black only	1,505	229	448	557	272
American Indian or Alaska Native only	146	*	*	*	25
Native Hawaiian or other Pacific Islander only	24	*	*	*	1
Asian only	216	*	*	*	24
More than one race	231	*	*	*	26
Hispanic	1,351	268	417	473	193
Education					
Less than high school	3,340	420	799	1,548	574
High school graduate	6,639	883	2,026	3,205	524
Some college	5,475	967	2,051	2,185	272
College graduate	5,638	1,745	2,115	1,671	107
Current Employment					
Full-time	10,369	2,529	3,406	4,082	352
Part-time	2,867	685	1,025	964	193
Unemployed	614	131	196	230	57
Not in the labor force ²	7,242	670	2,365	3,332	875

Table 3.4 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Marital Status					
Married	10,879	1,870	3,606	4,895	508
Widowed	1,191	65	309	710	107
Divorced or separated	4,049	802	1,436	1,447	365
Never married	4,972	1,278	1,640	1,557	497
Geographic Division					
Northeast	4,196	987	1,473	1,476	260
New England	1,437	325	568	476	68
Middle Atlantic	2,759	662	906	1,000	192
Midwest	5,001	895	1,816	1,953	336
East North Central	3,502	616	1,322	1,337	227
West North Central	1,499	279	494	616	110
South	7,249	1,077	2,256	3,300	615
South Atlantic	3,851	592	1,247	1,662	350
East South Central	1,381	155	380	734	112
West South Central	2,017	330	629	904	154
West	4,646	1,056	1,445	1,879	266
Mountain	1,533	323	484	645	82
Pacific	3,113	733	961	1,235	184
County Type					
Large metropolitan	9,923	2,268	3,310	3,673	673
Small metropolitan	6,916	1,163	2,328	2,947	478
250,000 to 1,000,000	5,163	858	1,650	2,287	367
<250,000	1,754	305	677	660	111
Nonmetropolitan	4,252	584	1,354	1,989	326
Urbanized	1,341	241	394	613	92
Less urbanized	2,451	298	764	1,188	201
Completely rural	460	44	196	188	32

Table 3.4 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Family Income					
Less than \$20,000	5,299	715	1,597	2,303	685
\$20,000 to \$49,999	7,707	1,278	2,519	3,336	574
\$50,000 to \$74,999	3,601	863	1,171	1,428	141
\$75,000 or more	4,484	1,159	1,705	1,542	78
Government Assistance³					
Yes	4,164	493	1,354	1,611	706
No	16,928	3,522	5,637	6,997	772
Health Insurance					
Private	15,317	3,262	5,162	6,310	584
Medicaid/CHIP ⁴	3,101	306	1,006	1,258	532
Other ⁵	4,793	491	1,554	2,246	501
No coverage	1,756	345	448	739	224
Past Year Any Illicit Drug Use⁶					
Yes	3,815	861	1,274	1,333	346
No	17,277	3,153	5,717	7,276	1,131
Overall Health					
Excellent	4,034	1,234	1,301	1,334	165
Very good	6,388	1,415	2,191	2,531	250
Good	5,611	926	1,924	2,335	426
Fair/poor	5,051	435	1,575	2,405	637

*Low precision; no estimate reported.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance)

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 3.5 Percentages of Adults Who Received Specific Categories of Mental Health Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Total	100.0	19.0	33.1	40.8	7.0
Age in Years					
18-25	100.0	26.6	29.7	33.8	9.9
26-49	100.0	21.6	34.8	37.2	6.3
50 or older	100.0	12.0	31.7	49.4	7.0
Gender					
Male	100.0	21.9	29.1	40.3	8.7
Female	100.0	17.5	35.3	41.1	6.1
Hispanic Origin and Race					
Not Hispanic	100.0	19.0	33.3	41.2	6.5
White only	100.0	18.8	33.9	42.0	5.3
Black only	100.0	15.2	29.7	37.0	18.1
American Indian or Alaska Native only	100.0	*	*	*	*
Native Hawaiian or other Pacific Islander only	100.0	*	*	*	*
Asian only	100.0	*	*	*	*
More than one race	100.0	*	*	*	*
Hispanic	100.0	19.9	30.8	35.0	14.3
Education					
Less than high school	100.0	12.6	23.9	46.3	17.2
High school graduate	100.0	13.3	30.5	48.3	7.9
Some college	100.0	17.7	37.5	39.9	5.0
College graduate	100.0	30.9	37.5	29.6	1.9
Current Employment					
Full-time	100.0	24.4	32.8	39.4	3.4
Part-time	100.0	23.9	35.7	33.6	6.7
Unemployed	100.0	21.3	31.9	37.5	9.3
Not in the labor force ²	100.0	9.3	32.7	46.0	12.1

Table 3.5 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Marital Status					
Married	100.0	17.2	33.1	45.0	4.7
Widowed	100.0	5.5	25.9	59.6	9.0
Divorced or separated	100.0	19.8	35.5	35.7	9.0
Never married	100.0	25.7	33.0	31.3	10.0
Geographic Division					
Northeast	100.0	23.5	35.1	35.2	6.2
New England	100.0	22.6	39.5	33.1	4.8
Middle Atlantic	100.0	24.0	32.8	36.3	6.9
Midwest	100.0	17.9	36.3	39.1	6.7
East North Central	100.0	17.6	37.8	38.2	6.5
West North Central	100.0	18.6	33.0	41.1	7.3
South	100.0	14.9	31.1	45.5	8.5
South Atlantic	100.0	15.4	32.4	43.2	9.1
East South Central	100.0	11.2	27.6	53.1	8.1
West South Central	100.0	16.4	31.2	44.8	7.6
West	100.0	22.7	31.1	40.5	5.7
Mountain	100.0	21.0	31.6	42.1	5.3
Pacific	100.0	23.6	30.9	39.7	5.9
County Type					
Large metropolitan	100.0	22.9	33.4	37.0	6.8
Small metropolitan	100.0	16.8	33.7	42.6	6.9
250,000 to 1,000,000	100.0	16.6	32.0	44.3	7.1
<250,000	100.0	17.4	38.6	37.7	6.3
Nonmetropolitan	100.0	13.7	31.8	46.8	7.7
Urbanized	100.0	18.0	29.4	45.7	6.9
Less urbanized	100.0	12.1	31.2	48.5	8.2
Completely rural	100.0	9.7	42.5	40.8	7.1

Table 3.5 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling ¹	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication Only	Prescription Medication Only	Any Inpatient
Family Income					
Less than \$20,000	100.0	13.5	30.1	43.5	12.9
\$20,000 to \$49,999	100.0	16.6	32.7	43.3	7.4
\$50,000 to \$74,999	100.0	23.9	32.5	39.6	3.9
\$75,000 or more	100.0	25.9	38.0	34.4	1.7
Government Assistance³					
Yes	100.0	11.8	32.5	38.7	16.9
No	100.0	20.8	33.3	41.3	4.6
Health Insurance					
Private	100.0	21.3	33.7	41.2	3.8
Medicaid/CHIP ⁴	100.0	9.9	32.4	40.6	17.2
Other ⁵	100.0	10.2	32.4	46.9	10.5
No coverage	100.0	19.7	25.5	42.1	12.7
Past Year Any Illicit Drug Use⁶					
Yes	100.0	22.6	33.4	34.9	9.1
No	100.0	18.3	33.1	42.1	6.5
Overall Health					
Excellent	100.0	30.6	32.3	33.1	4.1
Very good	100.0	22.2	34.3	39.6	3.9
Good	100.0	16.5	34.3	41.6	7.6
Fair/poor	100.0	8.6	31.2	47.6	12.6

*Low precision; no estimate reported.

Note: Persons receiving "any inpatient" services may have received other types of treatment as well.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

4. Characteristics of Persons Receiving Outpatient Treatment

With the shift toward deinstitutionalization and the increase in managed care, community-based services have become the primary source of treatment for mental illness. However, shrinking public expenditures for such services have meant that those without private health insurance or those who exhaust their private insurance coverage are often unable to get the services they need (Leslie & Rosenheck, 1999; National Council on Disability, 2002). The use of outpatient services is associated with individual characteristics, such as gender, education, marital status, race/ethnicity, and income (Howard et al., 1996). For example, studies have found that blacks and Hispanics were less likely than whites to use outpatient services (Alvidrez, 1999; Padgett, Patrick, Burns, & Schlesinger, 1994b). Vessey and Howard (1993) found a linear relationship between level of education and mental health treatment and indicated that women were more than men likely to make a visit to a mental health professional. Other studies have found that nonelderly persons, those with lowest family incomes, and those with public insurance had greater outpatient mental health and substance service use than their counterparts (Alvidrez, 1999; Zuvekas, 2001).

The National Household Survey on Drug Abuse (NHSDA) permits a more comprehensive assessment of outpatient services utilization than previous studies. Outpatient treatment in the NHSDA refers to treatment or counseling for problems with emotions, nerves, or mental health in any outpatient setting. Outpatient estimates in the present study may include a visit to a doctor's office, an outpatient mental health clinic or medical clinic, a partial day hospital or day treatment program, or some other place, as well as any visit to a psychologist, psychiatrist, social worker, or counselor.

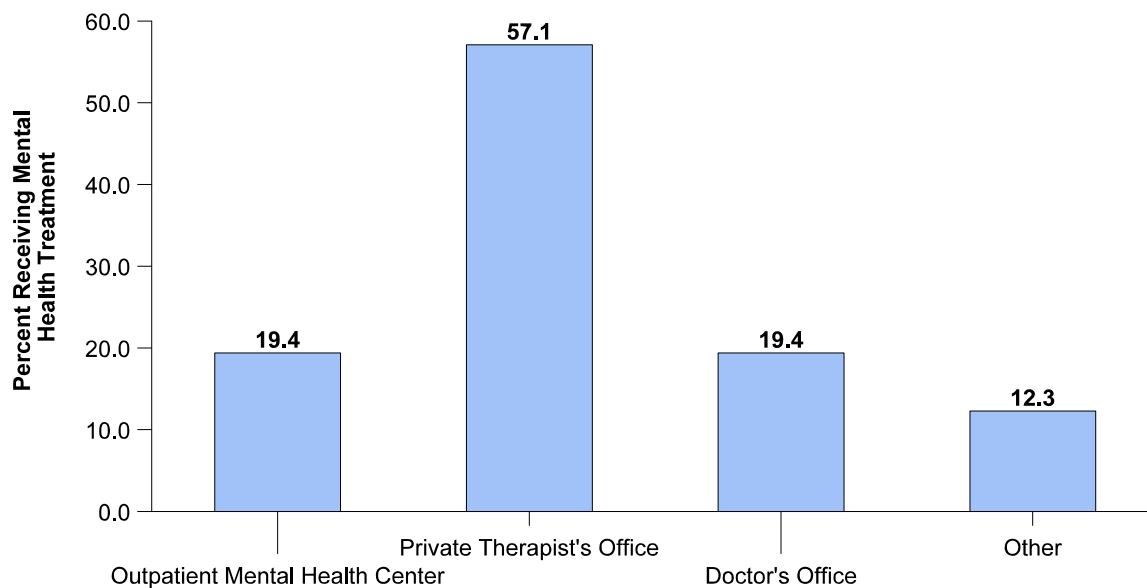
Using data from the 2000 and 2001 NHSDA, this chapter examines the full range of socioeconomic and demographic characteristics of persons who received mental health outpatient services in the year prior to the interview, including where they received services, how many visits they made, and the sources of payment.

4.1 Location of Outpatient Treatment

Approximately 12 million adults received outpatient mental health treatment in the year prior to the interview (Table 4.1). The majority of these (57.1 percent) were seen in private therapists' offices¹ (Figure 4.1 and Table 4.2). This was true for all demographic and socioeconomic groups except for those with less than high school education and those receiving government assistance, who were as likely to be seen in outpatient mental health centers as in private therapists' offices. The overall proportion of adults receiving treatment at mental health centers was equal to the proportion seen in doctors' offices (19.4 percent). About 12 percent of

¹ Private therapist's office is defined as the office of a private therapist, psychologist, social worker, or counselor that was not part of a clinic. See Appendix A.

Figure 4.1 Location of Outpatient Mental Health Treatment in the Past Year



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Outpatient care includes one or more visits for outpatient care at an outpatient mental health clinic or center, the office of a private therapist, psychologist, psychiatrist, social worker, or counselor, a doctor's office, or some other place. "Other" place includes outpatient medical clinics, partial day hospitals or day treatment programs, or some other place.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

persons receiving outpatient treatment reported receiving treatment at some place other than private therapists' offices, outpatient mental health centers, and doctors' offices.²

4.1.1 Age, Gender, and Race/Ethnicity

Adults who visited a doctor's office for mental health treatment in the past year were more likely to be 50 years old or older (33.7 percent) than those who were seen at mental health centers (23.6 percent), in private therapists' offices (26.9 percent), or any other place (29.6 percent) (Table 4.3). Adults who were seen at mental health centers and those seen at some other place were more likely to be 18 to 25 years of age (16.4 and 20.2 percent, respectively) than those seen in private therapists' offices (12.7 percent) or doctor's offices (11.6 percent).

More females than males received outpatient treatment at every location (Table 4.3). Among persons who received outpatient treatment, males were more likely than females to receive their outpatient treatment at a mental health center (23.4 vs. 17.3 percent) (Table 4.2). On the other hand, females were more likely than males to receive their treatment at a doctor's office (22.2 vs. 13.9 percent).

²"Other" place includes outpatient medical clinics, partial day hospitals or day treatment programs, or some other place.

Among adults receiving treatment at an outpatient mental health center, about 79 percent were white and 10 percent were black; 86 percent of those treated in private therapists' offices were white compared with 5 percent who were black (Table 4.3). Of those who visited doctors' offices, 87.4 percent were white and 5.6 percent were black. Thus, about twice the proportion of blacks received treatment at a mental health center as at a private therapist's office or doctor's office. Among persons receiving any outpatient treatment, blacks (29.2 percent) were more likely than whites (18.3 percent) to receive treatment at a mental health center (Table 4.2). Whites (59.3 percent) were more likely than blacks (41.4 percent) or Hispanics (49.8 percent) to receive treatment at a private therapist's office.

4.1.2 Education, Employment, and Marital Status

Adults who received mental health treatment in the past year at a mental health center were more than 3 times as likely to have less than a high school education (24.1 percent) as were adults who received treatment at a private therapist's office (7.3 percent) (Table 4.3). Almost 41 percent of persons who visited a private therapist in the past year were college graduates (40.9 percent). This was twice as high as the percentage of college graduates among persons who visited a mental health center (20.3 percent). College graduates were more than twice as likely as adults with less than a high school education to receive their outpatient treatment at a private therapist's office (70.6 vs. 32.4 percent, respectively) (Table 4.2).

Most adults seen in private therapists' offices were employed full time (58.2 percent) (Table 4.3). Those seen in mental health centers were least likely to be employed full time (34.5 percent). Among adults receiving outpatient treatment, 29.2 percent of those who were not in the labor force were seen at a mental health center, while only 13.0 percent of those employed full time were seen at these centers (Table 4.2). In contrast, 64.7 percent of full-time employed adults receiving outpatient treatment were seen in private therapists' offices compared with only 45.7 percent of those who were not in the labor force (Table 4.2).

Adults who received treatment at a doctor's office were more likely to be married (60.0 percent) than were adults who received treatment at any other location, but about half of those seen by private therapists were also married (50.9 percent) (Table 4.3). Adults who received treatment at a mental health center were more likely to have never been married (38.1 percent) than adults who received treatment at a private therapist's office (25.6 percent) or a doctor's office (19.1 percent). Among adults receiving outpatient mental health treatment in the past year, the percentage receiving treatment at a mental health center was highest among those who have never been married (27.5 percent), next highest among those who were divorced or separated (22.5 percent), and lowest among those who were married (13.5 percent) (Table 4.2).

4.1.3 Region, Geographic Division, and County Type

Among adults receiving outpatient mental health treatment in the past year, there were no significant differences between any regions or divisions in the percentages who received treatment at a mental health center. The percentage receiving their treatment at a private therapist's office was highest in the Pacific division (66.5 percent). The percentage receiving their outpatient treatment at a doctor's office was lowest in the Pacific division (12.4 percent) and highest in the East South Central division (25.7 percent) (Table 4.2).

