

Behavioral Health, United States, 2012



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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ACKNOWLEDGMENTS

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by RTI International under contract numbers HHSS283200700002I/HHSS28342003T with SAMHSA, U.S. Department of Health and Human Services (HHS). Judith Teich of SAMHSA's Center for Behavioral Health Statistics and Quality served as the Government Project Officer.

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Recommended Citation

Substance Abuse and Mental Health Services Administration. (2013). *Behavioral Health, United States, 2012*. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857. HHS Publication No. (SMA) 13-4797. Printed 2013.

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EXECUTIVE SUMMARY

Behavioral Health, United States, 2012 is the most recent edition of a publication issued biannually by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services since 1980. The scope of this volume has been expanded from previous editions to include information on substance use disorders, which frequently co-occur with mental health disorders. This larger perspective on behavioral health will help strengthen the series' utility as a key resource for decision making in a changing and challenging health care landscape.

The volume serves as a comprehensive resource for behavioral health statistics for the Nation, compiling information from a diverse set of data sources, journal articles, online tools, and other publications. It includes three analytic chapters, 13 figures, and 172 data tables. The volume presents national estimates on numerous aspects of behavioral health, including the prevalence of mental health and substance use disorders; the number of people treated for those disorders; the number of beds, providers, and facilities in which treatment is offered; and spending on treatment.

Behavioral Health, United States, 2012 provides behavioral health statistics using the most recent data available. This edition also includes several new tables that provide expanded information on some special populations of interest, such as children, the homeless, members of the military and their

families, veterans, Medicaid beneficiaries, and the workforce providing behavioral health services.

This volume is organized into five sections. Section 1 provides an introduction to the report; summarizes the numerous changes from the previous volume, entitled *Mental Health, United States, 2010*; and explains the implications of health care reform under the Affordable Care Act. Sections 2 through 4 provide analytic text on three important behavioral health topics: the course and prevalence of behavioral health disorders over people's lives, the degree to which behavioral health conditions may affect an individual's daily functioning, and key issues regarding behavioral health treatment. Section 5 presents detailed reference tables.

The following are highlights of the estimates presented in *Behavioral Health, United States, 2012*:

Behavioral Health of the Population

- In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder.
- In that same year, nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment.
- Data collected between 2001 and 2004 indicate that nearly 14 percent of U.S. adolescent girls and 7 percent of

adolescent boys aged 13 to 18 had the most prevalent kind of mental health disorder—a mood disorder—in the past year.

- In 2012, approximately 24 percent of U.S. eighth graders and 64 percent of twelfth graders used alcohol in the past year.

Behavioral Health Service Utilization

- In 2011, more than one in eight U.S. adults received some type of mental health treatment in the past year.
- Data from 2009 through 2011 show that, on average per year, two-thirds of adults with serious functional impairment due to emotional and behavioral health problems received mental health treatment.
- Data collected in 2010 and 2011 indicate that almost half of U.S. children aged 4 to 11 with emotional or behavioral difficulties used mental health services at least once during the past year.
- From 1996 to 2010, the number of prescriptions filled increased considerably for mental health and/or substance use conditions. The most common types of these medications are antidepressant medications for adults and stimulant medications for children.

Behavioral Health Treatment Capacity

- Between 1998 and 2007, the number of community health centers—an extensive network of clinics in underserved areas—increased by almost 50 percent. By 2007, nearly 80 percent of these clinics had some specialty mental health services on site, and more than 50

percent had specialty substance abuse services on site.

- Across the United States in 2011, there were 2.1 child and adolescent psychiatrists per 100,000 people and 62 clinical social workers per 100,000 people.
- In 2010, there were 10,374 specialty mental health treatment facilities and 13,339 specialty substance abuse treatment facilities in the United States.

Payers and Payment Mechanisms

- Although mental health expenditures have increased in the past two decades (from \$75 billion in 1990 to \$155 billion in 2009), they have fallen as a share of all health expenditures.
- In 2009, prescription medication accounted for 29 percent of mental health spending, but less than 4 percent of substance abuse spending.
- Publicly funded sources account for approximately 60 percent of mental health spending and 69 percent of substance abuse spending.

The advent of health care reform will change the behavioral health landscape substantially in the next few years. Treatment decision making in the face of this change—and other changes yet to emerge—may place new demands on what data are needed and the presentation of those data. By evolving to meet the needs of data users, the *Behavioral Health, United States* series will continue to help support efforts to reduce the impact of mental illness and substance use on the Nation's communities.

1. INTRODUCTION

Behavioral Health, United States, 2012 serves as the Nation’s most comprehensive resource for statistics on mental health and substance use. For more than 25 years, the *Mental Health, United States* series has presented the leading indicators of the prevalence of mental health disorders and the use and financing of treatment in the United States.

The current volume has changed in several ways from the previous volume. The biggest change is that estimates related to substance use—such as alcohol misuse and illicit drug use—have been added to the estimates related to mental health. The term “behavioral health” encompasses both mental health and substance use, and thus the title of the volume has been changed to *Behavioral Health, United States, 2012*. Including estimates related to substance use is important because of the large number of people who experience both mental health and substance use disorders in their lifetime. Nearly 9 million people are estimated to have both types of behavioral health disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). The larger perspective on behavioral health will help strengthen the series’ utility as a key resource for decision making in a changing and challenging health care landscape.

1.1 About This Volume

This volume is organized into five sections. Section 1 provides an introduction to the report; summarizes the numerous changes from the previous volume, *Mental Health, United States, 2010*; and explains the implications of health care reform under the Affordable Care Act. Sections 2 through 4 provide analytic text on three important behavioral health topics: the course and prevalence of behavioral health disorders over people’s lives, the degree to which behavioral health conditions may affect an individual’s daily functioning, and key issues regarding behavioral health treatment. Section 5 presents 172 detailed reference tables from 45 sources that address the prevalence of mental health and substance use disorders; the number of people treated for those disorders; the number of beds, providers, and facilities in which treatment is offered; and spending on treatment.

1.2 Additions to Data in This Volume

As noted above, this volume adds substance use data to the mental health data that have been the focus of this series. Also, this volume attempts to address some of the data gaps identified in previous years by using new or recently identified sources. Of particular note, the reference tables in Section 5 now include more data on children; vulnerable populations; military personnel, veterans, and

military families; Medicaid beneficiaries; and the behavioral health treatment workforce.

1.2.1 Children

This volume presents expanded national estimates on behavioral health disorders among children. Despite this improvement in the volume, limited data are available on the prevalence of and treatment for behavioral health problems for children younger than age 6. No national study has been conducted on behavioral health problems among young children. To gather accurate data on children, surveys require a large number of interviewers who are highly trained. The difficulty and expense of such surveys are possible reasons why a data gap remains on the behavioral health of young children.

1.2.2 Vulnerable Populations

This volume includes available national data on behavioral health measures for several populations, such as people with behavioral health disorders who are living in nursing homes, seeking shelter in homeless shelters, and living in various institutional settings, such as jails. Despite the expanded data on these vulnerable populations in this volume, some improvements in the data are recommended. For example, data on the behavioral health of people who are homeless come from a survey of homeless shelter staff who report the proportion of clients at their shelter with behavioral health conditions. This approach to gathering data is likely not as accurate as other approaches used to gather data on behavioral health for the general population, such as directly interviewing individuals or household members, obtaining reports from trained medical providers, or gathering administrative billing data.

1.2.3 Military Personnel, Veterans, and Military Families

Data are needed to help support treatment and services for those who are serving or have served in the armed forces and their families. The current volume includes several recent tables of estimates on the behavioral health needs and treatment of these populations. For the first time in the series, for example, this volume provides estimates on the behavioral health needs of Army spouses seeking treatment.

1.2.4 Medicaid Beneficiaries

Medicaid is an insurance program for people with low incomes. It is a key funding source for behavioral health treatment because a disproportionate number of low-income individuals have behavioral health conditions (e.g., Han, Clinton-Sherrod, Gfroerer, Pemberton, & Calvin, 2010). Because Medicaid is such an important funding source for services, timely national data are needed on the behavioral health treatment provided through Medicaid and the characteristics of treatment recipients. For example, to help provider agencies budget for services under Medicaid, data are needed on the cost of treatment. This volume presents recent national estimates of spending on Medicaid behavioral health treatment.

1.2.5 Treatment Workforce

Data on the behavioral health treatment workforce are critical to decision makers working to ensure that enough care of the right type is available to people who want it. To plan appropriately for services, the data should span a sufficiently large range of service providers. This volume presents data on the main types of staff providing behavioral health services. The equivalent

data for staff providing substance abuse services are limited, however. National data are only available for a small number of the many types of staff providing substance abuse services.

1.3 How Data in This Volume Improve Understanding of the Impact of Health Care Reform on Behavioral Health Treatment

Much of the data in this volume may help support ongoing health care reform efforts under the Affordable Care Act (ACA).¹ At the time of writing, health care reform is under way and will make some important demands on behavioral health data.

The ACA will greatly expand the number of people who will be insured. Those who are newly insured will have to pay less to get health care and so may be more likely to seek care. This volume provides data that will help support behavioral health service planning in the face of such large-scale changes.

The data in this volume complement other emerging data sources for understanding the impact of the ACA. Health care reform has helped stimulate many other large-scale efforts to further improve data on treatment capacity, utilization, and its payment. At the time of writing, many of these efforts—such as a project that is creating a Multi-Payer Claims Database—are ongoing. These new efforts present an exciting opportunity to address many of the remaining gaps in data on behavioral health.

Behavioral health and its treatment have some distinguishing features that are particularly affected by the ACA. This

volume improves the understanding on this topic in several ways. The following are four selected examples.

1.3.1 Helping Ensure Parity in Coverage between Behavioral Health Conditions and Other Medical Conditions

Before recent legislation such as the ACA, insurers could offer more limited coverage for behavioral health conditions than for other medical conditions (e.g., by allowing fewer visits to a specialist) or not offer behavioral health coverage at all. The ACA and other recent legislation have helped ensure parity by requiring that insurers cover behavioral health disorders and that the coverage is similar to coverage for other medical conditions. The text describing the treatment landscape (Section 4) and the reference tables (Section 5) provide a wealth of data on treatment before the ACA goes into effect.

1.3.2 Covering More People through Medicaid

Medicaid—public insurance for some categories of low-income people—plays an important role in behavioral health provision. For example, Medicaid accounts for a far higher share of spending on mental health (about 30 percent) than all health in general (about 16 percent) (SAMHSA, 2010, 2012). Such coverage is particularly important for people whose behavioral health condition is so serious that it greatly affects their day-to-day lives (see Section 3 on serious impairment).

The ACA will make Medicaid even more critical to addressing behavioral health problems. In 2014, by the time this volume is published, some states will have elected to increase the number of people covered by Medicaid, by extending coverage to low-income childless adults. The result is

¹ The ACA comprises two legislative acts passed in 2010: the Patient Protection and Affordable Care Act (Public Law 111-148) and the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

that more than 2 million people who did not use services previously are projected to seek mental health services because they will be newly covered by Medicaid (Garfield, Zuvekas, Lave, & Donohue, 2011). A similarly large number of people may seek substance abuse treatment because of the Medicaid expansion (Busch, Meara, Huskamp, & Barry, 2013). The data in this volume provide detailed information on the prevalence of behavioral health conditions among people covered by Medicaid, spending on Medicaid services, and optional behavioral health services that are covered by Medicaid in each state.

1.3.3 Reducing Barriers for People with Pre-Existing Conditions

In 2010, the ACA created special insurance pools that enabled adults with pre-existing conditions to buy insurance. This provision of the Act is important because many behavioral health disorders have long-lasting effects, and treatment may be needed over the course of several years. A pre-existing condition clause in insurance is often a barrier to receiving treatment in one year if someone got treatment for the same condition the previous year: under such a clause, that person might be ineligible to enroll for an insurance program the next year, for example. Or, if that person could enroll the next year, the insurance program may not cover treatment for the behavioral health condition. The ACA thus helps more people get their behavioral health treatment covered by insurance.

This volume provides many reference tables (Section 5) and analytic text (see Section 2) on the prevalence and treatment of behavioral health conditions and disorders throughout people's development, from childhood through adulthood. However, as Section 2 notes, national data are needed

that track the behavioral health conditions and treatment of people over time. Such data could be used to track the degree to which provisions in the ACA help people recover from and cope with behavioral health disorders.

1.3.4 Improving Access to Prescription Medication for Treatment of Behavioral Health Conditions

Prescription medications are an important resource for treating behavioral health conditions, particularly for treating mental health conditions. These medications account for nearly 30 percent of all mental health treatment spending and nearly 4 percent of substance abuse spending (SAMHSA, 2010). The ACA placed limits on the amount people are required to spend out-of-pocket on these medications. These new limits may reduce the financial burden of prescription medication and therefore may increase the number of people who can afford the needed treatment. This volume presents estimates on the use of and expenditures on prescription medication for mental health disorders.

1.4 Summary

Adding data on substance use to the set of mental health data presented in previous editions has greatly increased the scope and utility of this volume. Moreover, many of the tables in this volume address previously identified data gaps. Improved behavioral health data are included on children; vulnerable populations; military personnel, veterans, and military families; Medicaid beneficiaries; and the behavioral health treatment workforce.

Reforms to the health care system under the ACA require data for many purposes, such as projecting behavioral health treatment needs and capacity. This

volume promises to be a critical source for these purposes by compiling the data, standardizing the measures, and presenting the data in an accessible way for many people, including treatment providers, policy makers, and researchers. The volume is thus an important resource for helping to understand and reduce the impact of mental illness and substance abuse on the Nation's communities.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *Co-occurring disorders: Rates of co-occurring mental and substance use disorders*. Retrieved from <http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx>

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2. BEHAVIORAL HEALTH DISORDERS ACROSS THE LIFE SPAN

Up to one-third of adults potentially meet the criteria for a past year behavioral health disorder (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). Of those with a disorder, half report that their disorders were first experienced by age 14, and almost three-quarters report that their disorders were first experienced by age 24 (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005).

Behavioral health disorders—meaning mental health and substance use disorders—are common, recurrent, and often serious, but treatable. Importantly, different disorders have different ages at which symptoms tend to occur, get worse, or get better. Thus, understanding the onset, course, and prevalence of these disorders across the life span is an essential step in preventing, treating, and assisting in recovery.

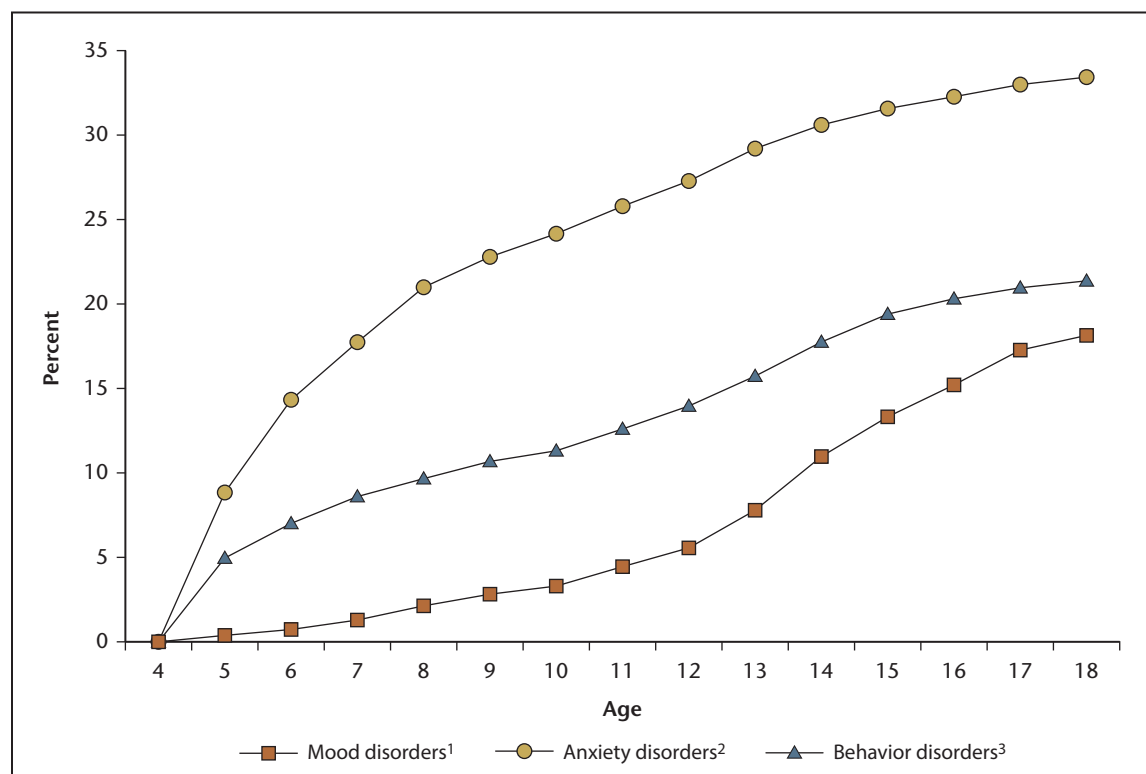
This section reviews evidence on the onset and lifetime prevalence of mental health and substance use disorders for adolescents and adults. Among the data sources used are three prominent national studies: the National Comorbidity Survey Replication (NCS-R), the National Comorbidity Survey–Adolescent Supplement (NCS-A), and the National Survey on Drug Use and Health (NSDUH). For more information about these surveys, see Appendix B (Data Source Descriptions).

2.1 Onset and Prevalence of Mental Health Disorders

Certain disorders or classes of disorders are more likely to begin during particular times in life and are thus more prevalent in certain age groups. Among adolescents between the ages of 13 and 18, lifetime anxiety disorders (e.g., generalized anxiety disorder, specific phobia) are the most prevalent (31 percent) and have the earliest median age of first onset, usually around age 6. Behavior disorders (e.g., attention-deficit/hyperactivity disorder [ADHD], conduct disorder, oppositional defiant disorder) are present in approximately 19 percent of adolescents and are most likely to first appear around age 11. Mood disorders (e.g., bipolar disorder, major depressive disorder) are experienced by approximately 14 percent of adolescents and are most likely to first appear around age 13 (Merikangas et al., 2010) (Figures 2-1 and 2-2).

Not all mental health disorders first experienced during childhood or adolescence continue into adulthood, and not all mental health disorders are first experienced before adulthood. However, adults show a similar pattern of median age of first onset and lifetime prevalence to those reported by adolescents.

Figure 2-1. Cumulative lifetime prevalence of selected mental health disorder classes among children and adolescents, by age: 2001–2004



¹ Mood disorders include disorders such as bipolar disorder and major depressive disorder.

² Anxiety disorders include disorders such as generalized anxiety and specific phobia.

³ Behavior disorders include disorders such as attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder.

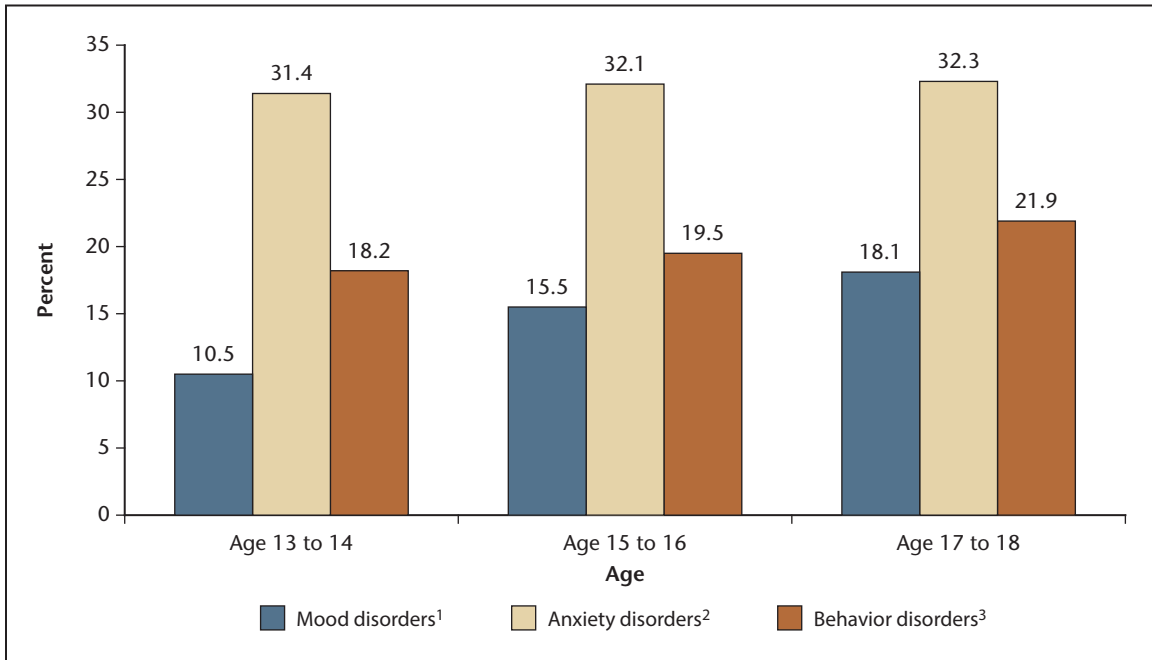
SOURCE: National Comorbidity Survey–Adolescent Supplement (NCS-A), 2001–2004. See Appendix [Table A-1](#) for detailed source information.

Among adults, anxiety disorders (e.g., generalized anxiety disorder, specific phobia) first appear the earliest, usually around age 11, and are the most prevalent (29 percent). Mood disorders (e.g., bipolar disorder, major depressive disorder) usually appear around age 30 and are the most prevalent class of lifetime disorder among adults between the ages of 30 and 44 (25 percent). Among adults aged 18 to 44, impulse control disorders (e.g., ADHD, oppositional defiant disorder) appear relatively early, around age 11, and are more prevalent among adults aged 18 to 29 (27

percent) than among adults aged 30 to 44 (23 percent) (Figure 2-3).

It is important to note that the major mental health surveys discussed above do not provide information about several types of severe but rare disorders, including schizophrenia and pervasive developmental disorders (e.g., autistic disorder). National epidemiological studies have generally not included formal assessments of these disorders, because of the challenges in accurately assessing symptoms outside of the clinic setting. Schizophrenia occurs in

Figure 2-2. Lifetime prevalence of selected mental health disorder classes among adolescents, by age group: 2001–2004



¹ Mood disorders include disorders such as bipolar disorder and major depressive disorder.

² Anxiety disorders include disorders such as generalized anxiety and specific phobia.

³ Behavior disorders include disorders such as attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder.

SOURCE: National Comorbidity Survey–Adolescent Supplement (NCS-A), 2001–2004. See Appendix [Table A-2](#) for detailed source information.

about 1 percent of the population and usually appears between the ages of 20 and 30 (American Psychiatric Association, 2000). Estimates of the prevalence rates of pervasive developmental disorders have varied. One recent estimate, based on data collected from 2006 to 2008, indicates that the prevalence of autism was 0.74 percent (Boyle et al., 2011).

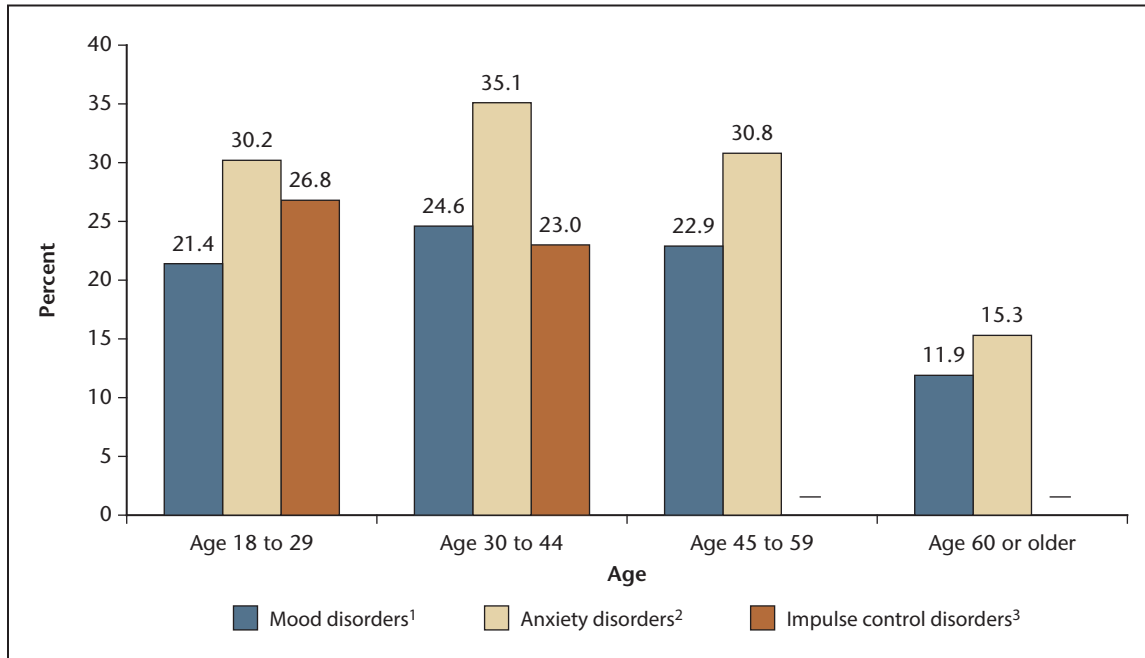
People whose disorder begins earlier rather than later in life are more likely to experience the disorder in adulthood and have more severe symptoms. This has been found for depression, for example (Dekker, Ferdinand, van Lang, Bongers, van der Ende, & Verhulst, 2007; Pettit, Lewinsohn, Roberts, Seeley, & Monteith, 2009). As adults, people

with early onset are more likely to experience suicidal symptoms, and their depression is likely to last longer (Korczak & Goldstein, 2009). A study of U.S. college students found that among students who reported symptoms consistent with a mental health diagnosis, more than half (60 percent) continued to report the same level of symptoms 2 years later (Zivin, Eisenberg, Gollust, & Golberstein, 2009).

2.2 Onset and Prevalence of Substance Use Disorders

About 11 percent of 13- to 18-year-olds have met the criteria for a lifetime alcohol or illicit drug use disorder. For adolescents, these

Figure 2-3. Lifetime prevalence of selected mental health disorder classes among adults, by age group: 2001–2003



¹ Mood disorders include disorders such as bipolar disorder and major depressive disorder.

² Anxiety disorders include disorders such as generalized anxiety and specific phobia.

³ Impulse control disorders include disorders such as attention-deficit/hyperactivity disorder and oppositional defiant disorder. Impulse control disorders were not assessed among adults aged 45 or older in this study.

NOTE: These disorder classes are different from those in Figures 2-1 and 2-2 because the data source reports on adults rather than adolescents.

SOURCE: National Comorbidity Survey Replication (NCS-R), 2001–2003. See Appendix [Table A-3](#) for detailed source information.

disorders are most likely to appear around age 15. For adults, substance use disorder onset is about 20 years of age (Kessler, Berglund, et al., 2005).

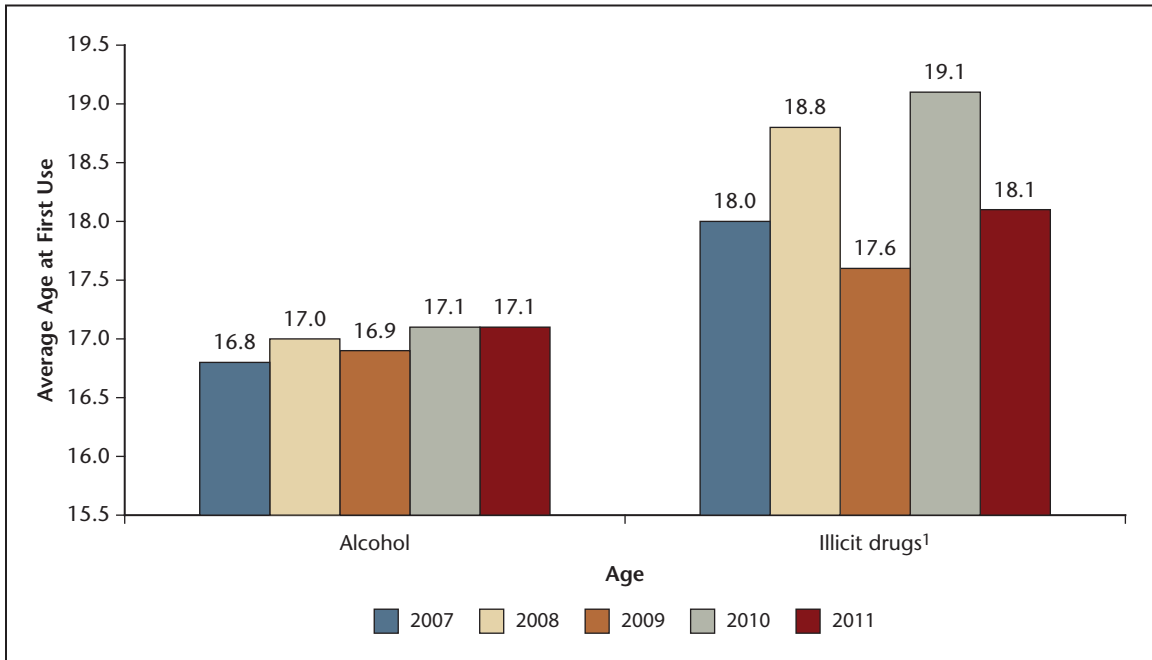
Prevalence of substance use disorders increases during adolescence. Between the ages of 13 and 14, approximately 4 percent of youth meet the criteria for a substance use disorder. The rate increases to 12 percent for those aged 15 and 16 and then to 22 percent for those aged 17 and 18 (Merikangas et al., 2010).

Until adults reach the age of 60, the prevalence of substance use disorders remains

relatively constant; approximately 17 percent of adults aged 18 to 29, 18 percent of adults aged 30 to 44, and 15 percent of adults aged 45 to 59 meet the criteria. However, the prevalence of substance use disorder drops to about 6 percent for adults aged 60 or older.

Research has shown that early initiation of substance use increases the risk for subsequent substance use disorder (e.g., Behrendt, Wittchen, Höfler, Lieb, & Beesdo, 2009). Figure 2-4 shows the average age of first alcohol and illicit drug use among those who initiated use in the past year. Although there is some variation across years and

Figure 2-4. Average age at first use among past year alcohol and illicit drug use initiates aged 12 to 49: 2007–2011



¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

SOURCE: National Survey on Drug Use and Health, 2007–2011. See Appendix [Table A-4](#) for detailed source information.

substances, the average age for initiating all substances was younger than 20 years.

As was true for mental health disorders, early onset of substance use disorders is associated with an increased risk of incarceration (Slade, Stuart, Salkever, Karakus, Green, & Ialongo, 2008), development of multiple substance use disorders (Bakken, Landheim, & Vaglum, 2004), and early mortality (Clark, Martin, & Cornelius, 2008).

2.3 Summary

Certain classes of disorders are more likely to begin during particular times in life. For example, anxiety disorders such as generalized anxiety or specific phobia tend to be first experienced at an earlier age than other classes of disorders. While not all

mental health disorders experienced during childhood or adolescence continue into adulthood, early onset of a mental health or substance use disorder is associated with more severe symptoms and a chronic course of the disorder. Notably, many of the disorders that have been reviewed often co-occur with other disorders. The co-occurrence of disorders is prevalent and persistent across childhood, adolescence, and adulthood. Co-occurring disorders are discussed in more depth in Section 3.

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3. MENTAL HEALTH AND SUBSTANCE USE DISORDERS: IMPAIRMENT IN FUNCTIONING

Mental health and substance use disorders are among the leading causes of disability in the United States (World Health Organization, 2004). Twenty-five percent of all years of life lost to disability and premature mortality are a result of mental illness (Centers for Disease Control and Prevention, 2010).

The symptoms of behavioral health disorders may affect a person's ability to function each day. People with these disorders may find it difficult to maintain interpersonal relationships, find and sustain employment, complete work or school assignments, or care for themselves or their families.

This section describes impairment or difficulty in functioning related to mental health and substance use disorders among adults, adolescents, and children. Co-occurring disorders—simultaneously occurring mental health and substance use disorders—and their effects on impairment in daily functioning among adults are also addressed.