Among persons receiving outpatient mental health treatment, adults in large and small metropolitan counties were more likely to receive treatment from a private therapist (61.8 and 57.4 percent, respectively) than adults in nonmetropolitan areas (43.0 percent) (Table 4.2). Adults in nonmetropolitan counties were more likely than adults in large metropolitan counties to receive their outpatient treatment at a mental health center (27.2 vs. 16.4 percent, respectively). Adults in large metropolitan counties were the least likely to receive their outpatient mental health treatment from a doctor's office (16.8 percent).

4.1.4 Family Income, Government Assistance, and Health Insurance

Adults seen in private therapists' offices were over 3½ times more likely to have family incomes of \$75,000 or more than those seen in mental health centers (30.8 vs. 8.5 percent) (Table 4.3). Those seen in mental health centers were most likely to have incomes of less than \$20,000 (42.0 percent).

Among adults receiving outpatient mental health treatment in the past year, the percentage visiting a private therapist was higher among persons from families with higher incomes. Among adults with family incomes of \$75,000 or more, 71.7 percent visited a private therapist's office, while among those with incomes of less than \$20,000 a year, only 41.5 percent visited a private therapist (Table 4.2). Among adults receiving outpatient mental health treatment in the past year, the percentage visiting a mental health center was higher among persons from lower income families. While 36.0 percent of those with incomes of less than \$20,000 were seen in a mental health center, only 6.7 percent of those with the highest incomes (\$75,000 or more) were seen in such centers.

Adults receiving government assistance accounted for a far greater proportion of persons seen in mental health centers (39.5 percent) than in private therapists' offices (13.3 percent), doctors' offices (13.9 percent), or any other place (28.0 percent) (Table 4.3).

Adults who received mental health treatment at a private therapist's office in the past year were more likely to have private insurance than adults who received treatment at an outpatient mental health center. Among adults who received treatment at a private therapist's office, 83.3 percent had private insurance in the past year, while among adults who received treatment at a mental health center, only 48.6 percent had private insurance (Table 4.3). Among adults who received mental health treatment at a doctor's office in the past year, 79.7 percent had private insurance.

The percentage receiving outpatient treatment at a mental health center was highest for adults receiving Medicaid or the Children's Health Insurance Program (CHIP) (43.6 percent) and lowest for those with private health insurance (12.7 percent) (Table 4.2).

4.1.5 Perceived Health Status

Adults who received treatment at a private therapist's office in the past year were more likely to perceive their health as excellent (27.6 percent) than adults who received treatment at any other place (Table 4.3). Only 13.4 percent of those receiving treatment at a mental health center, 6.8 percent of those treated at a doctor's office, and 12.9 percent of those treated at all

other places perceived their health as excellent. Adults who received treatment at a mental health center were more likely to perceive their health as fair or poor (30.9 percent) than adults who received treatment at a private therapist's office (16.3 percent) or at a doctor's office (20.7 percent).

Among adults who received outpatient mental health treatment in the past year, receiving treatment at a mental health center and receiving treatment at some other place were associated with poorer perceived health status. Receiving treatment at a private therapist's office was associated with better perceived health status. Among those receiving outpatient mental health treatment who perceived their overall health as excellent, 11.8 percent received treatment at a mental health center; among those who perceived their overall health as fair/poor, 29.4 percent received treatment at a mental health center (Table 4.2). Among those with excellent health status, 71.5 percent received treatment at a private therapist's office, while among those with fair/poor health status, only 45.7 percent received such treatment.

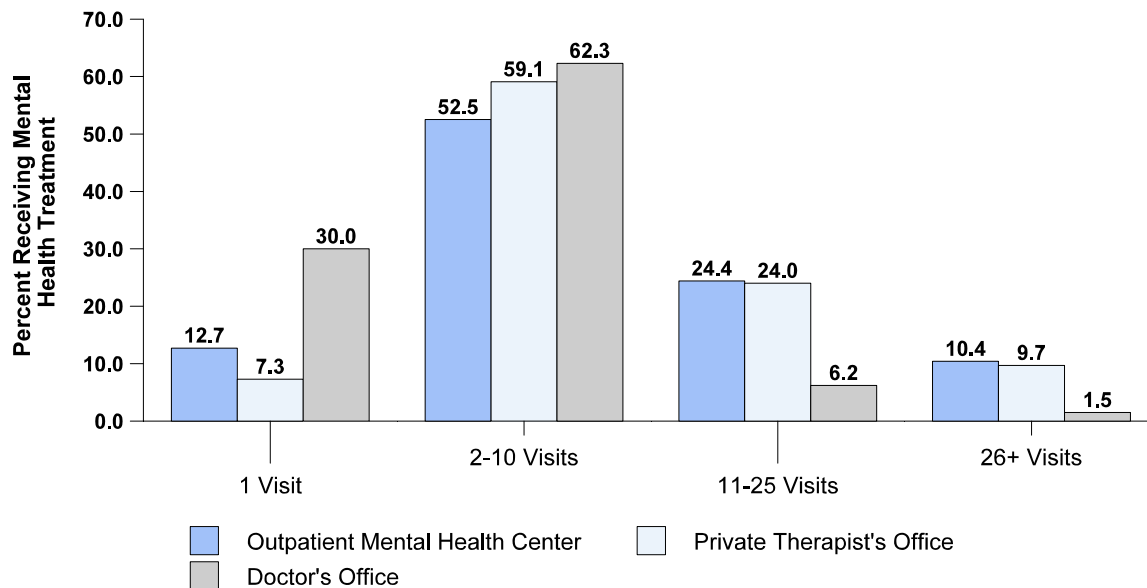
4.2 Number of Outpatient Visits

For each location reported, respondents were asked how many visits they made in the past 12 months to that location to obtain outpatient mental health treatment or counseling. Figure 4.2 shows that most people reported 2 to 10 visits in the past year, regardless of location, including mental health centers (52.5 percent), private therapists' offices (59.1 percent), and doctors' offices (62.3 percent). Those receiving treatment at a doctor's office were much more likely to have made a single visit (30.0 percent) than those receiving their outpatient treatment at a private therapist's office (7.3 percent) or mental health center (12.7 percent).

Table 4.5 shows the distribution of the number of outpatient visits in the past year by selected respondent characteristics. The majority of adults receiving outpatient treatment (57.0 percent) made 2 to 10 visits in the past year. This held true for all demographic and socioeconomic groups. Overall, 14.4 percent made only one visit for outpatient treatment. Persons aged 18 to 25, blacks, Hispanics, those with less than a high school education or high school graduates, those living in the South, those with no health insurance coverage, and those with "good" health status were most likely to have made only one visit. Persons aged 50 or older, college graduates, those who were divorced or separated, those living in the West region and in the West North Central division, completely rural counties, those with Medicaid/CHIP, and those with fair/poor health were least likely to have made only one visit.

Overall, 9.8 percent of adults receiving outpatient mental health treatment made 26 or more visits. Black or Hispanic persons, those who lived in the South, those who lived in nonmetropolitan counties, and those with family incomes between \$20,000 and \$75,000 were less likely to have made 26 or more visits. In contrast, persons who were unemployed, those who have never been married, those who lived in the Northeast or Pacific regions, those with family incomes less than \$20,000, those with Medicaid/CHIP coverage, and those with fair/poor health were more likely to have made 26 or more visits.

Figure 4.2 Percent Distributions of Number of Visits in the Past Year, by Location of Outpatient Treatment



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Outpatient care includes one or more visits for outpatient care at an outpatient mental health clinic or center, the office of a private therapist, psychologist, psychiatrist, social worker, or counselor, a doctor's office, or some other place. "Other" place includes outpatient medical clinics, partial day hospitals or day treatment programs, or some other place.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

4.3 Primary Payers for Outpatient Mental Health Treatment

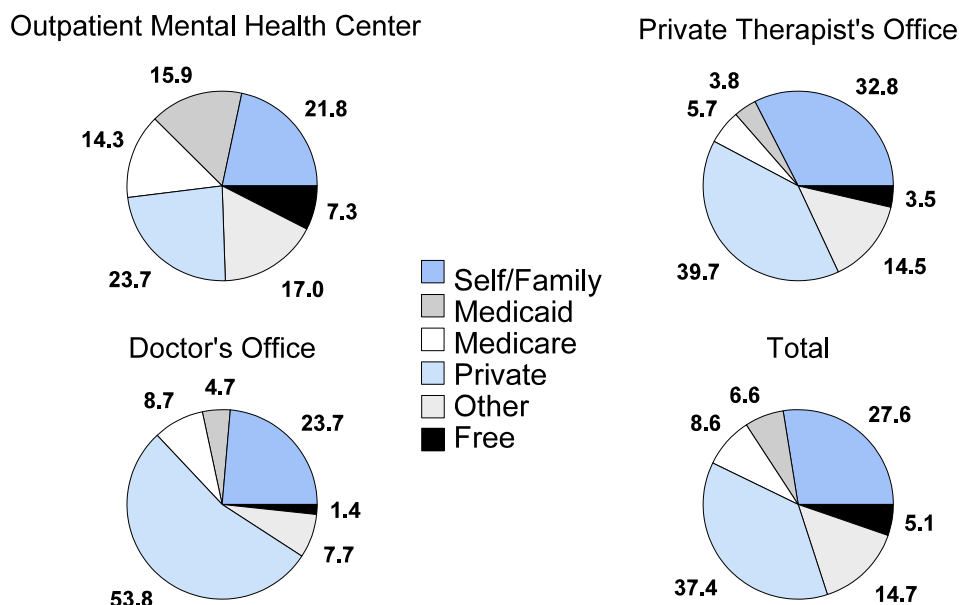
Private health insurance was the most often mentioned primary payer³ for outpatient mental health treatment (Tables 4.6 and 4.7). Thirty-seven percent of those receiving outpatient treatment reported private health insurance as the primary payer, followed by self/family (27.8 percent), Medicare (8.7 percent), Medicaid (6.4 percent), and free treatment (5.2 percent). Private health insurance was the most often mentioned primary payer for persons in all demographic and socioeconomic subgroups except for (a) those aged 18 to 25, for whom self/family was as likely as private insurance to be the primary payer; (b) persons with less than high school education, for whom Medicare was the most often reported primary payer; (c) those who have never been married, for whom self/family was the most often reported primary payer; (d) those with family incomes less than \$20,000, for whom Medicaid or Medicare were the most often reported primary payers; (e) those receiving government assistance, for whom Medicaid was the most often reported primary payer; and (f) those with no health insurance coverage, for whom self/family was the most often reported primary payer.

³Paid or will pay the most. See Appendix A for the questionnaire items.

Although 74.0 percent of persons receiving outpatient treatment had private insurance (Table 2.3), only 37.0 percent reported private insurance as their primary payer. Even among persons with private insurance, only 47.4 percent reported it as their primary payer (Table 4.7).

Figure 4.3 shows the primary payers for outpatient treatment by location of treatment. Among all treatment locations, the largest proportion of primary payers was private insurance, and the smallest proportion was Medicare or Medicaid. Over 50 percent of those receiving treatment in a doctor's office reported private insurance (53.8 percent) as the primary payer compared with 23.7 percent receiving treatment in an outpatient mental health center and 39.7 percent receiving treatment in a private therapist's office. Outpatient mental health centers had the largest percentage of Medicaid and Medicare payers, while private therapists' offices had the largest percentage of self or family payers.

Figure 4.3 Percentages of Primary Payers in the Past Year for Outpatient Mental Health Treatment Locations



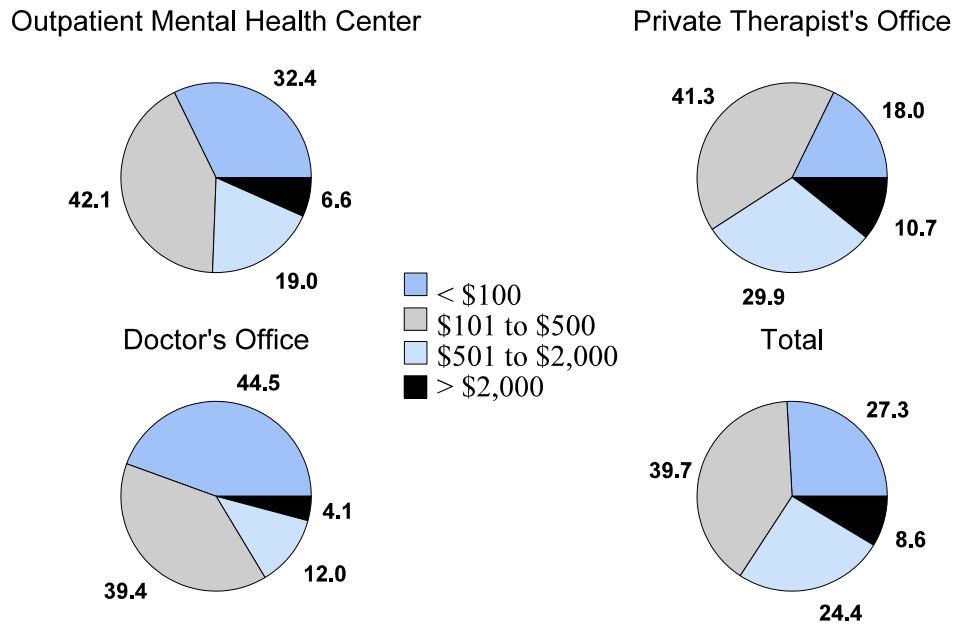
Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Outpatient care includes one or more visits for outpatient care at an outpatient mental health clinic or center, the office of a private therapist, psychologist, psychiatrist, social worker, or counselor, a doctor's office, or some other place. "Other" place includes outpatient medical clinics, partial day hospitals or day treatment programs, or some other place.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

4.4 Out-of-Pocket Cost for Outpatient Mental Health Treatment

Respondents reporting that they or their family paid any part of the cost for their outpatient mental health treatment were asked how much they paid for all such treatment in the past 12 months. Because of the small sample size for this item, the cost categories were collapsed for analysis. About 40 percent of adults who paid some portion out-of-pocket for their outpatient mental health treatment paid between \$100 and \$500 (Table 4.8). Two thirds of these adults paid less than \$501, and only 8.6 percent paid more than \$2,000. Figure 4.4 shows the percentage of out-of-pocket costs for outpatient mental health treatment locations. The largest percentage paying more than \$2,000 was among those who received their treatment at a private therapist's office (10.7 percent). The largest percentage paying less than \$100 was among those who received their treatment at a doctor's office (44.5 percent).

Figure 4.4 Percentages of Out-of-Pocket Costs in the Past Year for Outpatient Mental Health Treatment Locations



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Outpatient care includes one or more visits for outpatient care at an outpatient mental health clinic or center, the office of a private therapist, psychologist, psychiatrist, social worker, or counselor, a doctor's office, or some other place. "Other" place includes outpatient medical clinics, partial day hospitals or day treatment programs, or some other place.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

4.5 Summary

This chapter has shown that the location where outpatient mental health treatment is received varies significantly by the demographic and socioeconomic characteristics of the individuals seeking treatment. Adults who received their outpatient treatment at mental health centers were more likely to be 18 to 25 years of age, male, black, have less than a high school education, not be in the labor force, never have been married, live in less urbanized areas, have family annual incomes of less than \$20,000, receive government assistance, receive Medicaid/CHIP, and perceive their health as fair or poor. Adults who received their outpatient mental health treatment in private therapists' offices were more likely to be white, college graduates, employed full time, live in large metropolitan areas, have annual family incomes of \$75,000 or more, have private insurance, and perceive their overall health as excellent. This finding is consistent with that from a study that combined data from several large-scale epidemiologic surveys and produced estimates of the demographic breakdown of people making at least one visit to a psychologist, psychiatrist, social worker, or counselor (Vessey & Howard, 1993).

The current study also found that adults who received their outpatient treatment in doctors' offices were more likely to be 50 years of age or older, female, high school graduates only, married, have family incomes over \$20,000, not receive government assistance, and perceive their health as less than excellent. In addition, the majority of outpatients made between 2 and 10 visits and paid less than \$501 out of pocket. About one third had private health insurance as their primary payer, even though 74.0 percent of outpatients reported that they had private insurance.

Table 4.1 Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Location of Treatment Facility and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment ¹			
		Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Total	11,811	2,286	6,743	2,286	1,447
Age in Years					
18-25	1,609	375	855	264	293
26-49	6,878	1,371	4,076	1,252	726
50 or older	3,323	540	1,812	770	428
Gender					
Male	4,010	940	2,178	556	604
Female	7,801	1,347	4,565	1,731	843
Hispanic Origin and Race					
Not Hispanic	11,035	2,120	6,356	2,193	1,287
White only	9,833	1,796	5,827	1,997	1,053
Black only	811	237	336	127	179
American Indian or Alaska Native only	107	*	*	*	*
Native Hawaiian or other Pacific Islander only	11	*	*	*	*
Asian only	115	*	*	*	*
More than one race	158	*	*	*	*
Hispanic	776	166	387	93	160
Education					
Less than high school	1,519	552	493	271	322
High school graduate	3,190	687	1,498	808	477
Some college	3,195	583	1,994	611	339
College graduate	3,907	465	2,758	596	310
Current Employment					
Full-time	6,061	789	3,922	1,139	584
Part-time	1,843	351	1,044	351	297
Unemployed	357	*	156	62	74
Not in the labor force ³	3,550	1,038	1,621	734	492
Marital Status					
Married	5,790	779	3,432	1,371	599
Widowed	407	*	*	*	*
Divorced or separated	2,448	552	1,427	353	300
Never married	3,167	870	1,729	436	477

Table 4.1 (continued)

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment ¹			
		Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Geographic Division					
Northeast	2,614	483	1,537	483	252
New England	934	158	581	167	82
Middle Atlantic	1,680	325	956	317	170
Midwest	2,914	626	1,545	617	357
East North Central	2,071	433	1,071	488	229
West North Central	843	193	474	129	128
South	3,641	702	1,953	790	509
South Atlantic	2,028	372	1,173	412	259
East South Central	595	131	251	153	99
West South Central	1,018	199	529	224	151
West	2,642	475	1,708	396	329
Mountain	851	156	518	174	92
Pacific	1,791	319	1,191	222	238
County Type					
Large metropolitan	5,965	978	3,683	1,000	741
Small metropolitan	3,783	747	2,172	813	408
250,000 to 1,000,000	2,729	540	1,564	579	300
<250,000	1,055	207	608	234	108
Nonmetropolitan	2,063	561	888	473	298
Urbanized	644	151	323	141	64
Less urbanized	1,165	322	481	276	192
Completely rural	254	*	*	*	*
Family Income					
Less than \$20,000	2,667	959	1,106	384	495
\$20,000 to \$49,999	4,113	829	2,151	893	561
\$50,000 to \$74,999	2,138	304	1,411	431	185
\$75,000 or more	2,894	194	2,076	578	206
Government Assistance⁴					
Yes	2,293	903	894	318	405
No	9,518	1,384	5,849	1,968	1,042
Health Insurance					
Private	8,762	1,112	5,619	1,821	834
Medicaid/CHIP ⁵	1,614	704	601	234	256
Other ⁶	2,346	641	1,076	463	414
No coverage	865	276	338	122	203

Table 4.1 (continued)

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment¹			
		Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other²
Past Year Any Illicit Drug Use⁷					
Yes	2,331	576	1,297	404	338
No	9,480	1,710	5,446	1,882	1,110
Overall Health					
Excellent	2,597	307	1,858	383	186
Very good	3,726	570	2,325	726	369
Good	3,079	702	1,456	705	486
Fair/poor	2,404	707	1,099	473	406

* Low precision; no estimate reported.

Note: Numbers reported here are among those who specified a location of outpatient treatment.

¹ Respondents were asked to mark all the places where they received their outpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive.

² An outpatient medical clinic, a partial day hospital or day treatment program, or some other place.

³ Retired, disabled, homemaker, student, or other.

⁴ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁵ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁶ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁷ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.2 Percentages of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Location of Treatment Facility and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Total	19.4	57.1	19.4	12.3
Age in Years				
18-25	23.3	53.1	16.4	18.2
26-49	19.9	59.3	18.2	10.6
50 or older	16.2	54.5	23.2	12.9
Gender				
Male	23.4	54.3	13.9	15.1
Female	17.3	58.5	22.2	10.8
Hispanic Origin and Race				
Not Hispanic	19.2	57.6	19.9	11.7
White only	18.3	59.3	20.3	10.7
Black only	29.2	41.4	15.7	22.0
American Indian or Alaska Native only	*	*	*	*
Native Hawaiian or other Pacific Islander only	*	*	*	*
Asian only	*	*	*	*
More than one race	*	*	*	*
Hispanic	21.5	49.8	12.0	20.7
Education				
Less than high school	36.3	32.4	17.8	21.2
High school graduate	21.5	47.0	25.3	14.9
Some college	18.2	62.4	19.1	10.6
College graduate	11.9	70.6	15.3	7.9
Current Employment				
Full-time	13.0	64.7	18.8	9.6
Part-time	19.1	56.6	19.0	16.1
Unemployed	*	43.7	17.2	20.6
Not in the labor force ³	29.2	45.7	20.7	13.9
Marital Status				
Married	13.5	59.3	23.7	10.4
Widowed	*	*	*	*
Divorced or separated	22.5	58.3	14.4	12.3
Never married	27.5	54.6	13.8	15.1

Table 4.2 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Geographic Division				
Northeast	18.5	58.8	18.5	9.6
New England	16.9	62.2	17.9	8.8
Middle Atlantic	19.4	56.9	18.8	10.1
Midwest	21.5	53.0	21.2	12.3
East North Central	20.9	51.7	23.6	11.0
West North Central	22.9	56.2	15.3	15.2
South	19.3	53.6	21.7	14.0
South Atlantic	18.3	57.8	20.3	12.8
East South Central	22.0	42.2	25.7	16.6
West South Central	19.6	52.0	22.1	14.8
West	18.0	64.7	15.0	12.5
Mountain	18.3	60.8	20.5	10.8
Pacific	17.8	66.5	12.4	13.3
County Type				
Large metropolitan	16.4	61.8	16.8	12.4
Small metropolitan	19.7	57.4	21.5	10.8
250,000 to 1,000,000	19.8	57.3	21.2	11.0
<250,000	19.6	57.7	22.2	10.2
Nonmetropolitan	27.2	43.0	22.9	14.4
Urbanized	23.5	50.2	21.9	9.9
Less urbanized	27.6	41.3	23.7	16.5
Completely rural	*	*	*	*
Family Income				
Less than \$20,000	36.0	41.5	14.4	18.6
\$20,000 to \$49,999	20.2	52.3	21.7	13.6
\$50,000 to \$74,999	14.2	66.0	20.1	8.7
\$75,000 or more	6.7	71.7	20.0	7.1
Government Assistance⁴				
Yes	39.4	39.0	13.9	17.7
No	14.5	61.5	20.7	11.0
Health Insurance				
Private	12.7	64.1	20.8	9.5
Medicaid/CHIP ⁵	43.6	37.2	14.5	15.9
Other ⁶	27.3	45.9	19.7	17.6
No coverage	31.9	39.0	14.2	23.5

Table 4.2 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Past Year Any Illicit Drug Use⁷				
Yes	24.7	55.6	17.3	14.5
No	18.0	57.4	19.9	11.7
Overall Health				
Excellent	11.8	71.5	14.8	7.2
Very good	15.3	62.4	19.5	9.9
Good	22.8	47.3	22.9	15.8
Fair/poor	29.4	45.7	19.7	16.9

* Low precision; no estimate reported.

¹ Respondents were asked to mark all the places where they received their outpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive and the row percentages do not total 100 percent.

² An outpatient medical clinic, a partial day hospital or day treatment program, or some other place.

³ Retired, disabled, homemaker, student, or other.

⁴ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁵ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁶ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁷ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.3 Percent Distributions of Selected Characteristics among Adults Who Received Outpatient Mental Health Treatment, by Location of Treatment Facility: 2000 and 2001

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Total	100.0	100.0	100.0	100.0
Age in Years				
18-25	16.4	12.7	11.6	20.2
26-49	60.0	60.4	54.8	50.2
50 or older	23.6	26.9	33.7	29.6
Gender				
Male	41.1	32.3	24.3	41.7
Female	58.9	67.7	75.7	58.3
Hispanic Origin and Race				
Not Hispanic	92.7	94.3	95.9	88.9
White only	78.5	86.4	87.4	72.8
Black only	10.4	5.0	5.6	12.3
American Indian or Alaska Native only	*	*	*	*
Native Hawaiian or other Pacific Islander only	*	*	*	*
Asian only	*	*	*	*
More than one race	*	*	*	*
Hispanic	7.3	5.7	4.1	11.1
Education				
Less than high school	24.1	7.3	11.8	22.2
High school graduate	30.0	22.2	35.4	33.0
Some college	25.5	29.6	26.7	23.4
College graduate	20.3	40.9	26.1	21.4
Current Employment				
Full-time	34.5	58.2	49.8	40.3
Part-time	15.4	15.5	15.4	20.5
Unemployed	*	2.3	2.7	5.1
Not in the labor force ³	45.4	24.0	32.1	34.0
Marital Status				
Married	34.1	50.9	60.0	41.4
Widowed	*	*	*	*
Divorced or separated	24.1	21.2	15.4	20.7
Never married	38.1	25.6	19.1	32.9

Table 4.3 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Geographic Division				
Northeast	21.1	22.8	21.1	17.4
New England	6.9	8.6	7.3	5.7
Middle Atlantic	14.2	14.2	13.8	11.7
Midwest	27.4	22.9	27.0	24.7
East North Central	18.9	15.9	21.3	15.8
West North Central	8.4	7.0	5.6	8.9
South	30.7	29.0	34.5	35.2
South Atlantic	16.3	17.4	18.0	17.9
East South Central	5.7	3.7	6.7	6.8
West South Central	8.7	7.8	9.8	10.4
West	20.8	25.3	17.3	22.8
Mountain	6.8	7.7	7.6	6.3
Pacific	14.0	17.7	9.7	16.4
County Type				
Large metropolitan	42.8	54.6	43.8	51.2
Small metropolitan	32.7	32.2	35.5	28.2
250,000 to 1,000,000	23.6	23.2	25.3	20.7
<250,000	9.0	9.0	10.2	7.4
Nonmetropolitan	24.5	13.2	20.7	20.6
Urbanized	6.6	4.8	6.2	4.4
Less urbanized	14.1	7.1	12.1	13.3
Completely rural	*	*	*	*
Family Income				
Less than \$20,000	42.0	16.4	16.8	34.2
\$20,000 to \$49,999	36.3	31.9	39.1	38.8
\$50,000 to \$74,999	13.3	20.9	18.8	12.8
\$75,000 or more	8.5	30.8	25.3	14.2
Government Assistance⁴				
Yes	39.5	13.3	13.9	28.0
No	60.5	86.7	86.1	72.0
Health Insurance				
Private	48.6	83.3	79.7	57.7
Medicaid/CHIP ⁵	30.8	8.9	10.2	17.7
Other ⁶	28.0	16.0	20.2	28.6
No coverage	12.1	5.0	5.4	14.1

Table 4.3 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment ¹			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other ²
Past Year Any Illicit Drug Use⁷				
Yes	25.2	19.2	17.7	23.3
No	74.8	80.8	82.3	76.7
Overall Health				
Excellent	13.4	27.6	16.8	12.9
Very good	25.0	34.5	31.7	25.5
Good	30.7	21.6	30.8	33.6
Fair/poor	30.9	16.3	20.7	28.1

* Low precision; no estimate reported.

¹ Respondents were asked to mark all the places where they received their outpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive.

² An outpatient medical clinic, a partial day hospital or day treatment program, or some other place.

³ Retired, disabled, homemaker, student, or other.

⁴ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁵ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁶ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁷ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.4 Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Number of Outpatient Visits and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Total	11,553	1,666	6,588	2,167	1,131
Age in Years					
18-25	1,574	296	911	234	133
26-49	6,739	1,005	3,659	1,374	700
50 or older	3,240	364	2,018	559	298
Gender					
Male	3,897	563	2,251	739	344
Female	7,656	1,103	4,337	1,429	787
Hispanic Origin and Race					
Not Hispanic	10,787	1,534	6,162	2,000	1,091
White only	9,628	1,324	5,530	1,768	1,005
Black only	773	162	394	159	57
American Indian or Alaska Native only	107	*	*	*	*
Native Hawaiian or other Pacific Islander only	11	*	*	*	*
Asian only	112	*	*	*	*
More than one race	157	13	*	*	*
Hispanic	766	132	427	167	40
Education					
Less than high school	1,461	266	801	278	116
High school graduate	3,069	527	1,807	483	252
Some college	3,139	447	1,807	558	328
College graduate	3,883	426	2,174	848	435
Current Employment					
Full-time	5,983	906	3,483	1,099	494
Part-time	1,801	230	1,015	358	198
Unemployed	349	45	200	61	44
Not in the labor force ¹	3,419	485	1,890	649	396
Marital Status					
Married	5,716	859	3,511	888	458
Widowed	390	*	*	*	*
Divorced or separated	2,381	277	1,301	545	259
Never married	3,066	483	1,528	663	391

Table 4.4 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Geographic Division					
Northeast	2,552	344	1,311	568	329
New England	923	142	465	196	120
Middle Atlantic	1,629	202	846	372	210
Midwest	2,858	375	1,793	459	231
East North Central	2,027	288	1,220	383	137
West North Central	832	88	574	76	94
South	3,552	663	2,031	588	268
South Atlantic	1,999	336	1,166	361	135
East South Central	565	112	331	84	38
West South Central	988	215	534	144	95
West	2,591	283	1,453	552	303
Mountain	827	111	478	163	75
Pacific	1,764	173	975	388	228
County Type					
Large metropolitan	5,840	791	3,122	1,235	691
Small metropolitan	3,670	574	2,147	623	326
250,000 to 1,000,000	2,650	441	1,477	514	219
<250,000	1,020	133	671	109	107
Nonmetropolitan	2,043	300	1,318	310	115
Urbanized	639	104	350	145	39
Less urbanized	1,150	171	795	127	57
Completely rural	254	25	174	*	*
Family Income					
Less than \$20,000	2,553	374	1,292	522	365
\$20,000 to \$49,999	4,008	666	2,286	757	299
\$50,000 to \$74,999	2,112	283	1,343	319	167
\$75,000 or more	2,879	342	1,668	569	300
Government Assistance²					
Yes	2,199	318	1,108	512	260
No	9,354	1,348	5,480	1,655	871
Health Insurance					
Private	8,625	1,241	5,087	1,563	734
Medicaid/CHIP ³	1,542	173	762	403	204
Other ⁴	2,261	288	1,315	378	280
No coverage	843	193	426	129	95

Table 4.4 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Past Year Any Illicit Drug Use⁵					
Yes	2,279	301	1,172	530	277
No	9,273	1,365	5,416	1,637	854
Overall Health					
Excellent	2,572	329	1,515	479	250
Very good	3,685	579	2,123	657	327
Good	2,986	517	1,659	568	242
Fair/poor	2,309	241	1,293	463	312

* Low precision; no estimate reported.

¹ Retired, disabled, homemaker, student, or other.

² Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

³ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁴ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁵ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.5 Percent Distributions of Number of Outpatient Mental Health Visits among Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Total	100.0	14.4	57.0	18.8	9.8
Age in Years					
18-25	100.0	18.8	57.9	14.8	8.5
26-49	100.0	14.9	54.3	20.4	10.4
50 or older	100.0	11.2	62.3	17.3	9.2
Gender					
Male	100.0	14.5	57.8	19.0	8.8
Female	100.0	14.4	56.7	18.7	10.3
Hispanic Origin and Race					
Not Hispanic	100.0	14.2	57.1	18.5	10.1
White only	100.0	13.8	57.4	18.4	10.4
Black only	100.0	21.0	51.1	20.6	7.4
American Indian or Alaska Native only	100.0	*	*	*	*
Native Hawaiian or other Pacific Islander only	100.0	*	*	*	*
Asian only	100.0	*	*	*	*
More than one race	100.0	8.5	*	*	*
Hispanic	100.0	17.3	55.7	21.8	5.3
Education					
Less than high school	100.0	18.2	54.8	19.0	8.0
High school graduate	100.0	17.2	58.9	15.7	8.2
Some college	100.0	14.2	57.5	17.8	10.4
College graduate	100.0	11.0	56.0	21.8	11.2
Current Employment					
Full-time	100.0	15.1	58.2	18.4	8.3
Part-time	100.0	12.8	56.4	19.9	11.0
Unemployed	100.0	12.9	57.2	17.4	12.5
Not in the labor force ¹	100.0	14.2	55.3	19.0	11.6
Marital Status					
Married	100.0	15.0	61.4	15.5	8.0
Widowed	100.0	*	*	*	*
Divorced or separated	100.0	11.6	54.6	22.9	10.9
Never married	100.0	15.8	49.9	21.6	12.7

Table 4.5 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Geographic Division					
Northeast	100.0	13.5	51.4	22.3	12.9
New England	100.0	15.4	50.3	21.3	13.0
Middle Atlantic	100.0	12.4	51.9	22.8	12.9
Midwest	100.0	13.1	62.7	16.1	8.1
East North Central	100.0	14.2	60.2	18.9	6.7
West North Central	100.0	10.5	69.0	9.1	11.3
South	100.0	18.7	57.2	16.6	7.6
South Atlantic	100.0	16.8	58.3	18.1	6.8
East South Central	100.0	19.9	58.6	14.8	6.7
West South Central	100.0	21.7	54.1	14.6	9.6
West	100.0	10.9	56.1	21.3	11.7
Mountain	100.0	13.4	57.8	19.8	9.1
Pacific	100.0	9.8	55.3	22.0	12.9
County Type					
Large metropolitan	100.0	13.6	53.5	21.1	11.8
Small metropolitan	100.0	15.6	58.5	17.0	8.9
250,000 to 1,000,000	100.0	16.6	55.7	19.4	8.3
<250,000	100.0	13.1	65.7	10.7	10.5
Nonmetropolitan	100.0	14.7	64.5	15.2	5.6
Urbanized	100.0	16.3	54.8	22.7	6.2
Less urbanized	100.0	14.8	69.1	11.1	5.0
Completely rural	100.0	9.9	68.4	*	*
Family Income					
Less than \$20,000	100.0	14.7	50.6	20.4	14.3
\$20,000 to \$49,999	100.0	16.6	57.0	18.9	7.5
\$50,000 to \$74,999	100.0	13.4	63.6	15.1	7.9
\$75,000 or more	100.0	11.9	57.9	19.8	10.4
Government Assistance²					
Yes	100.0	14.5	50.4	23.3	11.8
No	100.0	14.4	58.6	17.7	9.3
Health Insurance					
Private	100.0	14.4	59.0	18.1	8.5
Medicaid/CHIP ³	100.0	11.2	49.4	26.1	13.2
Other ⁴	100.0	12.7	58.2	16.7	12.4
No coverage	100.0	22.9	50.5	15.3	11.3

Table 4.5 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Past Year Any Illicit Drug Use⁵					
Yes	100.0	13.2	51.4	23.2	12.2
No	100.0	14.7	58.4	17.7	9.2
Overall Health					
Excellent	100.0	12.8	58.9	18.6	9.7
Very good	100.0	15.7	57.6	17.8	8.9
Good	100.0	17.3	55.6	19.0	8.1
Fair/poor	100.0	10.4	56.0	20.1	13.5

* Low precision; no estimate reported.

¹ Retired, disabled, homemaker, student, or other.

² Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

³ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁴ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁵ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.6 Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Primary Payer for Their Outpatient Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Total	11,740	3,262	747	1,019	4,346	1,752	614
Age in Years							
18-25	1,594	560	98	55	501	176	205
26-49	6,852	1,988	461	307	2,717	1,036	342
50 or older	3,294	714	188	657	1,127	540	67
Gender							
Male	3,985	1,181	217	417	1,271	699	200
Female	7,754	2,081	531	601	3,074	1,053	414
Hispanic Origin and Race							
Not Hispanic	10,969	3,114	635	928	4,116	1,593	584
White only	9,779	2,910	427	748	3,811	1,394	488
Black only	801	112	168	138	186	132	65
American Indian or Alaska Native only	107	*	*	*	*	*	*
Native Hawaiian or other Pacific Islander only	11	*	*	*	*	*	*
Asian only	115	*	*	*	*	*	*
More than one race	156	*	*	*	*	*	3
Hispanic	771	148	112	*	230	159	30
Education							
Less than high school	1,507	326	282	385	223	190	103
High school graduate	3,159	649	310	331	1,148	571	150
Some college	3,172	919	124	234	1,269	429	198
College graduate	3,902	1,368	32	70	1,706	563	163
Current Employment							
Full-time	6,040	1,963	86	60	2,624	1,020	288
Part-time	1,831	621	104	92	678	216	121
Unemployed	345	*	34	9	131	50	36
Not in the labor force ³	3,524	592	523	859	914	467	169
Marital Status							
Married	5,773	1,598	209	364	2,523	884	194
Widowed	399	*	*	*	*	*	*
Divorced or separated	2,431	490	243	278	865	456	99
Never married	3,137	1,079	273	241	866	381	298

Table 4.6 (continued)

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Geographic Division							
Northeast	2,610	637	225	186	1,123	292	147
New England	933	176	71	68	482	106	29
Middle Atlantic	1,678	461	154	118	640	186	118
Midwest	2,886	781	167	198	1,197	421	123
East North Central	2,045	543	116	125	875	313	73
West North Central	841	238	50	73	322	109	49
South	3,621	1,018	288	401	1,179	537	199
South Atlantic	2,027	592	142	217	700	295	82
East South Central	585	137	53	*	189	65	31
West South Central	1,009	289	93	75	290	178	85
West	2,622	826	67	234	848	502	145
Mountain	854	276	28	40	300	152	58
Pacific							
County Type	1,768	551	39	194	548	349	87
Large metropolitan	5,950	1,747	329	509	2,199	862	304
Small metropolitan	3,748	971	249	333	1,455	555	185
250,000 to 1,000,000	2,713	645	200	198	1,099	433	138
<250,000	1,035	326	49	135	355	122	47
Nonmetropolitan	2,042	544	169	177	693	336	125
Urbanized	642	172	53	37	205	122	54
Less urbanized	1,154	299	98	122	407	172	56
Completely rural	246	*	19	18	*	*	*
Family Income							
Less than \$20,000	2,644	478	556	544	423	391	251
\$20,000 to \$49,999	4,085	1,124	165	381	1,504	691	220
\$50,000 to \$74,999	2,132	545	10	34	1,112	352	80
\$75,000 or more	2,879	1,116	16	60	1,307	318	62
Government Assistance⁴							
Yes	2,269	316	631	505	415	284	118
No	9,471	2,946	116	514	3,931	1,468	496
Health Insurance							
Private	8,715	2,578	60	334	4,135	1,233	375
Medicaid/CHIP ⁵	1,601	155	664	451	99	166	67
Other ⁶	2,328	334	207	799	441	470	77
No coverage	864	447	41	15	96	119	145

Table 4.6 (continued)

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Past Year Any Illicit Drug Use⁷							
Yes	2,310	780	167	112	795	301	155
No	9,430	2,482	580	907	3,551	1,451	459
Overall Health							
Excellent	2,591	976	31	43	1,049	349	144
Very good	3,694	1,150	115	186	1,561	478	204
Good	3,068	803	174	274	1,081	572	164
Fair/poor	2,380	333	427	516	655	349	101

* Low precision; no estimate reported.

¹ The payers who paid (or will pay) the most for their outpatient mental health treatment.

² Rehabilitation program, employer, VA or other military program, other public or private sources.

³ Retired, disabled, homemaker, student, or other.

⁴ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁵ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁶ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁷ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.7 Percent Distributions of Primary Payers for Outpatient Mental Health Treatment among Adults Receiving Outpatient Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Total	100.0	27.8	6.4	8.7	37.0	14.9	5.2
Age in Years							
18-25	100.0	35.1	6.1	3.4	31.5	11.0	12.8
26-49	100.0	29.0	6.7	4.5	39.7	15.1	5.0
50 or older	100.0	21.7	5.7	19.9	34.2	16.4	2.0
Gender							
Male	100.0	29.6	5.4	10.5	31.9	17.5	5.0
Female	100.0	26.8	6.8	7.8	39.6	13.6	5.3
Hispanic Origin and Race							
Not Hispanic	100.0	28.4	5.8	8.5	37.5	14.5	5.3
White only	100.0	29.8	4.4	7.7	39.0	14.3	5.0
Black only	100.0	14.0	21.0	17.3	23.2	16.5	8.1
American Indian or Alaska Native only	100.0	*	*	*	*	*	*
Native Hawaiian or other Pacific Islander only	100.0	*	*	*	*	*	*
Asian only	100.0	*	*	*	*	*	*
More than one race	100.0	*	*	*	*	*	1.7
Hispanic	100.0	19.2	14.5	*	29.8	20.7	3.9
Education							
Less than high school	100.0	21.6	18.7	25.5	14.8	12.6	6.8
High school graduate	100.0	20.6	9.8	10.5	36.3	18.1	4.7
Some college	100.0	29.0	3.9	7.4	40.0	13.5	6.2
College graduate	100.0	35.1	0.8	1.8	43.7	14.4	4.2
Current Employment							
Full-time	100.0	32.5	1.4	1.0	43.4	16.9	4.8
Part-time	100.0	33.9	5.7	5.0	37.0	11.8	6.6
Unemployed	100.0	*	9.8	2.6	38.0	14.4	10.3
Not in the labor force ³	100.0	16.8	14.8	24.4	25.9	13.2	4.8
Marital Status							
Married	100.0	27.7	3.6	6.3	43.7	15.3	3.4
Widowed	100.0	*	*	*	*	*	*
Divorced or separated	100.0	20.1	10.0	11.4	35.6	18.8	4.1
Never married	100.0	34.4	8.7	7.7	27.6	12.1	9.5

Table 4.7 (continued)

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Geographic Division							
Northeast	100.0	24.4	8.6	7.1	43.0	11.2	5.6
New England	100.0	18.9	7.6	7.3	51.7	11.4	3.1
Middle Atlantic	100.0	27.5	9.2	7.0	38.2	11.1	7.0
Midwest	100.0	27.0	5.8	6.8	41.5	14.6	4.2
East North Central	100.0	26.5	5.7	6.1	42.8	15.3	3.6
West North Central	100.0	28.3	6.0	8.7	38.3	12.9	5.9
South	100.0	28.1	8.0	11.1	32.5	14.8	5.5
South Atlantic	100.0	29.2	7.0	10.7	34.5	14.5	4.0
East South Central	100.0	23.5	9.1	*	32.3	11.1	5.4
West South Central	100.0	28.6	9.2	7.4	28.7	17.6	8.5
West	100.0	31.5	2.6	8.9	32.3	19.1	5.5
Mountain	100.0	32.3	3.3	4.7	35.1	17.8	6.8
Pacific							
County Type	100.0	31.2	2.2	11.0	31.0	19.8	4.9
Large metropolitan	100.0	29.4	5.5	8.6	36.9	14.5	5.1
Small metropolitan	100.0	25.9	6.6	8.9	38.8	14.8	4.9
250,000 to 1,000,000	100.0	23.8	7.4	7.3	40.5	16.0	5.1
<250,000	100.0	31.5	4.7	13.1	34.4	11.8	4.6
Nonmetropolitan	100.0	26.6	8.3	8.6	33.9	16.4	6.1
Urbanized	100.0	26.7	8.2	5.7	31.9	19.0	8.4
Less urbanized	100.0	25.9	8.5	10.5	35.3	14.9	4.9
Completely rural	100.0	*	7.5	7.3	*	*	*
Family Income							
Less than \$20,000	100.0	18.1	21.0	20.6	16.0	14.8	9.5
\$20,000 to \$49,999	100.0	27.5	4.0	9.3	36.8	16.9	5.4
\$50,000 to \$74,999	100.0	25.5	0.5	1.6	52.2	16.5	3.8
\$75,000 or more	100.0	38.8	0.6	2.1	45.4	11.1	2.2
Government Assistance⁴							
Yes	100.0	13.9	27.8	22.3	18.3	12.5	5.2
No	100.0	31.1	1.2	5.4	41.5	15.5	5.2
Health Insurance							
Private	100.0	29.6	0.7	3.8	47.4	14.1	4.3
Medicaid/CHIP ⁵	100.0	9.7	41.5	28.1	6.2	10.4	4.2
Other ⁶	100.0	14.3	8.9	34.3	19.0	20.2	3.3
No coverage	100.0	51.8	4.7	1.8	11.2	13.8	16.8

Table 4.7 (continued)

Demographic/Socioeconomic Characteristic	Primary Payer for Outpatient Mental Health Treatment ¹						
	Total	Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type ²	Free Treatment
Past Year Any Illicit Drug Use⁷							
Yes	100.0	33.8	7.2	4.8	34.4	13.0	6.7
No	100.0	26.3	6.2	9.6	37.7	15.4	4.9
Overall Health							
Excellent	100.0	37.7	1.2	1.6	40.5	13.5	5.6
Very good	100.0	31.1	3.1	5.0	42.3	12.9	5.5
Good	100.0	26.2	5.7	8.9	35.2	18.7	5.4
Fair/poor	100.0	14.0	18.0	21.7	27.5	14.6	4.2

* Low precision; no estimate reported.

¹ The payers who paid (or will pay) the most for their outpatient mental health treatment.

² Rehabilitation program, employer, VA or other military program, or other public or private sources.

³ Retired, disabled, homemaker, student, or other.

⁴ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁵ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁶ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁷ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 4.8 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults Who Received Outpatient Mental Health Treatment in the Past Year, by Out-of-Pocket Cost for Their Outpatient Treatment: 2000 and 2001

Out-of-Pocket Cost	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
Less than \$100	1,161 (76)	27.3 (1.56)
\$100 to \$500	1,687 (104)	39.7 (1.79)
\$501 to \$2,000	1,038 (76)	24.4 (1.50)
More than \$2,000	365 (55)	8.6 (1.23)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

5. Characteristics of Persons Receiving Inpatient Treatment

Although the role of inpatient mental health treatment has changed greatly over recent decades, resulting in a shift from institutionalization to more outpatient community-based approaches, inpatient treatment still plays an important role. These services emphasize safety measures, crisis intervention, acute medication and reevaluation of ongoing medications, and (re)establishing the client's links to other supports and services (Sederer & Dickey, 1995).

Using data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA), this chapter presents selected characteristics of inpatient treatment stays for adults. Topics focus on the type of facility that respondents used for inpatient mental health treatment, the number of nights they spent in an inpatient facility, and the primary payer for their inpatient treatment (Table 5.1). Demographic differences by location of treatment and out-of-pocket costs also were analyzed, but due to low precision in the estimated numbers and percentages, these findings are not presented in this report.

5.1 Type of Facility

Among adults who received inpatient mental health treatment in 2000 and 2001, the vast majority (92.2 percent) received treatment in some type of hospital. Among adults who received inpatient treatment, 31.2 percent received inpatient treatment from a private/public psychiatric hospital and 31.5 percent from the psychiatric unit of a general hospital. A slightly smaller proportion of adults received inpatient care in the medical unit of a general hospital (24.8 percent), whereas only 4.7 percent of adults who received inpatient treatment stayed in another type of hospital. Only 6.4 percent of these adults received their inpatient treatment in a residential treatment center, and 7.3 percent specified "other" facility, which included a school/university facility, health clinic or center, crisis center, or another unspecified type of facility (Figure 5.1).