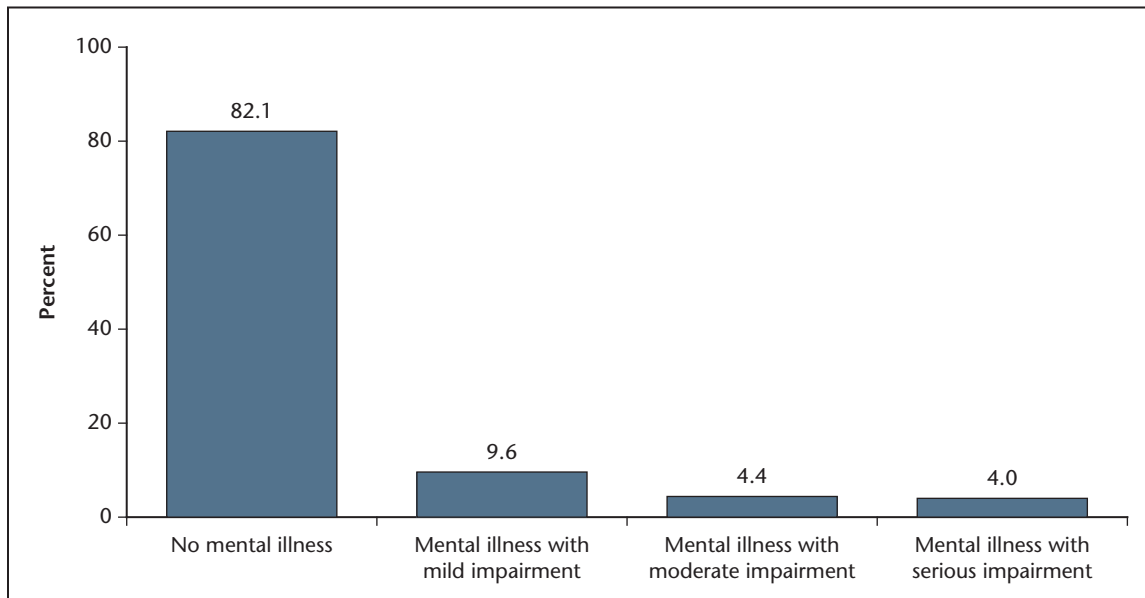
3.1 Adults

3.1.1 *Serious Mental Illness and Levels of Impairment in Functioning*

The term “serious mental illness” has long been used to differentiate between persistent mental health disorders that are disabling or impairing and disorders that result in less severe levels of distress and impairment. Disorders such as schizophrenia and bipolar disorder are typically considered serious mental illnesses because of the nature and extent of their symptoms. For example, the hallucinations or delusions from schizophrenia interfere with daily functioning. However, other disorders, such as major depressive disorder, may have symptoms that are severe and others that are not severe. These disorders would be categorized as serious mental illness only when symptoms severely hinder functioning and persist.

Data about the prevalence of mental illness and related impairment are available from a variety of surveys. These surveys typically measure mental illness and impairment in different ways. The National Survey on Drug Use and Health (NSDUH), for example, asks

Figure 3-1. No past year mental illness and past year mental illness with impairment among adults: 2010–2011 combined



SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-5](#) for detailed source information.

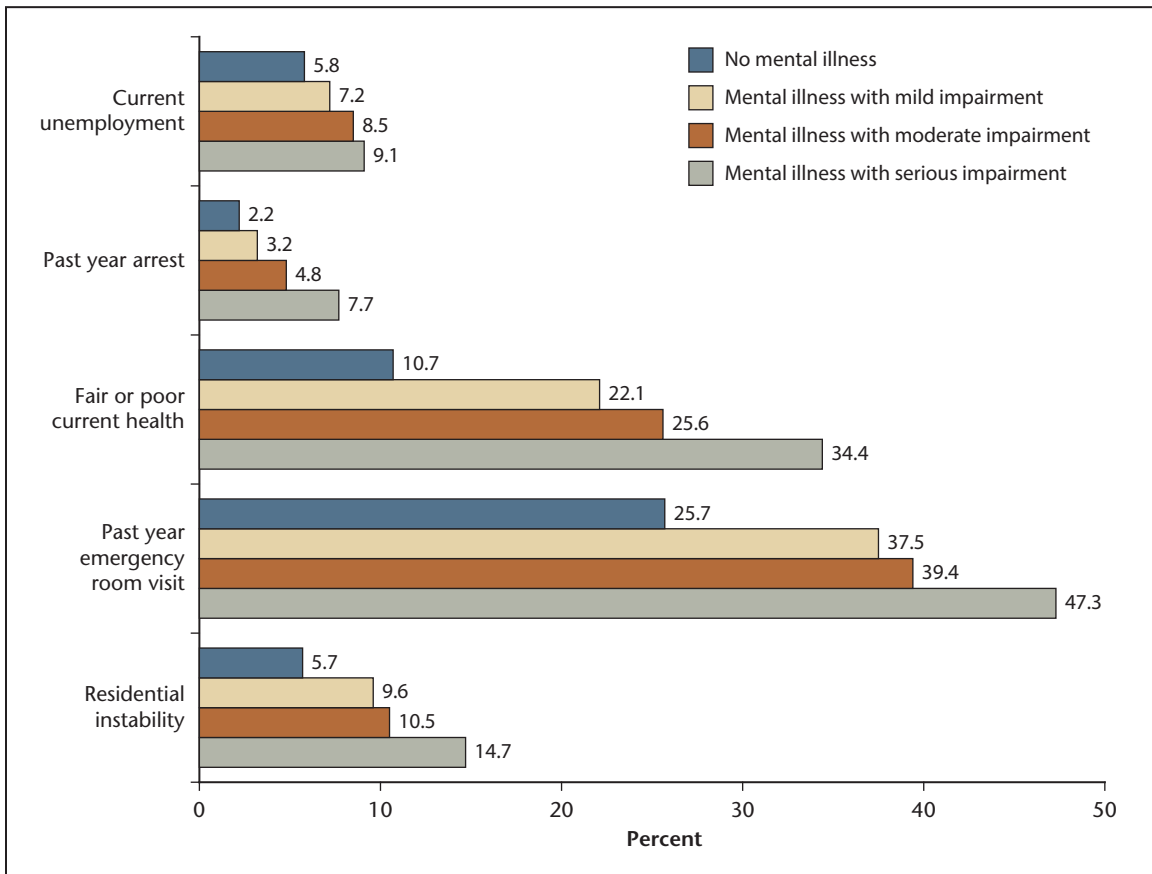
respondents about symptoms of psychological distress in the past year and about difficulty in conducting daily activities as a result of “emotions, nerves, or mental health.” Responses are used to classify people as having no mental illness or having mental illness with mild, moderate, or serious impairment.

Other national surveys that are frequently used to measure mental illness and impairment in functioning are the National Health Interview Survey (NHIS), the National Comorbidity Survey Replication (NCS-R) and its adolescent counterpart (NCS-A), the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), and the National Health and Nutrition Examination Survey (NHANES). For more information about how mental health or impairment is measured in these surveys, see Appendix B (Data Source Descriptions).

In 2005, Kessler and colleagues reported that approximately 26 percent of adults were estimated to have at least one mental health or substance use disorder in the past year. Approximately 6 percent of adults were categorized as having serious mental illness, meaning that someone reported either a serious suicide attempt or a mental health or substance use disorder with severe impairment in the past year. Findings from the 2010 and 2011 NSDUHs indicate that an estimated 18 percent of adults had mental illness in the past year with some level of impairment (Figure 3-1).

Impairment also can be measured by assessing various areas of daily functioning. Compared to people without mental illness, people with serious mental illness are more likely to be unemployed, to be arrested, and to change residences (Figure 3-2). Figure 3-2 shows that adults experiencing mental

Figure 3-2. Unemployment, past year arrest, current health, past year emergency room visits, and residential instability among adults, by past year mental health status: 2010–2011 combined



SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-6](#) for detailed source information.

illness with serious impairment were more than twice as likely as those experiencing no mental illness to report fair or poor health and nearly twice as likely to have visited a hospital emergency room in the past year. Likewise, people with mental illness are more likely to have physical health problems (Scott et al., 2009).

Research shows that serious mental illness is associated with lower socioeconomic status (Costello, Compton, Keeler, & Angold, 2003) and inadequate housing (Tsai, Stroup, &

Rosenheck, 2011). Also, people with serious mental illness are more likely than others in the general population to be perpetrators and victims of violence (Goodman et al., 2001; Hiday, Swanson, Swartz, Borum, & Wagner, 2001). A review of the literature on violence perpetration and violent victimization of people with serious mental illness by Choe, Teplin, and Abram (2008) indicates that rates of violent victimization are higher than rates of violence perpetration among people with serious mental illness. The authors concluded

that violent victimization is a greater public health concern than perpetration.

3.1.2 Co-Occurring Mental Health and Substance Use Disorders

Mental health and substance use disorders are not independent of one another. People with a mental health disorder are at increased risk of developing a substance use disorder and vice versa. About half (51 percent) of NCS-R respondents who had a mental health disorder at some time in their lifetime also had a substance use disorder in their lifetime and vice versa (Kessler, 2004). In 2004, Grant and colleagues reported findings from NESARC that indicate significantly higher rates of past year major depressive episode (MDE) among adults with a past year substance use disorder (15 percent) than among those without a past year substance use disorder (6 percent). Similar results are reported from the 2010 NSDUH. Among adults who had an MDE in 2010, 22 percent were dependent on or abused alcohol or illicit drugs in the past year, compared with 8 percent among adults who had not experienced a past year MDE (SAMHSA, 2012).

Co-occurring mental health and substance use disorders can be quite complex to address. People with co-occurring disorders are more difficult to treat, more likely to have treatment adherence problems, and more likely to have poorer outcomes than those with only a mental health or substance use disorder (Herbeck, Fitek, Svikis, Montoya, Marcus, & West, 2005; Kelly, Daley, & Douaihy, 2012).

3.1.3 Co-Occurring Disorders and Levels of Impairment in Functioning

The functional impairment associated with co-occurring mental health and substance use disorders is often more pronounced than impairment associated with either a mental health disorder or a substance use disorder alone. Figure 3-3 shows rates of current unemployment, past year arrest, current health, past year emergency room visits, and residential instability among adults by their past year mental health and substance use status.

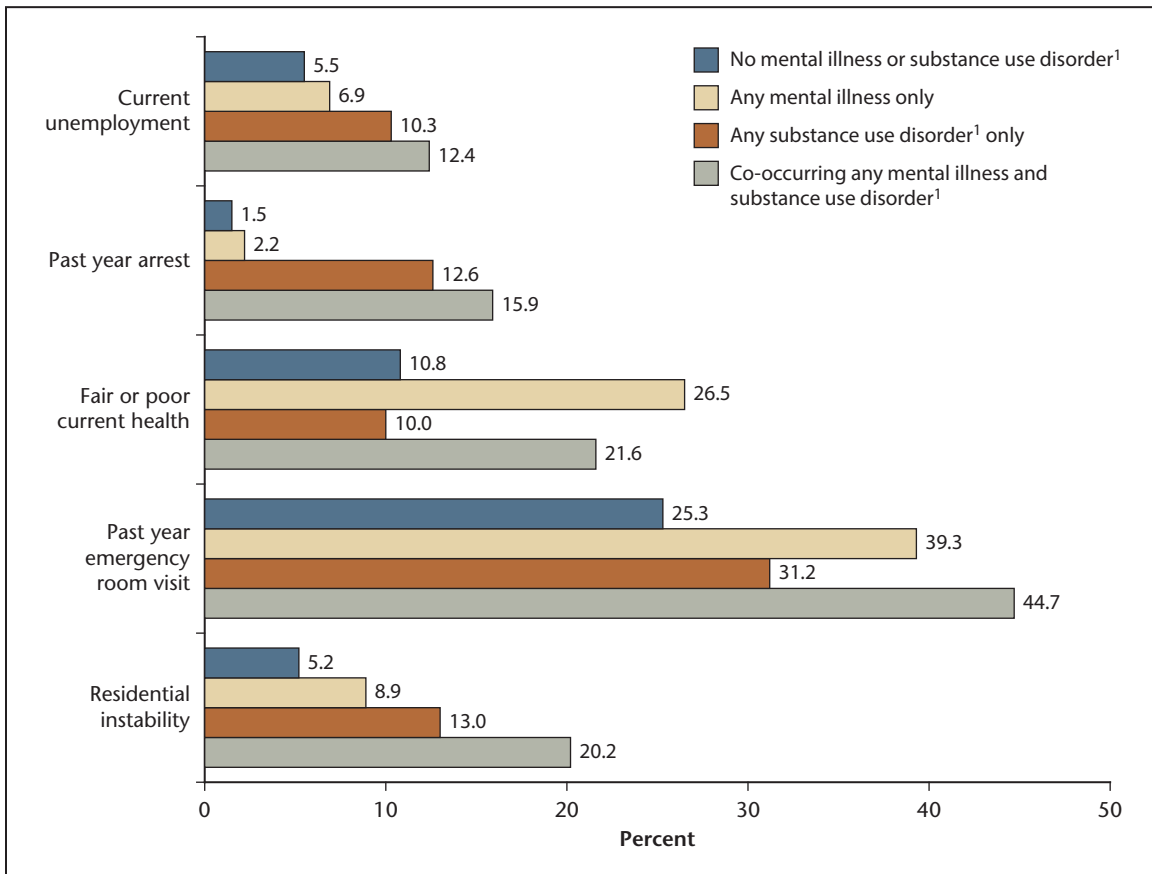
3.2 Children and Adolescents

3.2.1 Serious Emotional Disturbance and Levels of Impairment in Functioning

The term “serious emotional disturbance” was adopted by the federal government in 1993 to indicate a mental health disorder among children and adolescents that involves serious impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities (SAMHSA, 1993). Information about the prevalence of mental health disorders and related impairment among children and adolescents is available from a variety of studies. Data from NHANES indicate that 11 percent of children aged 8 to 11 experienced past year serious emotional disturbance and 12 percent of adolescents aged 12 to 15 experienced past year serious emotional disturbance (Merikangas et al., 2010a).

Findings from the NCS-A indicate that about 50 percent of adolescents aged 13 to 18 have experienced at least one mental health disorder in their lifetime (Merikangas et al., 2010b). Also, 22 percent of adolescents have experienced a lifetime disorder with severe impairment (Figure 3-4).

Figure 3-3. Unemployment, past year arrest, current health, past year emergency room visits, and residential instability among adults, by past year mental health and substance use disorder status: 2010–2011 combined



¹ Substance use disorder includes disorders for alcohol use and illicit drugs. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. People may have a disorder for more than one substance.

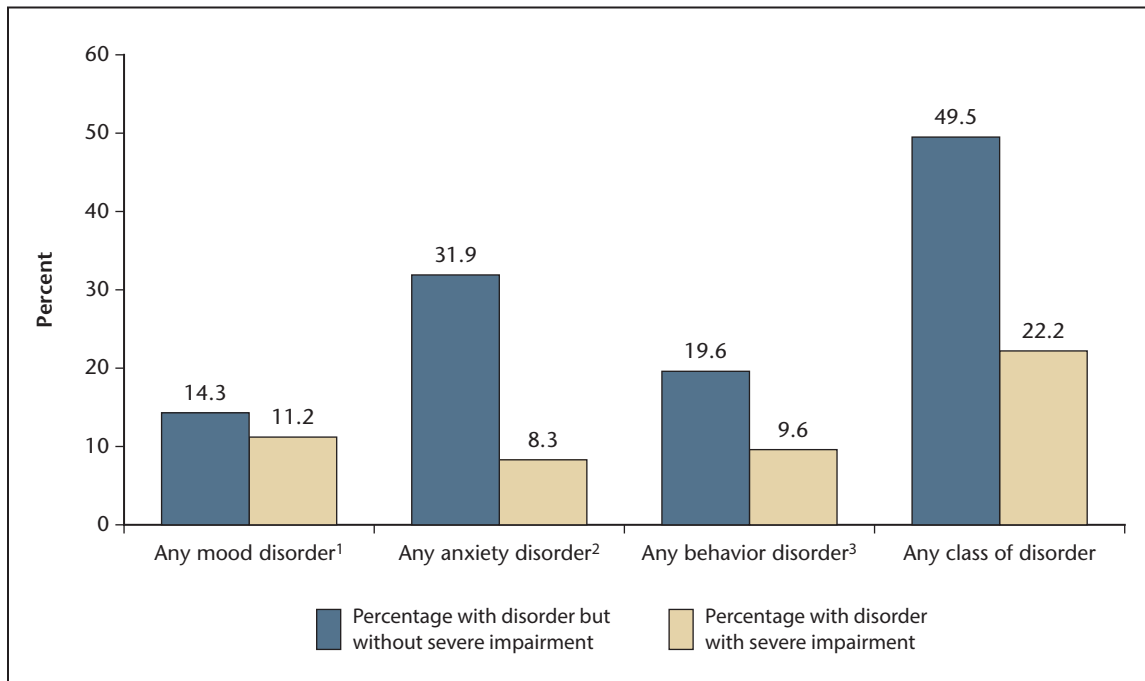
SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-7](#) for detailed source information.

The impairment in functioning associated with serious emotional disturbance affects the ability of children or adolescents to achieve success at home, school, work, or in their communities. Indicators of impairment in functioning, such as arrest and school dropout, are higher among adolescents with serious emotional disturbance than among adolescents without serious emotional disturbance (Figure 3-5).

3.3 Summary

Adults with serious and persistent mental health disorders often experience impairment in carrying out day-to-day activities. Estimates from NSDUH indicate that approximately 4 percent of adults experience mental illness with serious impairment, which is often referred to as serious mental illness. People with serious mental illness are more likely than those who do not experience

Figure 3-4. Lifetime prevalence of selected mental health disorder classes with and without severe impairment among adolescents aged 13 to 18: 2001–2004



¹ Mood disorders include disorders such as bipolar disorder and major depressive disorder.

² Anxiety disorders include disorders such as generalized anxiety and specific phobia.

³ Behavior disorders include disorders such as attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder.

SOURCE: National Comorbidity Survey–Adolescent Supplement, 2001–2004. See Appendix [Table A-8](#) for detailed source information.

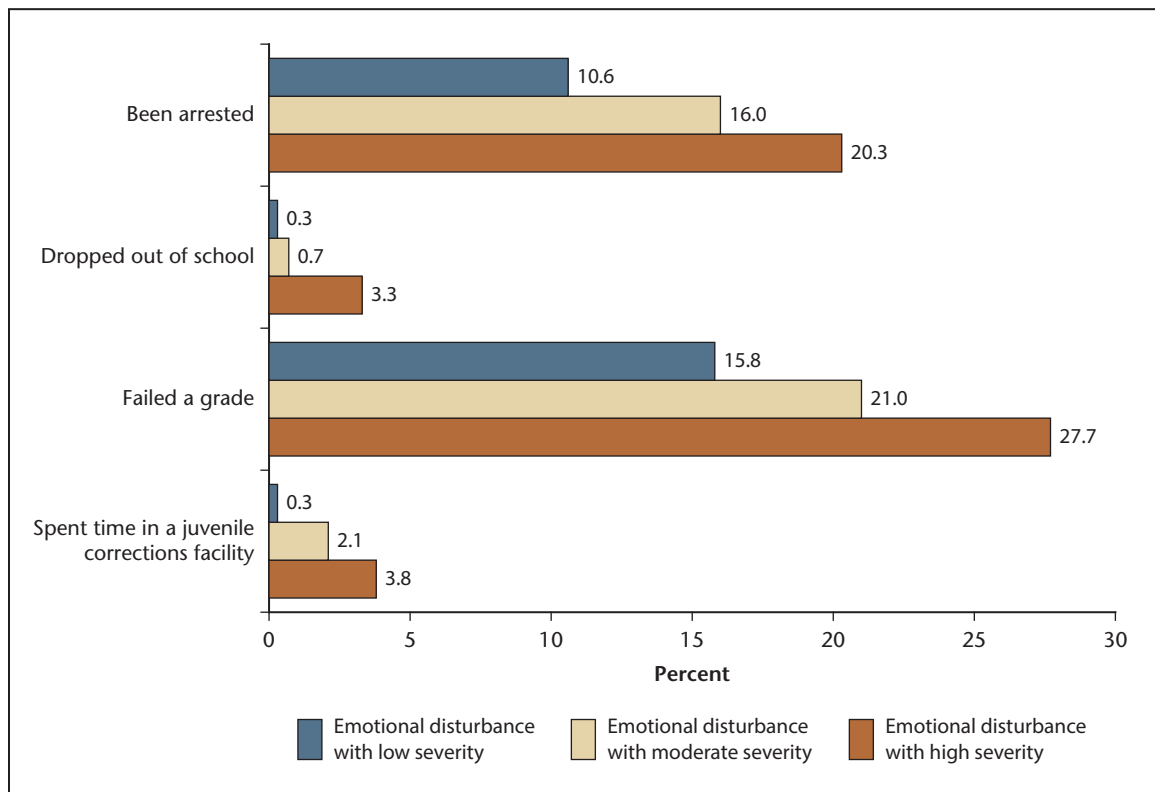
serious mental illness to also experience unemployment, a past year arrest, fair or poor health, and residential instability. Adults with serious mental illness are also more likely to be perpetrators and victims of interpersonal violence.

Among adults, the functional impairment associated with co-occurring mental health and substance use disorders is often more pronounced than impairment associated with either a mental health disorder or a substance use disorder alone. Specifically, co-occurring disorders are associated with less treatment

adherence and poorer outcomes compared with a mental health disorder or substance use disorder alone.

Children and adolescents who experience a mental health or substance use disorder with serious impairment often experience related impairment in their day-to-day functioning. Adolescents with serious emotional disturbance are more likely than their peers to have dropped out of school, failed a grade in school, or spent time in a juvenile corrections facility. Impairment experienced at any time during the life span

Figure 3-5. Lifetime prevalence of being arrested, dropping out of school, failing a grade, and spending time in a juvenile corrections facility among adolescents aged 13 to 18, by level of severity of emotional disturbance: 2001–2004



SOURCE: National Comorbidity Survey–Adolescent Supplement, 2001–2004. See Appendix [Table A-9](#) for detailed source information.

may be debilitating. This is especially true if the impairment is experienced during a critical developmental period, such as when a person is getting their education, getting their first job, or assuming a parenting role.

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4. MENTAL HEALTH AND SUBSTANCE USE DISORDERS: TREATMENT LANDSCAPE

Many types of mental health and substance abuse treatments are effective. However, not all people who have a mental health or substance use disorder receive needed services. For those who do get treatment, not all people receive the appropriate type or adequate quantity or quality of care (e.g., Substance Abuse and Mental Health Services Administration [SAMHSA], 2012a).

This section addresses four main questions for behavioral health treatment. First, what proportion of people who have a disorder receive treatment? Second, where do they get treatment? Third, for those who get treatment, how much do they receive? Finally, is the treatment they receive at least minimally adequate? Answers to these questions will help to determine the extent of the unmet need (i.e., not getting the needed amount of behavioral health care) for mental health and substance abuse treatment.

Understanding these issues will be critical as health care coverage is extended through the Affordable Care Act (ACA). This and other recent legislation will likely fundamentally change the rules of and

funding mechanisms for behavioral health treatment and so will likely affect the number of people getting treatment, the types and amount of treatment received, and whether the adequacy of care improves.

This section examines data from several sources on the behavioral health treatment that people receive. These studies differ in terms of how mental health and substance use disorders are defined; the measurement of the amount, types, and locations of treatment received; and the determination of whether treatment meets certain guidelines.

The text also discusses treatment for people in special populations who are most in need of behavioral health treatment and yet are often not covered in national surveys. National surveys do not sample populations such as homeless people, people residing in hospitals or residential care facilities, or people incarcerated in prisons or jails. Some of these special populations in particular need services but may be less likely to receive treatment in general or treatment that meets professionally recommended guidelines.

4.1 Adults

4.1.1 Mental Health Treatment

According to the 2011 National Survey on Drug Use and Health (NSDUH), the percentage of adults who receive treatment varies by the severity of impairment associated with their mental illness (Figure 4-1). Impairment in functioning refers to the degree to which a person cannot participate in daily activities, such as those at school, work, or home. Adults with mental illness with serious impairment of their functioning are most likely to receive treatment (65 percent), followed by those with moderate impairment (46 percent), and mild impairment (29 percent). This means, however, that approximately 35 percent of adults with serious impairment received no mental health treatment during the past year.

The most common type of treatment for those with mental illness, regardless of the level of impairment, is the use of prescription medication, followed by outpatient treatment and inpatient treatment. Treatments are commonly used together; for example, about 16 percent of those with mental illness receive both prescription medication and outpatient treatment (SAMHSA, 2012a).

The reasons given for why people with behavioral health disorders do not receive treatment depend on the data source. The National Comorbidity Survey Replication (NCS-R) suggests that the major reason people with mental health disorders do not receive treatment is that they do not think they need it (Mojtabai et al., 2011). In the NCS-R, among those who had a past year mental health disorder who did not receive treatment but perceived a need for it, wanting to handle the problem on one's own was the most commonly cited reason for not seeking

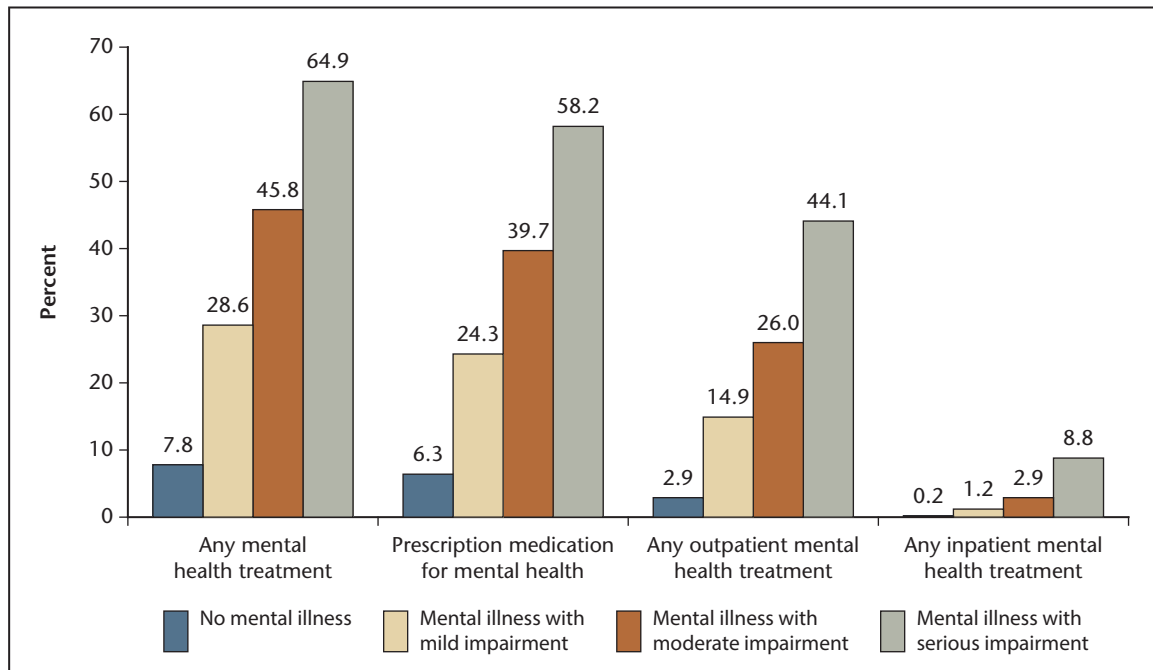
treatment (73 percent). Other common reasons were thinking treatment will not help, being afraid of who will know (i.e., stigma), and thinking that their disorder will improve over time on its own. Less than one-quarter of adults reported barriers such as lack of financial resources, time, or transportation. In NSDUH, however, nearly 50 percent of people with an unmet need for mental health care cited cost as a barrier to care (SAMHSA, 2012a). Because of the discrepancies in reasons for not receiving care between the two surveys, it will be important to determine how much impact efforts to increase treatment access through the ACA will have on mental health and substance use service utilization. For more information on the data sources in this chapter, see Appendix B (Data Source Descriptions).

4.1.2 Substance Abuse Treatment

According to the 2011 NSDUH, only 10 percent of adults with substance use (alcohol use or illicit drug use) disorders receive any past year treatment (Figure 4-2). Adults with illicit drug use disorders are nearly twice as likely to receive substance abuse treatment as adults with alcohol use disorders. Nevertheless, a large majority of people with substance use disorders do not get treatment.

Research from NSDUH and the NCS-R suggests that the major reason for not getting treatment for substance use disorders is that people do not think they need it (Edlund, Booth, & Feldman, 2009). In the 2011 NSDUH, the most prevalent reasons for persons aged 12 or older identified as needing but not receiving substance abuse treatment were not ready to stop using (39 percent), fear of having a negative effect on job (14 percent), and fear of negative judgments from neighbors/community (12 percent). Other

Figure 4-1. Past year mental health treatment types among adults, by past year mental health status and level of impairment: 2011



SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-10](#) for detailed source information.

people reported that they do not know where to get treatment, think they can handle the substance use problem on their own, find treatment inconvenient/lack transportation, or do not think they have time to seek care.

4.1.3 Amount and Adequacy of Treatment

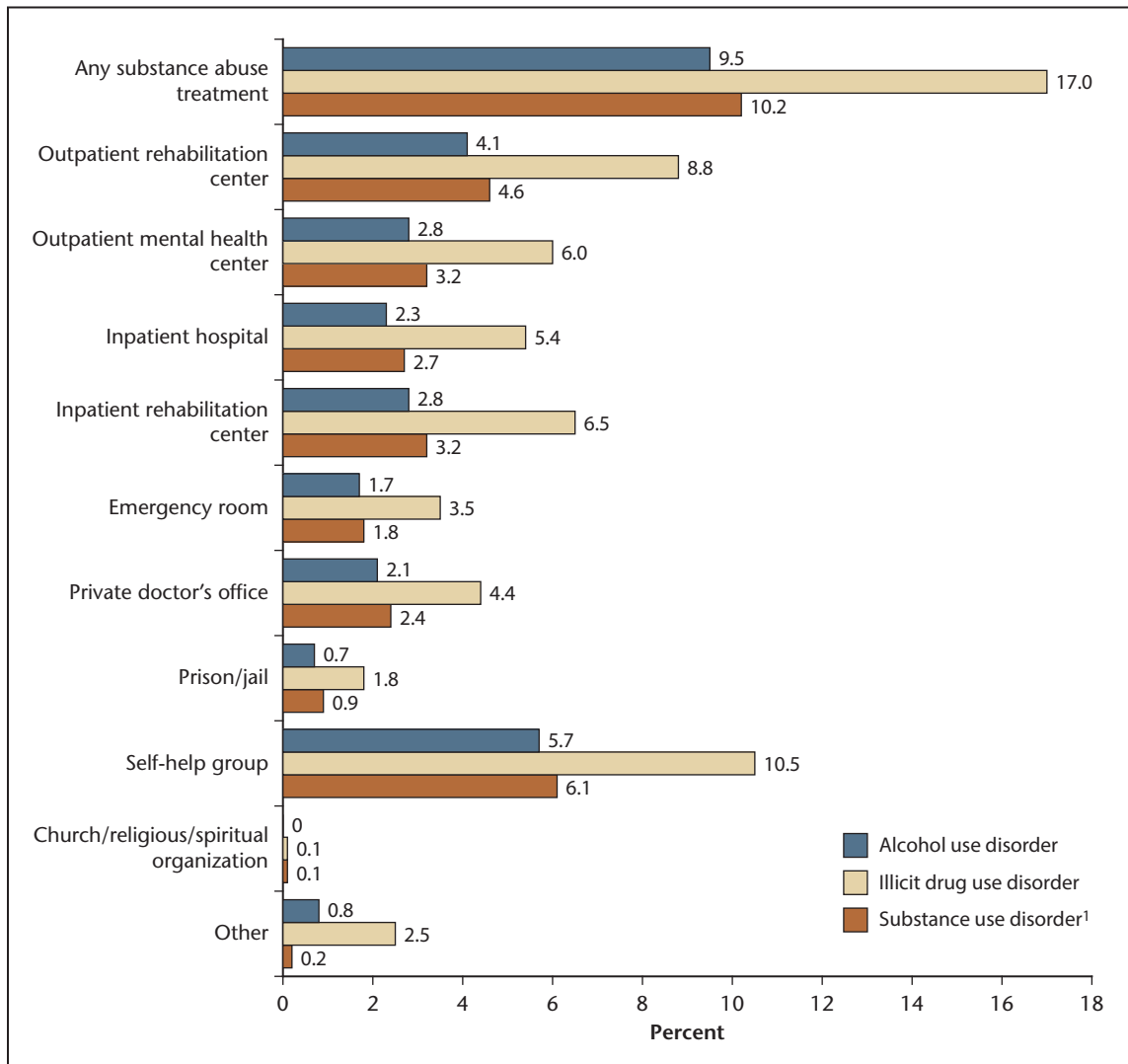
According to the NCS-R, adults with mental health disorders who receive treatment average about four visits to treatment per year. Those who receive treatment in specialized mental health care settings (e.g., from a psychologist) generally have more visits than those treated in general medical settings (e.g., from a primary care doctor) (Wang et al., 2005b). People treated for substance use disorders average six visits per year, with those receiving care in a specialty setting (e.g., substance abuse treatment

center) averaging more visits per year than those receiving care in a general medical setting (e.g., primary care practice).

The available data suggest that most mental health or substance abuse treatment does not meet guidelines to be minimally adequate.¹ Adequate treatment in the NCS-R is defined as receiving certain amounts of medication or treatment according to

¹ The NCS-R defined minimally adequate treatment as receiving either pharmacotherapy (≥2 months of an appropriate medication for the mental health disorder plus >4 visits to any type of physician) or psychotherapy (≥8 visits with any health care or human services professional lasting an average of ≥30 minutes), based on available evidence-based guidelines from organizations such as the American Psychiatric Association (1998, 2000, 2002, 2004), the Agency for Healthcare Research and Quality (formerly known as the Agency for Health Care Policy and Research) (1993), and the National Committee for Quality Assurance (1997).