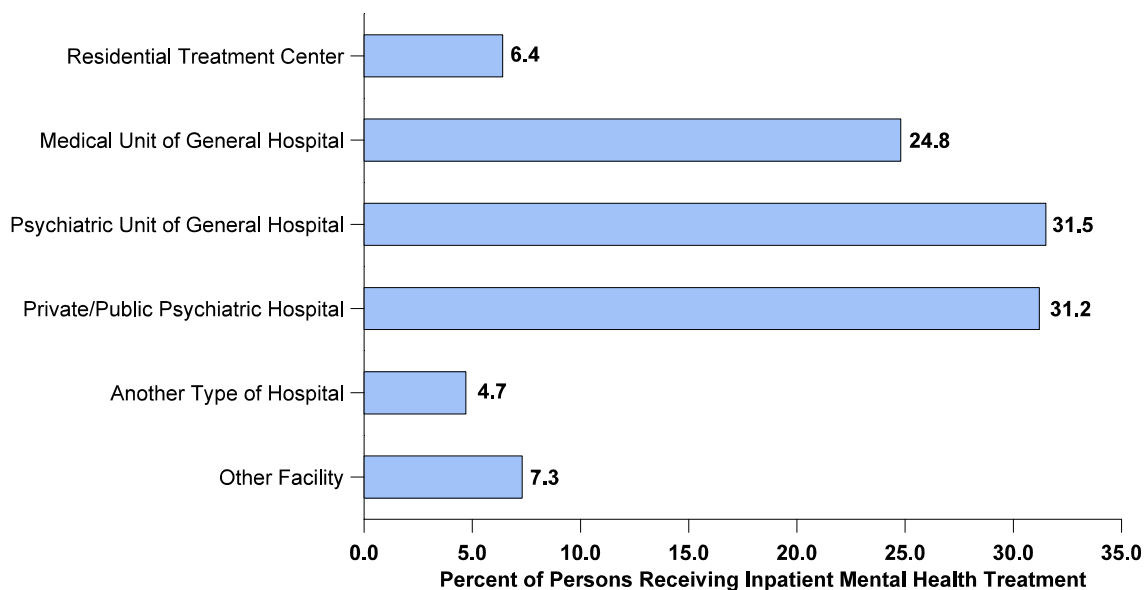
5.2 Number of Nights Spent in Facility

Of those who were hospitalized for mental health treatment, 43.6 percent spent 5 or more nights in such facilities. Almost one quarter of adults (24.8 percent) who received inpatient treatment spent 1 night in a facility, and 31.7 percent were hospitalized for 2 to 4 nights (Figure 5.2).

5.3 Primary Payer

Private health insurance (21.7 percent), self/family (20.9 percent), and Medicare (20.4 percent) were the most commonly reported primary payers for inpatient mental health treatment (Figure 5.3). Medicaid was the primary payer for 16.4 percent of adults, and 15.9 percent of adults who received inpatient treatment reported "some other type" of primary payer, which can include a rehabilitation program, employer, VA or military program, or other private or public sources. Approximately 65,000 adults (4.7 percent) received inpatient treatment for free.

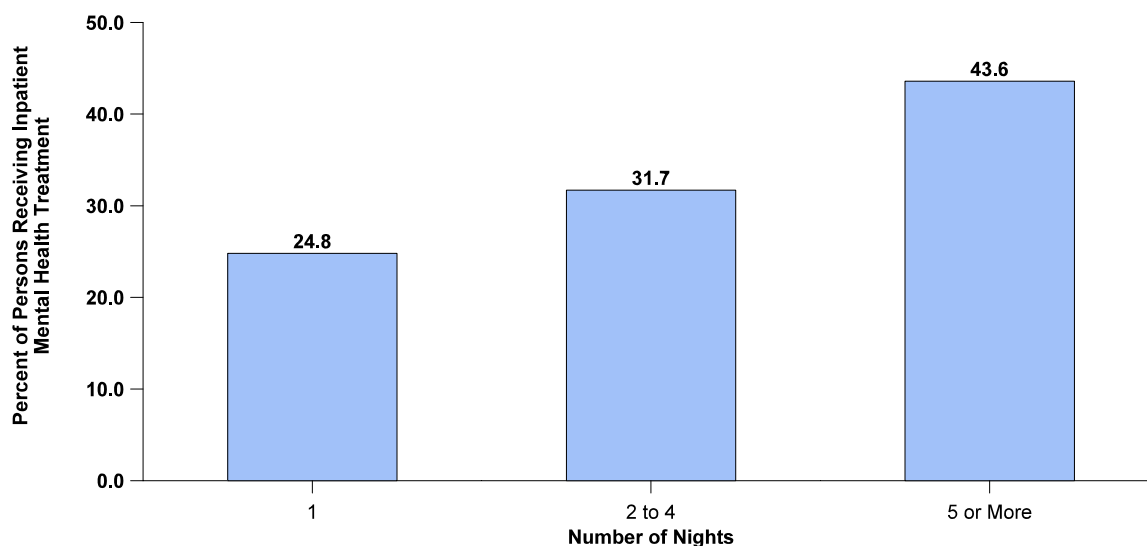
Figure 5.1 Inpatient Treatment in the Past Year, by Type of Facility



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Inpatient care includes an overnight stay or longer in a hospital, residential treatment center, or other facility. "Other Facility" includes school/university facility, health clinic or center, crisis center, unspecified type of hospital, or other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

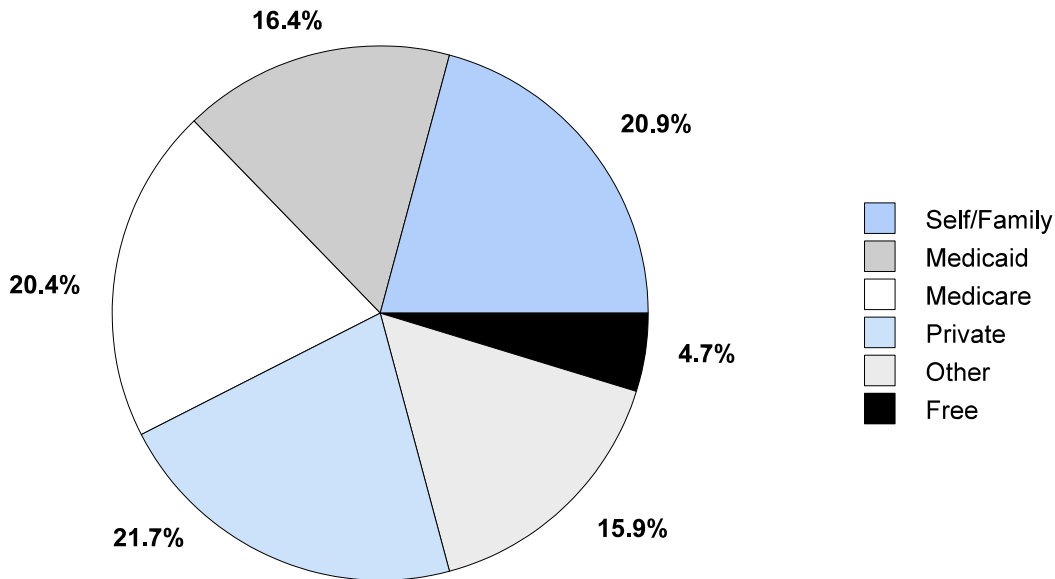
Figure 5.2 Number of Nights Spent in a Facility in the Past Year



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Inpatient care includes an overnight stay or longer in a hospital, residential treatment center, or other facility. "Other Facility" includes school/university facility, health clinic or center, crisis center, unspecified type of hospital, or other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 5.3 Inpatient Treatment in the Past Year, by Primary Payer



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems. Inpatient care includes an overnight stay or longer in a hospital, residential treatment center, or other facility. "Other Facility" includes school/university facility, health clinic or center, crisis center, unspecified type of hospital, or other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

5.4 Summary

Inpatient mental health treatment was most likely to be received in psychiatric and general hospitals, and to a lesser extent in residential treatment centers and other facility types in 2000 and 2001. Just under half (43.6 percent) of adults receiving inpatient mental health treatment spent 5 or more nights in a facility, and almost a quarter of adults (24.8 percent) spent only 1 night in a facility. Private health insurance (21.7 percent), self/family (20.9 percent), and Medicare (20.4 percent) were the most commonly reported primary payers for inpatient mental health treatment.

Table 5.1 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults Who Received Inpatient Mental Health Treatment in the Past Year, by Selected Characteristics Related to Their Treatment: 2000 and 2001

	Inpatient Mental Health Treatment	
	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
Total	1,477 (99)	100 (0.00)
Type of Facility¹		
Private/public psychiatric hospital	443 (56)	31.2 (3.13)
Psychiatric unit of general hospital	448 (55)	31.5 (3.16)
Medical unit of general hospital	352 (45)	24.8 (2.88)
Another type of hospital	67 (18)	4.7 (1.28)
Residential treatment center	91 (22)	6.4 (1.51)
Other ²	104 (31)	7.3 (2.02)
Number of Nights Spent in Facility		
1	335 (42)	24.8 (2.70)
2-4	429 (50)	31.7 (3.12)
5 or more	590 (64)	43.6 (3.33)
Primary Payer³		
Self/family	287 (40)	20.9 (2.62)
Medicaid	226 (38)	16.4 (2.51)
Medicare	281 (46)	20.4 (2.91)
Private health insurance	298 (38)	21.7 (2.53)
Some other payer ⁴	218 (40)	15.9 (2.53)
Free treatment	65 (17)	4.7 (1.21)

Note: The total row represents adults who had inpatient mental health treatment in the past 12 months.

¹ Respondents were asked to mark all facilities for their inpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive.

² School/university facility, health clinic or center, crisis center, unspecified type of hospital, or other.

³ Payers who paid (or will pay) the most for their inpatient mental health treatment.

⁴ Rehabilitation program, employer, VA or other military program, or other public or private sources.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

6. Substance Use and Abuse among Adults Who Received Mental Health Treatment

Co-occurring mental health and substance use disorders affect millions of Americans (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002). Several earlier studies indicate a clear relationship between mental health treatment and substance use and/or substance abuse treatment (Kessler, 1994; Wu, Kouzis, & Leaf, 1999). The Epidemiologic Catchment Area (ECA) study found that nearly 20 percent of patients seeking specialty mental health treatment reported substance abuse or dependence (Regier et al., 1990).

Using data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA), this chapter investigates the relationships between the receipt of mental health treatment and substance use and abuse, as well as the relationship between mental health treatment and substance abuse treatment. Data on persons who receive both mental health treatment and drug abuse treatment also are presented. For alcohol, illicit drugs, and cigarettes, the prevalence of mental health treatment is compared among groups of substance users and nonusers.

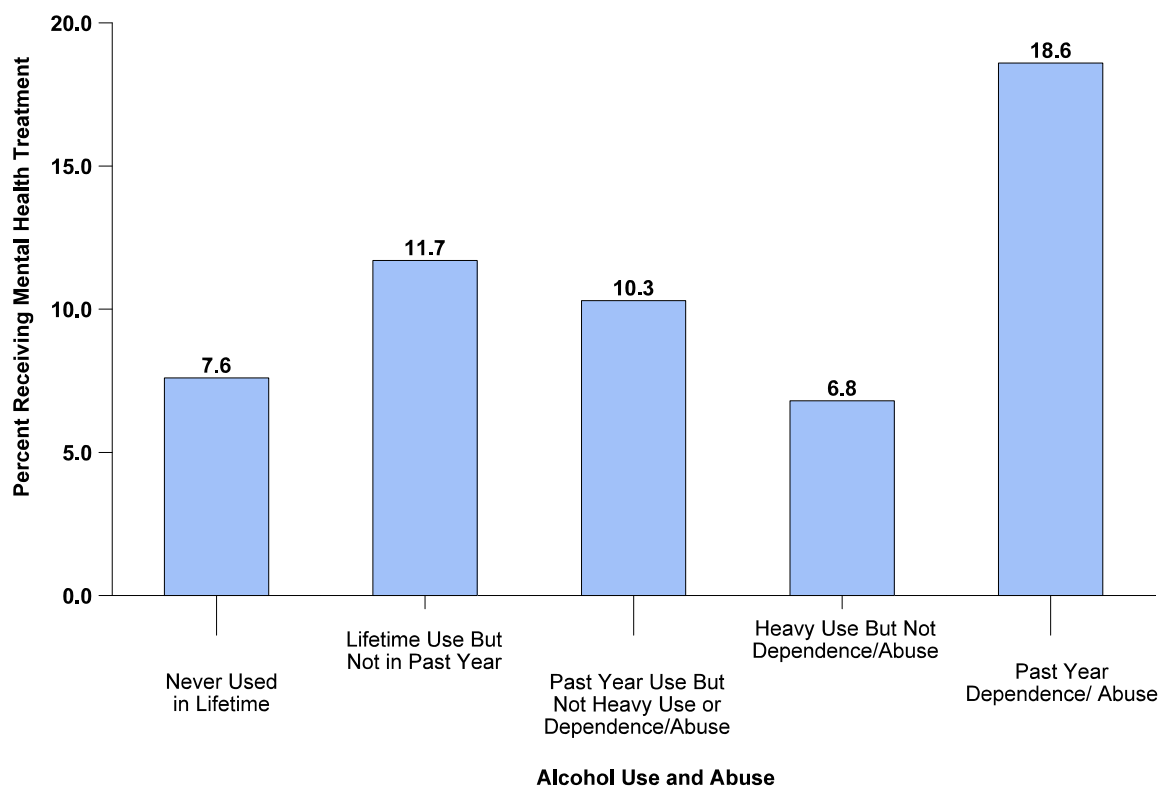
Illicit drugs include marijuana and illicit drugs other than marijuana (cocaine [including crack], inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically). For alcohol and illicit drugs, five mutually exclusive measures are analyzed: no lifetime use, lifetime use (but not in the past year), past year use (but no heavy use or dependence or abuse), heavy use (but no dependence or abuse), and past year dependence or abuse. For cigarettes, four measures are utilized: no lifetime use, lifetime use but no use in the past year, past year use but not daily in the past month, and daily use. Definitions of heavy use vary by substance and are given in the section relating to that substance, and the cigarette smoking measures are defined in the cigarette section. The definitions of alcohol and illicit drug dependence and abuse are based on the criteria specified in the text revision of the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 2000). NHSDA measures of substance use, dependence, and abuse are described in Section 1.6.

6.1 Mental Health Treatment and Substance Use

6.1.1 Alcohol Use

Heavy alcohol use was defined as drinking five or more drinks on the same occasion on 5 or more days in the past 30 days, but having no dependence or abuse. As seen in Figure 6.1 and Table 6.1, adults with alcohol dependence or abuse in the past year were almost 3 times more likely (18.6 percent) to have had mental health treatment than past month heavy drinkers with no dependence or abuse (6.8 percent); they were almost 2½ times more likely to have had mental health treatment than those who had never used alcohol (7.6 percent). Those with dependence or abuse also had significantly higher prevalence of mental health treatment than those who had consumed alcohol in their lifetime but not in the past year (11.7 percent) and past year drinkers who were not heavy users or dependent/abusers (10.3 percent). However, lifetime but not past year drinkers were significantly more likely than past month heavy drinkers who were not dependent/abusers (6.8 percent) or never drinkers (7.6 percent) to have received mental health treatment. Thus, past year but not heavy drinkers had a higher prevalence of mental health

Figure 6.1 Past Year Mental Health Treatment, by Alcohol Use and Abuse



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

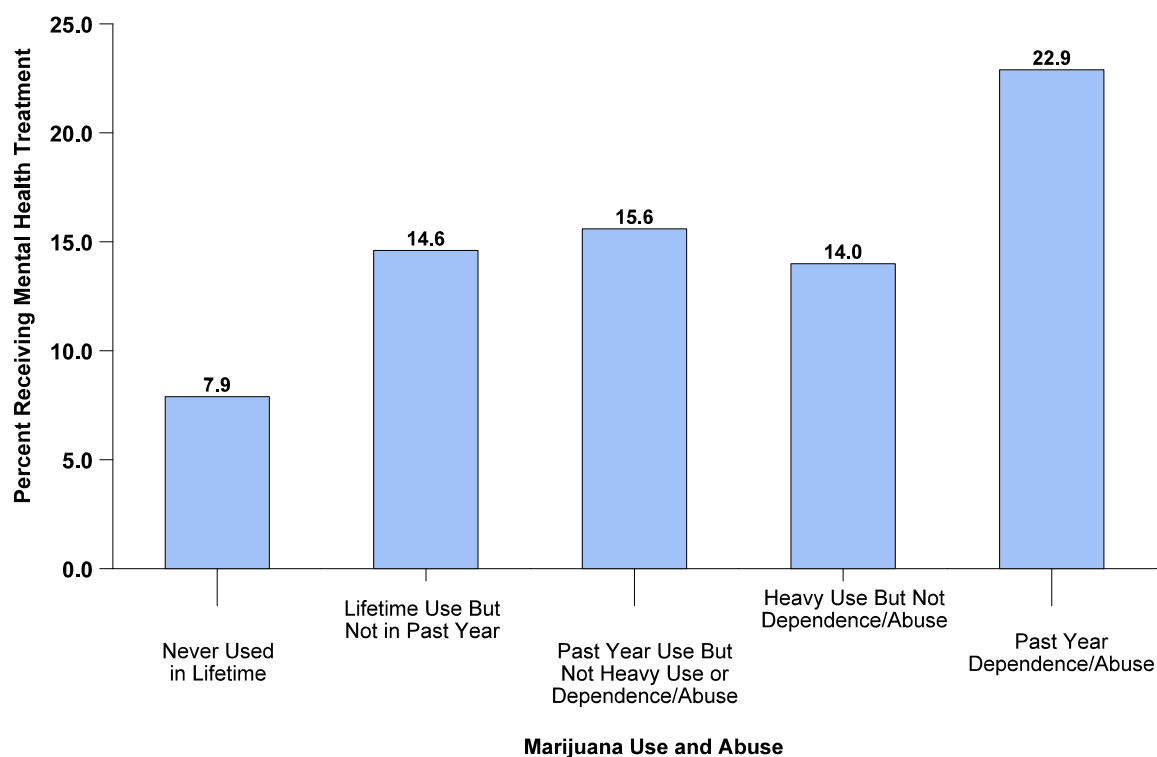
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

treatment than past month heavy drinkers or never drinkers. Furthermore, the prevalence of mental health treatment was similar for never drinkers and past month heavy drinkers who were not dependent/abusers.

6.1.2 Marijuana Use

Heavy use of marijuana was defined as marijuana use on 300 or more days in the past year (but no dependence or abuse). Adults with dependence on or abuse of marijuana were almost 3 times more likely (22.9 percent) than those who had never used it (7.9 percent) to have received mental health treatment in the past year (Figure 6.2 and Table 6.1). They also had a higher prevalence of treatment than those who had used marijuana in their lifetime but not in the past year (14.6 percent), past year users who were not heavy users or dependent/abusers (15.6 percent), and heavy users without dependence or abuse, past year use without heavy use or dependence or abuse, or lifetime marijuana use but not past year use had a similar prevalence of mental health service use. All of these groups had a greater probability of receiving mental health treatment in the past year compared with adults who never used marijuana.

Figure 6.2 Past Year Mental Health Treatment, by Marijuana Use and Abuse



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

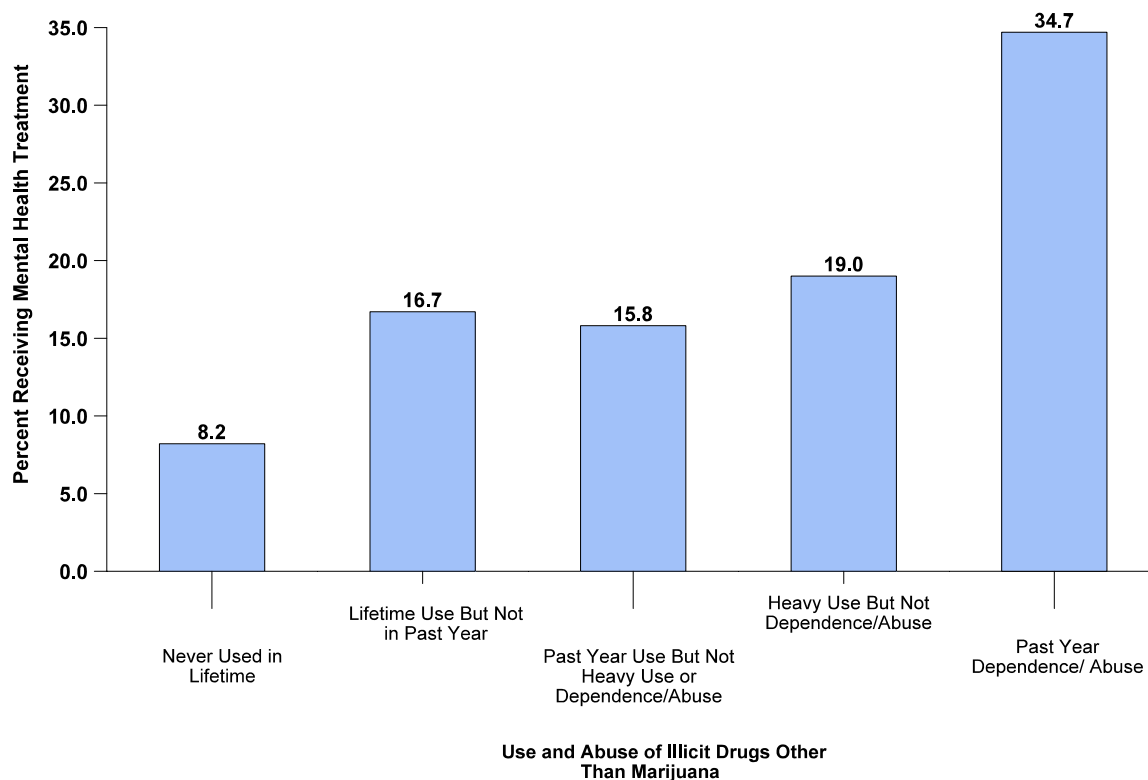
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

6.1.3 Illicit Drugs Other Than Marijuana

Heavy use of illicit drugs other than marijuana was defined as use of any illicit drug other than marijuana on at least 50 days in the past year (but no dependence or abuse). Figure 6.3 and Table 6.1 show that 34.7 percent of adults who abused or were dependent on illicit drugs other than marijuana had received mental health treatment in the past year. This is more than 4 times the prevalence of treatment among adults who had never used illicit drugs other than marijuana (8.2 percent), over 1½ times the treatment prevalence of heavy users (19.0 percent) who were not dependent or abusers, and more than twice that of those who used in the past year but were not heavy users or dependent or abusers or those who did not use these drugs in the past year (15.8 and 16.7 percent, respectively).

The prevalence of mental health treatment among adults who were heavy users, past year users, and lifetime users of illicit drugs other than marijuana and were not dependent/abusers was similar. All of these groups had a greater probability of receiving mental health treatment in the past year than adults who had never used drugs other than marijuana.

Figure 6.3 Past Year Mental Health Treatment, by Use and Abuse of Illicit Drugs Other Than Marijuana



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

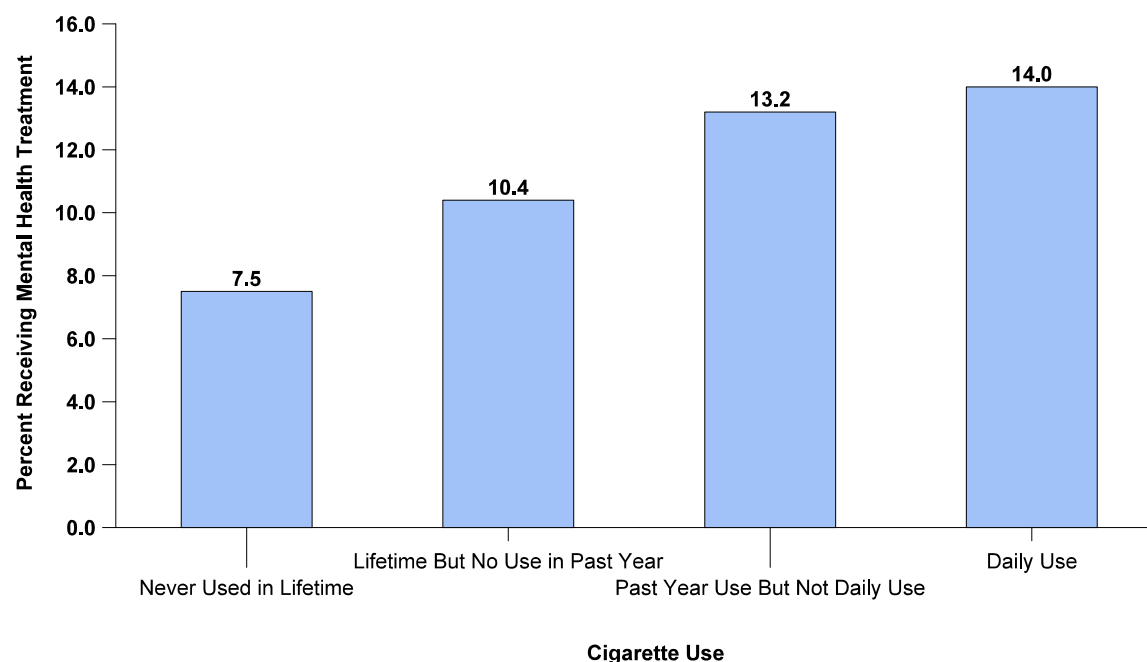
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

6.1.4 Cigarette Use

To assess the relationship between cigarette smoking and mental health treatment, four cigarette smoking measures were created: never smoked in lifetime, smoked in lifetime but not in the past year, smoked in the past year but not daily, and smoked daily in the past year.

Among adults aged 18 or older, significant differences in the proportions receiving mental health treatment were found between cigarette smokers and nonsmokers (Figure 6.4 and Table 6.1). Daily smokers (14.0 percent), those who smoked in the past year but not daily (13.2 percent), and those who smoked at some time in their lives but not in the past year (10.4 percent) were all more likely to receive mental health treatment than those who had never smoked in their lifetime (7.5 percent). Adults who reported daily and past year but not daily cigarette smoking also had higher rates of mental health treatment than adults who did not smoke in the past year.

Figure 6.4 Past Year Mental Health Treatment, by Cigarette Use



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

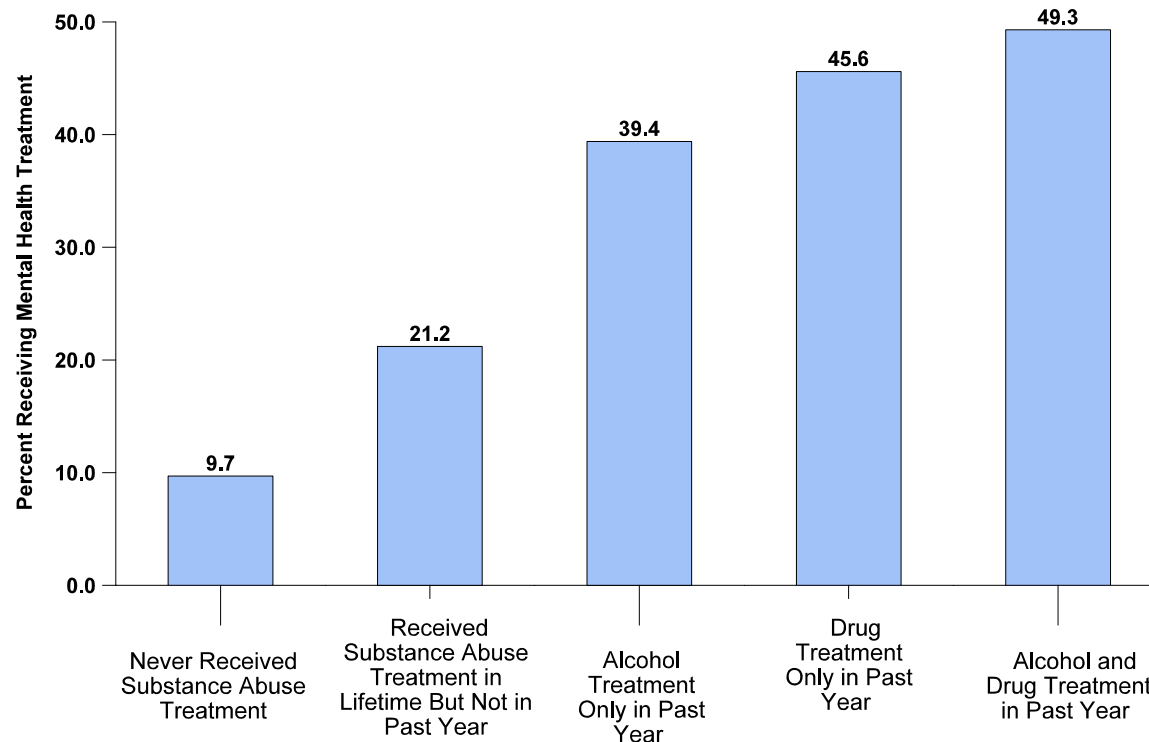
6.2 Mental Health Treatment and Substance Abuse Treatment

Figure 6.5 and Table 6.2 present past year mental health treatment rates among those who never received substance abuse treatment, as well as for four categories of persons who received substance abuse treatment: (a) adults who received substance abuse treatment in their lifetime but not in the past year, or who received (b) past year alcohol treatment only, (c) past year drug treatment only, or (d) past year alcohol and drug treatment.

All adults who ever had substance abuse treatment had significantly higher prevalence of mental health treatment than adults who never had substance abuse treatment. About 21 percent of adults who had substance abuse treatment at some time in their lives but not in the past year received mental health treatment compared with 9.7 percent of adults who had never received substance abuse treatment. An estimated 39.4 percent of those who had alcohol-only treatment in the past year, 45.6 percent of those who had drug-only treatment in the past year, and 49.3 percent of adults who received treatment for both an alcohol and drug problem in the past year also received mental health treatment.

Figure 6.6 and Table 6.3 show that 22.2 million adults received substance abuse treatment and/or mental health treatment in the past year. Almost 20 million of these adults received mental health treatment only, another 1.3 million received substance abuse treatment only, and another 1 million received both substance abuse and mental health treatment.

Figure 6.5 Past Year Mental Health Treatment, by Treatment for a Substance Abuse Problem



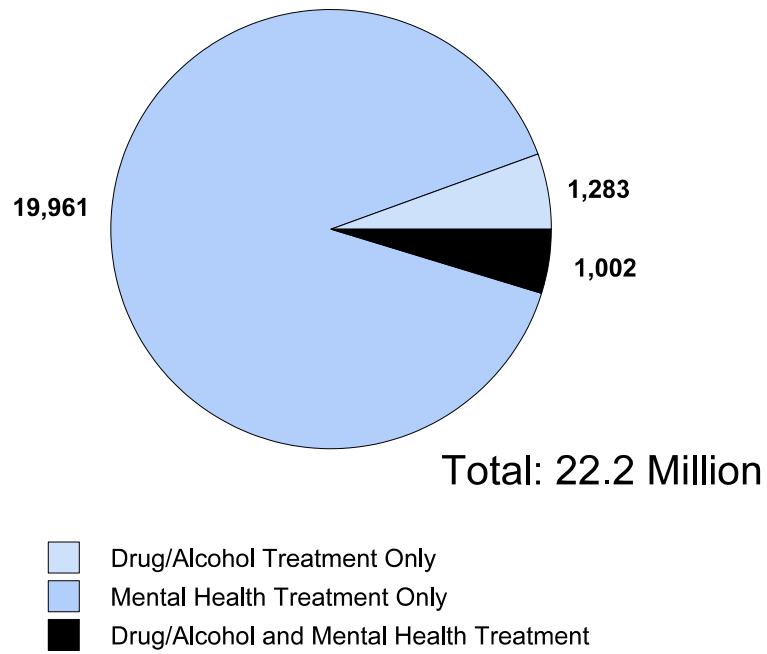
Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

6.3 Summary

This chapter reported significant differences in rates of receipt of mental health treatment by substance use, abuse, and substance abuse treatment. Adults with dependence on or abuse of alcohol or illicit drugs had the highest prevalence rates of mental health treatment compared with users without dependence or abuse and nonusers of alcohol and illicit drugs. Adults who had never used alcohol, illicit drugs, or cigarettes had the lowest rates of mental health treatment across all substances. Adults who received substance use treatment were far more likely to receive mental health treatment than those who were never treated for substance use problems. Among adults who received treatment for substance use, those who had received both drug and alcohol treatment during the past year reported the highest rates of mental health treatment. Although the majority of the 22 million adults receiving mental health treatment and/or substance abuse treatment received mental health treatment only (20 million), there were 1 million adults who received both mental health and substance use treatment in the past year.