Figure 4-2. Past year substance abuse treatment types among adults, by past year substance use disorder type: 2011



¹ Substance use disorder includes disorders for alcohol use and illicit drugs. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. People may have a disorder for more than one substance.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-11](#) for detailed source information.

accepted guidelines. Estimates from the NCS-R indicate that less than one-third of adults with mental health disorders receive a minimally adequate type or amount of treatment (Wang et al., 2005b). Adults with mood disorders are most likely to get levels of

care that meet guidelines (39 percent), adults with anxiety disorders are slightly less likely (34 percent), and adults with substance use disorders are the least likely to get minimally adequate treatment (29 percent). Rates of minimally adequate treatment are highest in

the specialty mental health sector and lowest in the general medical care sector.

It is important to note that these data on mental health care adequacy come from the NCS-R, which was conducted prior to the enactment of the ACA, the Mental Health Parity and Addiction Equity Act, and other legislation that greatly affects behavioral health care. At the time of the NCS-R (2001–2002), many insurance policies had more limited coverage for behavioral health conditions than for other medical conditions. For example, the number of covered visits for mental health conditions may have been lower than the number of covered visits for other medical conditions. Additional research using nationally representative data sources is needed to determine the effect of this parity legislation and the continued rollout of the ACA on receiving guideline-concordant behavioral health care. With these additional studies, it also will be important to determine whether all need for care is being satisfied, rather than just a minimally adequate amount.

4.1.4 Special Populations

The above results are from surveys of households, and so exclude many people who do not live in a residential household. These people include those who are homeless or living in prisons or jails, long-term mental health or substance abuse treatment facilities, or nursing homes. It is particularly important to understand whether these special populations are receiving needed care because they are more at-risk for having mental health or substance use disorders than other adults. For example, roughly half of prisoners and nearly two-thirds of jail detainees reported a mental health problem in the year prior to arrest or since admission or have experienced

symptoms of a mental health disorder in the past year (James & Glaze, 2006).

Despite the high prevalence of mental health disorders in these populations, only about 33 percent of inmates in state prisons and 18 percent of inmates in local jails report receiving mental health treatment since being incarcerated (James & Glaze, 2006). In addition, about three-quarters of inmates with mental health problems also have substance use problems (James & Glaze, 2006).

Adults who are homeless or reside in long-term treatment facilities or nursing homes are at elevated risk for mental health or substance use disorders. While it is recognized that homeless individuals have higher rates of mental illness and substance use disorders than the general population (Bassuk, Weinreb, Buckner, Browne, Salomon, & Bassuk, 1996), little is known about whether they receive needed care. Similarly, limited data are available on whether mental health or substance use care received by these populations in hospitals or residential mental health or substance abuse treatment facilities is adequate. Results from the 2004 National Nursing Home Survey suggest that nearly two-thirds of nursing home residents have a mental disorder other than mental retardation, senile dementia, or organic brain syndrome (Centers for Disease Control and Prevention, 2013).

4.2 Adolescents and Children

4.2.1 Mental Health and Substance Abuse Treatment

4.2.1.1 Treatment for Adolescents

Data on treatment for mental health and substance use disorders are more limited for children and adolescents than for adults.

Parents or primary care providers may have difficulty identifying behavioral health disorders or helping children and adolescents access the right types of treatment. On average, as reported in the NCS-R, the time from the onset of a mental disorder, which many experience first during childhood or adolescence, to first getting treatment is nearly 10 years (Wang et al., 2005a). This delay may lead to less effective treatments and poor outcomes.

Research suggests that many children and adolescents with mental health needs historically have not received mental health services. A study using data from three nationally representative household surveys conducted from 1996 to 1998 found that of the 15 percent to 21 percent of children and adolescents aged 6 to 17 who were described as having a need for mental health care in the past year, only 20 percent received mental health services in the past year (Kataoka, Zhang, & Wells, 2002).

Similarly, according to the National Comorbidity Survey–Adolescent Supplement (NCS-A), 64 percent of adolescents aged 13 to 18 with a mental health or substance use disorder have never received professional mental health treatment for their particular diagnosis (Merikangas et al., 2011). Furthermore, only about half of adolescents with mental health or substance use disorders that are accompanied by severe impairment have received treatment.

The likelihood of receiving care differs by the type of disorder. According to the NCS-A, while about 60 percent of adolescents with attention-deficit/hyperactivity disorder (ADHD) receive treatment, only about 45 percent of adolescents with behavioral disorders and 38 percent with mood disorders such as depression or bipolar disorder get care.

Adolescents with anxiety disorders (18 percent), substance use disorders (15 percent), and eating disorders (13 percent) are the least likely (among disorders measured in the NCS-A) to get treatment for their specific disorder. The 2011 NSDUH found that about 38 percent of adolescents aged 12 to 17 with past year major depressive episode (MDE) receive past year treatment (Figure 4-3), and about 12 percent of adolescents with a past year substance use disorder receive past year treatment (Figure 4-4).

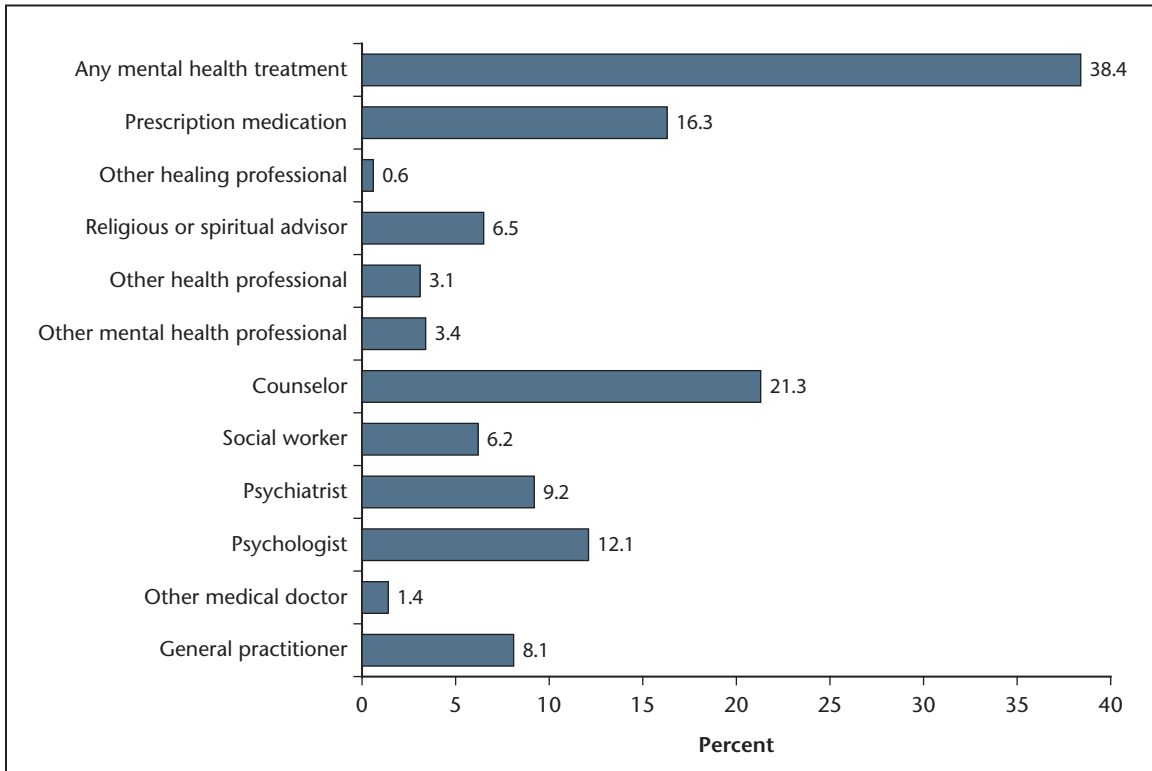
4.2.1.2 Treatment for Children

Less is known at a national level about mental health and substance use service use in younger children than is known for older children. According to a special supplement to the 2001–2004 National Health and Nutrition Examination Surveys (NHANES), about half of children aged 8 to 11 with a past year mental health disorder receive treatment (Merikangas et al., 2010). Treatment rates are highest for those with ADHD (48 percent) and lowest for those with anxiety disorders (32 percent). The 2001–2004 NHANES supplements also show that children with mental health disorders accompanied by severe impairment have only slightly higher rates of treatment (53 percent).

4.2.1.3 Types and Locations of Treatment Received

Children and adolescents receive treatment in a variety of locations, including specialty settings (e.g., child psychiatrist's office) and nonspecialty settings (e.g., school). Based on analysis of NCS-A data, more than 46 percent of adolescents with any lifetime mental health or substance use disorder have ever received treatment in a mental health specialty setting. More than one-third of adolescents with a mental health or substance use disorder ever received mental health care

Figure 4-3. Past year depression treatment types among adolescents aged 12 to 17 with past year major depressive episode: 2011



SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-12](#) for detailed source information.

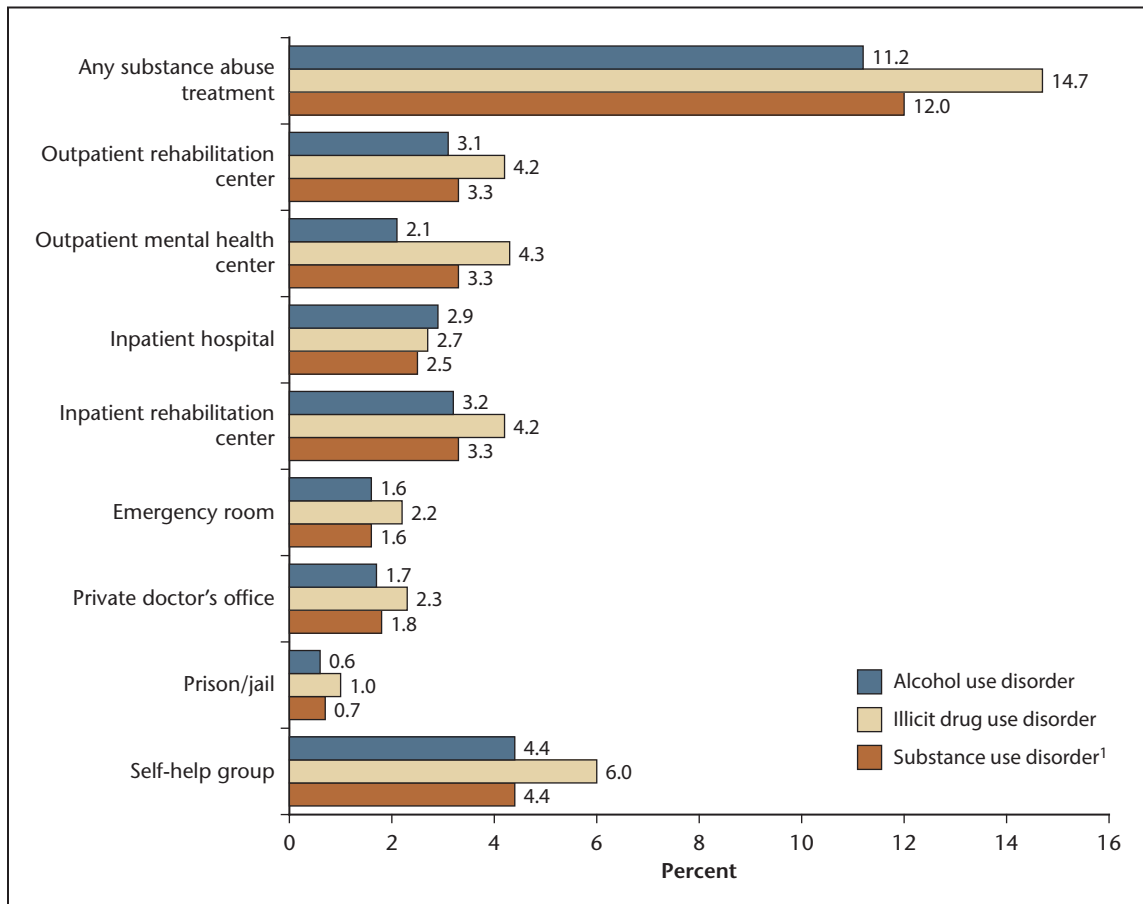
at school (Merikangas et al., 2011). The most recent published NSDUH data show that about 12 percent of all adolescents (with or without diagnosed disorders) received mental health care in a school setting in the past year (SAMHSA, 2012a).

About 87 percent of schools in the United States in 2002–2003 provided assessment for emotional or behavioral disorder, and 84 percent provided referrals to specialized programs and services (Foster, Rollefson, Doksum, Noonan, Robinson, & Teich, 2005). Overall, almost half of school districts (49 percent) used some contracts or other formal agreements with community-based organizations and/or people to provide

mental health services to their students. A majority of schools surveyed in 2002–2003 and schools surveyed in the 2006 School Health Policies and Programs Study also provided individual counseling, case management, and group therapy (Brener, Weist, Adelman, Taylor, & Vernon-Smiley, 2007; Foster et al., 2005). About half of schools in either sample provided substance use services.

NSDUH measures past year MDE and treatment among adolescents aged 12 to 17 (the data do not measure any or serious mental illness for this age group). Estimates from the 2011 survey indicate that the most common types of depression treatment for

Figure 4-4. Past year substance abuse treatment types among adolescents aged 12 to 17, by past year substance use disorder type: 2011



¹ Substance use disorder includes disorders for alcohol use and illicit drugs. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. People may have a disorder for more than one substance.

SOURCE: National Survey on Drug Use and Health, 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. See Appendix [Table A-13](#) for detailed source information.

adolescents with MDE include counselors (21 percent) and prescription medication (16 percent) (see Figure 4-3). Some adolescents receive more than one type of treatment; very few receive prescription medication without also talking with a medical doctor or counselor. Like adults, substance abuse treatment among adolescents is generally more common for drug use disorders (15 percent) than alcohol use disorders (11 percent) (see Figure 4-4).

4.2.2 Adequacy of Treatment

As reported in the NCS-A, the majority (68 percent) of adolescents who receive behavioral health services have fewer than six visits with a behavioral health provider over their lifetime (Merikangas et al., 2011). Whether this amount meets minimum standards for adequacy is unknown because few national mental health quality measures exist (Zima et al., 2013). Robust measures

of quality of care are not currently being collected in nationally representative surveys or monitored at the national level (Institute of Medicine and National Research Council, 2011).

A study that analyzed NSDUH data on adolescents with MDE defined adequate care by using Agency for Healthcare Research and Quality and American Psychiatric Association recommendations and findings from clinical trials. Adequate care was defined as the receipt of medication with at least four past year visits to a psychiatrist, psychologist, or general practitioner or at least eight past year visits to a provider in a mental health care specialty setting. According to this definition, 34 percent of adolescents with past year MDE had received adequate past year depression treatment (Alexandre et al., 2009, 2010).

The American Academy of Child & Adolescent Psychiatry guideline for children and adolescents with depressive disorders states that medication should only be used after trying psychotherapy or in addition to psychotherapy (see, e.g., Mark, 2008). A study of children and adolescents with either Medicaid or private insurance claims found that, among those receiving mental health medication, few also receive any psychotherapy within 6 months of starting medication (Mark, 2008). Only 28 percent of those covered by Medicaid and 34 percent of those covered by private insurance met these guideline levels.

4.2.3 Special Populations

Some subgroups of children and adolescents are more likely to have mental health problems but are less likely to receive any treatment or adequate treatment. These include children of minority race/ethnicity (Kataoka, Zhang, & Wells, 2002; Wells,

Hillemeier, Bai, & Belue, 2009), uninsured children (Kataoka, Zhang, & Wells, 2002), children with parents who have mental health or substance use disorders (Whitson, Connell, Bernard, & Kaufman, 2011), children in the child welfare system (Burns et al., 2004), and children in the justice system (Abram, Paskar, Washburn, & Teplin, 2008).

Compared with the general population, for example, a greater proportion of adolescents in the justice system need treatment: 70 percent of youth in the juvenile justice system have a mental health disorder, and 27 percent have a mental disorder that results in serious functional impairment (Cocozza & Shufelt, 2006; Shufelt & Cocozza, 2006). These rates may underestimate the true nature of mental health treatment needs of youth in the juvenile justice system since diagnostic interviews may not be completed until youth are adjudicated and put in an out-of-home placement. Additional studies of youth in placement, such as the Survey of Youth in Residential Placement, have found that more than half report symptoms of depression and anxiety, and almost half of these youth need mental health treatment (Sedlak & McPherson, 2010). Mental health services that were provided to youth in custody generally fell short of recommended practices. In particular, suicidal feelings and attempts were much higher in these youth compared with national samples. One-fifth of youth reported two or more recent suicidal feelings, and nearly the same amount (22 percent) reported past suicide attempts, which is nearly 4 times the rate reported by national samples of youth in the general population.

4.3 Summary

The majority of adults who have mental health or substance use disorders do not get corresponding treatment. Furthermore,

less than one-third of adults get minimally adequate care, as defined by guidelines specified by various national organizations. Relatively little is known about the amount, type, and quality of care received by special populations, some of whom have particularly high rates of mental health and substance use disorders.

Recent research suggests that a majority of children and adolescents with mental health or substance use disorders do not receive treatment. The likelihood of receiving treatment appears to be related in part to the specific mental health or substance use disorder diagnosis, but it does not appear to be highly associated with severity of disorder. Most who receive care do so in mental health specialty settings, although schools have been playing an increasing role in providing behavioral health care to children and adolescents.

For people of all ages, there have been several recent efforts to increase access to community-based mental health and substance abuse treatment services through legislation such as the Mental Health Parity and Addiction Equity Act and the ACA. Some experts argue, however, that these policies will do little to improve access if communities lack sufficient infrastructure in terms of appropriate treatment facilities and trained psychiatrists, psychologists, and other mental health professionals to provide care to children and adolescents who need it (Cummings, Wen, & Druss, 2013). Nonetheless, improvements to the provision of care to children and adolescents in particular continue to be targeted through services provided through the Children's Health Insurance Program (CHIP) and Medicaid (Bazelon Center for Mental Health Law, 2008). One study

conducted using NSDUH data showed that adolescents with coverage through CHIP or Medicaid had significantly increased odds of receiving adequate mental health care for MDE (Alexandre et al., 2009). In addition, SAMHSA recently awarded up to \$3.5 million in systems of care grants to children and families through the Expansion of the Comprehensive Community Mental Health Services for Children and their Families program (SAMHSA, 2012b). Studying changes to mental health and substance use care for people of all ages will be important as these programs are fully implemented over the next several years.

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5. TABLES

5.1 Behavioral Health of the Population

5.1.1 *U.S. Population: Adults*

Prevalence of Mental Illness and Substance Use Disorders Tables 1–23

5.1.2 *U.S. Population: Children*

Table 1. Past year mental illness and substance use disorders among adults, by year: number and percentage, United States, 2008–2011

[Data are based on a household survey of a nationally representative sample]

Disorder status	2008		2009		2010		2011	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Any mental illness	39,826	17.7	41,195	18.1	41,417	18.1	41,381	17.8
Mental illness with serious functional impairment	8,331	3.7	8,383	3.7	9,334	4.1	9,011	3.9
Any substance use disorder	20,480	9.1	20,895	9.2	20,435	8.9	18,887	8.1
Alcohol use disorder	17,258	7.7	17,626	7.8	16,858	7.4	15,724	6.8
Alcohol abuse	8,903	4.0	9,160	4.0	8,925	3.9	8,327	3.6
Alcohol dependence	8,356	3.7	8,467	3.7	7,933	3.5	7,397	3.2
Illicit drug ¹ use disorder	5,857	2.6	6,056	2.7	5,990	2.6	5,374	2.3
Illicit drug abuse	1,622	0.7	1,740	0.8	1,761	0.8	1,440	0.6
Illicit drug dependence	4,235	1.9	4,316	1.9	4,228	1.8	3,934	1.7
Any mental illness with co-occurring substance use disorder	7,321	3.3	7,822	3.4	7,865	3.4	6,813	2.9
Co-occurring mental illness with serious functional impairment and substance use disorder	1,952	0.9	2,059	0.9	2,388	1.0	2,123	0.9

See notes on page 35.

Table 1 notes

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, the second cell in the first row shows that, in 2008, 17.7 percent of all U.S. adults had any mental illness in the past year.

SOURCE: National Survey on Drug Use and Health, 2008–2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 2. Past year mental illness and substance use disorders among adults, by selected characteristics: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Any mental illness (percent)	Mental illness with serious functional impairment (percent)	Any substance use disorder (percent)	Alcohol use disorder (percent)	Illicit drug ¹ use disorder (percent)
All adults	17.9	4.0	8.5	7.1	2.5
Age					
18–25	18.3	3.8	19.3	15.0	7.7
26–34	21.2	5.1	13.2	11.0	3.8
35–49	20.3	5.2	7.8	6.6	1.8
50–64	17.2	4.2	4.6	4.0	0.9
65 or older	11.9	0.9	1.9	1.8	0.1
Sex					
Male	14.5	2.9	11.5	9.6	3.4
Female	21.1	4.9	5.7	4.7	1.6
Hispanic origin and race					
Not Hispanic or Latino	18.5	4.2	8.4	6.9	2.4
White	19.0	4.4	8.7	7.3	2.3
Black or African American	16.6	3.3	8.0	5.9	3.5
American Indian or Alaska Native	23.0	9.0	16.9	14.4	5.3
Native Hawaiian or Other Pacific Islander	23.6	3.1	8.0	7.2	1.3
Asian	13.4	2.1	3.7	2.9	1.1
Two or more races	24.1	2.1	9.3	7.4	3.1
Hispanic or Latino	14.3	2.9	9.4	7.7	2.8
Poverty status²					
<100% of Federal Poverty Level	15.6	3.1	11.8	9.1	4.6
100%–199% of Federal Poverty Level	20.5	4.7	8.8	6.8	3.2
≥ 200% of Federal Poverty Level	25.3	7.3	7.7	6.6	1.8

(continued)

Table 2. Past year mental illness and substance use disorders among adults, by selected characteristics: percentage, United States, 2010–2011 combined (continued)

Characteristic	Any mental illness (percent)	Mental illness with serious functional impairment (percent)	Any substance use disorder (percent)	Alcohol use disorder (percent)	Illicit drug ¹ use disorder (percent)
Health insurance status³					
Private coverage	15.3	2.9	7.3	6.4	1.6
Medicaid/CHIP ⁴	15.3	8.4	10.3	7.0	5.1
Other coverage ⁵	17.8	3.8	4.3	3.7	1.0
Uninsured	20.9	5.1	13.4	10.6	4.7
Geographic region					
Northeast	17.5	3.6	9.0	7.4	2.6
Midwest	18.3	4.4	8.8	7.4	2.3
South	17.7	3.7	7.5	6.1	2.3
West	18.3	4.4	9.6	8.0	2.8
Metropolitan area					
Large metropolitan area	17.2	3.6	8.8	7.3	2.6
Small metropolitan area	18.8	4.4	8.7	7.2	2.5
Non-metropolitan area	18.9	4.5	7.0	5.7	2.1
Current employment					
Full-time	14.9	2.9	8.7	7.5	1.9
Part-time	19.4	4.4	10.4	8.3	3.6
Unemployed	23.1	5.9	15.3	11.6	6.2
Other ⁶	21.2	5.2	5.9	4.7	2.0
Chronic health condition					
Any	25.7	7.0	8.2	6.7	2.6
1	19.7	3.7	8.0	6.7	2.4
2	30.4	10.0	8.6	6.8	2.9
3+	46.2	17.8	8.2	6.5	3.1

See notes on page 38.

Table 2 notes

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

² Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

³ Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

⁴ CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Individuals aged 19 or younger are eligible for this plan.

⁵ Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

⁶ The other employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 and 2011 combined, an annual average of 17.9 percent of U.S. adults had any mental illness in the past year.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 3. Past year mental illness and substance use disorders among adults, by state: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

State	Any mental illness		Mental illness with serious functional impairment		Any substance use disorder		Alcohol use disorder		Illicit drug ¹ use disorder	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
United States	41,381	17.8	9,011	3.9	18,887	8.1	15,724	6.8	5,374	2.3
Alabama	709	19.7	186	5.2	148	4.1	110	3.1	60	1.7
Alaska	92	18.1	19	3.6	56	11.0	52	10.2	11	2.2
Arizona	1,016	21.4	254	5.3	549	11.6	426	9.0	188	4.0
Arkansas	455	20.9	137	6.3	133	6.1	89	4.1	56	2.6
California	4,688	16.8	1,035	3.7	2,312	8.3	1,942	7.0	665	2.4
Colorado	712	18.8	147	3.9	358	9.5	330	8.7	66	1.7
Connecticut	386	14.2	59	2.2	289	10.6	252	9.3	70	2.6
Delaware	133	19.4	23	3.4	63	9.1	47	6.9	24	3.5
District of Columbia	104	20.7	14	2.8	74	14.7	66	13.0	22	4.4
Florida	2,283	15.5	436	3.0	1,095	7.4	841	5.7	365	2.5
Georgia	1,433	20.2	239	3.4	462	6.5	366	5.1	122	1.7
Hawaii	171	16.8	28	2.7	99	9.7	92	9.0	16	1.5
Idaho	265	23.3	70	6.1	106	9.3	96	8.5	17	1.5
Illinois	1,336	13.9	292	3.0	831	8.7	693	7.2	225	2.3
Indiana	1,035	21.4	286	5.9	375	7.8	327	6.8	71	1.5
Iowa	392	17.1	93	4.1	216	9.4	201	8.7	48	2.1
Kansas	400	19.2	87	4.2	146	7.0	130	6.2	35	1.7
Kentucky	643	19.7	154	4.7	165	5.1	117	3.6	90	2.8
Louisiana	641	19.1	94	2.8	291	8.7	243	7.2	76	2.3
Maine	169	16.2	43	4.1	73	7.0	62	5.9	18	1.7
Maryland	885	20.2	144	3.3	249	5.7	192	4.4	82	1.9
Massachusetts	897	17.6	219	4.3	444	8.7	391	7.7	89	1.7
Michigan	1,402	18.8	305	4.1	626	8.4	558	7.5	148	2.0
Minnesota	698	17.4	143	3.6	361	9.0	335	8.3	39	1.0
Mississippi	479	22.2	141	6.5	120	5.6	83	3.9	44	2.0

(continued)

Table 3. Past year mental illness and substance use disorders among adults, by state: number in thousands and percentage, United States, 2011 (continued)

State	Any mental illness		Mental illness with serious functional impairment		Any substance use disorder		Alcohol use disorder		Illicit drug ¹ use disorder	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Missouri	839	18.7	214	4.8	318	7.1	227	5.0	118	2.6
Montana	148	19.5	33	4.3	74	9.7	60	7.9	18	2.4
Nebraska	237	17.5	55	4.0	102	7.5	79	5.9	26	1.9
Nevada	229	11.3	75	3.7	255	12.6	200	9.9	73	3.6
New Hampshire	181	17.7	44	4.3	82	8.1	67	6.5	28	2.8
New Jersey	704	10.6	126	1.9	506	7.6	427	6.4	146	2.2
New Mexico	360	23.6	118	7.7	142	9.3	111	7.3	45	3.0
New York	2,657	17.8	495	3.3	1,259	8.4	1,044	7.0	368	2.5
North Carolina	1,094	15.3	164	2.3	326	4.6	251	3.5	104	1.5
North Dakota	83	16.0	13	2.5	56	10.8	53	10.3	6	1.1
Ohio	1,732	19.9	449	5.2	809	9.3	699	8.1	249	2.9
Oklahoma	621	22.4	167	6.0	330	11.9	276	10.0	78	2.8
Oregon	612	20.6	125	4.2	319	10.7	274	9.2	108	3.6
Pennsylvania	1,713	17.5	394	4.0	903	9.2	750	7.7	259	2.6
Rhode Island	151	18.5	24	3.0	95	11.6	79	9.7	33	4.1
South Carolina	807	23.1	192	5.5	254	7.3	205	5.9	75	2.1
South Dakota	113	18.8	18	3.0	69	11.4	61	10.1	13	2.1
Tennessee	1,072	22.3	195	4.0	398	8.3	322	6.7	132	2.7
Texas	2,680	14.7	537	2.9	1,464	8.0	1,250	6.9	419	2.3
Utah	449	23.5	122	6.4	76	4.0	53	2.8	47	2.4
Vermont	108	21.8	32	6.5	53	10.8	37	7.4	25	5.0
Virginia	1,027	17.0	196	3.2	403	6.7	353	5.9	107	1.8
Washington	1,202	23.4	314	6.1	452	8.8	387	7.5	127	2.5
West Virginia	297	20.6	88	6.1	92	6.4	63	4.4	41	2.8
Wisconsin	752	17.4	155	3.6	368	8.5	322	7.5	79	1.8
Wyoming	87	20.5	19	4.5	38	9.0	34	8.0	7	1.6

See notes on page 41.

Table 3 notes

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, approximately 41.4 million (41,381 thousand) U.S. adults had a mental illness in the past year.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 4. Specific mental illness and substance use disorders among adults, by sex: percentage, United States, 2001/2002

[Data are based on a household survey of a nationally representative sample]

Disorder	Lifetime			Past year		
	Total (percent)	Male (percent)	Female (percent)	Total (percent)	Male (percent)	Female (percent)
Any disorder	57.4	58.4	56.5	32.4	29.9	34.7
Anxiety disorder	31.2	25.4	36.4	19.1	14.3	23.4
Agoraphobia without panic	1.3	1.1	1.6	.9	0.8	0.9
Generalized anxiety disorder	5.7	4.2	7.1	2.7	1.9	3.4
Obsessive compulsive disorder	2.3	1.6	3.1	1.2	0.5	1.8
Panic disorder	4.7	3.1	6.2	2.7	1.6	3.8
Posttraumatic stress disorder	6.8	3.6	9.7	3.6	1.8	5.2
Separation anxiety disorder	9.2	7.4	10.8	1.9	1.7	2.1
Specific phobia	12.5	8.9	15.8	9.1	5.8	12.2
Social phobia	12.1	11.1	13.0	7.1	6.1	8.0
Mood disorder	21.4	17.5	24.9	9.7	7.7	11.6
Bipolar I and II sub disorders	4.4	4.3	4.5	2.8	2.9	2.8
Dysthymia	2.5	1.8	3.1	1.5	1.0	1.9
Major depressive disorder	16.9	13.2	20.2	6.8	4.9	8.6
Impulse control disorder	25.0	28.6	21.6	10.5	11.7	9.3
Attention-deficit/hyperactivity disorder	8.1	9.8	6.4	4.1	4.3	3.9
Conduct disorder	9.5	12.0	7.1	1.0	1.7	0.4
Intermittent explosive disorder	7.4	9.2	5.7	4.1	4.8	3.4
Oppositional defiant disorder	8.5	9.3	7.7	1.0	0.9	1.1
Substance use and nicotine disorder	35.3	41.8	29.6	13.4	15.4	11.6
Alcohol abuse or dependence	13.2	19.6	7.5	3.1	4.5	1.8
Illicit drug abuse or dependence	8.0	11.6	4.8	1.4	2.2	0.7
Nicotine dependence	29.6	33.0	26.5	11.0	11.6	10.5

See notes on page 43.

Table 4 notes

NOTES: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) diagnoses were based on the World Mental Health Composite International Diagnostic Interview (Kessler & Ustun, 2004), a fully structured lay interview that generates diagnoses according to *International Classification of Diseases, 10th Revision* (ICD-10) (WHO, 1991) and DSM-IV criteria. DSM-IV criteria are used herein. Twelve-month disorders considered in this study included anxiety disorders (agoraphobia without panic disorder, generalized anxiety disorder, obsessive compulsive disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, specific phobia), mood disorders (bipolar disorder I or II, dysthymia, major depressive disorder), impulse control disorders (attention-deficit/hyperactivity disorder, conduct disorder, intermittent explosive disorder, oppositional defiant disorder), and substance use disorders (alcohol and illicit drug abuse and dependence) and nicotine dependence. See Kessler et al. (2005) for additional detail on the disorders presented.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2001/2002, 57.4 percent of U.S. adults had one of the disorders presented in the table in their lifetime.