Figure 6.6 Estimated Numbers (in Thousands) of Adults Receiving Mental Health Treatment and Substance Abuse Treatment in the Past Year



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 6.1 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults Receiving Mental Health Treatment in the Past Year, by Categories of Substance Use and Abuse: 2000 and 2001

Category of Substance Use/Abuse	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
Cigarettes		
Never smoked in lifetime	4,429 (169)	7.5 (0.28)
Smoked in lifetime but not in the past year	8,443 (244)	10.4 (0.28)
Smoked in past year but not daily ¹	3,382 (128)	13.2 (0.46)
Smoked daily	4,837 (175)	14.0 (0.47)
Alcohol		
Never used in lifetime	2,134 (123)	7.6 (0.43)
Used in lifetime but not in the past year	4,605 (186)	11.7 (0.44)
Used in past year but neither heavy use ² nor dependence/abuse ³	11,690 (271)	10.3 (0.22)
Heavy use but not dependence or abuse	520 (50)	6.8 (0.63)
Past year dependence/abuse	2,143 (101)	18.6 (0.79)
Marijuana		
Never used in lifetime	9,812 (266)	7.9 (0.20)
Used in lifetime but not in the past year	8,570 (233)	14.6 (0.37)
Used in past year but neither heavy use ⁴ nor dependence/abuse ³	1,978 (93)	15.6 (0.67)
Heavy use but not dependence or abuse	196 (32)	14.0 (2.10)
Past year dependence/abuse	535 (46)	22.9 (1.67)
Other Illicit Drugs⁵		
Never used in lifetime	12,288 (280)	8.2 (0.18)
Used in lifetime but not in the past year	6,508 (189)	16.7 (0.44)
Used in past year but neither heavy use ⁶ nor dependence/abuse ⁷	1,179 (67)	15.8 (0.80)
Heavy use but not dependence or abuse	422 (53)	19.0 (1.99)
Past year dependence/abuse	694 (61)	34.7 (2.27)

* Low precision; no estimate reported.

¹ Daily cigarette use is defined as using cigarettes daily in the past 30 days.

² Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

³ Dependence or abuse is based on the definition found in the text revision of the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR).

⁴ Heavy marijuana use refers to using marijuana on 300 or more days in the past year.

⁵ Other illicit drug indicates use at least once of cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

⁶ Heavy use of other illicit drugs refers to using cocaine, hallucinogens, inhalants, heroin, or any prescription-type psychotherapeutic used nonmedically (i.e., pain relievers, tranquilizers, stimulants, or sedatives) for at least 50 days in the past year.

⁷ Other illicit drug dependence or abuse indicates meeting the dependence or abuse criteria of at least one of the following drugs: cocaine, hallucinogens, inhalants, heroin, pain relievers, tranquilizers, stimulants, or sedatives.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 6.2 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults Receiving Mental Health Treatment in the Past Year, by Category of Substance Treatment in the Past Year: 2000 and 2001

Substance Treatment Received	Mental Health Treatment in the Past Year ¹	
	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
Total	20,963 (380)	10.5 (0.17)
Never received alcohol or drug treatment in lifetime	18,361 (348)	9.7 (0.17)
Received neither alcohol nor drug treatment in the past year but ever received in lifetime	1,600 (98)	21.2 (1.14)
Received only alcohol treatment in past year	436 (50)	39.4 (3.39)
Received only drug treatment in past year	177 (25)	45.6 (4.78)
Received both alcohol and drug treatment in past year	389 (66)	49.3 (4.84)

*Low precision; no estimate reported.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 6.3 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults Receiving Mental Health Treatment and Substance Treatment in the Past Year: 2000 and 2001

Substance/Mental Health Treatment Received	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
Drug/alcohol treatment only	1,283 (73)	0.6 (0.04)
Mental health treatment ¹ only	19,961 (365)	10.0 (0.17)
Drug/alcohol treatment and mental health treatment	1,002 (88)	0.5 (0.04)
No treatment	177,022 (1,368)	88.8 (0.18)

*Low precision; no estimate reported.

¹ Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

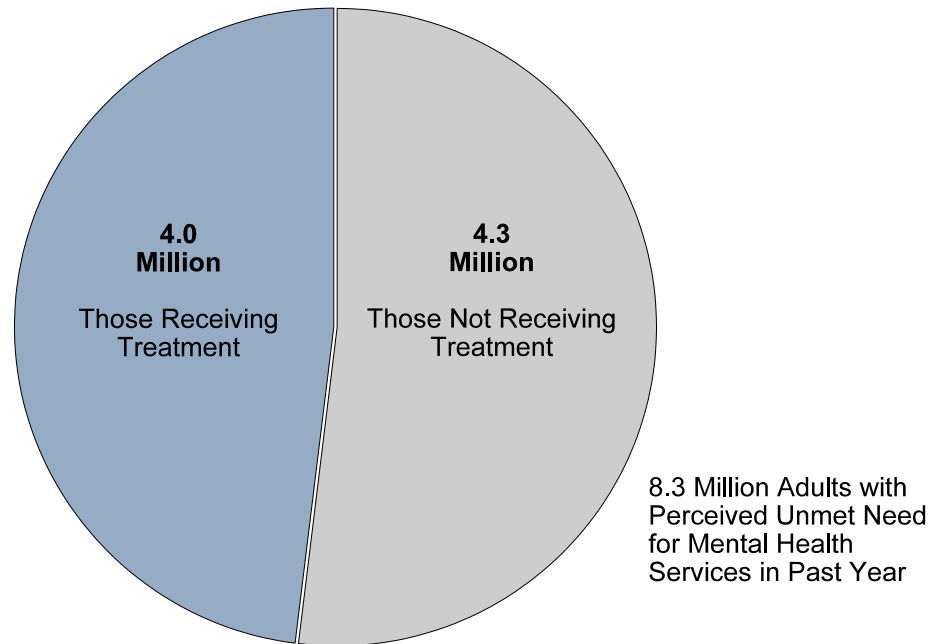
7. Perceived Unmet Need for Mental Health Treatment

Estimates of unmet need for mental health treatment can be used to identify disparities in access to mental health care. Although most measures of unmet need for mental health treatment indicate a perception that needed treatment has not been received, various studies have used different definitions and thereby produced diverse estimates. For example, a study of managed care using 1998 data from the Health Care for Communities (HCC) survey showed that a different picture of managed care is portrayed depending on the definition of unmet need that is used. In that study, unmet need for mental health treatment was defined among privately insured individuals who reported that they needed help for emotional or mental health problems as receipt of no care, less care than needed, or delayed care. When the definition of unmet need included only persons with no care, it appeared that there was no change in treatment quality under managed care. However, when the definition of unmet need also included less care or delayed care as well as no care, the quality of mental health treatment under managed care was considered to be lower. The study reported that among privately insured individuals who reported that they needed help for emotional, mental health, alcohol, or drug problems during the past 12 months, 12.0 percent reported receiving less care than needed (or delayed care) and 9.5 percent reported receiving no care (Sturm & Sherbourne, 2000).

The 2000 and 2001 National Household Survey on Drug Abuse (NHSDA) included a question to measure perceived unmet need for mental health treatment. Respondents were asked whether, during the past 12 months, there was a time when they needed mental health treatment or counseling for themselves but did not get it. For this report, persons were defined with *perceived unmet need* if they responded "yes" to this question. In addition, persons defined with unmet need who did not receive mental health treatment in the past year were considered to have received *no care* for their mental health problems, while those who received mental health treatment in the past year were considered to have had either *less care than needed* or *delayed care* for their mental health problems. Because this definition of unmet need is based on perceived need and does not include alcohol or drug abuse, it is not comparable with the definitions of unmet need from other studies.

From the combined 2000 and 2001 NHSDA, there were an estimated 8.3 million adults (4.1 percent of the total population) with a perceived unmet need for mental health treatment in the past year (Figure 7.1 and Table 7.1). These persons either received no care, less care than needed, or delayed care for their mental or emotional problems. More than half of adults with unmet need (52.1 percent) did not receive mental health treatment in the past year, and 47.9 percent did receive mental health treatment in the past year. Those who received treatment were almost 8 times more likely to report unmet need (less care than needed or delayed care) than those who received no mental health treatment (Table 7.1). For all individual characteristics examined, persons who received mental health treatment were far more likely to perceive unmet need than those who did not receive treatment. This may be because most of the people who did not receive treatment do not have a mental health disorder. Substance use, and especially substance dependence or abuse, also were strongly associated with unmet need for mental health treatment.

Figure 7.1 Adults with Perceived Unmet Need for Mental Health Treatment in the Past Year, 2000 and 2001



Note: Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

The remainder of this chapter examines the characteristics of persons with a perceived unmet need for mental health treatment separately among the treated and untreated populations. It also examines the percentages of adults with perceived unmet need by specific characteristics which include demographic and socioeconomic characteristics as well as substance use and abuse.

7.1 Perceived Unmet Need among Adults Who Did Not Receive Treatment (No Care)

7.1.1 Characteristics of Persons with Unmet Need

For the combined years of 2000 and 2001, data from the NHSDA indicated that among adults not receiving mental health treatment in the past year, 2.4 percent (4.3 million) had an unmet need for mental health treatment in that time period (Table 7.1). As shown in Table 7.2, most of these persons were aged 26 to 49 (59.4 percent of all persons reporting an unmet need) and 14.2 percent were aged 50 or older; 65.4 percent were female; 77.7 percent were white, 9.0 percent were black, and 8.5 percent were Hispanic; and 37.9 percent had never been married with 16.6 percent being divorced or separated. Among adults reporting an unmet need for mental health treatment, 25.2 percent had a family income of less than \$20,000, 16.1 percent received government assistance, 22.3 percent had no health insurance, and 31.3 percent had used an illicit drug in the past year.

7.1.2 Prevalence of Unmet Need, by Demographic and Socioeconomic Characteristics

The prevalence of perceived unmet need for mental health treatment among persons not receiving treatment in the past year varied by demographic characteristics. Prevalence was highest among persons aged 18 to 25 years (4.3 percent) and lowest among persons aged 50 or older (0.9 percent) (Table 7.1). Unmet need was higher among females than among males (3.1 vs. 1.7 percent, respectively). Among racial/ethnic groups, persons reporting more than one race had the highest unmet need (6.0 percent), and American Indians or Alaska Natives had the next highest (5.4 percent). Unmet need among blacks was the same as that among Hispanics (1.9 percent), but lower than that among whites (2.6 percent). Asians had the lowest (1.2 percent), and Native Hawaiians or other Pacific Islanders had the next lowest prevalence of unmet need (1.5 percent). Unmet need also varied by marital status; 4.1 percent of never married persons, 3.5 percent of divorced or separated persons, 1.8 percent of married persons, and 0.8 percent of widowed persons reported an unmet need for treatment.

Rates of perceived unmet need for mental health treatment among persons not receiving treatment in the past year were generally higher among those with characteristics associated with low socioeconomic status (SES). Unmet need was higher among those with lower total family income. Persons with a family income of \$20,000 or less were significantly more likely to report unmet need (3.1 percent) than persons in any other income group. Unmet need also was associated with current employment. The rate of unmet need was 4.1 percent among unemployed persons, 3.6 percent among persons employed part time, and 2.4 percent among persons employed full time. Persons receiving government assistance had a higher rate of unmet need than those not receiving government assistance (3.4 vs. 2.3 percent). Although rates of unmet need were generally higher among persons with low SES, the rates of unmet need among persons with some college (2.8 percent) and among college graduates (2.6 percent) were significantly higher than the rates among persons with a high school diploma or less than a high school education (2.1 percent). Rates of unmet need among persons with no treatment in the past year also were higher for persons with poorer perceived health. Among persons with fair or poor health status, the percentage with unmet need was 3.1 percent. Rates of unmet need among persons with good, very good, and excellent health status were 2.7, 2.4, and 2.0 percent, respectively.

7.1.3 Prevalence of Unmet Need, by Use or Abuse of Substances

Unmet need for mental health treatment among adults not receiving treatment was associated with the use of substances, and it was highly correlated with dependence or abuse of substances. Among persons receiving no care, the prevalence of unmet need was highest for current daily smokers (4.2 percent) and lowest among persons who never smoked a cigarette (1.4 percent) (Table 7.3). The prevalence was 3.6 percent among those who smoked in the past year but not daily and 2.1 percent among those who ever smoked but not in the past year. Adults who had ever used alcohol had higher rates of unmet need for mental health treatment than adults who had not. However, heavy users of alcohol with no dependence or abuse were no more likely to have unmet need than those who used alcohol but were not heavy users or dependent or abusing. Prevalence of unmet need was 1.8 percent for alcohol use in the lifetime but not the past year, 2.4 percent for use in the past year but not heavy use or dependence or abuse, and 2.2 percent for heavy use but not dependence or abuse. Adults with past year alcohol dependence or

abuse were 4 times as likely as adults with heavy use of alcohol but without dependence or abuse to have an unmet need for treatment (8.8 vs. 2.2 percent).

Unmet need among those not receiving treatment was positively associated with marijuana use or abuse. Rates of unmet need were lowest for adults who never used marijuana (1.4 percent) and highest for adults with marijuana dependence or abuse (12.4 percent). An estimated 3.4 percent of adults who had ever used marijuana, but not in the past year, reported unmet need. As with alcohol use, there were no significant differences in unmet need between the adults with past year use and with heavy use (6.6 vs. 6.4 percent, respectively). Unmet need for mental health treatment among those not receiving treatment also varied with the level of use or abuse of illicit drugs other than marijuana. Rates of unmet need ranged from 1.5 percent for those who never used other illicit drugs to 18.3 percent for those with past year dependence or abuse on other illicit drugs; the rate for lifetime, but no past year use, of other illicit drugs was 4.3 percent. As for marijuana use and alcohol use, unmet need among adults with past year use but not heavy use of other illicit drugs (7.8 percent) was not significantly different from unmet need among those with heavy use but without dependence or abuse (7.5 percent).

7.2 Perceived Unmet Need among Adults Who Received Mental Health Treatment (Delayed or Insufficient Care)

7.2.1 Characteristics of Persons with Unmet Need

Among persons receiving mental health treatment in the past year, 18.9 percent (4.0 million persons) had an unmet need for mental health treatment (Table 7.1). The majority (61.3 percent) of these persons were aged 26 to 49 years of age; most were female (70.7 percent); 80.7 percent were white; and 39.2 percent were married, 24.3 percent were divorced or separated, and 32.5 percent had never been married (Table 7.2). Among these adults with delayed care or insufficient care, 25.2 percent had a family income of less than \$20,000; 16.1 percent received government assistance in the past year; and 66.1 percent had private health insurance, 9.3 percent received Medicaid/CHIP, and 22.3 percent had no coverage.

7.2.2 Prevalence of Unmet Need, by Demographic and Socioeconomic Characteristics

Among persons 18 to 25 years of age who received treatment in the past year, 29.4 percent reported unmet need. The rate of unmet need among persons aged 50 or older who received treatment in the past year was 10.9 percent (Table 7.1). Rates were higher among females than males (20.3 vs. 16.1 percent). Blacks were more likely than whites to report unmet need (22.2 vs. 18.2 percent, respectively). By marital status, rates of unmet need were lowest among widowed persons (13.5 percent) and next lowest among married persons (14.3 percent); they were highest among persons who had never been married (26.1 percent) and next highest among persons who were divorced or separated (23.8 percent). Among adults who received mental health treatment in the past year, persons with no health insurance were twice as likely as persons with private health insurance to report delayed or insufficient care (33.4 vs. 16.4 percent). Among adults receiving treatment, the rates of unmet need were higher among persons with poorer health status. The rates ranged from 22.3 percent among those who reported fair to poor health to 14.4 percent among those who reported their health as excellent.

7.2.3 Prevalence of Unmet Need, by Use or Abuse of Substances

Unmet need among persons receiving treatment also was associated with the use or abuse of substances. Daily cigarette smokers were almost twice as likely to have delayed care or insufficient care than those who never smoked cigarettes (25.9 vs. 13.1 percent, respectively) (Table 7.4). However, the rate of unmet need among daily smokers of cigarettes was not significantly different from the rate among past year but not daily smokers (26.0 percent). The rate among lifetime but not past year smokers was 15.0 percent. For alcohol, the rate of unmet need among those with dependence or abuse (33.8 percent) was significantly higher than for any other measures of alcohol use. However, there were no significant differences in the rates of unmet need between those who never used alcohol (15.3 percent), those who had used in their lifetime but not in the past year (15.2 percent), those who used in the past year without heavy use or dependence or abuse (18.2 percent), and heavy users without dependence or abuse (17.6 percent). Among adults receiving treatment, those who had used marijuana in their lifetime but not in the past year were significantly more likely to have an unmet need than those who never used marijuana. The rate was 13.6 percent for those who never used marijuana and 20.6 percent for those who used marijuana in their lifetime but not the past year. Among persons receiving treatment, adults with dependence on or abuse of marijuana were more likely to have an unmet need than those with past year use without heavy use or dependence or abuse (47.1 vs. 28.7 percent, respectively).

7.3 Summary

Among persons receiving and not receiving treatment in the past year, the rates of perceived unmet need varied by demographic and socioeconomic characteristics. In addition, perceived unmet need was greater among persons with low socioeconomic status as well as poor perceived health. Among persons who did and who did not receive treatment in the past year, perceived unmet need also was associated with the use and abuse of cigarettes, alcohol, marijuana, and any illicit drug other than marijuana. Rates of perceived unmet need were highest for those with substance dependence or abuse compared with those who used but were not dependent or abusers and those who never used substances. For both alcohol and marijuana, there were no significant differences in the rates of perceived unmet need among those with any past year use and among those with heavy use without dependence or abuse in the past year.

Table 7.1 Estimated Numbers (in Thousands) and Percentages of Adults Perceiving Unmet Need for Mental Health Treatment, by Receipt of Mental Health Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Estimated Number with Unmet Need ¹			Percent with Unmet Need		
	Total	Received Treatment	Did Not Receive Treatment	Total	Received Treatment	Did Not Receive Treatment
Total	8,270	3,962	4,308	4.1	18.9	2.4
Age in Years						
18-25	1,912	775	1,137	6.6	29.4	4.3
26-49	4,985	2,428	2,557	5.2	21.3	3.0
50 or older	1,373	759	613	1.8	10.9	0.9
Gender						
Male	2,651	1,160	1,491	2.8	16.1	1.7
Female	5,619	2,803	2,816	5.4	20.3	3.1
Hispanic Origin and Race						
Not Hispanic	7,617	3,673	3,944	4.3	18.7	2.5
White only	6,546	3,199	3,348	4.4	18.2	2.6
Black only	722	333	389	3.3	22.2	1.9
American Indian or Alaska Native only	111	*	44	11.5	*	5.4
Native Hawaiian or other Pacific Islander only	11	*	7	2.1	*	1.5
Asian only	96	*	80	1.4	*	1.2
More than one race	131	*	75	8.7	*	6.0
Hispanic	653	289	364	3.1	21.5	1.9
Education						
Less than high school	1,346	692	655	3.9	20.8	2.1
High school graduate	2,474	1,198	1,277	3.7	18.1	2.1
Some college	2,387	1,160	1,226	4.9	21.3	2.8
College graduate	2,063	913	1,150	4.1	16.2	2.6
Current Employment						
Full-time	4,452	1,976	2,476	3.9	19.1	2.4
Part-time	1,363	595	768	5.6	20.8	3.6
Unemployed	313	152	162	6.9	24.7	4.1
Other ²	2,142	1,240	902	3.8	17.2	1.8

Table 7.1 (continued)

Demographic/Socioeconomic Characteristic	Estimated Number with Unmet Need ¹			Percent with Unmet Need		
	Total	Received Treatment	Did Not Receive Treatment	Total	Received Treatment	Did Not Receive Treatment
Marital Status						
Married	3,422	1,553	1,869	2.9	14.3	1.8
Widowed	253	160	93	1.9	13.5	0.8
Divorced or separated	1,678	963	715	6.9	23.8	3.5
Never married	2,917	1,286	1,631	6.5	26.1	4.1
Geographic Division						
Northeast	1,490	716	774	3.9	17.2	2.3
New England	528	276	252	5.2	19.2	2.9
Middle Atlantic	963	441	522	3.4	16.1	2.0
Midwest	1,747	879	869	3.8	17.6	2.1
East North Central	1,216	610	607	3.7	17.5	2.1
West North Central	531	269	262	3.9	18.0	2.1
South	2,935	1,356	1,579	4.1	18.7	2.5
South Atlantic	1,445	671	773	3.9	17.5	2.3
East South Central	483	233	250	3.9	16.9	2.3
West South Central	1,006	451	555	4.6	22.4	2.8
West	2,098	1,012	1,086	4.8	21.9	2.8
Mountain	676	298	378	5.4	19.5	3.4
Pacific	1,422	713	709	4.5	23.1	2.5
County Type						
Large metropolitan	4,037	1,828	2,209	4.2	18.5	2.5
Small metropolitan	2,737	1,356	1,381	4.4	19.6	2.5
250,000 to 1,000,000	1,973	992	981	4.3	19.2	2.4
<250,000	764	364	400	4.8	20.8	2.8
Nonmetropolitan	1,497	778	719	3.7	18.3	2.0
Urbanized	505	246	259	4.2	18.3	2.4
Less urbanized	817	429	388	3.3	17.5	1.8
Completely rural	175	104	71	3.9	22.6	1.8

Table 7.1 (continued)

Demographic/Socioeconomic Characteristic	Estimated Number with Unmet Need ¹			Percent with Unmet Need		
	Total	Received Treatment	Did Not Receive Treatment	Total	Receive Treatment	Did Not Receive Treatment
Family Income						
Less than \$20,000	2,346	1,259	1,086	5.8	23.9	3.1
\$20,000 to \$49,999	3,279	1,569	1,710	4.2	20.4	2.4
\$50,000 to \$74,999	1,359	628	732	3.7	17.5	2.2
\$75,000 or more	1,287	507	780	2.9	11.3	2.0
Government Assistance³						
Yes	1,683	991	692	6.9	24.1	3.4
No	6,587	2,971	3,616	3.8	17.6	2.3
Health Insurance						
Private	5,364	2,515	2,849	3.5	16.4	2.1
Medicaid/CHIP ⁴	1,065	665	399	6.7	21.7	3.1
Other ⁵	1,167	709	458	2.6	14.9	1.2
No coverage	1,548	586	961	6.6	33.4	4.4
Past Year Any Illicit Drug Use⁶						
Yes	2,570	1,221	1,349	11.8	32.3	7.5
No	5,700	2,741	2,959	3.2	15.9	1.8
Overall Health						
Excellent	1,604	581	1,023	2.9	14.4	2.0
Very good	2,517	1,073	1,444	3.7	16.8	2.4
Good	2,402	1,190	1,212	4.7	21.2	2.7
Fair/poor	1,736	1,115	621	7.0	22.3	3.1

*Low precision; no estimate reported.

¹ Unmet need is defined as a perceived need for mental health treatment or counseling that was not received. Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Retired, disabled, homemaker, student, or other.

³ Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

⁴ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁵ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁶ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 7.2 Percent Distributions of Selected Characteristics among Adults with Perceived Unmet Need for Mental Health Treatment in the Treated and Untreated Population: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total in Treated Population	Total in Untreated Population
Total	100.0	100.0
Age in Years		
18-25	19.6	26.4
26-49	61.3	59.4
50 or older	19.2	14.2
Gender		
Male	29.3	34.6
Female	70.7	65.4
Hispanic Origin and Race		
Not Hispanic	92.7	91.5
White only	80.7	77.7
Black only	8.4	9.0
American Indian or Alaska Native only	*	*
Native Hawaiian or other Pacific Islander only	*	*
Asian only	*	*
More than one race	*	*
Hispanic	7.3	8.5
Education		
Less than high school	17.5	15.2
High school graduate	30.2	29.6
Some college	29.3	28.5
College graduate	23.0	26.7
Current Employment		
Full-time	49.9	57.5
Part-time	15.0	17.8
Unemployed	3.8	3.8
Not in the labor force ¹	31.3	20.9
Marital Status		
Married	39.2	43.4
Widowed	*	*
Divorced or separated	24.3	16.6
Never married	32.5	37.9

Table 7.2 (continued)

Demographic/Socioeconomic Characteristic	Total in Treated Population	Total in Untreated Population
Geographic Division		
Northeast	18.1	18.0
New England	7.0	5.9
Middle Atlantic	11.1	12.1
Midwest	22.2	20.2
East North Central	15.4	14.1
West North Central	6.8	6.1
South	34.2	36.6
South Atlantic	16.9	18.0
East South Central	5.9	5.8
West South Central	11.4	12.9
West	25.5	25.2
Mountain	7.5	8.8
Pacific	18.0	16.4
County Type		
Large metropolitan	46.1	51.3
Small metropolitan	34.2	32.0
250,000 to 1,000,000	25.0	22.8
<250,000	9.2	9.3
Nonmetropolitan	19.6	16.7
Urbanized	6.2	6.0
Less urbanized	10.8	9.0
Completely rural	2.6	1.7
Family Income		
Less than \$20,000	31.8	25.2
\$20,000 to \$49,999	39.6	39.7
\$50,000 to \$74,999	15.8	17.0
\$75,000 or more	12.8	18.1
Government Assistance²		
Yes	25.0	16.1
No	75.0	83.9
Health Insurance		
Private	63.5	66.1
Medicaid/CHIP ³	16.8	9.3
Other ⁴	17.9	10.6
No coverage	14.8	22.3
Past Year Any Illicit Drug Use⁵		
Yes	30.8	31.3
No	69.2	68.7

Table 7.2 (continued)

Demographic/Socioeconomic Characteristic	Total in Treated Population	Total in Untreated Population
Overall Health		
Excellent	14.7	23.8
Very good	27.1	33.5
Good	30.0	28.1
Fair/poor	28.1	14.4

*Low precision; no estimate reported.

Note: The categories of health insurance are not mutually exclusive, so the sum of all categories is not 100 percent. Overall health status is not an imputed variable, so the percentage of all levels for this variable does not sum to 100 percent.

Unmet need is defined as a perceived need for mental health treatment or counseling that was not received.

Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

¹ Retired, disabled, homemaker, student, or other.

² Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

³ Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

⁴ Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

⁵ Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 7.3 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults with Perceived Need for Mental Health Treatment among Those Not Receiving Treatment, by Categories of Substance Use and Abuse: 2000 and 2001

Category of Substance Use/Abuse	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
	Unmet Need ¹	Unmet Need ¹
Cigarettes		
Never smoked in lifetime	749 (55)	1.4 (0.10)
Smoked in lifetime but not in the past year	1,505 (86)	2.1 (0.12)
Smoked in past year but not daily ²	800 (52)	3.6 (0.23)
Smoked daily	1,253 (81)	4.2 (0.27)
Alcohol		
Never used in lifetime	277 (34)	1.1 (0.13)
Used in lifetime but not in the past year	633 (60)	1.8 (0.17)
Used in past year but neither heavy use ³ nor dependence/abuse ⁴	2,417 (105)	2.4 (0.10)
Heavy use but not dependence or abuse	154 (22)	2.2 (0.31)
Past year dependence/abuse	828 (58)	8.8 (0.59)
Marijuana		
Never used in lifetime	1,572 (86)	1.4 (0.08)
Used in lifetime but not in the past year	1,728 (93)	3.4 (0.18)
Used in past year but neither heavy use ⁵ nor dependence/abuse ⁶	707 (54)	6.6 (0.48)
Heavy use but not dependence or abuse	77 (17)	6.4 (1.34)
Past year dependence/abuse	223 (28)	12.4 (1.46)
Other illicit drugs		
Never used in lifetime	2,036 (101)	1.5 (0.07)
Used in lifetime but not in the past year	1,408 (84)	4.3 (0.25)
Used in past year but neither heavy use ⁷ nor dependence/abuse ⁸	490 (39)	7.8 (0.59)
Heavy use but not dependence or abuse	134 (27)	7.5 (1.42)
Past year dependence/abuse	240 (29)	18.3 (2.01)

* Low precision; no estimate reported.

¹ Unmet need is defined as a perceived need for treatment that was not received. Mental health treatment is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Daily cigarette use is defined as using cigarettes daily in the past 30 days.

³ Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

⁴ Dependence or abuse is based on the definition found in the text revision of the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*.

⁵ Heavy marijuana use refers to using marijuana on 300 or more days in the past year.

⁶ Other illicit drug indicates use at least once of cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

⁷ Heavy use of other illicit drugs refers to using cocaine, hallucinogens, inhalants, heroin, or any prescription-type psychotherapeutic used nonmedically (i.e., pain relievers, tranquilizers, stimulants, or sedatives) for at least 50 days in the past year.

⁸ Other illicit drug dependence or abuse indicates meeting the dependence or abuse criteria of at least one of the following drugs: cocaine, hallucinogens, inhalants, heroin, pain relievers, tranquilizers, stimulants, or sedatives.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 7.4 Estimated Numbers (in Thousands) (with Standard Errors) and Percentages (with Standard Errors) of Adults with Perceived Need for Mental Health Treatment among Those Receiving Treatment, by Categories of Substance Use and Abuse: 2000 and 2001

Category of Substance Use/Abuse	Estimated Number in Thousands (Standard Error)	Percent (Standard Error)
	Unmet need ¹	Unmet need ¹
Cigarettes		
Never smoked in lifetime	581 (48)	13.1 (1.04)
Smoked in lifetime but not in the past year	1,265 (90)	15.0 (0.98)
Smoked in past year but not daily ²	868 (70)	26.0 (1.83)
Smoked daily	1,249 (83)	25.9 (1.50)
Alcohol		
Never used in lifetime	321 (45)	15.3 (1.89)
Used in lifetime but not in the past year	701 (65)	15.2 (1.34)
Used in past year but neither heavy use ³ nor dependence/abuse ⁴	2,127 (109)	18.2 (0.84)
Heavy use but not dependence or abuse	91 (22)	17.6 (3.76)
Past year dependence/abuse	723 (60)	33.8 (2.23)
Marijuana		
Never used in lifetime	1,326 (84)	13.6 (0.84)
Used in lifetime but not in the past year	1,765 (104)	20.6 (1.05)
Used in past year but neither heavy use ³ nor dependence/abuse ⁴	565 (52)	28.7 (2.11)
Heavy use but not dependence or abuse	*(*)	*(*)
Past year dependence/abuse	251 (34)	47.1 (4.11)
Other illicit drugs		
Never used in lifetime	1,720 (93)	14.0 (0.72)
Used in lifetime but not in the past year	1,425 (90)	21.9 (1.25)
Used in past year but neither heavy use ³ nor dependence/abuse ⁴	400 (42)	34.0 (2.81)
Heavy use but not dependence or abuse	*(*)	*(*)
Past year dependence/abuse	310 (41)	45.9 (4.36)

* Low precision; no estimate reported.

¹ Unmet need is defined as a perceived need for treatment that was not received. Mental health treatment is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

² Daily cigarette use is defined as using cigarettes daily in the past 30 days.

³ Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

⁴ Dependence or abuse is based on the definition found in the text revision of the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*.

⁵ Heavy marijuana use refers to using marijuana on 300 or more days in the past year.

⁶ Other illicit drug indicates use at least once of cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

⁷ Heavy use of other illicit drugs refers to using cocaine, hallucinogens, inhalants, heroin, or any prescription-type psychotherapeutic used nonmedically (i.e., pain relievers, tranquilizers, stimulants, or sedatives) for at least 50 days in the past year.

⁸ Other illicit drug dependence or abuse indicates meeting the dependence or abuse criteria of at least one of the following drugs: cocaine, hallucinogens, inhalants, heroin, pain relievers, tranquilizers, stimulants, or sedatives.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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