SOURCE: National Comorbidity Survey Replication (NCS-R), 2001/2002, National Institute of Mental Health. Retrieved from <http://www.hcp.med.harvard.edu/ncs/>

Table 5. Past year substance use disorders among adults, by sex: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Disorder	Total (percent)	Male (percent)	Female (percent)
Any substance use disorder	8.5	11.5	5.7
Alcohol use disorder	7.1	9.6	4.7
Alcohol abuse	3.7	5.4	2.2
Alcohol dependence	3.3	4.2	2.5
Illicit drug ¹ use disorder	2.5	3.4	1.6
Substance use disorder: cocaine	0.4	0.5	0.3
Cocaine abuse	0.1	0.2	<0.1
Cocaine dependence	0.3	0.3	0.2
Substance use disorder: hallucinogens	0.1	0.1	0.1
Hallucinogen abuse	0.1	0.1	0.1
Hallucinogen dependence	<0.1	0.1	<0.1
Substance use disorder: heroin	0.2	0.2	0.1
Heroin abuse	<0.1	<0.1	<0.1
Heroin dependence	0.1	0.2	0.1
Substance use disorder: inhalants	<0.1	<0.1	<0.1
Inhalant abuse	<0.1	<0.1	<0.1
Inhalant dependence	<0.1	<0.1	<0.1
Substance use disorder: marijuana	1.5	2.2	0.9
Marijuana abuse	0.5	0.8	0.3
Marijuana dependence	1.0	1.4	0.6
Substance use disorder: pain relievers	0.7	0.9	0.5
Pain reliever abuse	0.2	0.2	0.1
Pain reliever dependence	0.5	0.7	0.4
Substance use disorder: sedative	<0.1	<0.1	<0.1
Sedative abuse	<0.1	<0.1	<0.1
Sedative dependence	<0.1	<0.1	<0.1
Substance use disorder: stimulant	0.1	0.2	0.1
Stimulant abuse	<0.1	<0.1	<0.1
Stimulant dependence	0.1	0.1	0.1
Substance use disorder: tranquilizer	0.2	0.2	0.1
Tranquilizer abuse	0.1	0.1	<0.1
Tranquilizer dependence	0.1	0.1	0.1

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 and 2011 combined, an annual average of 8.5 percent of U.S. adults had a substance use disorder.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 6. Past month nicotine dependence and past year substance use disorders among adults, by past year mental illness status: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Disorder	Total (percent)	No mental illness (percent)	Any mental illness (percent)	Mental illness with serious functional impairment (percent)
Any substance use disorder, including nicotine dependence ¹	19.2	16.2	33.2	45.5
Any substance use disorder, excluding nicotine dependence ²	8.1	6.3	16.5	23.6
Nicotine dependence (past month)	13.5	11.5	22.9	33.0
Alcohol use disorder	6.8	5.4	13.3	18.3
Alcohol abuse	3.6	3.2	5.3	5.5
Alcohol dependence	3.2	2.1	8.0	12.8
Illicit drug ³ use disorder	2.3	1.5	6.0	10.5
Illicit drug abuse	0.6	0.5	1.1	1.6
Illicit drug dependence	1.7	1.0	4.9	9.0

¹ Any substance use disorder, including nicotine dependence, means that the person had an alcohol or illicit drug use disorder or nicotine dependence.

² Any substance use disorder, excluding nicotine dependence, means that the person had an alcohol or illicit drug use disorder but may or may not have had nicotine dependence.

³ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Table 6 notes (continued)

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

No mental illness includes adults who did not meet the criteria for any mental illness in the past year.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Nicotine (cigarette) dependence is based on criteria derived from the Nicotine Dependence Syndrome Scale or the Fagerström Test of Nicotine Dependence. See Section B.4.2 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (SAMHSA, 2010b).

As an example of how to interpret the estimates in the table, in 2011, 19.2 percent of U.S. adults had a substance use disorder (including nicotine dependence) in the past year.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 7. Past year mental illness among adults, by past year substance use disorder status: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Level of mental illness	No substance use disorder, including nicotine dependence ¹ (percent)	No substance use disorder, excluding nicotine dependence ² (percent)	Substance use disorder, including nicotine dependence ³ (percent)	Substance use disorder, excluding nicotine dependence ⁴ (percent)	Past month nicotine dependence (percent)	Past year alcohol use disorder (percent)	Past year illicit drug ⁵ use disorder (percent)
Any mental illness	14.7	16.2	30.7	36.1	30.2	34.9	46.4
Mental illness with mild functional impairment	8.5	8.9	13.8	16.3	12.9	16.2	17.5
Mental illness with moderate functional impairment	3.6	4.1	7.8	8.5	7.9	8.2	11.1
Mental illness with serious functional impairment	2.6	3.2	9.2	11.2	9.5	10.5	17.7

¹ No substance use disorder, including nicotine dependence, means that the person did not have an alcohol or illicit drug use disorder or nicotine dependence.

² No substance use disorder, excluding nicotine dependence, means that the person did not have an alcohol or illicit drug use disorder but may or may not have had nicotine dependence.

³ Any substance use disorder, including nicotine dependence, means that the person had an alcohol or illicit drug use disorder or nicotine dependence.

⁴ Any substance use disorder, excluding nicotine dependence, means that the person had an alcohol or illicit drug use disorder but may or may not have had nicotine dependence.

⁵ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Table 7 notes (continued)

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Nicotine (cigarette) dependence is based on criteria derived from the Nicotine Dependence Syndrome Scale or the Fagerström Test of Nicotine Dependence. See Section B.4.2 in Appendix B of the *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (SAMHSA, 2010b).

As an example of how to interpret the estimates in the table, in 2011, 14.7 percent of U.S. adults with no substance use disorder, including nicotine dependence, had any mental illness in the past year.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 8. Death rates for suicide, by selected characteristics: rate per 100,000, United States, 2005–2010

[Data are based on death certificates]

Characteristic	2005 (number per 100,000 people)	2006 (number per 100,000 people)	2007 (number per 100,000 people)	2008 (number per 100,000 people)	2009 (number per 100,000 people)	2010 (number per 100,000 people)
Total	10.90	10.98	11.27	11.61	11.77	12.08
Age^{1,2}						
0–9	*	*	*	*	*	*
10–14	1.30	1.05	0.89	1.07	1.30	1.29
15–19	7.64	7.28	6.87	7.42	7.75	7.53
20–24	12.33	12.45	12.53	12.63	12.54	13.62
25–29	11.97	12.48	12.72	12.66	12.45	14.22
30–34	13.17	12.48	13.46	13.25	13.18	13.70
35–39	13.90	14.86	14.40	14.94	15.07	15.28
40–44	16.09	15.57	16.93	16.77	17.06	16.69
45–49	16.80	17.15	17.78	18.70	18.45	19.25
50–54	16.18	17.31	17.78	18.77	20.15	19.85
55–59	14.31	15.37	16.27	17.32	18.40	19.12
60–64	13.35	13.43	14.57	14.94	14.65	15.60
65–69	11.84	12.59	12.86	13.64	14.16	13.65
70–74	13.41	12.59	12.29	14.19	13.85	13.75
75–79	15.25	15.38	16.17	15.00	15.04	15.29
80–84	18.61	16.14	15.86	17.16	16.51	16.24
85+	17.69	16.59	16.30	15.62	15.59	17.62
Sex						
Male	18.07	18.05	18.45	18.97	19.17	19.78
Female	4.39	4.51	4.68	4.81	4.91	4.99
Race						
White	11.99	12.11	12.47	12.87	13.07	13.55
Black	5.25	5.07	4.99	5.28	5.17	5.19
American Indian/ Alaska Native	11.68	11.61	11.47	11.66	11.91	10.87
Asian/Pacific Islander	5.30	5.69	6.18	5.83	6.28	6.19
Ethnicity						
Non-Hispanic	11.58	11.73	12.02	12.50	12.63	13.09
Hispanic	5.66	5.38	6.04	5.64	5.94	5.85

* Estimates are considered unreliable because of low precision.

¹ Estimates are age-adjusted to the 2000 census.

² Age-specific estimates exclude those of unknown age.

NOTES: Violent death data are currently provided for 16 National Violent Death Reporting System states and therefore may not be nationally representative.

As an example of how to interpret the estimates in the table, the second cell in the fourth row shows that, in 2005, 1.3 suicide deaths occurred for every 100,000 U.S. children and adolescents aged 10 to 14.

SOURCE: Web-based Injury Statistics Query and Reporting System (WISQARS) [online], 2005–2010, Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/ncipc/wisqars>

Table 9. Past year suicidal thoughts, plans, attempts, and medical attention for suicide attempts among adults, by past year mental illness and substance use disorder status: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Disorder status	Suicidal thoughts (percent)	Suicide plans ¹ (percent)	Suicide attempts ¹ (percent)	Received medical attention for suicide attempt ^{1,2} (percent)
All adults	3.7	1.0	0.5	0.3
Adults with any mental illness	20.7	5.8	2.8	1.5
Adults with mental illness with serious functional impairment	54.8	18.1	7.7	3.9
Adults with any substance use disorder	11.2	3.6	1.9	1.0
Adults with an alcohol use disorder	10.7	3.5	1.8	0.9
Adults with an illicit drug ³ use disorder	16.4	6.1	3.3	1.8
Adults with co-occurring mental illness (any) and substance use disorder	30.7	10.0	5.4	2.6
Adults with co-occurring mental illness with serious functional impairment and substance use disorder	61.1	22.5	10.6	4.1

¹ Suicide items were hierarchically structured so that only respondents who reported suicidal thoughts were asked about plans, attempts, or receipt of medical care. Only respondents who reported having suicide plans were asked about attempts, and only respondents who reported suicide attempts were asked about receipt of medical attention.

² Respondents were asked to report the receipt of any medical attention following a suicide attempt. The source or type of care is not specified.

³ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Table 9 notes (continued)

NOTES: Respondents with unknown suicide information were excluded.

Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 3.7 percent of U.S. adults had suicidal thoughts in the past year.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 10. Emergency department visits for alcohol and drug misuse or abuse, by type of visit: rate per 100,000, United States, 2004–2010

[Data are based on reporting by a nationally representative sample of emergency departments]

Type of visit	2004 (number per 100,000 people)	2005 (number per 100,000 people)	2006 (number per 100,000 people)	2007 (number per 100,000 people)	2008 (number per 100,000 people)	2009 (number per 100,000 people)	2010 (number per 100,000 people)
Total drug-related emergency department visits	866.7	1,018.2	1,153.6	1,326.8	1,441.2	1,497.9	1,589.0
Accidental ingestion (aged 5 or younger)	220.8	192.7	244.7	275.8	288.3	259.4	300.2
Adverse reactions	—	423.1	511.5	633.5	709.2	745.6	752.8
Drug misuse or abuse	552.9	547.0	584.2	624.9	657.5	674.9	743.7
Illicit drugs	338.7	312.0	321.4	323.4	327.0	317.6	378.5
Alcohol ¹	230.5	178.4	193.6	210.6	216.0	214.6	222.2
In combination with other drugs	178.9	141.0	151.1	165.0	172.3	169.4	182.5
Underage drinking ²	238.8	183.9	212.0	225.8	217.8	227.9	215.4
Pharmaceuticals	213.9	259.0	287.9	326.8	370.4	405.4	434.9

—Data for emergency department visits involving adverse reactions to pharmaceuticals are not available for 2004.

¹ Alcohol in combination with other drugs for patients of all ages and alcohol only for patients aged 20 or younger are recorded by the Drug Abuse Warning Network (DAWN).

² Underage drinking includes both use of alcohol in combination with other drugs and use of alcohol alone for patients aged 20 or younger.

NOTES: Illicit drugs include cocaine, heroin, marijuana, synthetic cannabinoids, amphetamines/methamphetamine, MDMA, GHB, flunitrazepam (Rohypnol), ketamine, LSD, PCP, other hallucinogens, nonpharmaceutical inhalants, combinations of illicit drugs, and alcohol when used by patients younger than age 21.

As an example of how to interpret the estimates in the table, in 2004, there were 866.7 visits to emergency departments for drug-related reasons for every 100,000 people in the United States.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (July 2, 2012). *The DAWN Report: Highlights of the 2010 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 11. Selected health conditions ever diagnosed among adults, by past year mental illness and substance use disorder status and age: percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Health condition and age	Mental illness			Substance use disorder		Co-occurring mental illness and substance use disorder		
	No mental illness (percent)	Any mental illness (percent)	Mental illness with serious functional impairment (percent)	No substance use disorder (percent)	Substance use disorder (percent)	No mental illness or substance use disorder (percent)	Any mental illness and substance use disorder (percent)	Mental illness with serious functional impairment and substance use disorder (percent)
Asthma								
18–25	13.8	18.7	20.9	14.5	15.6	14.5	18.3	20.0
26–49	9.8	15.8	19.7	11.0	11.2	10.9	13.9	15.8
50+	9.1	15.4	19.5	10.0	11.6	10.0	13.2	*
Heart disease								
18–25	0.4	0.6	0.7	0.5	0.4	0.4	0.6	1.0
26–49	1.2	2.1	3.0	1.4	1.5	1.4	2.2	2.2
50+	11.0	14.8	13.7	11.6	11.4	11.5	14.0	*
Hypertension								
18–25	3.6	5.7	6.7	3.9	4.6	3.9	5.6	7.2
26–49	12.6	18.3	22.6	13.6	15.5	13.6	18.6	20.1
50+	41.3	44.1	43.4	41.9	36.9	41.7	40.0	*
Sexually transmitted infection								
18–25	3.2	7.6	9.3	3.5	6.4	3.6	9.9	12.1
26–49	4.1	8.1	9.9	4.5	8.4	4.6	10.9	12.8
50+	2.2	4.8	6.4	2.4	6.8	2.5	8.0	*
Stroke								
18–25	0.1	0.3	0.3	0.1	0.2	0.1	0.5	0.5
26–49	0.3	0.9	1.1	0.4	0.6	0.4	0.9	0.9
50+	2.4	5.5	6.0	2.9	2.7	2.8	5.5	*

See notes on page 54.

Table 11 notes

* Estimates are considered unreliable because of low precision.

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

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

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2009 through 2011 combined, an annual average of 13.8 percent of U.S. adults aged 18 to 25 with no mental illness had been diagnosed with asthma in their lifetimes.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 12. Chronic mental, cognitive, and physical conditions among dual Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) recipients, by age: percentage, United States, 2003

[Data are based on Medicaid claims data linked to survey data of Medicare beneficiaries]

Chronic condition	Dual eligible beneficiaries aged 18–64 (<i>n</i> = 2,415) (percent)	Dual eligible beneficiaries aged 65–79 (<i>n</i> = 2,698) (percent)	Dual eligible beneficiaries aged 80+ (<i>n</i> = 1,468) (percent)	All dual eligible beneficiaries (<i>n</i> = 6,581) (percent)	All other Medicare beneficiaries (<i>n</i> = 26,336) (percent)
Any mental/cognitive condition	49.2	34.1	52.5	43.8	18.4
Alzheimer's/other dementia	5.8	12.9	39.0	16.1	7.3
Depression	27.6	17.4	25.3	22.9	8.4
Intellectual disabilities ¹	6.7	*	*	3.1	*
Schizophrenia	11.8	3.5	*	6.2	0.4
Affective and other serious disorders	27.1	17.1	21.4	21.7	8.3
Any selected physical condition ²	72.2	91.5	94.3	85.1	83.3

* Estimates are considered unreliable because of low precision.

¹ Intellectual disabilities resulting from developmental disorder.

² Includes cancer (breast, colorectal, prostate, lung, and endometrial), cerebral palsy, congestive heart failure, diabetes, end-stage renal disease, hip/pelvic fracture, multiple sclerosis, osteo- or rheumatoid arthritis, osteoporosis, other heart disease, Parkinson's disease, pulmonary disease, and stroke.

NOTES: Data are based on Medicaid claims linked to Medicare Current Beneficiary Survey. Data exclude persons enrolled in Medicare managed care organizations at any time during calendar year 2003 because Medicare claims are not available (approximately 500,000 dual eligible beneficiaries and 4.7 million other Medicare beneficiaries).

As an example of how to interpret the estimates in the table, in 2003, 49.2 percent of U.S. adults who were eligible for SSI and SSDI had a mental or cognitive condition.

SOURCE: Kasper, J., O'Malley Watts, M., & Lyons, B. (July 1, 2010). *Chronic disease and co-morbidity among dual eligibles: Implications for patterns of Medicaid and Medicare service use and spending*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8081.pdf>

Table 13. Current mental illness among adult nursing home residents: percentage, United States, 2011 and 2012

[Data are based on reporting by all Medicare or Medicaid-certified nursing homes]

Disorder	4th quarter 2011 (percent)	4th quarter 2012 (percent)
Anxiety	23.9	25.7
Posttraumatic stress disorder	0.3	0.3
Depression	48.9	49.3
Bipolar disorder	4.2	4.5
Psychotic disorder	10.2	11.3
Schizophrenia	6.5	6.8

NOTES: Current mental illness is defined as a medical diagnosis that affects the resident's functioning or plan of care over the 7 days prior to the assessment.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in the last quarter of 2011, 23.9 percent of U.S. adult nursing home residents met the criteria for an anxiety disorder in the past 7 days.

SOURCE: Centers for Medicare & Medicaid Services. *MDS 3.0 frequency report*. Retrieved from <http://www4a.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.html>

Table 14. Past year mental illness and substance use disorders among adults, by sex and military service status: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Disorder status	All adults		Not a member of the armed forces		In a Reserve component of the armed forces		Now separated/retired from Reserves/active duty	
	Male (percent)	Female (percent)	Male (percent)	Female (percent)	Male (percent)	Female (percent)	Male (percent)	Female (percent)
Any mental illness	14.5	21.1	14.6	21.1	17.7	*	14.3	24.8
Mental illness with mild impairment	8.3	10.8	8.3	10.8	11.1	*	8.1	10.7
Mental illness with moderate impairment	3.3	5.4	3.3	5.4	3.5	*	3.2	6.4
Mental illness with serious impairment	2.9	4.9	3.0	4.9	3.1	*	2.9	7.6
Any substance use disorder	11.5	5.7	12.7	5.7	8.1	*	6.8	4.1
Alcohol use disorder	9.6	4.7	10.4	4.7	6.4	*	6.1	3.8
Illicit drug ¹ use disorder	3.4	1.6	3.9	1.6	1.9	*	1.2	0.9

* Estimates are considered unreliable because of low precision.

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Table 14 notes (continued)

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 and 2011 combined, an annual average of 14.5 percent of U.S. men had a mental illness.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 15. Self-reported serious psychological distress; need for further posttraumatic stress disorder (PTSD) evaluation, anxiety evaluation, and depression evaluation; suicide ideation; and suicide attempts among active duty military personnel, by service: percentage, United States, 2008

[Data are based on self-administered questionnaires of military personnel]

Reported outcome	Department of Defense (DoD) service					Coast Guard (percent)	All services ² (percent)
	Army (percent)	Navy (percent)	Marine Corps (percent)	Air Force (percent)	Total DoD services ¹ (percent)		
Serious psychological distress, ³ past 12 months	15.8	14.3	17.6	10.5	14.4	12.3	14.3
Need for further PTSD evaluation, past 30 days	13.4	9.1	15.0	5.6	10.7	6.8	10.6
Need for further anxiety evaluation, past 30 days	17.1	13.0	17.3	8.9	14.2	10.2	14.0
Need for further depression evaluation, past 7 days	23.7	21.9	25.9	13.8	21.2	18.3	21.1
Seriously considered suicide³							
Past year	4.9	5.1	5.5	3.1	4.6	2.8	4.6
Not within past year but since joining service	3.5	3.6	3.9	2.5	3.3	3.3	3.3
Not within past year but before joining service	4.4	3.8	4.0	2.8	3.8	3.2	3.8
Attempted suicide³							
Past year	2.0	2.8	2.3	1.6	2.2	1.7	2.1
Not within past year but since joining service	1.3	1.3	1.1	0.5	1.1	0.7	1.1
Not within past year but before joining service	3.3	2.2	3.0	1.3	2.5	1.4	2.5

¹ "Total DoD services" includes Army, Navy, Marine Corps, and Air Force.

² "All services" includes Army, Navy, Marine Corps, Air Force, and Coast Guard.

³ Serious psychological distress was measured by the six-item K6 scale (Kessler et al., 2002; SAMHSA, 2008). Need for PTSD evaluation was measured by the PTSD Checklist-Civilian Version (Weathers, Litz, Huska, & Keane, 1994), which consists of a set of 17 items that ask about experiences related to PTSD. To screen for generalized anxiety disorder symptoms, a set of items adapted from the Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999) was used. Need for depression evaluation was measured by a Burnam depression screen that included one item from the Center for Epidemiologic Studies–Depression Scale (Radloff, 1977) and two items from the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981). Meeting screening criteria for PTSD, anxiety, and depression suggests a need for further evaluation and is not a clinical diagnosis. Estimates for suicide ideation and attempts are based on a series of questions asking if and when the respondent has ever seriously considered or attempted suicide.

Table 15 notes (continued)

NOTES: Estimates have not been adjusted for sociodemographic differences across services.

As an example of how to interpret the estimates in the table, in 2008, 15.8 percent of active duty U.S. Army personnel had serious psychological distress in the past 12 months.

SOURCE: Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, 2008. As taken from Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Rae Olmsted, K. L., Brown, J. M., ... Bradshaw, M. R. (2009). *2008 Department of Defense survey of health related behaviors among active duty military personnel*. Report prepared for TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs) and U.S. Coast Guard. Retrieved from <http://www.tricare.mil/tma/2008HealthBehaviors.pdf>. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 16. Need for further posttraumatic stress disorder (PTSD) or depression evaluation and suicide ideation among active duty, National Guard, and Reserve military personnel, by military service: percentage, United States, 2006

[Data are based on self-administered questionnaires of military personnel]

Service	Need for further evaluation for PTSD—past 30 days		Need for further evaluation for depression—past 7 days		Suicide ideation—past 12 months	
	Unadjusted (percent)	Adjusted ¹ (percent)	Unadjusted (percent)	Adjusted ¹ (percent)	Unadjusted (percent)	Adjusted ¹ (percent)
Army—total	9.5	9.1	24.0	22.7	6.1	5.8
Active duty	9.3	9.1	27.6	27.7	5.6	5.5
National Guard	10.5	9.8	21.7	20.9	6.9	6.5
Reserve	8.3	8.5	20.3	19.6	5.6	5.5
Navy—total	5.7	5.1	19.9	17.9	5.0	5.0
Active duty	6.2	6.0	21.6	21.7	5.3	5.2
Reserve	3.3	4.2	12.8	14.0	3.7	4.7
Marine Corps—total	7.5	6.5	24.3	21.3	5.9	4.9
Active duty	7.6	6.4	25.4	24.2	5.9	5.1
Reserve	7.3	6.7	19.6	18.4	5.9	4.7
Air Force—total	3.6	4.0	15.1	15.2	3.4	3.7
Active duty	3.7	4.1	15.6	16.3	3.5	3.8
National Guard	3.5	4.1	14.4	15.0	2.9	3.2
Reserve	3.1	3.7	13.7	14.3	3.4	4.1
Total Department of Defense	7.1	6.3	20.9	19.2	5.1	4.8
Active duty	6.7	6.4	22.3	22.5	4.9	4.9
Total National Guard and Reserve	7.7	6.2	18.8	17.0	5.5	4.8

¹ Adjusted estimates have been adjusted to correct for differences in the demographic distributions between the Reserve components. The main effects of age group, sex, race/ethnicity, enlisted/officer indicator, marital status, and education were used in this standardization process. Comparisons across Reserve service components should be based on adjusted estimates.

Table 16 notes (continued)

NOTES: Reserve component estimates exclude full-time or activated Guard and Reserve. The PTSD Checklist-Civilian screen (Weathers, Litz, Huska, & Keane, 1994) was used to assess potential PTSD. Need for further depression screening was measured using a composite indicator made up of an eight-item set of symptoms that included six items from the Center for Epidemiologic Studies–Depression Scale (Radloff, 1977) and two items from the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981). Two additional measures assessed past year suicidal ideation and suicide attempt.

As an example of how to interpret the estimates in the table, the second cell shows that, in 2006 and after adjusting for demographic characteristics, 9.1 percent of all U.S. Army personnel reported a need for further evaluation for PTSD in the past 30 days.

SOURCE: Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force, 2006. As taken from Hourani, L. L., Bray, R. M., Marsden, M. E., Witt, M. B., Vandermaas-Peeler, R., Scheffler, S., ... Strange, L. B. (2007, June). *2006 Department of Defense survey of health related behaviors among the Guard and Reserve force*. Report prepared for TRICARE Management Activity. Retrieved from http://www.tricare.mil/hpae/_docs/RC_2006 Reserve Component_FR_9-07.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 17. Current mental health and substance use disorders among veterans aged 65 or older who used Department of Veterans Affairs inpatient or outpatient health care services in fiscal year 2011: number and percentage, United States, 2011

[Data are based on Department of Veterans Affairs medical records data]

Mental health and substance use diagnoses ¹	Number	Percent
Any diagnosis	372,721	16.0
One diagnosis	258,474	11.1
Two or more diagnoses	114,247	4.9
Three or more diagnoses	33,755	1.5
Mental health diagnoses		
Bipolar disorder	17,650	0.8
Dysthymia	31,104	1.3
Generalized anxiety disorder	22,267	1.0
Major depressive disorder	52,822	2.3
Other mood spectrum disorders ²	189,536	8.1
Other psychoses	18,674	0.8
Panic disorder	7,863	0.3
Posttraumatic stress disorder	101,181	4.3
Schizophrenia	16,447	0.7
Substance use diagnoses		
Alcohol dependence or abuse	59,801	2.6
Illicit drug ³ dependence or abuse	14,458	0.6

¹ Symptoms associated with dementia are not included in mental health and substance use diagnoses.

² Other mood disorders are defined as mood or depressive disorders that do not meet the criteria for major depressive disorder or dysthymia in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). They include diagnoses of minor depression, affective personality disorder, and depressive disorders that are either superimposed on another mental disorder that is the person's primary diagnosis or cannot be disaggregated from an underlying physical health or substance use condition.

³ Illicit drugs are marijuana, cocaine, heroin, hallucinogens, inhalants, and prescription-type psychotherapeutic drugs, including pain relievers that are used for non-medical purposes.

NOTES: Table includes veterans who were living in Department of Veterans Affairs (VA) nursing homes and VA domiciliary care facilities, but it does not include veterans who were living in non-VA nursing homes and other facilities, even if the VA was paying for their care in the facility.

Data for veterans with diagnoses of agoraphobia without panic and social phobia are suppressed due to low statistical precision. However, the data for "any diagnosis" include these totals.

As an example of how to interpret the estimates in the table, in fiscal year 2011, 372,721 or 16 percent of U.S. veterans aged 65 or older who accessed VA health care services received a mental health diagnosis.

SOURCE: Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: The National Academies Press.

Table 18. Mental health and substance use diagnoses among treatment-seeking Army wives aged 18 to 48, by spouse's deployment status: percentage, United States, 2003–2006 combined

[Data are based on medical records included in the Defense Medical Surveillance System]

Diagnosis	Spouse deployed (N = 172,568) (percent)	Spouse not deployed (N = 78,058) (percent)
No behavioral health diagnosis	63.4	69.5
Any behavioral health diagnosis	36.6	30.5
Specific diagnoses		
Alcohol use	1.1	0.8
Anxiety	13.6	10.8
Bipolar disorder	2.4	2.0
Delirium, dementia, or other cognitive disorder	0.6	0.6
Depressive disorder	23.7	19.1
Dissociative disorder	<0.1	0.1
Illicit drug use	1.1	0.8
Impulse control disorder	0.1	0.1
Pediatric behavioral disorder	0.2	0.2
Personality disorder	1.2	0.9
Psychotic disorder	1.3	1.1
Sleep disorder	8.5	6.6
Somatoform or factitious disorder ¹	4.0	3.3
Stress disorder		
Acute stress reaction or adjustment disorder	9.1	6.5
Neurotic disorder	0.9	0.7
Posttraumatic stress disorder	1.4	1.1
Other	0.1	0.1

¹ Factitious disorder is defined as meeting the following criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*: intentional production or feigning of physical or psychological signs or symptoms, motivation for the behavior is to assume the sick role, and absence of external incentives for behavior.

NOTES: Data are extracted from medical records included in the Defense Medical Surveillance System. This system collects medical records data from all individuals served by military medical facilities and from billing records for TRICARE enrolled-dependent claims data.

A behavioral health diagnosis was defined as the assignment of a mental health–related code from the *International Classification of Diseases, 9th Revision (ICD-9)*, for a given outpatient medical visit.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2003 through 2006 combined, an annual average of 63.4 percent of wives of deployed U.S. Army personnel who sought behavioral health treatment received no behavioral health diagnosis.

SOURCE: Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, 362(2), 101–109. doi:10.1056/NEJMoa0900177

Table 19. Past month and past year alcohol consumption, binge drinking, and alcohol use disorders among adolescents and adults aged 12 to 25, by age and school enrollment: percentage, United States, 2005–2011 combined

[Data are based on a household survey of a nationally representative sample]

Age/school status	Any past month alcohol consumption (percent)	Past month binge alcohol use (percent)	Past year alcohol consumption (percent)	Past year alcohol use disorder (percent)	Past year alcohol abuse (percent)	Past year alcohol dependence (percent)
12–14	5.6	2.6	14.5	1.5	0.9	0.6
In school	5.6	2.6	14.5	1.5	0.9	0.6
Not in school	*	*	*	*	*	*
15–17	24.0	15.0	46.3	8.1	5.0	3.1
In school	23.6	14.6	45.9	7.8	4.9	3.0
Not in school	39.6	30.5	62.6	17.4	9.7	7.7
18–25	61.3	41.3	78.1	16.5	9.6	6.9
In school	60.9	40.2	77.6	16.6	10.0	6.6
Not in school	61.6	42.3	78.6	16.4	9.2	7.2

* Estimates are considered unreliable because of low precision.

NOTES: Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Alcohol use disorder is defined as meeting the criteria for alcohol abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* and follow diagnostic hierarchy rules for abuse and dependence.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2005 through 2011 combined, an annual average of 5.6 percent of U.S. adolescents aged 12 to 14 reported consuming alcohol in the past month.

SOURCE: National Survey on Drug Use and Health, 2005, 2006–2010 (revised March 2012), and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 20. Past year substance use and substance use disorders among adults, by sex and sexual orientation: percentage, United States, 2004–2005 combined

[Data are based on a household survey of a nationally representative sample]

Sex/ sexual orientation	Past year heavy quantity drinking ¹ (percent)	Past year marijuana use (percent)	Past year other illicit drug ² use (percent)	Past year alcohol dependence ³ (percent)	Past year marijuana dependence ³ (percent)	Past year other illicit drug ² dependence ³ (percent)
Male						
Gay	18.1	25.2	16.8	16.8	0.6	3.2
Bisexual	16.4	13.2	17.7	19.5	1.1	5.1
Not sure	9.4	19.0	5.2	4.8	7.0	0.0
Heterosexual	13.7	6.2	4.5	6.1	0.5	0.5
Female						
Lesbian	20.1	16.7	12.6	13.3	2.8	5.7
Bisexual	25.0	22.2	14.1	15.6	1.4	3.0
Not sure	14.0	9.0	8.2	2.1	0.8	0.0
Heterosexual	8.4	2.6	3.1	2.5	0.2	0.4

¹ “Heavy quantity drinking” is defined as four/five or more drinks (for women/men) in a period of 2 hours or less during the last 12 months.

² Other illicit drug use includes nonmedical use of at least one of the following drugs: sedative medication, tranquilizer medication, opioid medication, stimulant medication, cocaine, hallucinogens, inhalants, or heroin.

³ Substance dependence is based on responses to symptom questions used to operationalize *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) substance use dependence. A past year dependence diagnosis is based on the presence of at least three of the seven DSM-IV dependence criteria in the 12 months preceding the interview.

NOTES: Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2004 and 2005 combined, an annual average of 18.1 percent of U.S. gay men engaged in heavy drinking in the past year.

SOURCES: National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), 2001–2002, National Institute on Alcohol Abuse and Alcoholism.

McCabe, S. E., Hughes, T. L., Bostwick, W. B., West, B. T., & Boyd, C. J. (2009). Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction, 104*(8), 1333–1345. doi:10.1111/j.1360-0443.2009.02596.x

Table 21. Lifetime prevalence of mood and anxiety disorders among adults, by sex and sexual orientation: percentage, United States, 2004–2005 combined

[Data are based on a household survey of a nationally representative sample]

Disorder	Male				Female			
	Gay (percent)	Bisexual (percent)	Not sure (percent)	Heterosexual (percent)	Lesbian (percent)	Bisexual (percent)	Not sure (percent)	Heterosexual (percent)
Any mood disorder	42.3	36.9	36.4	19.8	44.4	58.7	36.5	30.5
Dysthymia	12.3	3.6	0.6	3.5	9.1	18.6	9.5	6.3
Hypomania	4.0	5.0	8.9	3.8	5.0	10.5	2.3	3.6
Major depression	37.8	35.8	26.8	15.4	41.8	52.3	32.1	27.3
Mania	7.7	14.6	15.9	4.7	4.9	15.0	11.8	5.4
Any anxiety disorder	41.2	38.7	32.7	18.6	40.8	57.8	37.6	31.3
Generalized anxiety disorder	16.9	11.5	10.1	4.8	14.8	22.5	15.5	10.0
Panic with agoraphobia	4.2	0.0	0.0	1.1	2.5	7.0	5.9	2.5
Panic without agoraphobia	13.7	15.5	3.8	3.8	11.6	23.5	14.4	7.4
Social phobia	12.4	14.2	15.6	5.8	9.6	18.2	13.6	7.9
Specific phobia	21.8	19.8	18.4	10.0	27.6	35.0	23.7	19.5

NOTES: Determination of mental illness was based on responses to symptom questions in the Alcohol Use Disorder and Associated Disabilities Interview Schedule-IV, used to operationalize *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) defined mood and anxiety disorders.

Adults are defined as people aged 18 or older.

At the request of the publisher, the original published form of the table is also included in this volume, and the source reference is listed directly below the table (see Table D-1 in Appendix D).

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2004 and 2005 combined, an annual average of 42.3 percent of U.S. gay men had a mood disorder during their lifetime.

SOURCES: National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), 2001–2002, National Institute on Alcohol Abuse and Alcoholism.

Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health, 100*(3), 468–475. doi:10.2105/AJPH.2008.152942

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Table 22. Severe mental illness and chronic substance use disorders among shelter-seeking homeless adults: percentage, United States, 2006–2010

[Data are based on an annual point-in-time survey of shelter intake records]

Condition	2006 (N = 715,101) (percent)	2007 (N = 671,888) (percent)	2008 (N = 664,414) (percent)	2009 (N = 643,067) (percent)	2010 (N = 649,917) (percent)
Severe mental illness	25.3	27.6	26.3	24.9	26.2
Chronic substance abuse	36.4	39.0	36.5	33.9	34.7

NOTES: Data are collected and submitted to the Homeless Management Information System (HMIS) per the U.S. Department of Housing and Urban Development (HUD) reporting requirements.

HUD defines severe mental illness as mental health problems that are expected to be of long-continued and indefinite duration and that substantially impair the person’s ability to live independently.

HUD defines chronic substance abuse as alcohol abuse, illicit drug abuse, or both that is expected to be of long-continued and indefinite duration and that substantially impairs the person’s ability to live independently.

The determination of the presence of severe mental illness is made according to general guidelines provided in the HMIS Instructions. These state that a mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior, or thoughts of suicide. However, the determination of these symptoms in shelter-seeking adults is made by shelter intake staff and therefore reporting may not be consistent across sites. The presence of chronic substance abuse is similarly determined.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2006, 25.3 percent of homeless adults in the United States seeking shelter were determined by shelter intake staff to have severe mental illness.

SOURCE: U.S. Department of Housing and Urban Development, Office of Community Planning and Development (2011). *The 2010 annual homeless assessment report to Congress*. Continuum of care applications: Exhibit 1, CoC point-in-time homeless population and subpopulation, 2010. Retrieved from <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>

Table 23. Mental health problems among inmates in state and federal correctional facilities (2004) and in local jails (2002), by age, sex, and Hispanic origin and race: percentage, United States

[Data are based on a survey of inmates]

Characteristic	State prison inmates, 2004 (percent)	Federal prison inmates, 2004 (percent)	Local jail inmates, 2002 (percent)
All inmates	56.2	44.8	64.2
Age			
24 or younger	62.6	57.8	70.3
25–34	57.9	48.2	64.8
35–44	55.9	40.1	62.0
45–54	51.3	41.6	52.5
55 or older	39.6	36.1	52.4
Sex			
Male	55.0	43.6	62.8
Female	73.1	61.2	75.4
Hispanic origin and race¹			
White ²	62.2	49.6	71.2
Black ²	54.7	45.9	63.4
Hispanic	46.3	36.8	50.7
Other ^{2,3}	61.9	50.3	69.5

¹ Hispanic origin and race was not reported by an estimated 1,400 jail inmates who had a mental health problem.

² Excludes persons of Hispanic origin.

³ Includes American Indians, Alaska Natives, Asians, Native Hawaiians, Other Pacific Islanders, and inmates who specified more than one race.

NOTES: Any mental health problem was defined by two measures: a recent history of a mental health problem, either in the year before arrest or since admission; or symptoms of a mental health problem that occurred within the 12 months prior to the interview. A recent history of a mental health problem included inmates self-reporting that they were diagnosed with a mental health problem by a mental health professional or that they received treatment for a mental health problem by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994).

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

As an example of how to interpret the estimates in the table, in 2004, 56.2 percent of all inmates housed in state prisons in the United States had a recent mental health problem.

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

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (NCJ-213600). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf>

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5. TABLES

5.1 Behavioral Health of the Population

5.1.1 U.S. Population: Adults

5.1.2 U.S. Population: Children

Prevalence of Mental Illness and Substance Use Disorders
Tables 24–36

Table 24. Lifetime and past year mental health and substance use disorders among adolescents aged 13 to 18, by sex: percentage, United States, 2001–2004

[Data are based on a household survey of a nationally representative sample]

Disorder	Male (N = 4,953)		Female (N = 5,170)	
	Lifetime prevalence (percent)	Past year prevalence (percent)	Lifetime prevalence (percent)	Past year prevalence (percent)
Any mood disorder	10.5	6.5	18.3	13.6
Bipolar I or II	2.6	1.6	3.3	2.7
Major depressive disorder or dysthymia	7.7	5.0	15.9	11.6
Any anxiety disorder	26.1	18.9	38.0	31.1
Agoraphobia ¹	1.4	0.9	3.4	2.7
Generalized anxiety disorder	1.5	0.8	3.0	1.5
Panic disorder ²	2.0	1.4	2.6	2.4
Posttraumatic stress disorder	2.3	1.5	8.0	6.5
Separation anxiety disorder	6.3	0.7	9.0	2.5
Social phobia	7.0	6.1	11.2	10.6
Specific phobia	16.7	12.5	22.1	19.3
Any impulse disorder	33.0	25.5	26.3	21.1
Attention-deficit/hyperactivity disorder	13.0	9.8	4.2	3.1
Conduct disorder	7.9	6.2	5.8	4.5
Eating disorder	4.2	1.9	6.1	3.7
Intermittent explosive disorder	14.2	11.6	12.5	10.7
Oppositional defiant disorder	13.9	9.2	11.3	7.4
Any substance use disorder	12.5	9.3	10.2	7.4
Alcohol abuse or dependence	7.0	5.2	5.8	4.1
Illicit drug abuse or dependence ³	9.8	6.3	8.0	5.1
Number of disorders				
1 disorder	22.8	21.0	23.3	21.9
2 disorders	14.1	10.3	11.3	9.4
3 or more disorders	15.5	9.8	19.6	13.9

¹ Agoraphobia is diagnosed without a history of panic disorder.

² Panic disorder is assessed with or without agoraphobia.

³ Participants could endorse use of any illicit drugs. Therefore, illicit drugs are not restricted to a defined set of specific substances.

Table 24 notes (continued)

NOTES: All disorders other than oppositional defiant disorder (ODD) and substance use disorders are classified using *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) diagnostic hierarchy rules. ODD is diagnoses with or without conduct disorder (CD). Alcohol and drug abuse are diagnoses with or without dependence. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of major depressive disorder/dysthymia, attention-deficit/hyperactivity disorder (ADHD), CD, and ODD. CD, ODD, and alcohol abuse were assessed in the sample that completed the full parent self-administered questionnaire (SAQ) ($n = 3,150$ boys; $n = 3,333$ girls). ADHD was assessed in both the full SAQ sample and in the subsample of parents who completed the short-form SAQ ($n = 4,115$ for boys; $n = 4,355$ for girls). As a result, prevalence estimates of any mood disorder, any behavior disorder, any disorder, and number of disorders are based on 3,150 cases for boys and 3,333 cases for girls.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, an average of 7.7 percent of U.S. males aged 13 to 18 had major depressive disorder or dysthymia in their lifetime.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table 25. Past year mental disorders among children aged 8 to 11, by impairment severity: percentage, United States, 2001–2004 combined

[Data are based on evaluations of a sample of the civilian noninstitutionalized population]

Disorder	Disorder without severe impairment (percent)	Disorder with severe impairment ¹ (percent)
Any disorder	12.8	11.0
Anxiety disorder	0.4	0.3
Attention-deficit/hyperactivity disorder ²	9.9	9.1
Conduct disorder	1.5	1.2
Eating disorder	0.1	0.0
Generalized anxiety	0.1	0.0
Panic disorder	0.4	0.3
Mood disorder	2.5	1.8
Dysthymia	0.8	0.4
Major depression	1.6	1.4

¹ Disorder with severe impairment indicates two intermediate ratings or one severe rating on six impairment questions in the survey regarding personal distress and social (at home or with peers) or academic difficulties.

² Includes attention deficit, hyperactivity, and combined disorders.

NOTES: Diagnostic categories are not mutually exclusive. Disorder without impairment is the total prevalence for the population. The notes and source for this table have been reordered at the express wish of the copyright holding organization. Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for mental disorders in children and adolescents.

At the request of the publisher, the original published form of the table is also included in this volume, and the source reference is listed directly below the table (see Table D-2 in Appendix D).

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, from 2001 through 2004 combined, an annual average of 9.9 percent of U.S. children aged 8 to 11 had attention-deficit/hyperactivity disorder without severe impairment.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics*, 125(1), 75–81.

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Table 26. Selected characteristics of adolescents aged 13 to 18 with behavioral health disorders, by disorder severity: percentage, United States, 2001–2004

[Data are based on a household survey of a nationally representative sample]

Characteristic	Low severity (percent)	Moderate severity (percent)	High severity (percent)
Been arrested	10.6	16.0	20.3
Spent time in a juvenile corrections facility	0.3	2.1	3.8
Dropped out of school	0.3	0.7	3.3
Below average grades	4.3	3.5	18.1
Failed a grade	15.8	21.0	27.7
Suspended	30.9	42.4	56.6
Truant (skipped school)	32.2	28.7	44.3
Trouble making friends	3.9	18.0	17.5
Lived in foster home	2.2	11.0	5.4

NOTES: This study used the Strengths and Difficulties Questionnaire (SDQ) with impact supplement (Goodman, 1999). The SDQ is a brief behavioral screening questionnaire made up of 25 items among five scales of five items each, generalizing scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior; all but the last scale are summed to generate a total difficulties score that can range from 0 to 40. The impact supplement includes five items assessing overall distress and impairment, which are summed to generate an impact score ranging from 0 to 10. Impact scores of 2 or more indicate high disorder severity, a score of 1 indicates moderate severity, and a score of 0 indicates low severity.

Behavioral health disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for behavioral health disorders in children and adolescents. The behavioral health disorders assessed included mood disorders (bipolar disorder I or II, dysthymia, and major depressive disorder), anxiety disorders (agoraphobia, generalized anxiety disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, and specific phobia), impulse disorders (attention-deficit/hyperactivity disorder, conduct disorder, intermittent explosive disorder, and oppositional defiant disorder), eating disorders, and substance use disorders (alcohol and drug abuse or dependence).

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, an average of 10.6 percent of U.S. adolescents aged 13 to 18 with a behavioral health disorder with low severity had been arrested in their lifetime.

SOURCES: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791–799.

Table 27. Parent-reported emotional and behavioral difficulties in the past year among children and adolescents aged 4 to 17, by level of severity and selected characteristics: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Characteristic	No difficulties		Minor difficulties		Definite or severe difficulties	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	45,989	80.3	8,228	14.4	3,040	5.3
Age¹						
4–7	14,564	85.4	1,896	11.1	596	3.5
8–10	9,341	77.5	1,963	16.3	750	6.2
11–14	12,425	78.0	2,567	16.1	929	5.8
15–17	9,659	79.0	1,802	14.7	766	6.3
Male	22,540	77.1	4,782	16.4	1,926	6.6
4–7	7,141	82.7	1,070	12.4	420	4.9
8–10	4,507	72.1	1,235	19.8	511	8.2
11–14	6,074	74.9	1,452	17.9	580	7.2
15–17	4,817	77.0	1,025	16.4	415	6.6
Female	23,449	83.7	3,446	12.3	1,114	4.0
4–7	7,422	88.1	827	9.8	176	2.1
8–10	4,835	83.3	728	12.6	238	4.1
11–14	6,351	81.3	1,115	14.3	349	4.5
15–17	4,841	81.1	777	13.0	351	5.9
Race/ethnicity	45,989	80.3	8,228	14.4	3,040	5.3
Non-Hispanic white	25,558	79.0	4,886	15.1	1,915	5.9
Non-Hispanic black	6,546	76.5	1,475	17.2	539	6.3
Non-Hispanic other (including multiple races)	3,009	90.1	249	7.5	81	2.4
Hispanic	10,875	83.7	1,618	12.4	505	3.9
Poverty status²	45,989	80.3	8,228	14.4	3,040	5.3
<100% of Federal Poverty Level	8,925	74.0	2,216	18.4	921	7.6
100%–199% of Federal Poverty Level	10,719	79.9	1,975	14.7	724	5.4
≥ 200% of Federal Poverty Level	26,345	82.9	4,037	12.7	1,395	4.4

See notes on page 77.

Table 27 notes

¹ Estimates for age groups are not age adjusted.

² Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

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

As an example of how to interpret the estimates in the table, the second cell in the third row shows that, in 2011, 85.4 percent of U.S. children and adolescents aged 4 to 17 had no emotional or behavioral difficulties.

SOURCES: National Health Interview Survey, 2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791–799.

Table 28. Autism, intellectual disability, learning disability, and other developmental delays among children and adolescents aged 0 to 17, by selected characteristics: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Characteristic	Autism or autism spectrum disorder		Intellectual disability or Down syndrome		Learning disability		Other developmental delay	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	756	1.0	846	1.1	4,660	7.5	3,340	4.5
Age								
0–4	117	0.6	95 ¹	0.4 ¹	233 ²	2.6 ²	736	3.5
5–11	337	1.2	377	1.3	2,029	7.0	1,591	5.5
12–17	302	1.2	373	1.5	2,398	9.8	1,013	4.1
Sex								
Male	625	1.6	535	1.4	2,928	9.2	2,155	5.7
Female	131	0.4	311	0.9	1,732	5.7	1,184	3.3
Hispanic origin and race								
Non-Hispanic white	494	1.2	514	1.2	2,794	8.1	2,086	5.0
Non-Hispanic black	57 ¹	0.5 ¹	151	1.4	803	8.5	577	5.2
Non-Hispanic other (including multiple races)	41 ¹	0.9 ¹	45 ¹	1.0 ¹	163	4.5	128	2.9
Hispanic	164	0.9	136	0.8	900	6.3	549	3.1
Poverty status³								
<100% of Federal Poverty Level	135	0.8	223	1.3	1,370	10.1	943	5.6
100%–199% of Federal Poverty Level	160	0.9	274	1.6	1,217	8.4	798	4.6
≥ 200% of Federal Poverty Level	462	1.1	348	0.9	2,073	6.1	1,599	4.0

¹ Estimate does not meet standards of reliability or precision and has a relative standard error of greater than 30 percent and less than or equal to 50 percent. This estimate should be interpreted with caution.

² Estimates for learning disability are collected in children and adolescents aged 3 to 17. This cell contains estimates for children aged 3 to 4.

³ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

Table 28 notes *(continued)*

NOTES: Disorder status was based on parental report.

As an example of how to interpret the estimates in the table, the first two cells in the third row show that, in 2011, 117,000 or 0.6 percent of U.S. children aged 0 to 4 had autism or an autism spectrum disorder.

SOURCE: National Health Interview Survey, 2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 29. Past year substance use disorders among adolescents aged 12 to 17, by selected characteristics: number and percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Illicit drug ¹ use disorder or alcohol use disorder		Illicit drug ¹ use disorder		Alcohol use disorder		Illicit drug ¹ use disorder and alcohol use disorder	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	1,748	7.1	1,123	4.6	1,064	4.3	288	1.7
Age								
12–13	124	1.6	94	1.2	53	0.7	15	0.3
14–15	556	6.7	359	4.3	331	4.0	93	1.7
16–17	1,068	12.5	669	7.9	680	8.0	180	3.2
Sex								
Male	863	6.9	583	4.6	482	3.8	131	1.6
Female	884	7.3	540	4.5	582	4.8	157	1.9
Hispanic origin and race								
Not Hispanic or Latino	1,323	6.8	843	4.3	809	4.1	212	1.6
White	1,026	7.3	632	4.5	660	4.7	169	1.8
Black or African American	184	5.1	138	3.8	83	2.3	25	1.1
American Indian or Alaska Native	17	12.9	14	10.1	8	6.0	2	2.6
Native Hawaiian or Other Pacific Islander	8	10.6	3	3.8	5	7.4	0	0.4
Asian	36	3.4	22	2.0	20	1.8	5	0.6
Two or more races	52	8.9	35	5.9	33	5.6	11	2.7
Hispanic or Latino	424	8.4	280	5.6	256	5.1	75	2.2
Poverty status²								
<100% of Federal Poverty Level	383	7.8	271	5.5	214	4.4	69	2.1
100%–199% of Federal Poverty Level	422	7.3	271	4.7	252	4.4	62	1.6
≥ 200% of Federal Poverty Level	943	6.7	581	4.2	598	4.3	156	1.7

(continued)

Table 29. Past year substance use disorders among adolescents aged 12 to 17, by selected characteristics: number in thousands and percentage, United States, 2009–2011 combined (continued)

Characteristic	Illicit drug ¹ use disorder or alcohol use disorder		Illicit drug ¹ use disorder		Alcohol use disorder		Illicit drug ¹ use disorder and alcohol use disorder	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Geographic region								
Northeast	314	7.3	194	4.5	194	4.5	46	1.6
Midwest	374	6.9	234	4.3	231	4.3	54	1.5
South	564	6.2	366	4.0	340	3.8	93	1.5
West	495	8.4	330	5.6	300	5.1	95	2.4
Metropolitan area								
Large metropolitan area	927	7.1	597	4.5	560	4.3	153	1.7
Small metropolitan area	543	7.1	371	4.8	319	4.2	96	1.9
Non-metropolitan area	278	7.2	156	4.1	185	4.8	39	1.5

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

² Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

NOTES: Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* and follow diagnostic hierarchy rules for abuse and dependence.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2009 through 2011 combined, an annual average of 1,748,000 U.S. adolescents aged 12 to 17 had a substance use disorder in the past year.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 30. Alcohol and illicit drug use among adolescents in grades 8, 10, and 12, by type of substance and period of use: percentage, United States, 2012

[Data are based on a survey of students in grades 8, 10, and 12 from a nationally representative sample of secondary schools]

Substance/time period	8th grade (N = 15,100) (percent)	10th grade (N = 15,000) (percent)	12th grade (N = 13,700) (percent)
Alcohol			
Lifetime	29.5	54.0	69.4
Past year	23.6	48.5	63.5
Past month	11.0	27.6	41.5
Cocaine			
Lifetime	1.9	3.3	4.9
Past year	1.2	2.0	2.7
Past month	0.5	0.8	1.1
Ecstasy			
Lifetime	2.0	5.0	7.2
Past year	1.1	3.0	3.8
Past month	0.5	1.0	0.9
Inhalants			
Lifetime	11.8	9.9	7.9
Past year	6.2	4.1	2.9
Past month	2.7	1.4	0.9
LSD			
Lifetime	1.3	2.6	3.8
Past year	0.8	1.7	2.4
Past month	0.3	0.5	0.8
Marijuana			
Lifetime	15.2	33.8	45.2
Past year	11.4	28.0	36.4
Past month	6.5	17.0	22.9

NOTE: As an example of how to interpret the estimates in the table, in 2012, 29.5 percent of U.S. 8th graders had used alcohol in their lifetime.

SOURCE: Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2013b). *Monitoring the Future national results on drug use: 2012 overview, key findings on adolescent drug use*. Ann Arbor, MI: Institute for Social Research, The University of Michigan. Retrieved from <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2012.pdf>

Table 31. Smoking cigarettes daily in the past 30 days among adolescents in grades 8, 10, and 12, by grade and demographic characteristics: percentage, United States, selected years 1980–2012

[Data are based on a survey of students in grades 8, 10, and 12 from a nationally representative sample of secondary schools]

Grade and characteristics	1980 (percent)	1985 (percent)	1990 (percent)	1995 (percent)	2000 (percent)	2005 (percent)	2010 (percent)	2011 (percent)	2012 (percent)
8th grade									
Total	—	—	—	9.3	7.4	4.0	2.9	2.4	1.9
Sex									
Male	—	—	—	9.2	7.0	3.9	3.5	2.5	2.0
Female	—	—	—	9.2	7.5	4.0	2.3	2.2	1.6
Hispanic origin and race									
White, non-Hispanic	—	—	—	10.5	9.0	4.6	3.2	3.0	2.4
Black, non-Hispanic	—	—	—	2.8	3.2	2.1	1.9	1.5	1.6
Hispanic	—	—	—	9.2	7.1	3.1	2.3	2.4	1.8
10th grade									
Total	—	—	—	16.3	14.0	7.5	6.6	5.5	5.0
Sex									
Male	—	—	—	16.3	13.7	7.2	7.2	6.4	5.6
Female	—	—	—	16.1	14.1	7.7	5.9	4.5	4.4
Hispanic origin and race									
White, non-Hispanic	—	—	—	17.6	17.7	9.1	7.4	7.1	6.2
Black, non-Hispanic	—	—	—	4.7	5.2	3.9	3.5	3.5	2.9
Hispanic	—	—	—	9.9	8.8	5.9	4.4	3.8	3.0
12th grade									
Total	21.3	19.5	19.1	21.6	20.6	13.6	10.7	10.3	9.3
Sex									
Male	18.5	17.8	18.6	21.7	20.9	14.6	12.3	11.6	10.9
Female	23.5	20.6	19.3	20.8	19.7	11.9	8.7	8.6	7.3
Hispanic origin and race									
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	17.1	13.5	13.0	12.1
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	5.6	5.3	4.9	4.7
Hispanic	12.8	11.8	10.9	11.6	15.7	7.7	5.7	5.3	4.9

See notes on page 84.

Table 31 notes

— Data not available.

NOTES: A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

As an example of how to interpret the estimates in the table, the first cell in the fourth column shows that, in 1995, 9.3 percent of U.S. 8th graders reported smoking cigarettes daily in the past 30 days.

SOURCE: Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2013a). *Demographic subgroup trends among adolescents for forty-six classes of licit and illicit drugs 1975–2012*. Ann Arbor, MI: Institute for Social Research, The University of Michigan. Retrieved from <http://www.monitoringthefuture.org/pubs/occpapers/mtf-occ79.pdf>

Table 32. Past year substance use disorders among adolescents aged 13 to 18 with and without a past year mental disorder: percentage, United States, 2001–2004

[Data are based on a household survey of a nationally representative sample]

Disorder	All youth (percent)	No mental disorder (percent)	Any mental disorder ¹ (percent)
No substance use disorder, excluding nicotine dependence ²	91.5	96.22	86.5
No substance use disorder, including nicotine dependence ³	89.1	95.0	82.7
Any substance use disorder, excluding nicotine dependence ⁴	8.5	3.8	13.5
Any substance use disorder, including nicotine dependence ⁵	10.9	5.0	17.3
Nicotine dependence	5.4	1.8	9.2
Alcohol use disorder	4.6	2.0	7.4
Illicit drug ⁶ use disorder	5.9	2.1	9.9

¹ Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Mental disorder is defined as meeting the requirements for at least one of the following disorders: agoraphobia, attention-deficit/hyperactivity disorder, bipolar I or II, conduct disorder, eating disorder, generalized anxiety disorder, intermittent explosive disorder, major depressive disorder or dysthymia, oppositional defiant disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, or specific phobia. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, major depressive disorder/dysthymia, and oppositional defiant disorder.

² No substance use disorder, excluding nicotine dependence, means that the person did not have an alcohol or illicit drug use disorder but may or may not have had nicotine dependence.

³ No substance use disorder, including nicotine dependence, means that the person did not have an alcohol or illicit drug use disorder, or nicotine dependence.

⁴ Any substance use disorder, excluding nicotine dependence, means that the person had an alcohol or illicit drug use disorder but may or may not have had nicotine dependence.

⁵ Any substance use disorder, including nicotine dependence, means that the person had an alcohol or illicit drug use disorder, or nicotine dependence.

⁶ Participants could endorse use of any illicit drugs. Therefore, illicit drugs are not restricted to a defined set of specific substances.

NOTES: Substance use disorders are classified using DSM-IV diagnostic hierarchy rules. Alcohol and drug use disorders include alcohol and drug abuse or dependence.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, 91.5 percent of U.S. adolescents aged 13 to 18 did not have a substance use disorder.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table 33. Past year mental disorders among adolescents aged 13 to 18 with and without a past year substance use disorder: percentage, United States, 2001–2004

[Data are based on a household survey of a nationally representative sample]

Disorder ¹	No substance use disorder ² (percent)	Any substance use disorder ³ (percent)	Nicotine dependence (percent)	Alcohol use disorder (percent)	Illicit drug ⁴ use disorder (percent)
No mental disorder	55.3	23.7	17.3	22.6	18.9
Any mental disorder	44.7	76.3	82.7	77.4	81.1
Any mood disorder	10.9	39.2	45.9	36.7	45.8
Bipolar I or II	1.4	6.9	8.8	9.2	8.4
Major depressive disorder or dysthymia	10.4	37.2	43.9	34.7	43.9
Any anxiety disorder	26.0	40.9	45.3	37.6	47.2
Agoraphobia ⁵	1.6	2.9	2.5	3.1	1.6
Generalized anxiety disorder	0.9	2.1	1.7	1.7	3.2
Panic disorder ⁶	1.6	4.5	5.5	3.3	4.7
Posttraumatic stress disorder	2.3	9.0	9.4	14.5	8.5
Separation anxiety disorder	1.3	2.3	1.9	1.7	2.8
Social phobia	12.0	19.2	22.4	15.1	23.4
Specific phobia	15.4	23.7	28.7	17.5	25.9
Any impulse disorder	27.2	64.6	67.5	64.5	70.3
Attention-deficit/hyperactivity disorder	9.5	20.8	23.4	22.0	21.7
Conduct disorder	5.0	33.4	41.0	33.3	42.5
Eating disorder	1.7	5.1	8.5	1.8	7.4
Intermittent explosive disorder	9.2	22.4	22.5	21.2	21.7
Oppositional defiant disorder	16.3	44.0	49.8	40.3	52.5

See notes on page 87.

Table 33 notes

¹ Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Mental disorder is defined as meeting the requirements for at least one of the following disorders: agoraphobia, attention-deficit/hyperactivity disorder, bipolar I or II, conduct disorder, eating disorder, generalized anxiety disorder, intermittent explosive disorder, major depressive disorder or dysthymia, oppositional defiant disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, or specific phobia. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, major depressive disorder/dysthymia, and oppositional defiant disorder.

² No substance use disorder means that the person did not have an alcohol or illicit drug use disorder (abuse or dependence) or nicotine dependence.

³ Any substance use disorder means that the person had an alcohol or illicit drug use disorder (abuse or dependence) or nicotine dependence.

⁴ Participants could endorse use of any illicit drugs. Therefore, illicit drugs are not restricted to a defined set of specific substances.

⁵ Agoraphobia is diagnosed without a history of panic disorder.

⁶ Panic disorder is assessed with or without agoraphobia.

NOTES: Substance use disorders are classified using DSM-IV diagnostic hierarchy rules. Alcohol and drug abuse are diagnoses with or without dependence.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, the third cell in the fifth row shows that, for the 2001 through 2004 study period, 43.9 percent of U.S. adolescents aged 13 to 18 with nicotine dependence met diagnostic criteria for major depressive disorder or dysthymia in the past year.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table 34. Co-occurring health conditions and reported emotional and behavioral problems among children and adolescents aged 4 to 17: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Health condition	All children and adolescents (percent)	Children and adolescents with emotional or behavioral problems (percent)
Any selected health condition	34.4	48.5
Anemia ¹	1.2	2.6
Asthma ²	16.0	23.6
Congenital or other heart disease ²	1.2	2.4
Digestive allergies ¹	5.8	9.0
Severe headaches or migraines ¹	6.5	13.3
Seizures ¹	0.7	1.8
Skin allergies ¹	12.2	17.1
3+ ear infections ¹	4.3	6.5

¹ Past year diagnosis

² Lifetime diagnosis

NOTE: As an example of how to interpret the estimates in the table, in 2011, 34.4 percent of U.S. children and adolescents aged 4 to 17 had at least one of the selected health conditions listed.

SOURCE: National Health Interview Survey, 2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 35. Current emotional or behavioral problems among children and adolescents aged 1.5 to 17 18 months after involvement in the child welfare system, by demographic characteristics and setting: percentage, United States, 2009–2011

[Data are based on a sample of children involved in child welfare investigations]

Characteristic	Clinical-level behavior problem ¹ (percent)	Internalizing behavior problem ² (percent)	Externalizing behavior problem ³ (percent)
Total	20.5	14.3	18.7
Age			
18 months–2 years	12.8	7.7	12.0
3–5 years	11.7	10.8	7.6
6–10 years	22.9	13.2	23.4
11–17 years	27.2	19.8	24.8
Sex			
Male	22.5	14.5	21.4
Female	18.4	14.0	16.0
Race/ethnicity			
White	25.1	17.6	24.3
Black	15.8	9.7	14.4
Hispanic	16.3	12.6	12.4
Other	25.4	16.9	26.3
Setting			
In-home	20.2	13.4	18.3
Formal kin care ⁴	21.9	15.6	21.2
Informal kin care ⁴	17.0	17.9	17.3
Foster care	33.4	25.4	25.7
Group home or residential program	52.2	54.2	56.0

¹ Clinical-level behavior problem indicates a clinically elevated score on the Child Behavior Checklist Total Problems scale. This problem scale is assessed independently of internalizing and externalizing behaviors and is not a combination of internalizing and externalizing.

² Internalizing behavior problems include symptoms consistent with anxiety or depression.

³ Externalizing behavior problems include behaviors consistent with attention-deficit/hyperactivity disorder or conduct disorder.

⁴ A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative who currently serves as the child’s primary caregiver.

NOTES: The measure used to assess behavior problems was the Child Behavior Checklist (Achenbach, 1991; Achenbach & Rescorla, 2001), a parent-report measure that assesses social competencies and problem behaviors of children and adolescents aged 18 months to 17 years. This table reports elevation of the Internalizing, Externalizing, and Total Problems scale standardized scores. Behavior ratings were considered clinically significant if the scale T scores were at or above 64. All analyses were on weighted data.

Data reported in this table were collected over the period 2009 through 2011.

As an example of how to interpret the estimates in the table, for the 2009 through 2011 study period, an average of 14.3 percent of U.S. children and adolescents involved in the child welfare system had an internalizing behavior problem 18 months after involvement with the child welfare system.

SOURCE: Casanueva, C., Wilson, E., Smith, K., Dolan, M., Ringeisen, H., & Horne, B. (2012). *NSCAW II Wave 2 Report: Child well-being*. (OPRE Report #2012-38). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nscaw2_intro_0.pdf

Table 36. Level of emotional and behavioral problems among adolescents aged 11 to 17, by age, sex, and parental military status: mean questionnaire score, United States, 2008 and 2009

[Data are based on a survey of a representative sample of the national population and a sample of children who attended a free summer camp for children with parents in the military]

Characteristic	National sample ¹ (average score)	Children of military parents ² (average score)
All children		
Ages 11–14	7.1	9.8
Ages 15–17	6.4	9.6
Male		
Ages 11–14	7.6	10.8
Ages 15–17	6.5	9.7
Female		
Ages 11–14	6.6	8.8
Ages 15–17	6.4	9.7

¹ National sample estimates are based on data from the 2009 National Health Interview Survey.

² Data for children of military parents were provided by Dr. Anita Chandra and were the basis of Figure 1, presented by Chandra and colleagues (2010). The study was conducted in 2008, and the sample consisted of 94.5 percent mothers.

NOTES: A higher score means a higher level of emotional or behavioral difficulties. This study used the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1999). The SDQ is a brief behavioral screening questionnaire made up of 25 items among five scales of five items each, generalizing scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior; all but the last scale are summed to generate a total difficulties score that can range from 0 to 40.

As an example of how to interpret the estimates in the table, in 2009, the mean emotional and behavioral difficulties questionnaire score among a national sample of U.S. children and adolescents aged 11 to 14 was 7.1.

SOURCES: National Health Interview Survey, 2009, Centers for Disease Control and Prevention, National Center for Health Statistics.

Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics*, 125(1), 16–25. doi:10.1542/peds.2009-1180

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791–799.

5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need Tables 37–39

Types of Behavioral Health Treatment

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Specialty Treatment Settings and Special Populations

5.2.2 Child Behavioral Health Services

5.2.3 Behavioral Health Service Use among Special Populations

Table 37. Past year mental health and substance abuse treatment among adults, by year: number and percentage, United States, 2005, 2009, 2010, and 2011

[Data are based on a household survey of a nationally representative sample]

Type of Treatment	2005		2009		2010		2011	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Mental health treatment	28,166	13.0	30,341	13.4	31,490	13.8	31,642	13.6
Prescription medication ¹	23,305	10.7	25,719	11.3	26,671	11.7	26,777	11.5
Outpatient ²	14,856	6.8	14,394	6.4	15,146	6.6	15,477	6.7
Inpatient ³	2,129	1.0	1,900	0.8	1,752	0.8	1,779	0.8
Substance abuse treatment	3,582	1.6	3,990	1.8	3,862	1.7	3,463	1.5
Alcohol treatment	2,628	1.2	2,902	1.3	2,721	1.2	2,500	1.1
Drug treatment	1,920	0.9	2,097	0.9	1,997	0.9	1,789	0.8
Both alcohol and drug treatment	1,355	0.6	1,394	0.6	1,201	0.5	1,098	0.5

¹ Prescription medication is for problems with emotions, nerves, or mental health.

² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

³ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, the first two cells show that, in 2005, 28,166,000 or 13.0 percent of U.S. adults received mental health treatment.

SOURCE: National Survey on Drug Use and Health, 2005–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 38. Past year mental health and substance abuse treatment among adults, by selected characteristics: percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Any mental health treatment (percent)	Prescription mental health medication ¹ (percent)	Outpatient mental health treatment ² (percent)	Inpatient mental health treatment ³ (percent)	Any substance abuse treatment (percent)	Alcohol treatment (percent)	Drug treatment (percent)
All adults	13.6	11.5	6.6	0.8	1.6	1.2	0.9
Age							
18–25	11.2	8.6	6.0	1.0	2.8	1.8	1.7
26–34	13.9	11.2	7.4	0.7	2.3	1.6	1.2
35–49	15.3	13.0	7.9	0.9	2.0	1.5	1.0
50–64	15.8	14.0	7.1	0.6	1.1	0.8	0.5
65 or older	9.5	8.2	3.3	0.7	0.3	0.2	0.0
Sex							
Male	9.6	7.9	4.7	0.8	2.3	1.7	1.2
Female	17.4	14.9	8.3	0.8	1.0	0.7	0.6
Hispanic origin and race							
Not Hispanic or Latino	14.6	12.4	7.0	0.8	1.6	1.2	0.9
White	16.3	14.1	7.7	0.7	1.7	1.2	0.8
Black or African American	8.1	6.2	4.3	1.2	1.8	1.3	1.3
American Indian or Alaska Native	16.4	14.8	8.0	1.6	4.3	3.7	2.6
Native Hawaiian or Other Pacific Islander	7.3	4.2	5.6	0.2	1.0	0.6	0.6
Asian	5.2	2.9	2.7	0.9	0.2	0.2	0.1
Two or more races	17.7	14.1	9.8	1.2	2.0	1.0	1.3
Hispanic or Latino	7.5	5.8	4.0	0.8	1.7	1.3	0.8
Poverty status⁴							
<100% of Federal Poverty Level	15.9	13.5	8.7	2.2	3.5	2.5	2.3
100%–199% of Federal Poverty Level	13.3	11.4	6.0	1.1	2.0	1.5	1.1
≥ 200% of Federal Poverty Level	13.2	11.2	6.3	0.4	1.2	0.8	0.5

(continued)

Table 38. Past year mental health and substance abuse treatment among adults, by selected characteristics: percentage, United States, 2009–2011 combined (*continued*)

Characteristic	Any mental health treatment (percent)	Prescription mental health medication ¹ (percent)	Outpatient mental health treatment ² (percent)	Inpatient mental health treatment ³ (percent)	Any substance abuse treatment (percent)	Alcohol treatment (percent)	Drug treatment (percent)
Health insurance status							
Private	13.1	11.0	6.2	0.4	0.9	0.7	0.4
Medicaid/CHIP ⁵	22.5	19.3	12.3	3.3	4.0	2.5	2.8
Other coverage ⁶	14.5	13.0	6.5	1.2	1.3	0.9	0.5
No coverage	9.1	7.6	4.1	0.8	3.1	2.2	1.8
Current employment							
Full-time	11.3	9.3	5.2	0.3	1.2	0.9	0.5
Part-time	14.9	12.2	7.7	0.6	1.8	1.3	0.9
Unemployed	13.4	11.1	6.7	1.4	4.2	2.8	2.4
Other ⁷	17.0	15.0	8.2	1.5	1.7	1.2	1.0
Chronic health condition							
Any	24.4	21.8	11.9	1.4	2.0	1.5	1.1
1	17.0	14.4	7.9	1.1	1.7	1.3	0.8
2	31.8	29.5	16.8	1.4	2.1	1.4	1.3
3+	48.5	45.7	23.5	2.7	3.6	2.5	2.1

See notes on page 95.

Table 38 notes

- ¹ Prescription medication is for problems with emotions, nerves, or mental health.
- ² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.
- ³ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.
- ⁴ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.
- ⁵ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.
- ⁶ Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the Veterans Administration (VA), military health care, or any other type of health insurance.
- ⁷ The other employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Years of data were combined to achieve statistical precision.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, for 2009 through 2011 combined, an annual average of 13.6 percent of U.S. adults received any mental health treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 39. Past year mental health and substance abuse treatment among adults, by mental illness and substance use disorder status: percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Disorder status	Any mental health treatment (percent)	Any substance abuse treatment (percent)	Alcohol treatment (percent)	Drug treatment (percent)
All adults	13.6	1.6	1.2	0.9
No mental illness	7.6	1.0	0.8	0.5
No substance use disorder	7.2	0.6	0.5	0.3
Alcohol use disorder	12.5	6.0	5.2	2.1
Illicit drug ¹ use disorder	12.2	11.4	5.9	9.2
Alcohol and illicit drug ¹ use disorder	14.1	12.9	8.4	8.4
Mental illness with mild functional impairment	28.1	3.1	2.2	1.7
No substance use disorder	28.4	1.6	1.1	1.0
Alcohol use disorder	30.7	10.5	8.7	4.3
Illicit drug ¹ use disorder	33.1	18.9	12.0	16.1
Alcohol and illicit drug ¹ use disorder	32.9	19.5	16.3	14.6
Mental illness with moderate functional impairment	46.0	4.5	3.1	2.4
No substance use disorder	47.0	2.1	1.3	1.0
Alcohol use disorder	41.3	15.1	12.0	7.2
Illicit drug ¹ use disorder	42.2	22.0	14.0	17.3
Alcohol and illicit drug ¹ use disorder	39.9	28.8	*	*
Mental illness with serious functional impairment	66.3	7.7	5.4	4.7
No substance use disorder	65.9	2.3	1.4	1.5
Alcohol use disorder	67.0	23.7	20.7	11.3
Illicit drug ¹ use disorder	66.9	29.4	18.1	25.1
Alcohol and illicit drug ¹ use disorder	57.4	35.6	29.0	30.0

See notes on page 97.

Table 39 notes

* Estimates are considered unreliable because of low precision.

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the first cell in the third row shows that, for 2009 to 2011 combined, an annual average of 7.2 percent of U.S. adults with no mental illness or substance use disorder received mental health treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

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5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need

Types of Behavioral Health Treatment

Tables 40–47

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Specialty Treatment Settings and Special Populations

5.2.2 Child Behavioral Health Services

5.2.3 Behavioral Health Service Use among Special Populations

Table 40. Types of mental health treatment received by adults in the past year, by mental illness status: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Type and location of mental health treatment/counseling ¹	No mental illness (percent)	Any mental illness (percent)	Mental illness with mild functional impairment (percent)	Mental illness with moderate functional impairment (percent)	Mental illness with serious functional impairment (percent)
Any mental health treatment	7.8	40.8	64.9	45.8	28.6
Prescription medication ¹	6.3	35.6	64.9	39.7	24.3
Outpatient ²	7.8	40.8	44.1	26.0	14.9
Outpatient mental health clinic or center	0.5	6.6	13.9	7.4	3.3
Office of a private therapist, psychologist, psychiatrist, social worker, or counselor—not part of a clinic	1.7	12.9	23.4	12.6	8.8
Doctor's office—not part of a clinic	0.5	5.0	10.0	6.0	2.5
Outpatient medical clinic	0.2	1.8	3.6	1.9	1.0
Partial day hospital or day treatment program	0.0	0.6	1.6	0.4	0.2
School or university setting/clinic/center	0.0	0.1	0.2	0.2	0.1
Some other place ³	0.0	0.5	1.4	0.3	0.1
Inpatient ⁴	0.2	3.3	8.8	2.9	1.2

¹ Prescription medication is for problems with emotions, nerves, or mental health.

² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

³ Respondents with unknown or invalid responses to the location “some other place received outpatient mental health treatment/counseling” were excluded.

⁴ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Table 40 notes (continued)

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 7.8 percent of U.S. adults with no mental illness received mental health treatment.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 41. Types of substance abuse treatment received in the past year among adults, by past year substance use disorder status: percentage, United States, 2008–2011 combined

[Data are based on a household survey of a nationally representative sample]

Type of substance abuse treatment	No substance use disorder	Any substance use disorder	Alcohol use disorder	Alcohol abuse	Alcohol dependence	Illicit drug ¹ use disorder	Illicit drug ¹ abuse	Illicit drug ¹ dependence
Any substance abuse treatment	0.8	10.2	9.5	4.9	14.5	17.0	11.2	19.2
Outpatient rehabilitation center	0.3	4.6	4.1	2.0	6.4	8.8	5.5	10.1
Outpatient mental health center	0.2	3.2	2.8	1.1	4.6	6.0	3.0	7.1
Inpatient hospital	0.1	2.7	2.3	0.7	4.2	5.4	2.1	6.7
Inpatient rehabilitation center	0.1	3.2	2.8	0.9	4.8	6.5	3.2	7.7
Emergency room	0.0	1.8	1.7	0.4	3.1	3.5	2.0	4.1
Private doctor's office	0.1	2.4	2.1	0.5	3.8	4.4	2.1	5.3
Prison/jail	0.1	0.9	0.7	0.4	1.0	1.8	1.4	1.9
Self-help group	0.5	6.1	5.7	2.5	9.2	10.5	6.5	12.1
School/college	*	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Church, religious, spiritual organization ²	0.0	0.1	0.0	0.0	0.1	0.1	0.2	0.1
Other ³	0.0	0.2	0.1	0.1	0.2	0.6	0.4	0.6

*Estimates are considered unreliable because of low precision.

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

² Service providers of church, religious, or spiritual organizations include ministers, priests, and rabbis.

³ Respondents with unknown or invalid responses to the location "some other place received outpatient substance abuse treatment/counseling" were excluded.

Table 41 notes (continued)

NOTES: Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2008 through 2011 combined, an annual average of 0.8 percent of U.S. adults with no past year substance use disorder accessed substance abuse treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2008–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 42. Types of substance abuse services received by adults who received substance abuse services in the past year, by substance use disorder status: percentage, United States, 2005–2011 combined

[Data are based on a household survey of a nationally representative sample]

Service type	Adults who received substance abuse treatment	Adults with a substance use disorder who received treatment	Adults with an alcohol use disorder who received treatment	Adults with alcohol abuse who received treatment	Adults with alcohol dependence who received treatment	Adults with an illicit drug ¹ use disorder who received treatment	Adults with illicit drug ¹ abuse who received treatment	Adults with illicit drug ¹ dependence who received treatment
Outpatient rehabilitation center	42.2	44.8	42.6	39.7	43.9	50.6	50.5	50.7
Outpatient mental health center	26.1	30.6	29.4	22.8	32.2	34.7	24.0	37.0
Inpatient hospital	19.8	26.4	24.7	14.2	29.3	31.9	20.3	34.3
Inpatient rehabilitation center	25.5	32.1	30.1	20.7	34.2	38.0	31.9	39.4
Emergency room	11.4	16.9	16.6	9.5	19.7	19.8	16.0	20.6
Private doctor's office	16.1	20.6	19.6	11.2	23.2	22.5	13.9	24.4
Prison/jail	9.2	9.5	9.0	9.7	8.6	12.2	11.5	12.4
Self-help group	57.2	58.7	59.2	50.7	62.8	59.7	58.8	59.9
School/college	0.2	0.2	0.2	0.3	0.1	0.2	0.4	0.1
Church, religious, spiritual organization ²	0.3	0.3	0.2	0.1	0.3	0.3	*	0.1
Other source	1.1	1.2	0.9	0.8	1.0	1.8	2.0	1.8
Multiple sources	54.4	61.9	59.9	48.6	64.7	68.3	57.0	70.7

* Estimates are considered unreliable because of low precision.

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

² Service providers in church, religious, or spiritual organizations include ministers, priests, and rabbis.

Table 42 notes (continued)

NOTES: Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2005 through 2011 combined, an annual average of 19.8 percent of U.S. adults who received treatment for substance abuse received treatment at an inpatient hospital.

SOURCE: National Survey on Drug Use and Health, 2005, 2006–2010 (revised March 2012), and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 43. Types of specialty mental health treatment used by adults who used specialty mental health services in the past year, by mental illness status: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Service	All adults who used services		Any mental illness		Mental illness with serious functional impairment	
	Number (1,000s)	Percentage	Number (1,000s)	Percentage	Number (1,000s)	Percentage
Prescription medication only ¹	15,363	48.8	6,414	38.4	1,664	28.6
Outpatient only ²	4,362	13.9	1,818	10.9	494	8.5
Inpatient only ³	322	1.0	205	1.2	70	1.2
Prescription medication and outpatient	9,985	31.7	7,154	42.8	2,859	49.2
Prescription medication and inpatient	322	1.0	218	1.3	124	2.1
Outpatient and inpatient	136	0.4	92	0.6	30	0.5
Prescription medication, outpatient, and inpatient	970	3.1	815	4.9	572	9.8

¹ Prescription medication is for problems with emotions, nerves, or mental health.

² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

³ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Table 43 notes (continued)

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, the second cell in the third row shows that, in 2011, 1.0 percent of U.S. adults who used specialty mental health services used inpatient mental health treatment only.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 44. Past year use of complementary and alternative services for mental health problems among adults, by mental health status: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Complementary or alternative service	All adults (percent)	Any mental illness (percent)	Mental illness with serious functional impairment (percent)
Any alternative mental health service	8.7	19.5	27.9
Acupuncturist or chiropractor	3.9	6.4	7.1
Acupuncturist	0.9	1.9	2.8
Chiropractor	3.4	5.4	5.4
Herbalist	0.4	1.2	2.0
Self-help groups	1.4	5.2	10.4
In-person support group or self-help group	1.1	4.2	9.3
Internet support group or chat room	0.3	1.4	2.1
Religious/spiritual advisor ¹	2.2	6.4	11.4
Telephone hotline	0.2	0.8	1.9
Massage therapist	3.1	6.2	6.4
Multiple sources	2.5	6.5	10.5
Received both alternative and specialty mental health care	3.5	12.2	21.6

¹ Religious or spiritual advisor includes ministers, priests, or rabbis.

NOTES: Respondents were asked to report services sought exclusively for “problems with emotions, nerves, or mental health.” Respondents were asked not to include treatment for alcohol or drug abuse.

Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents’ mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 8.7 percent of U.S. adults sought mental health treatment from a complementary or alternative source.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 45. Past year mental health treatment, past year substance abuse treatment, perceived unmet need for mental health treatment, and unmet need for substance abuse treatment among adults, by state: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

State	Any mental health treatment		Perceived unmet need for mental health treatment		Any substance abuse treatment		Unmet need for substance abuse treatment	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
United States	31,642	13.6	10,768	4.6	3,463	1.5	17,655	7.6
Alabama	441	12.3	174	4.8	38	1.0	128	3.5
Alaska	60	11.8	27	5.2	14	2.8	53	10.4
Arizona	568	12.0	303	6.4	68	1.4	527	11.1
Arkansas	407	18.8	144	6.7	38	1.8	118	5.4
California	2,796	10.1	1,200	4.3	351	1.3	2,182	7.8
Colorado	795	21.0	239	6.3	83	2.2	331	8.7
Connecticut	331	12.2	174	6.4	80	2.9	267	9.8
Delaware	124	18.1	25	3.6	13	1.9	53	7.7
District of Columbia	74	14.9	44	8.9	14	2.8	69	13.7
Florida	1,582	10.7	537	3.6	192	1.3	999	6.8
Georgia	940	13.3	328	4.6	131	1.9	413	5.8
Hawaii	110	10.9	25	2.5	19	1.8	94	9.2
Idaho	188	16.6	81	7.1	25	2.2	103	9.1
Illinois	1,241	13.0	408	4.3	131	1.4	768	8.0
Indiana	611	12.7	242	5.0	69	1.4	349	7.2
Iowa	354	15.5	66	2.9	24	1.0	196	8.5
Kansas	329	15.7	163	7.8	28	1.3	128	6.1
Kentucky	478	14.7	150	4.6	54	1.7	142	4.4
Louisiana	399	11.9	159	4.8	42	1.3	261	7.8
Maine	179	17.1	27	2.6	20	1.9	64	6.1
Maryland	747	17.1	242	5.5	94	2.1	227	5.2
Massachusetts	802	15.7	231	4.5	20	0.4	431	8.4
Michigan	1,113	15.0	410	5.5	159	2.1	577	7.7
Minnesota	741	18.5	209	5.2	31	0.8	355	8.9

(continued)

Table 45. Past year mental health treatment, past year substance abuse treatment, perceived unmet need for mental health treatment, and unmet need for substance abuse treatment among adults, by state: number and percentage, United States, 2011 (continued)

State	Any mental health treatment		Perceived unmet need for mental health treatment		Any substance abuse treatment		Unmet need for substance abuse treatment	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Mississippi	272	12.6	124	5.8	22	1.0	112	5.2
Missouri	700	15.6	269	6.0	71	1.6	288	6.4
Montana	117	15.4	45	6.0	12	1.6	70	9.1
Nebraska	250	18.5	71	5.3	16	1.2	95	7.0
Nevada	178	8.9	63	3.1	49	2.4	245	12.1
New Hampshire	174	17.1	56	5.5	12	1.1	79	7.7
New Jersey	544	8.2	203	3.0	109	1.6	450	6.7
New Mexico	271	17.9	131	8.6	63	4.2	127	8.3
New York	2,125	14.3	585	3.9	228	1.5	1,204	8.1
North Carolina	1,031	14.5	243	3.4	88	1.2	310	4.3
North Dakota	75	14.6	18	3.4	6	1.2	53	10.4
Ohio	1,468	16.9	476	5.5	188	2.2	748	8.6
Oklahoma	474	17.1	135	4.9	25	0.9	317	11.4
Oregon	557	18.7	176	5.9	71	2.4	303	10.2
Pennsylvania	1,554	15.9	519	5.3	213	2.2	808	8.3
Rhode Island	163	20.2	56	7.0	5	0.6	91	11.2
South Carolina	522	15.0	188	5.4	47	1.4	234	6.7
South Dakota	91	15.0	25	4.1	10	1.6	65	10.8
Tennessee	717	14.9	187	3.9	68	1.4	370	7.7
Texas	1,755	9.6	556	3.1	198	1.1	1,418	7.8
Utah	345	18.1	127	6.6	21	1.1	70	3.7
Vermont	107	21.6	32	6.5	19	3.8	48	9.6
Virginia	980	16.3	265	4.4	41	0.7	393	6.5
Washington	850	16.6	355	7.0	85	1.7	443	8.6
West Virginia	292	20.2	81	5.6	25	1.7	83	5.8
Wisconsin	557	12.9	149	3.4	23	0.5	364	8.4
Wyoming	60	14.3	21	5.0	12	2.9	35	8.3

See notes on page 111.

Table 45 notes

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Perceived unmet need for mental health treatment is defined as reporting at least one occurrence in the past 12 months of feeling the need for mental health treatment or counseling but not receiving it. This definition of unmet need does not preclude respondents from having received mental health treatment in the past 12 months. Respondents with unmet need may have eventually gotten mental health treatment or counseling, or they may have received mental health treatment but perceived the need for additional treatment that they did not receive.

Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

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

Unmet need for substance abuse treatment is defined as a need for treatment that was not received. Respondents were classified as needing treatment for an alcohol or illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on alcohol or illicit drugs, (2) abused alcohol or illicit drugs, or (3) received treatment for alcohol or illicit drug use at a specialty facility (i.e., alcohol and drug rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 31,642,000 U.S. adults received mental health treatment in the past year. The fourth cell in the second row shows that, in 2011, an estimated 4.8 percent of adults residing in Alabama had unmet need for mental health treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 46. Perceived unmet need for mental health treatment in the past year among adults, by selected characteristics and year: percentage, United States, 2006–2011

[Data are based on a household survey of a nationally representative sample]

Characteristic	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)	2011 (percent)
All adults	4.8	4.9	4.7	5.3	4.9	4.6
Age						
18–25	7.5	7.6	8.0	7.9	7.6	7.6
26–34	7.2	7.5	7.0	8.1	6.7	7.0
35–49	5.1	5.9	5.5	5.9	5.4	5.6
50–64	3.6	3.3	3.0	4.2	4.0	3.4
65 or older	1.0	0.8	0.9	1.2	1.3	0.5
Sex						
Male	3.3	3.2	3.1	3.5	3.2	3.2
Female	6.2	6.6	6.2	7.0	6.5	6.0
Hispanic origin and race						
Not Hispanic or Latino	4.9	5.1	5.0	5.5	4.9	4.9
White	5.1	5.4	5.2	5.7	5.2	5.1
Black or African American	4.2	4.1	4.7	5.3	4.1	4.0
American Indian or Alaska Native	5.7	5.0	5.7	8.0	7.2	8.3
Native Hawaiian or Other Pacific Islander	*	*	1.4	2.3	1.7	1.6
Asian	2.2	2.0	1.7	2.9	1.5	2.8
Two or more races	13.1	9.6	5.7	9.1	7.4	10.0
Hispanic or Latino	3.6	4.1	3.3	4.1	4.7	3.2
Poverty status¹						
<100% of Federal Poverty Level	7.6	8.1	7.8	8.6	8.4	8.3
100%–199% of Federal Poverty Level	5.5	5.6	6.4	6.5	5.4	5.4
≥ 200% of Federal Poverty Level	4.1	4.3	3.8	4.4	4.0	3.6
Health insurance status						
Private	4.0	4.0	3.8	4.3	4.0	3.6
Medicaid/CHIP ²	8.7	8.6	8.2	9.0	8.1	8.1
Other coverage ³	3.1	2.8	2.5	3.3	3.5	2.8
No coverage	6.5	7.7	7.8	7.6	6.8	7.3
Current employment						
Full-time	4.4	4.5	4.2	5.0	4.0	3.8
Part-time	5.8	6.4	6.4	6.4	6.7	6.1
Unemployed	8.4	8.0	8.6	7.0	7.1	7.9
Other ⁴	4.5	4.8	4.5	5.0	5.0	4.8
Chronic health condition						
Any	7.6	7.5	7.1	7.7	7.4	7.1
1	5.9	5.5	5.4	5.3	5.0	5.3
2	9.3	9.2	9.1	10.2	9.8	8.8
3+	14.2	14.6	12.4	16.3	14.4	13.1

See notes on page 113.

Table 46 notes

* Estimates are considered unreliable because of low precision.

¹ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

² CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

³ Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the Veterans Administration (VA), military health care, or any other type of health insurance.

⁴ The other employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

NOTES: Perceived unmet need for mental health treatment is defined as reporting at least one occurrence in the past 12 months of feeling the need for mental health treatment or counseling but not receiving it. This definition of unmet need does not preclude respondents from having received mental health treatment in the past 12 months. Respondents with unmet need may have eventually gotten mental health treatment or counseling, or they may have received mental health treatment but perceived the need for additional treatment that they did not receive.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2006, 4.8 percent of U.S. adults perceived an unmet need for mental health treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2006–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 47. Past year unmet need for substance abuse treatment among adults, by selected characteristics: percentage, United States, 2006–2011

[Data are based on a household survey of a nationally representative sample]

Characteristic	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)	2011 (percent)
All adults	8.7	8.5	8.5	8.5	8.3	7.6
Age						
18–25	20.3	19.7	19.9	18.9	18.8	17.5
26–34	12.1	11.9	13.2	12.8	13.0	11.6
35–49	8.2	8.1	7.9	7.6	7.1	7.0
50–64	4.8	4.8	4.4	5.3	4.5	4.0
65 or older	1.3	1.4	1.1	1.6	2.0	1.7
Sex						
Male	11.9	12.1	11.2	11.7	11.4	10.2
Female	5.7	5.3	5.9	5.6	5.3	5.2
Hispanic origin and race						
Not Hispanic or Latino	8.6	8.6	8.4	8.3	8.1	7.5
White	8.7	8.9	8.5	8.5	8.3	7.8
Black or African American	8.6	8.1	8.9	8.4	8.1	6.8
American Indian or Alaska Native	19.1	10.1	9.8	14.2	13.4	14.5
Native Hawaiian or Other Pacific Islander	12.6	10.5	*	5.2	4.7	10.3
Asian	4.2	4.9	3.9	3.5	4.0	3.3
Two or more races	11.9	10.4	9.3	13.8	8.9	8.6
Hispanic or Latino	9.5	8.2	9.4	9.8	9.5	8.4
Poverty status¹						
<100% of Federal Poverty Level	8.1	8.2	8.2	7.7	7.6	6.9
100%–199% of Federal Poverty Level	8.6	8.4	8.1	9.3	8.3	7.9
≥ 200% of Federal Poverty Level	11.7	10.3	10.3	11.5	11.0	10.1
Health insurance status						
Private	7.7	7.8	7.7	7.4	7.1	6.9
Medicaid/CHIP ²	9.0	8.0	7.7	9.3	9.6	8.0
Other coverage ³	3.8	3.6	3.2	4.4	4.2	3.5
No coverage	14.2	13.7	14.3	13.7	12.8	11.5
Metropolitan area						
Large metropolitan area	8.9	8.6	9.0	8.5	8.5	8.0
Small metropolitan area	8.5	9.0	8.1	8.8	8.5	7.9
Non-metropolitan area	8.2	7.5	7.6	8.0	6.9	5.8
Current employment						
Full-time	9.9	9.7	9.7	9.2	8.5	8.1
Part-time	9.6	10.1	10.5	10.4	9.9	9.3
Unemployed	17.2	17.6	17.2	14.2	14.1	13.1
Other ⁴	5.0	4.7	4.0	5.1	5.6	4.9

(continued)

Table 47. Past year unmet need for substance abuse treatment among adults, by selected characteristics: percentage, United States, 2006–2011 (continued)

Characteristic	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)	2011 (percent)
Chronic health condition						
Any	8.0	7.8	7.8	8.2	7.6	7.1
1	8.2	8.0	8.1	8.1	7.8	7.0
2	8.0	7.7	8.0	7.5	8.0	7.2
3+	7.5	6.6	6.3	9.6	6.2	7.4
Substance use disorder status⁵						
Any	93.1	93.0	93.3	92.7	92.6	93.5
Alcohol use disorder	94.6	94.2	94.1	93.4	93.7	94.3
Alcohol abuse	97.0	96.1	97.1	97.4	96.6	97.5
Alcohol dependence	91.6	91.9	90.9	89.0	90.3	90.7
Illicit drug ⁶ use disorder	84.8	86.3	88.3	86.4	86.6	87.3
Illicit drug ⁶ abuse	93.9	91.3	93.1	91.9	91.9	93.2
Illicit drug ⁶ dependence	81.3	84.3	86.5	84.1	84.5	85.1

* Estimates are considered unreliable because of low precision.

¹ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

² CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

³ Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the Veterans Administration (VA), military health care, or any other type of health insurance.

⁴ The other employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁵ Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

⁶ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Unmet need for substance abuse treatment is defined as a need for treatment that was not received.

Respondents were classified as needing treatment for an alcohol or illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on alcohol or illicit drugs, (2) abused alcohol or illicit drugs, or (3) received treatment for alcohol or illicit drug use at a specialty facility (i.e., alcohol and drug rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2006, 8.7 percent of U.S. adults had an unmet need for substance abuse treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2006–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

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5. TABLES

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5.2.3 Behavioral Health Service Use among Special Populations

Table 48. Prescription mental health medication fills for any medical condition among adults, by selected medication class: number, United States, selected years 1996–2010

[Data are based on a household survey of a nationally representative sample]

Medication class	1996 (number in millions)	1998 (number in millions)	2000 (number in millions)	2002 (number in millions)	2004 (number in millions)	2006 (number in millions)	2008 (number in millions)	2010 (number in millions)
All mental health medications	150.3	177.7	202.5	269.6	298.8	333.1	358.9	396.7
Antianxiety, all classes ¹	53.1	55.1	58.7	75.4	75.6	86.2	99.7	105.8
Antidepressants, all classes	76.0	93.9	109.1	150.7	172.2	185.5	186.3	207.9
Antipsychotics, all classes	12.8	15.5	18.3	20.1	19.7	26.1	28.7	30.7
Antimaniacs, anticonvulsants	6.1	7.9	11.5	13.1	14.4	13.9	18.5	22.4

¹ Antianxiety medications include sedative and hypnotic medications.

NOTES: The mental health medications counted in this table may or may not have been written for a mental health condition. Some prescriptions may have been used for purposes other than mental health, such as smoking cessation. A fill is when a pharmacist fills a written or an oral prescription from a physician or otherwise authorized medical personnel. All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1996 through 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). The previous volume used restricted use data, whereas this volume uses public use data. The restricted use data allow for more precise classifications of prescription medications.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 1996, there were approximately 150.3 million prescription fills for all mental health medications in the United States.

SOURCE: Medical Expenditure Panel Survey, 1996–2010, Agency for Healthcare Research and Quality.

Table 49. Prescription mental health medication fills among all prescription fills, by selected medication class: percentage, United States, selected years 1996–2010

[Data are based on a household survey of a nationally representative sample]

Medication class	1996 (percent)	1998 (percent)	2000 (percent)	2002 (percent)	2004 (percent)	2006 (percent)	2008 (percent)	2010 (percent)
Mental health medication fills for all medical conditions among adults	8.9	9.8	10.1	10.7	10.8	11.5	12.0	12.8
Mental health medication fills for a mental health condition among adults	6.2	6.9	7.3	7.9	8.0	8.3	8.9	9.7
Medication fills for any medical condition among youth	10.7	14.1	15.2	15.4	18.5	18.0	18.7	19.4
Mental health medication fills for a mental health condition among youth	9.3	12.5	13.2	13.7	16.8	16.9	17.9	17.9

NOTES: Adults are defined as people aged 18 or older. Youth are defined as people aged 17 or younger.

As an example of how to interpret the estimates in the table, in 1996, 8.9 percent of all prescription drug fills among U.S. adults were for mental health medications.

SOURCE: Medical Expenditure Panel Survey, 1996–2010, Agency for Healthcare Research and Quality.

Table 50. Prescription substance abuse medication fills for any medical condition, by selected medication class: number, United States, 2002–2010

[Data are based on a nationally representative survey of retail pharmacies]

Category of medication	2002 (number in 1,000s)	2003 (number in 1,000s)	2004 (number in 1,000s)	2005 (number in 1,000s)	2006 (number in 1,000s)	2007 (number in 1,000s)	2008 (number in 1,000s)	2009 (number in 1,000s)	2010 (number in 1,000s)
All substance abuse medications	425	441	712	1,239	1,848	2,808	4,216	5,698	6,397
Alcohol abuse medications	425	393	405	563	674	713	697	669	658
Disulfiram (Antabuse®)	230	208	212	194	182	178	182	170	165
Naltrexone (ReVia® & Depade®)	195	185	193	184	196	219	228	255	283
Acamprosate (Campral®) ¹	—	—	—	185	293	300	274	232	194
Long-acting injectable naltrexone (Vivitrol®) ²	—	—	—	—	—	17	13	12	16
Opioid abuse medications ³	—	48	307	676	1,174	2,094	3,519	5,028	5,739
Buprenorphine HCl (Subutex®) ⁴	—	9	49	84	136	201	262	302	130
Buprenorphine HCl/naloxone (Suboxone®) ⁵	—	39	258	592	1,038	1,893	3,257	4,727	5,609

— Data not available.

¹ Campral was approved by the Food and Drug Administration (FDA) in July 2004.² Vivitrol was approved by FDA in April 2006.³ Methadone is not included because methadone dispensed in methadone clinics is not included in this dataset.⁴ Subutex was approved by FDA in October 2002 and began selling in January 2003.⁵ Suboxone was approved by FDA in October 2002 and began selling in January 2003.

NOTES: Prescription fills cannot be linked to individual diagnoses. An unknown proportion of prescriptions for substance abuse medications may have been prescribed for other purposes, such as pain management.

As an example of how to interpret the estimates in the table, in 2002, there were approximately 425,000 prescription fills for substance abuse medications in the United States.

SOURCE: IMS Health, National Prescription Audit (NPA) Plus™ database, 2002–2010. Retrieved from <http://www.imshealth.com/portal/site/imshealth>

Table 51. Prescription mental health medication fills by selected characteristics: number and expenditures, United States, 2010

[Data are based on a household survey of a nationally representative sample]

Characteristic	Number of fills (millions)	Number of users (millions)	Total expenditures ¹ (millions)	Expenditures per user
All	428.6	46.7	\$40,218	\$861
Age				
0–5	*	0.3	*	*
6–12	17.4	2.3	2,287	1,001
13–18	17.0	2.2	1,940	887
19–21	10.1	1.1	*	*
22–44	120.7	12.6	10,560	839
45–64	172.1	17.7	14,815	837
65 or older	90.4	10.6	8,801	830
Sex				
Female	265.9	28.5	23,838	837
Male	162.7	18.2	16,380	900
Race/ethnicity				
White	354.3	37.9	33,273	877
Black	28.6	3.5	2,996	862
Hispanic	30.5	3.6	2,622	736
American Indian/Alaska Native	4.1	0.3	*	*
Asian/Hawaiian/Pacific Islander	4.2	0.8	*	*
Other/unknown	7.0	0.6	429	700

* Estimates are considered unreliable because of low precision.

¹ Adjusted to constant 2010 dollars using the consumer price index.

NOTES: The mental health medications counted in this table may or may not have been written for a mental health condition. Some prescriptions may have been used for purposes other than mental health, such as smoking cessation. A fill is when a pharmacist fills a written or an oral prescription from a physician or otherwise authorized medical personnel.

As an example of how to interpret the estimates in the table, in 2010, there were approximately 428.6 million prescription fills for mental health medications in the United States.

SOURCE: Medical Expenditure Panel Survey, 2010, Agency for Healthcare Research and Quality.

Table 52. Continuation of antidepressant medication treatment among adults newly diagnosed with major depression, by insurance type: percentage, United States, 2001–2010

[Data are based on a combination of surveys, medical records, and reporting by insurance providers]

Quality measure and insurance type	2001 (percent)	2002 (percent)	2003 (percent)	2004 (percent)	2005 (percent)	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)
Continued antidepressant medication treatment for at least 12 weeks										
Commercial health maintenance organization (HMO)	56.9	59.8	60.7	60.9	61.3	61.1	62.9	63.1	62.9	64.7
Commercial preferred provider organization (PPO)	—	—	—	—	65.6	63.6	63.8	63.1	63.2	64.3
Medicare HMO	51.2	52.1	53.3	56.4	55.0	58.2	61.2	62.5	63.7	65.0
Medicare PPO	—	—	—	—	49.2	56.7	61.0	61.6	63.4	67.4
Medicaid HMO	45.5	47.5	46.2	46.4	45.1	42.9	42.8	48.2	49.6	50.7
Continued antidepressant medication treatment for at least 6 months										
Commercial HMO	40.1	42.8	44.1	44.3	45.0	45.1	46.1	46.3	46.2	48.3
Commercial PPO	—	—	—	—	48.4	46.6	47.6	46.4	46.4	48.1
Medicare HMO	36.8	37.7	39.2	42.4	41.1	45.1	48.7	49.3	50.6	51.9
Medicare PPO	—	—	—	—	31.1	40.9	48.7	48.9	51.0	55.7
Medicaid HMO	30.0	32.4	29.3	30.4	29.7	27.5	27.4	31.8	33.0	34.4

— Data not available

NOTES: Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2001, 56.9 percent of U.S. adults insured through a commercial HMO and newly diagnosed with major depression continued antidepressant medication treatment for at least 12 weeks.

SOURCE: National Committee for Quality Assurance (NCQA). (2011). *The state of health care quality 2011: Continuous improvement and the expansion of quality measurement*. Retrieved from <http://www.ncqa.org/Portals/0/SOHC-web1.pdf>

5. TABLES

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5.2.3 Behavioral Health Service Use among Special Populations

Table 53. Proportion of physicians' office visits involving a mental health or substance use diagnosis, by age and physician specialty: percentage, United States, 2011

[Data are based on reporting by a nationally representative sample of office-based physicians]

Age and diagnostic status	Any specialty (percent)	General and family practice (percent)	Internal medicine (percent)	Pediatrics (percent)	Psychiatry (percent)	All other specialties (combined) (percent)
Ages 1 to 21						
Primary ¹ mental health diagnosis	4.5	5.0	*	2.0	94.4	*
Any mental health diagnosis	6.0	9.3	*	3.1	96.4	0.8
Primary ¹ substance use diagnosis	*	*	0 ²	0 ²	*	0 ²
Any substance use diagnosis	0.3	*	*	*	6.3	0 ²
Ages 22 to 64						
Primary ¹ mental health diagnosis	5.5	5.4	3.6	*	92.4	0.5
Any mental health diagnosis	8.3	11.1	8.1	*	95.2	1.5
Primary ¹ substance use diagnosis	*	*	*	0 ²	*	*
Any substance use diagnosis	1.5	2.9	*	*	9.9	0.3
Ages 65 or older						
Primary ¹ mental health diagnosis	1.5	1.8	*	*	92.0	0.2
Any mental health diagnosis	3.1	5.0	4.5	*	93.4	0.9
Primary ¹ substance use diagnosis	*	*	*	0 ²	*	0 ²
Any substance use diagnosis	0.3	*	*	0 ²	*	*

* Estimates are considered unreliable because of low precision.

¹ Doctors may report more than one diagnosis related to each visit. A primary diagnosis is the single diagnosis indicated as the most relevant to the visit.² Cell contained no responses and is reported as zero. The suppression criteria applied to these estimates could not be applied to the estimate in this cell.**NOTES:** Mental health and substance use diagnoses were based on the *International Classification of Diseases, Ninth Revision (ICD-9)*. ICD-9 codes for mental health diagnoses included 295–298.9, 299.10–302.9, and 307.1–314.01. ICD-9 codes for substance use diagnoses included 291–292.9 and 303–305.93.

As an example of how to interpret the estimates in the table, in 2011, 4.5 percent of office visits for U.S. patients aged 1 to 21 related to a primary mental health diagnosis took place in a specialty provider's office.

SOURCE: National Ambulatory Medical Care Survey, 2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 54. Distribution of visits for mental health and substance use disorders by physician specialty and age group: percentage, United States, 2011

[Data are based on reporting by a nationally representative sample of office-based physicians]

Age and specialty	Primary ¹ mental health diagnosis (percent)	Any mental health diagnosis (percent)	Primary ¹ substance use diagnosis (percent)	Any substance use diagnosis (percent)
Ages 1 to 21	100	100	100	100
General and family practice	19.0	28.8	60.5	49.5
Internal medicine	1.8	3.7	0 ²	0 ²
Pediatrics	26.2	30.0	0 ²	0 ²
Psychiatry	51.3	35.7	39.5	49.5
All other specialties (combined)	1.7	3.8	0 ²	0 ²
Ages 22 or older	100	100	100	100
General and family practice	24.3	33.5	64.7	38.4
Internal medicine	11.5	20.0	13.3	16.9
Pediatrics	0 ²	0 ²	0 ²	0 ²
Psychiatry	58.4	34.0	18.9	30.8
All other specialties (combined)	5.5	12.5	3.1	14.0

¹ Doctors may report more than one diagnosis related to each visit. A primary diagnosis is the single diagnosis indicated as the most relevant to the visit.

² Cell contained no responses and is reported as zero. No suppression criteria were applied to the estimates in this cell.

NOTES: Mental health and substance use diagnoses were based on the *International Classification of Diseases, Ninth Revision* (ICD-9). ICD-9 codes for mental health diagnoses included 295–298.9, 299.10–302.9, and 307.1–314.01. ICD-9 codes for substance use diagnoses included 291–292.9 and 303–305.93.

As an example of how to interpret the estimates in the table, the first cell in the second row shows that, in 2011, 19.0 percent of office visits for U.S. patients aged 1 to 21 related to a primary mental health diagnosis took place in a general and family practice physician's office.

SOURCE: National Ambulatory Medical Care Survey, 2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

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5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need

Types of Behavioral Health Treatment

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Tables 55–66

Specialty Treatment Settings and Special Populations

5.2.2 Child Behavioral Health Services

5.2.3 Behavioral Health Service Use among Special Populations

Table 55. Emergency department (ED) visits by people of all ages with a primary diagnosis of mental health or substance use disorder, by diagnosis: number and percentage, United States, 2010

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary ¹ diagnosis	Number of ED visits	Percentage of all ED visits	Percentage of ED visits with behavioral health diagnosis
All ED visits—all diagnoses	128,970,364	100.00	...
Any primary behavioral health diagnosis	5,193,584	4.00	100.00
Adjustment disorders	119,474	0.09	2.30
Anxiety disorders	845,707	0.66	16.28
Attention deficit, conduct, and disruptive behavior disorders	84,251	0.07	1.62
Delirium, dementia, and amnesic and other cognitive disorders	214,543	0.17	4.13
Developmental disorders	32,069	0.02	0.62
Disorders usually diagnosed in infancy, childhood, or adolescence	12,644	0.01	0.24
Impulse control disorders, not elsewhere classified	16,964	0.01	0.33
Mood disorders	1,298,832	1.01	25.01
Personality disorders	17,335	0.01	0.33
Schizophrenia and other psychotic disorders	606,715	0.47	11.68
Alcohol-related disorders	1,106,610	0.86	21.31
Substance-related disorders	568,321	0.44	10.94
Suicide and intentional self-inflicted injury	121,205	0.09	2.33
Miscellaneous mental disorders	148,913	0.12	2.87

... Category not applicable.

¹ Doctors may report more than one diagnosis related to each visit. A primary diagnosis is the single diagnosis indicated as the most relevant to the visit.

NOTES: The 2010 Nationwide Emergency Department Sample yields national estimates of ED visits.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf> for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

As an example of how to interpret the estimates in the table, the first cell in the second row shows that, in 2010, 5,193,584 visits were made to EDs in the United States for which the patient's primary diagnosis was related to a mental health or substance use problem. The second cell in the second row shows that, for 4 percent of all visits to EDs, the patient's primary diagnosis was related to a mental health or substance use problem.

SOURCE: Nationwide Inpatient Sample, 2000–2010, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/Hcupnet.jsp?id=82D60D310EA25092&Form=SelM AJDXPR&GoTo=MAINSEL&JS=Y>

Table 56. Admissions to community hospitals for mental health and substance use disorders among adult admissions to community hospitals, by year: number and percentage, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Characteristic	2000 (n = 30,048,440) (percent)	2002 (n = 31,337,645) (percent)	2004 (n = 31,928,948) (percent)	2006 (n = 32,793,549) (percent)	2008 (n = 33,486,129) (percent)	2010 (n = 32,733,441) (percent)
Any behavioral health admission	5.29	5.03	5.41	5.06	5.07	5.62
Mental health disorder	3.75	3.64	3.93	3.56	3.63	3.98
Substance use disorder	1.55	1.39	1.49	1.50	1.44	1.64

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Mental health diagnoses are classified using the Agency for Healthcare Research and Quality’s Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2000, 5.29 percent of adult admissions to community hospitals in the United States were for a behavioral health condition.

SOURCE: Nationwide Inpatient Sample, Healthcare Cost and Utilization Project, 2000–2010, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 57. Types of behavioral health admissions to community hospitals among adult admissions for a mental health or substance use disorder, by year: number and percentage, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Diagnostic category	2000 (<i>n</i> = 1,590,882) (percent)	2002 (<i>n</i> = 1,575,409) (percent)	2004 (<i>n</i> = 1,728,355) (percent)	2006 (<i>n</i> = 1,658,994) (percent)	2008 (<i>n</i> = 1,697,688) (percent)	2010 (<i>n</i> = 1,840,214) (percent)
Any mental health disorder	70.79	72.40	72.54	70.42	71.59	70.78
Adjustment disorders	2.65	2.32	2.17	1.87	1.88	2.07
Anxiety disorders	2.12	2.39	2.26	2.09	2.06	2.08
Bipolar disorders	12.72	13.52	15.62	16.68	19.53	19.07
Depressive disorders	27.93	28.49	25.30	23.48	24.10	22.52
Developmental disorders	0.13	0.09	0.09	0.12	0.14	0.12
Impulse control disorders	0.40	0.42	0.44	0.35	0.44	0.41
Personality disorders	0.34	0.28	0.25	0.27	0.23	0.26
Schizophrenia and other psychotic disorders	21.92	22.22	23.76	22.60	20.59	21.58
Miscellaneous disorders	2.59	2.68	2.66	2.95	2.62	2.66
Any substance use disorder	29.21	27.60	27.46	29.58	28.41	29.22
Alcohol-related disorders	16.14	14.66	13.39	14.68	15.23	15.88
Drug-related disorders	13.07	12.94	14.06	14.90	13.18	13.34

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Mental health diagnoses are classified using the Agency for Healthcare Research and Quality's Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2000, 70.79 percent of adult admissions to U.S. community hospitals for a behavioral health disorder were for a mental health disorder, whereas 29.21 percent of admissions for a behavioral health disorder were for a substance use disorder.

SOURCE: Nationwide Inpatient Sample, Healthcare Cost and Utilization Project, 2000–2010, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 58. Median length of stay of inpatient hospitalizations for mental health and substance use disorders in community hospitals among adults, by selected disorders: number of days, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Characteristic	2000 (number of days)	2002 (number of days)	2004 (number of days)	2006 (number of days)	2008 (number of days)	2010 (number of days)
All admissions	4.6	4.6	4.6	4.6	4.6	4.7
Any behavioral health disorder	6.9	7.4	7.1	7.0	7.0	6.7
Any mental health disorder	7.8	8.6	8.0	7.9	7.9	7.6
Adjustment disorders	3.0	3.2	3.3	3.4	3.3	3.7
Anxiety disorders	3.8	4.1	3.8	3.6	3.7	4.1
Bipolar disorders	8.2	8.8	7.9	7.9	7.6	7.2
Depressive disorders	6.6	7.0	6.5	6.4	6.4	6.1
Developmental disorders	7.2	6.2	5.2	6.1	5.6	6.3
Impulse control disorders	7.4	9.2	9.6	8.0	10.4	7.6
Personality disorders	5.8	5.9	5.6	5.7	6.3	6.5
Schizophrenia and other psychotic disorders	10.6	12.1	11.1	10.8	11.0	10.7
Miscellaneous disorders	4.4	4.3	3.7	4.0	4.9	4.4
Any substance use disorder	4.8	4.5	4.6	4.8	4.6	4.5
Alcohol-related disorders	4.8	4.3	4.5	4.7	4.6	4.5
Drug-related disorders	4.8	4.8	4.6	4.8	4.8	4.6

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Mental health diagnoses are classified using the Agency for Healthcare Research and Quality’s Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, the first cell in the second row shows that, in 2000, the median length of stay for inpatient hospitalizations in U.S. community hospitals for any behavioral health disorder was 6.9 days.

SOURCE: Nationwide Inpatient Sample, Healthcare Cost and Utilization Project, 2000–2010, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 59. Specialty mental health and substance abuse encounters in community health centers: number, United States, 1998–2011

[Data are based on reporting from federally funded community health centers]

Year	Number of community health centers reporting	Number of specialty mental health encounters ¹	Number of substance abuse treatment encounters ²
1998	694	913,828	571,496
1999	690	936,309	667,311
2000	730	1,083,855	682,925
2001	748	1,223,408	745,855
2002	843	1,418,752	927,866
2003	890	1,708,571	1,046,867
2004	914	1,798,197	934,374
2005	952	1,976,503	907,227
2006	1,002	2,317,997	916,613
2007	1,067	2,738,408	972,857
2008	1,080	3,052,843	911,101
2009	1,131	3,763,015	1,010,936
2010	1,124	4,267,245	997,767
2011	1,128	4,674,450	1,056,754

¹ Specialty mental health services were defined in the Uniform Data System documentation as “mental health therapy, counseling, or other treatment provided by a mental health professional.”

² Substance abuse treatment was defined in the Uniform Data System documentation as “counseling and other medical and/or psychosocial treatment services provided to individuals with substance abuse (i.e., alcohol and/or other drug) problems.”

NOTES: As an example of how to interpret the estimates in the table, the first two cells in the first row show that, in 1998, there were 913,828 specialty mental health encounters in the 694 community health centers in the United States.

SOURCES: Uniform Data System, National Reporting, 2008–2011, Health Resources and Services Administration. Retrieved from <http://bphc.hrsa.gov/healthcenterdatastatistics/nationaldata/index.html>

Table 60. Psychiatric discharges from community hospital scatter beds and psychiatric units, by selected characteristics: number and percentage, United States, 2003

[Data are based on community hospital psychiatric discharges]

Characteristic	Total scatter bed discharges ¹		Scatter bed in hospital with psychiatric unit ²		Scatter bed in hospital without psychiatric unit ³		Psychiatric unit ⁴	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total discharges = 397,953	26,969	6.8	14,130	3.6	12,839	3.2	370,984	93.2
Age								
0–17	3,755	13.9	2,878	20.4	877	6.8	38,579	10.4
18–34	4,807	17.8	2,515	17.8	2,292	17.9	110,521	29.8
35–44	4,409	16.3	2,303	16.3	2,106	16.4	90,461	24.4
45–54	4,220	15.6	2,119	15.0	2,101	16.4	67,389	18.2
55–64	2,986	11.1	1,418	10.0	1,568	12.2	29,972	8.1
65 or older	6,791	25.2	2,896	20.5	3,895	30.3	34,052	9.2
Sex								
Male	10,519	39.0	5,743	40.6	4,776	37.2	170,794	46.0
Female	16,449	61.0	8,386	59.3	8,063	62.8	200,180	54.0
Primary expected payer								
Medicare	9,198	34.1	4,007	28.4	5,191	40.4	101,651	27.4
Medicaid	5,872	21.8	3,679	26.0	2,193	17.1	123,820	33.4
Private insurance	8,158	30.2	4,578	32.4	3,580	27.9	99,627	26.9
Uninsured	2,442	9.1	1,188	8.4	1,254	9.8	31,503	8.5
Other	1,227	4.5	637	4.5	590	4.6	12,774	3.4
Admission source								
Emergency department	17,254	64.0	8,505	60.2	8,749	68.1	200,768	54.1
Another hospital	933	3.5	602	4.3	331	2.6	23,998	6.5
Other health facility, including long-term care	386	1.4	189	1.3	197	1.5	12,072	3.3
Court or law enforcement	158	0.1	109	0.1	49	0.4	6,856	1.8
Routine	7,881	29.2	4,389	31.1	3,492	27.2	124,829	33.6

(continued)

Table 60. Psychiatric discharges from community hospital scatter beds and psychiatric units, by selected characteristics: number and percentage, United States, 2003 (continued)

Characteristic	Total scatter bed discharges ¹		Scatter bed in hospital with psychiatric unit ²		Scatter bed in hospital without psychiatric unit ³		Psychiatric unit ⁴	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Discharge status								
Routine ⁵	19,258	71.4	10,358	73.3	8,900	69.3	310,668	83.7
Short-term hospital	869	3.2	407	2.9	462	3.6	8,404	2.3
Other facility	5,187	19.2	2,536	17.9	2,651	20.6	37,455	10.1
Home health care	910	3.4	436	3.1	474	3.7	4,042	1.1
Against medical advice	568	2.1	313	2.2	255	2.0	8,663	2.3
Died	53	0.2	25	0.2	28	0.2	322	0.1

¹ For total scatter bed discharges, mean total charge is \$9,790, and mean length of stay is 5 days.

² For scatter bed in hospital with psychiatric unit, mean total charge is \$10,206, and mean length of stay is 6 days.

³ For scatter bed in hospital without psychiatric unit, mean total charge is \$9,330, and mean length of stay is 4 days.

⁴ For psychiatric unit, mean total charge is \$15,456, and mean length of stay is 10 days.

⁵ Discharged to home or self-care, outpatient services, or court/law enforcement.

NOTES: Percent is the percentage of the total discharges.

Discharges were identified as psychiatric based on patient discharge diagnoses as well as revenue codes indicating discharge from a psychiatric unit. Community hospitals are defined by the American Hospital Association as all non-federal, short-term general, and other specialty hospitals and include academic medical centers or other teaching hospitals if they are non-federal short-term hospitals. Excluded are hospitals not accessible by the general public, such as prison hospitals or college infirmaries. Scatter beds refer to inpatient psychiatric care provided outside of psychiatric units through general medical beds.

As an example of how to interpret the estimates in the table, the first two cells show that, in 2003, there were 26,969 psychiatric discharges from community hospital scatter beds in the United States and that this number was 6.8 percent of all community hospital psychiatric discharges.

SOURCES: Mark, T. L., Vandivort-Warren, R., Owens, P. L., Buck, J. A., Levit, K. R., Coffey, R. M., & Stocks, C. (2010). Psychiatric discharges in community hospitals with and without psychiatric units: How many and for whom? *Psychiatric Services*, 61(6), 562–568. Adapted with permission from *Psychiatric Services* (Copyright© 2010). American Psychiatric Association.

State Inpatient Databases, Healthcare Cost and Utilization Project, 2003, Agency for Healthcare Research and Quality.

Table 61. State psychiatric hospital residents and hospitals, by state: number, United States, 2010 and 2011

[Data are based on reports from state mental health agencies]

State	State psychiatric hospital residents, 2010 (number)	State psychiatric hospitals, 2010 ^{1,2} (number)	State psychiatric hospital residents, 2011 (number)	State psychiatric hospitals, 2011 (number)
United States	45,577	216	42,640	206
Alabama	1,130	6	983	6
Alaska	72	1	69	1
Arizona	252	1	250	1
Arkansas	203	1	218	1
California	5,153	5	5,627	5
Colorado	1,314	2	488	3
Connecticut	711	3	593	3
Delaware	273	1	177	1
District of Columbia	407	1	312	1
Florida	3,242	7	3,252	7
Georgia	1,133	7	945	6
Hawaii	179	1	185	1
Idaho	161	2	142	2
Illinois	1,444	9	1,675	8
Indiana	962	6	896	6
Iowa	163	4	149	4
Kansas	711	3	699	3
Kentucky	440	3	497	3
Louisiana	952	4	853	3
Maine	146	2	172	2
Maryland	1,146	7	947	7
Massachusetts	698	4	540	4
Michigan	545	5	805	5
Minnesota	327	10	211	10
Mississippi	1,137	5	887	4
Missouri	1,340	9	1,226	8
Montana	189	1	205	1
Nebraska	304	2	325	3
Nevada	310	3	265	3
New Hampshire	187	1	144	1
New Jersey	2,060	5	1,763	5
New Mexico	159	1	165	1
New York	5,236	26	4,791	25
North Carolina	690	4	705	4
North Dakota	179	1	190	1
Ohio	1,048	6	1,032	6
Oklahoma	334	3	270	1
Oregon	732	2	668	2
Pennsylvania	1,959	7	1,761	6
Rhode Island	132	0 ³	104	0
South Carolina	485	4	623	4

(continued)

Table 61. State psychiatric hospital residents and hospitals, by state: number, United States, 2010 and 2011 (continued)

State	State psychiatric hospital residents, 2010 (number)	State psychiatric hospitals, 2010 ^{1,2} (number)	State psychiatric hospital residents, 2011 (number)	State psychiatric hospitals, 2011 (number)
South Dakota	234	1	225	1
Tennessee	813	5	538	5
Texas	2,154	12	2,117	13
Utah	320	1	310	1
Vermont	50	1	44	0
Virginia	1,476	10	1,365	10
Washington	1,408	3	1,213	3
West Virginia	289	2	272	2
Wisconsin	470	2	576	2
Wyoming	118	1	171	1

¹ Four states (Connecticut, Florida, Massachusetts, and Missouri) reported closing one state psychiatric hospital in the past year, whereas one state (Maryland) reported closing two state psychiatric hospitals in the past year.

² Five states (Georgia, Illinois, Indiana, New Jersey, and Pennsylvania) reported that plans are in place, or are under consideration, for closing state psychiatric hospitals at some point in the future.

³ Rhode Island has state-operated psychiatric inpatient beds that are part of a general hospital.

NOTE: As an example of how to interpret the estimates in the table, in 2010, there were 1,130 state psychiatric hospital residents across 6 state psychiatric hospitals in Alabama.

SOURCE: Uniform Reporting System, 2011, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/dataoutcomes/urs/>

Table 62. Residents and length of stay in state psychiatric hospitals, by state: number and rate, United States, 2011

[Data are based on reports from state mental health agencies]

State	Number of state hospitals, ¹ 2012	Number of children aged 0–17, 2011 ²	Number of adults, 2011 ²	Residents per 100,000 population, 2011	Median length of stay in days for children aged 0–17, 2011 ³	Median length of stay in days for adults, 2011 ³
United States	210	1,457	41,223	13.7	83	58
Alabama	6	6	977	20.5	130	43
Alaska	1	9	60	9.5	17	9
Arizona	1	0	250	3.9	—	183
Arkansas	1	33	185	7.4	83	34
California	5	0	5,627	14.9	—	119
Colorado	3	7	481	9.5	8	28
Connecticut	3	66	527	16.6	69	64
Delaware	1	0	177	19.5	—	22
District of Columbia	1	0	312	50.5	—	60
Florida	7	0	3,252	17.1	102	173
Georgia	6	0	945	9.6	—	8
Hawaii	1	0	185	13.5	—	139
Idaho	2	9	133	9.0	34	36
Illinois	9	12	1,663	13.0	39	10
Indiana	6	52	844	13.7	255	184
Iowa	4	26	123	4.9	11	23
Kansas	3	0	699	24.3	—	—
Kentucky	3	0	497	11.4	—	8
Louisiana	3	42	811	18.6	97	14
Maine	2	0	172	12.9	—	41
Maryland	7	16	931	16.2	31	91
Massachusetts	4	9	531	8.2	52	81
Michigan	5	48	757	4.5	—	—
Minnesota	10	48	203	8.2	20	17
Mississippi	4	71	816	29.8	57	32
Missouri	8	41	1,185	20.4	44	82
Montana	1	0	205	20.5	—	42
Nebraska	3	25	300	17.6	495	161
Nevada	3	45	220	9.7	28	12
New Hampshire	1	11	133	10.9	7	6
New Jersey	5	0	1,763	20.0	—	88
New Mexico	1	0	165	7.9	—	17
New York	28	447	4,344	24.6	33	75
North Carolina	4	48	657	7.3	21	19
North Dakota	1	6	184	27.8	30	16
Ohio	6	1	1,031	8.9	9	16
Oklahoma	1	0	270	7.1	40	42
Oregon	2	0	668	17.3	—	118

(continued)

Table 62. Residents and length of stay in state psychiatric hospitals, by state: number and rate, United States, 2011 (continued)

State	Number of state hospitals, ¹ 2012	Number of children aged 0–17, 2011 ²	Number of adults, 2011 ²	Residents per 100,000 population, 2011	Median length of stay in days for children aged 0–17, 2011 ³	Median length of stay in days for adults, 2011 ³
Pennsylvania	6	1	1,760	13.8	441	193
Rhode Island ⁴	0	0	104	9.9	—	6
South Carolina	4	27	596	13.3	14	17
South Dakota	1	54	171	27.3	47	10
Tennessee	5	0	538	8.4	—	5
Texas	13	106	2,011	8.2	25	16
Utah	1	50	260	11.0	256	123
Vermont ⁵	0	0	44	7.0	—	29
Virginia	10	21	1,344	16.9	12	24
Washington	3	45	1,168	17.8	158	60
West Virginia	2	0	272	14.7	—	19
Wisconsin	2	75	501	10.1	2	6
Wyoming	1	0	171	30.1	—	201

— Data not available.

¹ State hospitals are defined as being state operated and funded.

² Number of residents is assessed at the start of the year.

³ Median length of stay is for discharged clients

⁴ Rhode Island has state-operated psychiatric inpatient beds that are part of a general hospital.

⁵ Vermont State Hospital was evacuated and closed in August 2011 due to flooding from Tropical Storm Irene.

NOTES: State hospital admissions and discharges can be duplicated (e.g., one client can have multiple admissions/ discharges during the year).

As an example of how to interpret the estimates in the table, in the United States in 2012, there were 210 psychiatric hospitals operated and funded by individual states.

SOURCES: Uniform Reporting System, 2011, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/dataoutcomes/urs/>

U.S. Census 2011 Resident Population. Retrieved from <http://www.census.gov/popest/data/state/totals/2012/tables/NST-EST2012-01.xls>

Table 63. Commitment status of admissions/readmissions to state psychiatric hospitals, by state: percentage, United States, 2011

[Data are based on reports from state mental health agencies]

State	Percentage of admissions/readmissions voluntarily admitted	Percentage of admissions/readmissions involuntarily civilly committed	Percentage of admissions/readmissions involuntarily criminally committed	Percentage of admissions/readmissions with other legal status ¹
Alabama	—	—	—	—
Alaska	1%	93%	5%	—
Arizona	—	—	—	—
Arkansas	14%	37%	49%	—
California	—	—	—	—
Colorado	9%	70%	21%	—
Connecticut (adults)	30%	37%	29%	4%
Delaware	5%	85%	10%	—
District of Columbia	1%	39%	60%	—
Florida	4%	32%	62%	2%
Georgia	—	—	—	—
Hawaii	2%	5%	93%	—
Idaho	See footnote ²	See footnote ³	6%	—
Illinois	—	—	—	—
Indiana	17%	59%	24%	—
Iowa	—	—	—	—
Kansas	42%	5%	53%	—
Kentucky	16%	76%	9%	—
Louisiana	—	—	—	—
Maine	42%	15%	40%	3%
Maryland	12%	12%	76%	—
Massachusetts	18%	17%	66%	—
Michigan	5%	80%	12%	3%
Minnesota	—	—	—	—
Mississippi	—	100%	—	—
Missouri	45%	20%	31%	4%
Montana	0%	40%	1%	56%
Nebraska	—	75%	25%	—
Nevada	16%	5%	71%	8%
New Hampshire	—	—	—	—
New Jersey	0%	95%	5%	0%
New Mexico	—	—	—	—
New York	19%	61%	20%	0%
North Carolina	9%	89%	2%	—
North Dakota	2%	63%	35%	—
Ohio	1%	79%	20%	—
Oklahoma	17%	57%	—	26%
Oregon	10%	31%	58%	1%
Pennsylvania	1%	51%	43%	5%
Rhode Island	—	—	—	—
South Carolina	4%	86%	10%	1%

(continued)

Table 63. Commitment status of admissions/readmissions to state psychiatric hospitals, by state: percentage, United States, 2011 *(continued)*

State	Percentage of admissions/readmissions voluntarily admitted	Percentage of admissions/readmissions involuntarily civilly committed	Percentage of admissions/readmissions involuntarily criminally committed	Percentage of admissions/readmissions with other legal status ¹
South Dakota	—	—	—	—
Tennessee	0%	95%	5%	—
Texas	10%	77%	12%	1%
Utah	—	60%	40%	—
Vermont	—	—	—	—
Virginia	—	—	—	—
Washington	—	67%	33%	—
West Virginia	—	94%	6%	—
Wisconsin	—	84%	16%	—
Wyoming	—	65%	35%	—

— Data not available.

¹ Types of admission included in other legal status depend on the state. Examples include sexually violent predator, emergency order of detention, progressive treatment plan, and pending court hearing.

² Estimates were reported separately for the two hospitals in Idaho, and they were 10% and 1%.

³ Estimates were reported separately for the two hospitals in Idaho, and they were 84% and 99%.

NOTE: As an example of how to interpret the estimates in the table, in 2011, approximately 1 percent of admissions or readmissions to state psychiatric hospitals in Alaska were voluntary admissions.

SOURCE: State Mental Health Agency Profiles Systems (Profiles) and Revenues Expenditures Study, 2012, NRI Inc. Retrieved from <http://www.nri-inc.org/projects/profiles/>

Table 64. Follow-up care after a hospital discharge among discharges for a mental health disorder, by insurance type: percentage, United States, 2001–2010

[Data are based on a combination of surveys, medical records, and reporting by insurance providers]

Follow-up care by insurance type	2001 (percent)	2002 (percent)	2003 (percent)	2004 (percent)	2005 (percent)	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)
Within 7 days of discharge										
Commercial health maintenance organization (HMO)	51.3	52.7	54.4	55.9	55.8	56.7	55.6	57.2	58.7	59.7
Commercial preferred provider organization (PPO)	—	—	—	—	49.9	48.3	41.9	49.8	52.6	54.2
Medicare HMO	37.2	38.7	38.8	40.1	39.2	36.9	37.0	38.1	37.3	37.4
Medicare PPO	—	—	—	—	47.1	38.5	33.3	37.3	40.6	39.1
Medicaid HMO	33.2	37.2	37.7	38.0	39.2	39.1	42.5	42.6	42.9	44.6
Within 30 days of discharge										
Commercial HMO	73.2	73.6	74.4	75.9	75.9	75.8	74.0	76.1	76.8	77.4
Commercial PPO	—	—	—	—	70.7	68.1	63.4	71.4	72.1	74.1
Medicare HMO	60.6	60.6	60.3	60.7	59.4	56.3	54.4	56.5	54.8	55.4
Medicare PPO	—	—	—	—	60.1	58.3	50.2	55.5	60.5	61.2
Medicaid HMO	52.2	56.7	56.4	54.9	56.8	57.7	61.0	61.7	61.2	63.8

— Data not available

NOTES: Follow-up care may include an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.

Follow-up care includes hospitalizations for the following selected mental health disorders: schizophrenic disorders, episodic mood disorders, delusional disorders, other nonorganic psychoses, pervasive developmental disorders, obsessive-compulsive disorders, dysthymic disorder, personality disorders, acute reaction to stress, adjustment reaction, depressive disorder, disturbance of conduct, disturbance of emotions specific to childhood and adolescence, and hyperkinetic syndrome of childhood.

As an example of how to interpret the estimates in the table, in 2001, 51.3 percent of U.S. patients discharged from the hospital following a stay for treatment of a mental health disorder and who were insured through commercial HMO plans received follow-up care within 7 days of discharge from the hospital.

SOURCE: National Committee for Quality Assurance (NCQA). (2011). *The state of health care quality 2011: Continuous improvement and the expansion of quality measurement*. Retrieved from <http://www.ncqa.org/Portals/0/SOHC-web1.pdf>

Table 65. Follow-up care for substance abuse treatment among people aged 13 or older newly diagnosed with alcohol or illicit drug dependence, by insurance type: percentage, United States, 2004–2010

[Data are based on a combination of surveys, medical records, and reporting by insurance providers]

Follow-up care by insurance type	2004 (percent)	2005 (percent)	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)
Began treatment within 14 days of diagnosis¹							
Commercial health maintenance organization (HMO)	45.9	44.5	43.2	44.5	42.4	42.7	42.7
Commercial preferred provider organization (PPO)	—	45.8	49.0	46.0	42.6	41.8	40.8
Medicare HMO	52.6	50.9	50.3	50.4	45.9	46.2	44.6
Medicare PPO	—	52.3	50.0	56.5	49.1	57.4	57.4
Medicaid HMO	45.7	40.7	43.3	45.6	44.5	44.3	42.9
Began treatment within 14 days and received two or more additional substance abuse treatment services within 30 days of diagnosis							
Commercial HMO	15.5	14.1	13.8	15.2	16.2	16.1	15.6
Commercial PPO	—	15.3	16.0	15.2	16.2	15.7	16.0
Medicare HMO	7.1	4.7	4.5	4.5	4.3	4.6	3.7
Medicare PPO	—	3.2	7.0	6.3	9.4	4.2	4.8
Medicaid HMO	11.9	9.7	11.7	14.4	12.4	12.3	14.2

— Data not available

¹ Includes diagnoses of alcohol or illicit drug dependence resulting from inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations.

NOTES: Treatment services may include outpatient visits, intensive outpatient encounters, partial hospitalizations, or inpatient stays.

As an example of how to interpret the estimates in the table, in 2004, 45.9 percent of people aged 13 or older in the United States who were newly diagnosed with alcohol or drug dependence and who were insured through a commercial HMO plan began treatment within 14 days of the original diagnosis.

SOURCE: National Committee for Quality Assurance (NCQA). (2011). *The state of health care quality 2011: Continuous improvement and the expansion of quality measurement*. Retrieved from <http://www.ncqa.org/Portals/0/SOHC-web1.pdf>

Table 66. Client satisfaction with services used in the public mental health system by adults in the past 6 months, by state: percentage, United States, 2011

[Data are based on voluntary reporting by states with most data derived from public mental health systems]

State	Survey response rate (percent)	Percentage reporting satisfaction with access	Percentage reporting satisfaction with quality and appropriateness	Percentage reporting satisfaction with outcomes	Percentage reporting general satisfaction with services	Percentage reporting improved social connectedness from services	Percentage reporting improved functioning from services
United States¹	45.2	85.7	88.9	70.6	89.1	70.0	69.9
Alabama	75.0	82.5	87.1	77.5	84.7	75.8	78.5
Alaska	13.0	75.6	79.8	66.5	79.8	67.3	68.0
Arizona	85.0	83.3	87.6	72.0	85.6	76.1	69.3
Arkansas	37.0	77.6	79.5	59.3	76.6	56.6	59.4
California	79.0	85.6	88.4	69.2	90.1	67.0	69.2
Colorado	62.2	84.9	89.6	66.8	90.6	64.1	65.7
Connecticut	—	89.5	92.9	79.4	92.9	72.7	79.0
Delaware	81.0	84.9	87.2	78.1	84.8	83.8	80.1
District of Columbia	—	—	—	—	—	—	—
Florida	80.6	93.5	94.7	91.9	95.9	83.8	84.1
Georgia	100.0	82.3	89.1	76.2	86.9	79.2	77.4
Hawaii	71.0	89.6	92.2	79.9	87.7	71.7	83.4
Idaho	8.0	79.9	82.9	63.0	87.1	61.8	60.1
Illinois	21.0	85.8	85.0	67.2	87.2	72.0	65.2
Indiana	70.0	84.4	90.8	66.8	90.7	68.2	66.7
Iowa	—	—	—	—	—	—	—
Kansas	26.2	91.1	92.6	85.0	92.7	81.8	82.5
Kentucky	—	89.3	92.1	69.4	92.2	71.4	70.4
Louisiana	91.0	90.9	91.8	74.0	81.9	71.3	67.9
Maine	17.0	76.9	81.6	61.8	82.9	61.2	58.8
Maryland	32.8	83.1	86.2	66.7	82.2	70.7	65.5
Massachusetts	40.0	75.9	77.5	71.0	78.2	65.7	73.3
Michigan	—	87.0	90.0	75.0	87.0	72.0	75.0
Minnesota	21.5	83.6	82.8	79.4	82.8	68.9	80.2
Mississippi	11.0	81.3	78.8	55.8	89.4	85.2	74.5

(continued)

Table 66. Client satisfaction with services used in the public mental health system by adults in the past 6 months, by state: percentage, United States, 2011 *(continued)*

State	Survey response rate (percent)	Percentage reporting satisfaction with access	Percentage reporting satisfaction with quality and appropriateness	Percentage reporting satisfaction with outcomes	Percentage reporting general satisfaction with services	Percentage reporting improved social connectedness from services	Percentage reporting improved functioning from services
Missouri	26.6	89.1	90.2	69.0	92.2	68.4	69.6
Montana	24.0	84.6	86.9	67.0	84.8	63.6	68.3
Nebraska	43.1	80.8	87.4	72.4	85.4	75.4	73.8
Nevada	—	76.9	78.0	63.1	84.5	67.9	65.6
New Hampshire	53.0	75.5	85.4	62.9	81.0	64.8	62.1
New Jersey	16.5	97.6	98.9	95.4	97.5	91.8	94.7
New Mexico	30.0	82.2	89.5	77.6	89.9	77.6	75.1
New York	—	88.5	88.3	77.5	88.7	75.2	79.2
North Carolina	74.0	89.4	93.9	69.7	92.2	68.1	70.8
North Dakota	52.1	86.5	84.1	68.5	88.4	72.6	74.0
Ohio	28.1	74.6	81.3	54.3	83.6	57.2	54.3
Oklahoma	10.2	79.2	85.5	61.1	84.3	74.1	63.0
Oregon	25.1	73.8	78.4	54.5	78.8	58.5	56.0
Pennsylvania	16.0	81.8	82.4	56.8	81.4	64.1	57.8
Rhode Island	52.1	89.0	92.2	70.6	89.4	70.2	72.5
South Carolina	19.0	81.7	87.6	66.7	88.1	67.8	69.4
South Dakota	27.0	77.5	78.8	62.2	84.0	67.5	64.7
Tennessee	92.0	87.4	89.7	61.0	90.1	67.0	62.5
Texas	20.3	78.8	82.1	57.6	89.5	58.1	61.8
Utah	—	84.3	86.8	66.5	87.8	65.4	66.4
Vermont	37.7	82.2	84.6	69.3	84.4	68.9	73.5
Virginia	—	—	—	—	—	—	—
Washington	65.0	68.9	82.2	60.3	77.1	63.9	64.2
West Virginia	—	88.8	91.0	72.9	91.5	72.9	75.0
Wisconsin	48.1	77.0	80.7	62.2	76.4	64.6	65.7
Wyoming	13.0	83.1	83.5	72.3	84.8	68.7	69.5

See notes on page 145.

Table 66 notes

— Data not available.

¹ Estimates for the United States include estimates from the 50 states, the District of Columbia, the Federation of Micronesia, Guam, Palau, Puerto Rico, and the U.S. Virgin Islands.

NOTES: Substantial variation exists among states because of differences in state mental health systems, capacity, data collection methods, and variable definitions.

Respondents were asked to report on public mental health system services received over the past 6 months.

As an example of how to interpret the estimates in the table, the second cell in the second row shows that, in 2011, 82.5 percent of survey respondents in Alabama reported positively about access to services for adults provided through the public mental health system.

SOURCE: Uniform Reporting System, 2011, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from <http://www.samhsa.gov/dataoutcomes/urs/>

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5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need

Types of Behavioral Health Treatment

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Specialty Treatment Settings and Special Populations
Tables 67–72

5.2.2 Child Behavioral Health Services

5.2.3 Behavioral Health Service Use among Special Populations

Table 67. Demographic and diagnostic characteristics for members of clubhouses, by certification status: number and percentage, United States, 2011

[Data are from an annual survey of clubhouses]

Characteristic	Certified by the International Center for Clubhouse Development (N = 61)		Not certified by the International Center for Clubhouse Development (N = 42)	
	Number of clubhouses responding	Percent	Number of clubhouses responding	Percent
Age				
Younger than 20	31	0.92	13	1.28
20–25	52	5.83	33	7.45
26–30	53	8.06	31	9.25
31–40	53	18.18	33	17.26
41–50	53	28.47	33	27.60
51–60	53	27.97	33	28.38
61–70	53	8.04	32	7.46
Older than 70	26	0.70	15	1.03
Unknown	8	1.82	4	0.28
Sex				
Female	52	44.13	34	44.45
Male	52	55.87	34	55.55
Race/ethnicity				
White/Caucasian	52	56.00	34	46.14
Hispanic	37	8.28	16	5.86
Black/African American	49	18.80	30	16.14
American Indian/Alaska Native	19	1.96	11	7.82
Asian	30	4.73	11	5.69
Native Hawaiian or Other Pacific Islander	8	2.95	6	13.23
Unknown	37	7.28	11	5.11
Diagnoses				
Schizophrenia or schizophreniform disorders	33	46.06	20	47.50
Bipolar disorder	33	22.28	19	18.43
Depression	33	15.98	19	18.92
Other	30	12.00	15	13.02
Unknown	8	3.67	3	2.13

NOTE: As an example of how to interpret the estimates in the table, in the United States, among members of the 31 certified clubhouses responding to the 2011 survey, 0.92 percent were younger than 20 years old. Among members of the 13 uncertified clubhouses responding to the survey, 1.28 percent were younger than 20 years old.

SOURCE: International Survey of Clubhouses, 2011, International Center for Clubhouse Development.

Table 68. Past year mental health and substance abuse treatment among active duty military personnel, by branch: percentage, United States, 2008

[Data are based on a national survey of active duty service members]

Behavioral health measure	Army (percent)	Navy (percent)	Marine Corps (percent)	Air Force (percent)	DoD services ¹ (percent)	Coast Guard (percent)	All services ² (percent)
Receipt of prescribed medication for depression, anxiety, or sleeping problems	10.7	6.2	7.9	8.1	8.6	6.3	8.5
Receipt of mental health counseling							
Any mental health counseling	24.2	17.4	19.9	16.0	20.0	17.1	19.9
From a military mental health professional	13.0	7.7	9.8	8.6	10.2	6.4	10.1
From a general physician at a military facility	9.3	6.3	8.0	5.0	7.3	5.3	7.3
From a military chaplain	8.0	5.2	7.1	3.4	6.1	2.6	6.0
From a civilian mental health professional	6.2	3.8	5.1	3.0	4.7	6.3	4.7
From a general physician at a civilian facility	3.8	2.0	3.4	1.4	2.7	2.5	2.7
From a civilian pastoral counselor	3.3	2.7	3.7	1.7	2.8	1.9	2.8
From a self-help group (e.g., Alcoholics Anonymous, Narcotics Anonymous)	2.7	2.5	3.5	1.2	2.4	1.9	2.4
Concerns sought help for							
Depression	9.9	6.8	8.1	5.5	7.8	6.1	7.8
Anxiety	7.8	4.9	5.6	4.0	5.9	4.7	5.9
Family problems	9.0	6.0	7.6	6.5	7.5	6.4	7.4
Substance use problems	1.7	1.5	2.8	0.9	1.6	1.1	1.6
Anger or stress management	9.6	5.9	7.9	5.1	7.4	5.0	7.3
Other	6.4	3.8	4.8	3.4	4.9	3.5	4.8

¹ "DoD services" includes Army, Navy, Marine Corps, and Air Force.

² "All services" includes Army, Navy, Marine Corps, Air Force, and Coast Guard.

Table 68 notes (continued)

NOTES: Estimates have not been adjusted for service-wide sociodemographic differences, such as service, sex, race/ethnicity, education, family status, pay grade, and region.

As an example of how to interpret the estimates in the table, in 2008, 10.7 percent of active duty U.S. Army personnel reported having received a prescription medication for depression, anxiety, or sleeping problems in the past year.

SOURCE: Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, 2008. As taken from Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Rae Olmsted, K. L., Brown, J. M..., Bradshaw, M. R. (2009). *2008 Department of Defense survey of health related behaviors among active duty military personnel*. Report prepared for TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs) and U.S. Coast Guard. Retrieved from <http://www.tricare.mil/tma/2008HealthBehaviors.pdf>. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 69. Past year mental health counseling among active duty, National Guard, and Reserve personnel, by branch and duty status: unadjusted and adjusted percentages, United States, 2006

[Data are based on self-administered questionnaires of military personnel]

Service	Unadjusted (percent)	Adjusted ¹ (percent)
Army—total	15.5	15.1
Active duty	16.4	16.9
National Guard	14.8	14.5
Reserve	14.7	14.0
Navy—total	14.0	13.1
Active duty	14.8	15.1
Reserve	10.8	11.0
Marine Corps—total	12.5	12.2
Active duty	12.7	13.2
Reserve	*	*
Air Force—total	12.5	11.2
Active duty	13.3	13.2
National Guard	11.4	11.0
Reserve	9.7	9.5
Total Department of Defense	14.1	13.0
Active duty	14.6	14.6
Total National Guard and Reserve	13.3	11.9

*Estimates are considered unreliable because of low precision.

¹ Adjusted estimates have been corrected for differences in the demographic distributions between the Reserve components. The main effects of sex, age group, enlisted/officer indicator, marital status, education, and race/ethnicity were used in this standardization process. Comparisons across Reserve service components should be based upon adjusted estimates.

NOTES: Duty status determination is based on current status at the time of data collection.

Reserve component estimates exclude full-time or activated National Guard and Reserve.

Mental health counseling refers to receiving services from a psychologist, psychiatrist, clinical social worker, other mental health counselor, or a general medical doctor at a military or civilian facility. Services could also be received from a military chaplain, civilian pastor, rabbi, other pastoral counselor, or a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous.

As an example of how to interpret the estimates in the table, the second cell shows that after adjusting for demographic characteristics, 15.1 percent of all U.S. Army personnel in 2006 reported having received mental health counseling in the past year.

SOURCES: Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force, 2006. As taken from Hourani, L. L., Bray, R. M., Marsden, M. E., Witt, M. B., Vandermaas-Peeler, R., Scheffler, S., ... Strange, L. B. (2007, June). *2006 Department of Defense survey of health related behaviors among the Guard and Reserve force*. Report prepared for TRICARE Management Activity. Retrieved from http://www.tricare.mil/hpae/_docs/RC_2006_Reserve_Component_FR_9-07.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 70. Past year mental health and substance abuse treatment among all adults, by sex and veteran status: percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Behavioral health status	All adults		Never served in the armed forces		In a Reserve component of the armed forces		Separated/retired from reserve/active duty	
	Male	Female	Male	Female	Male	Female	Male	Female
Any mental health treatment	9.6	17.4	9.3	17.3	8.7	15.7	10.8	21.9
Prescription medication ¹	7.9	14.9	7.5	14.9	5.2	*	9.5	18.6
Outpatient ²	4.7	8.3	4.5	8.3	6.4	*	5.1	12.7
Inpatient ³	0.8	0.8	0.8	0.8	0.6	*	0.8	0.3
Any substance abuse treatment	2.3	1.0	2.5	1.0	2.0	*	1.7	1.1
Alcohol treatment	1.7	0.7	1.8	0.7	1.8	*	1.3	1.1
Illicit drug ⁴ treatment	1.2	0.6	1.3	0.6	0.2	*	0.7	0.4
Both alcohol and illicit drug ⁴ treatment	0.8	0.3	0.9	0.3	0.2	*	0.5	0.4

* Estimates are considered unreliable because of low precision.

¹ Prescription medication is for problems with emotions, nerves, or mental health.

² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

³ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

⁴ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Table 70 notes *(continued)*

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Table does not include any active duty service members.

Years of data were combined to achieve statistical precision.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, for 2009 through 2011 combined, an annual average of 9.6 percent of all U.S. adult males received mental health treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 71. Homelessness among substance abuse treatment admissions to facilities that receive public funding, by selected characteristics: number and percentage, United States, 2010

[Data are based on reporting from states regarding substance abuse treatment admissions]

Characteristic	Total	Homeless ¹		Dependent living ²		Independent living ³	
	Number	Number	Percent	Number	Percent	Number	Percent
All patients	1,823,006	221,528	12.15	364,939	20.02	1,152,926	63.24
Sex							
Male	1,175,970	164,973	14.03	247,726	21.07	763,271	64.91
Female	563,140	56,506	10.03	117,150	20.80	389,484	69.16
Race							
Alaska Native	3,683	891	24.19	859	23.32	1,933	52.48
American Indian (other than Alaska Native)	40,838	6,760	16.55	10,346	25.33	23,732	58.11
Asian or Pacific Islander ⁴	1,681	132	7.85	475	28.26	1,074	63.89
Black or African American	358,839	61,854	17.24	76,167	21.23	220,818	61.54
Native Hawaiian or Other Pacific Islander ⁵	9,053	958	10.58	3,242	35.81	4,853	53.61
Other single race	146,456	22,833	15.59	40,860	27.90	82,763	56.51
Two or more races	23,890	3,599	15.06	7,459	31.22	12,832	53.71
White	1,128,346	121,993	10.81	218,625	19.38	787,728	69.81
Primary substance of abuse							
None ⁶	16,150	705	4.37	3,034	18.79	12,411	76.85
Alcohol	712,418	103,980	14.60	108,999	15.30	499,439	70.10
Cocaine/crack	140,535	26,159	18.61	28,708	20.43	85,668	60.96
Marijuana/hashish	323,452	15,703	4.85	112,773	34.87	194,976	60.28
Heroin	241,174	42,704	17.71	41,960	17.40	156,510	64.90
Non-prescription methadone	5,742	405	7.05	790	13.76	4,547	79.19
Other opiates and synthetics	142,681	8,897	6.24	23,895	16.75	109,889	77.02
PCP	4,249	436	10.26	931	21.91	2,882	67.83
Other hallucinogens	1,598	188	11.76	492	30.79	918	57.45
Methamphetamines	103,404	16,138	15.61	33,968	32.85	53,298	51.54
Other amphetamines	8,423	642	7.62	2,920	34.67	4,861	57.71
Other stimulants	1,121	60	5.35	694	61.91	367	32.74
Benzodiazepines	14,591	1,742	11.94	2,235	15.32	10,614	72.74

(continued)

Table 71. Homelessness among substance abuse treatment admissions to facilities that receive public funding, by selected characteristics: number and percentage, United States, 2010 (continued)

Characteristic	Total	Homeless ¹		Dependent living ²		Independent living ³	
	Number	Number	Percent	Number	Percent	Number	Percent
Other non-benzodiazepine tranquilizers	470	30	6.38	104	22.13	336	71.49
Barbiturates	1,345	115	8.55	162	12.04	1,068	79.41
Other non-barbiturate sedatives or hypnotics	2,597	134	5.16	521	20.06	1,942	74.78
Inhalants	1,388	134	9.65	462	33.29	792	57.06
Over-the-counter medications	2,187	253	11.57	394	18.02	1,540	70.42
Other	13,371	2,765	20.68	1,492	11.16	9,114	68.16

¹ Includes individuals residing in homeless shelters.

² Includes individuals residing in supervised settings, such as group homes, halfway houses, and residential institutions, and minors residing with parents, guardians, or in foster care.

³ Includes adult children aged 18 or older living with parents.

⁴ Asian or Pacific Islander: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands.

⁵ Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

⁶ A value of "None" for the primary substance of abuse typically means that the person being admitted had not used a substance in the 30 days prior to treatment admission.

NOTES: The number and client mix of Treatment Episode Data Set (TEDS) admissions does not represent the total national demand for substance abuse treatment or the prevalence of substance abuse in the general population.

Data represent admissions, not individuals.

As an example of how to interpret the estimates in the table, the first cell in the second column shows that, in 2010, 221,528 admissions for substance abuse treatment were reported for homeless individuals in the United States. The first row in the third column shows that 12.15 percent of all substance abuse treatment admissions were for homeless individuals.

SOURCE: Substance Abuse and Mental Health Data Archive. (2010). Treatment Episode Data Set—Admissions (TEDS—A) [online]. Retrieved from <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>

Table 72. Current mental health treatment receipt among adult inmates in state correctional facilities, by state: number and percentage, United States, 2000

[Data are based on a survey of correctional facilities]

State	24-hour mental health care		Therapy/counseling		Mental health medication	
	Number	Percent	Number	Percent	Number	Percent
United States	17,354	1.6	137,385	12.8	105,336	9.7
Alabama	556	2.5	1,768	8.4	1,078	4.9
Alaska	93	2.9	286	10.8	238	9.0
Arizona	378	1.4	3,874	14.7	2,194	8.3
Arkansas	82	0.8	1,117	10.7	424	4.1
California	3,144	2.1	18,863	12.5	15,831	10.5
Colorado	274	1.8	2,213	14.9	2,180	14.2
Connecticut	341	2.3	2,596	17.8	1,659	11.4
Delaware	2	0.0	801	14.5	739	12.5
District of Columbia	38	1.6	503	21.1	213	8.9
Florida	191	0.3	10,689	14.9	7,764	10.8
Georgia	2,070	4.8	5,302	12.1	4,659	10.6
Hawaii	120	3.2	100	2.7	746	19.8
Idaho	1	0.0	547	14.3	728	19.1
Illinois	672	1.5	4,374	9.9	2,954	6.7
Indiana	354	1.9	4,281	23.5	2,392	13.1
Iowa	134	1.5	1,293	14.3	1,122	12.4
Kansas	218	2.4	2,075	23.1	1,518	16.9
Kentucky	126	1.0	2,626	21.9	2,296	18.5
Louisiana	201	1.2	5,062	27.0	1,626	8.7
Maine	26	2.8	538	33.0	367	23.5
Maryland	253	1.3	2,829	14.9	2,344	12.4
Massachusetts	309	3.0	2,271	21.8	1,331	12.7
Michigan	760	1.7	4,678	10.5	2,161	4.8
Minnesota	32	0.4	1,222	16.4	1,312	17.6
Mississippi	580	3.9	1,607	10.9	1,935	13.1
Missouri	12	0.0	3,331	11.9	1,054	3.8
Montana	13	0.6	268	12.0	478	21.4
Nebraska	84	2.4	982	28.0	691	19.7
Nevada	54	0.8	599	10.6	529	7.7
New Hampshire	92	4.9	387	20.7	228	12.2
New Jersey	467	1.8	2,308	9.2	2,541	9.4
New Mexico	138	2.7	803	15.6	427	8.5
New York	262	0.4	6,888	10.2	4,539	6.7
North Carolina	715	2.5	3,747	13.2	2,783	10.2
North Dakota	—	—	—	—	247	39.3
Ohio	1,042	2.2	7,165	15.0	4,921	10.3
Oklahoma	187	0.8	3,349	14.6	2,716	11.8
Oregon	65	0.8	2,032	21.8	1,796	19.6

(continued)

Table 72. Current mental health treatment receipt among adult inmates in state correctional facilities, by state: number and percentage, United States, 2000 (continued)

State	24-hour mental health care		Therapy/counseling		Mental health medication	
	Number	Percent	Number	Percent	Number	Percent
Pennsylvania	178	0.5	4,761	13.0	3,891	10.6
Rhode Island	10	0.3	—	—	—	—
South Carolina	39	0.2	1,122	5.3	28	1.1
South Dakota	43	1.7	577	22.3	420	16.2
Tennessee	399	2.2	430	6.5	1,811	9.9
Texas	1,638	1.5	9,599	7.7	7,838	6.2
Utah	22	1.8	306	29.0	239	19.8
Vermont	30	3.0	350	34.9	284	28.3
Virginia	0	0.0	3,215	10.6	2,540	8.4
Washington	381	2.6	—	—	1,925	13.1
West Virginia	29	1.0	353	12.6	486	16.1
Wisconsin	492	3.2	2,483	20.4	2,735	18.0
Wyoming	7	0.3	815	37.3	378	17.3

— Data not available.

NOTES: Percentages are based on the number of inmates held in facilities reporting data. Total inmates (denominators for the percentages) vary by category of treatment: 1,073,455 for 24-hour mental health care; 1,069,605 for therapy/counseling; and 1,088,023 for use of mental health medications.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2000, 17,354 U.S. adult inmates housed in state correctional facilities (1.6 percent) received 24-hour mental health care.

SOURCE: Beck, A. J., & Maruschak, L. M. (2001). *Mental health treatment in state prisons, 2000* (NCJ 188215). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhtsp00.pdf>

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5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need

Types of Behavioral Health Treatment

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Specialty Treatment Settings and Special Populations

5.2.2 Child Behavioral Health Services

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5.2.3 Behavioral Health Service Use among Special Populations

Table 73. Past year mental health service use among adolescents aged 12 to 17, by source of service: number and percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Source of mental health service	Number (1,000s)	Percent
Outpatient total¹	2,842	11.5
Private therapist, psychologist, psychiatrist, social worker, or counselor	2,409	9.8
Mental health clinic or center	547	2.2
Partial day hospital or day treatment program	393	1.6
In-home therapist, counselor, or family preservation worker	767	3.1
Inpatient or residential total²	602	2.4
Hospital	438	1.8
Residential treatment center	240	1.0
Foster care or therapeutic foster care home	140	0.6
Education³ total	2,920	11.9
School social worker, school psychologist, or school counselor	2,188	8.9
Special school or program within a regular school for students with emotional or behavioral problems	1,063	4.3
Medical ⁴	619	2.5
Juvenile justice ⁵	103	0.4

¹ Outpatient services are treatment from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

² An inpatient service is a stay of overnight or longer in a hospital or other facility for mental health problems.

³ Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home-schooled were not asked about receipt of mental health treatment from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment from this source. As a result of revisions to the Source of Youth Mental Health Education Services questions in 2009, these estimates are not comparable with the education services estimates presented before the 2009 National Survey on Drug Use and Health.

⁴ Includes use of mental health services provided by a pediatrician or other family doctor.

⁵ These services are often provided by psychiatrists, psychologists, social workers, or counselors who work for the court system.

NOTES: Mental health services include treatment for emotional or behavioral problems not caused by alcohol or drug use. Respondents with unknown receipt of mental health service information were excluded.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

As an example of how to interpret the estimates in the table, in 2011, 2,842,000 U.S. adolescents used outpatient mental health services in the past year.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 74. Past year mental health service use and setting among adolescents aged 12 to 17, by selected characteristics: percentage, United States, 2007–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Specialty mental health setting			Non-specialty mental health setting		
	Any specialty service (percent)	Outpatient ¹ (percent)	Inpatient or residential ² (percent)	Education ³ (percent)	Medical ⁴ (percent)	Juvenile justice ⁵ (percent)
Total	12.5	11.2	2.4	12.1	2.6	0.4
Age						
12–13	11.9	10.6	2.2	13.7	2.4	0.2
14–15	13.1	11.7	2.7	12.8	2.7	0.4
16–17	12.4	11.3	2.3	10.1	2.8	0.6
Sex						
Male	10.6	9.1	2.5	10.8	2.2	0.4
Female	14.5	13.4	2.4	13.5	3.0	0.3
Hispanic origin and race						
Not Hispanic or Latino	12.9	11.7	2.5	12.2	2.8	0.4
White	13.5	12.5	2.2	11.3	3.0	0.3
Black or African American	11.9	9.7	3.7	15.7	2.1	0.7
American Indian or Alaska Native	15.5	13.5	3.9	13.1	5.0	1.2
Native Hawaiian or Other Pacific Islander	11.9	10.6	3.9	9.0	4.6	0.1
Asian	6.0	5.3	1.2	10.0	1.4	0.0
Two or more races	17.0	15.9	3.3	16.1	3.2	0.8
Hispanic or Latino	10.8	9.3	2.4	11.9	2.1	0.5
Poverty status⁶						
< 100% of Federal Poverty Level	13.3	11.0	4.2	14.4	2.8	0.7
100%–199% of Federal Poverty Level	13.0	11.3	3.1	13.2	2.6	0.6
≥200% of Federal Poverty Level	12.0	11.3	1.6	10.9	2.6	0.2
Geographic region						
Northeast	14.3	13.1	2.3	14.0	2.6	0.3
Midwest	13.2	11.9	2.7	12.4	2.6	0.4
South	11.4	9.9	2.6	11.3	2.7	0.5
West	12.2	11.1	2.1	11.8	2.4	0.4

(continued)

Table 74. Past year mental health service use and setting among adolescents aged 12 to 17, by selected characteristics: percentage, United States, 2007–2011 combined (continued)

Characteristic	Specialty mental health setting			Non-specialty mental health setting		
	Any specialty service (percent)	Outpatient ¹ (percent)	Inpatient or residential ² (percent)	Education ³ (percent)	Medical ⁴ (percent)	Juvenile justice ⁵ (percent)
Metropolitan area						
Large metropolitan area	12.4	11.1	2.3	12.3	2.3	0.4
Small metropolitan area	12.9	11.7	2.5	12.1	2.9	0.4
Non-metropolitan area	12.0	10.5	3.0	11.7	3.1	0.4

¹ Outpatient services are treatment from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

² An inpatient service is a stay of overnight or longer in a hospital or other facility for mental health problems.

³ Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home-schooled were not asked about receipt of mental health treatment from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment from this source. As a result of revisions to the Source of Youth Mental Health Education Services questions in 2009, these estimates are not comparable with the education services estimates presented before the 2009 National Survey on Drug Use and Health.

⁴ Includes treatment from a pediatrician or other family doctor.

⁵ Includes treatment/counseling received in juvenile detention centers, prisons, or jails, and often provided by psychiatrists, psychologists, social workers or counselors who work for the court system.

⁶ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

NOTES: Mental health services include treatment for emotional or behavioral problems not caused by alcohol or drug use. Respondents could indicate multiple service settings.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2007 through 2011 combined, an annual average of 12.5 percent of U.S. adolescents used services in a specialty mental health setting in the past year.

SOURCE: National Survey on Drug Use and Health, 2007–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 75. Mental health service use in the past 6 months among children aged 4 to 11 with emotional/behavioral problems, by selected characteristics: number and percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Number using mental health services (1,000s)	Percentage using mental health services
Total	3,422	49.0
Sex		
Male	2,239	53.9
Female	1,183	41.8
Race/ethnicity		
White, non-Hispanic	2,101	52.3
Black, non-Hispanic	586	48.4
Other, non-Hispanic	140	45.5
Hispanic ¹	596	41.2
Poverty status²		
< 100% of Federal Poverty Level	1,122	54.5
100%–199% of Federal Poverty Level	666	44.6
200%–399% of Federal Poverty Level	800	45.3
≥400% of Federal Poverty Level	659	53.3
Insurance coverage		
Not covered	190	42.0
Covered	3,228	49.5
Mother's education		
Less than high school	466	42.7
High school graduate/GED/some college	1,828	49.6
College degree	805	51.7

¹ Persons of Hispanic or Latino origin may be of any race or combination of races.

² Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

NOTES: Mental health services include prescription medication, attending a special school, participating in a special school program, treatment or counseling, treatment in an overnight facility, case management, using the Internet to seek treatment or counseling, or taking part in a self-help group.

Children with emotional and behavioral problems are defined as those whose parent responded “yes, definite difficulties” or “yes, severe difficulties” to the following question on the Strengths and Difficulties Questionnaire (Goodman, 1999): “Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?”

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in this table, for 2010 through 2011 combined, an annual average of 3,422,000 (49 percent) of U.S. children aged 4 to 11 with emotional or behavioral difficulties used mental health services at least once during the past year.

SOURCES: National Health Interview Survey, 2010–2011, Centers for Disease Control and Prevention, National Center for Health Statistics.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791–799.

Table 76. Lifetime mental health service use among adolescents aged 13 to 18 with selected mental illness and substance use disorders, by disorder class and service type: percentage, United States, 2002 to 2004

[Data are based on a household survey of a nationally representative sample of youth]

Disorder class	Mental health specialty sector (percent)	General medical (percent)	Human service (percent)	Complementary and alternative medicine (percent)	Juvenile justice (percent)	School service (percent)
Mood disorders ¹	58.8	26.3	24.8	16.9	8.7	39.8
Anxiety disorders ²	40.0	18.2	16.8	11.7	5.4	28.9
Attention-deficit/hyperactivity disorder	68.1	32.8	22.7	16.0	14.3	63.2
Behavior disorders ³	64.6	28.3	28.4	16.9	21.3	53.5
Substance use disorders ⁴	58.8	25.1	21.6	19.2	21.3	43.7
Any class	46.5	20.7	18.2	12.6	9.5	35.4
1 class	33.3	15.3	13.2	8.3	3.9	23.2
2 classes	59.8	23.9	20.7	15.9	16.8	50.7
≥ 3 classes	73.3	35.5	32.4	23.0	18.7	55.6

¹ Includes bipolar I or II, dysthymia, and major depressive disorder.

² Includes agoraphobia, generalized anxiety disorder, panic disorder, separation anxiety disorder, social phobia, and specific phobia.

³ Includes conduct disorder and oppositional defiant disorder.

⁴ Includes alcohol abuse/dependence, drug abuse/dependence, and eating disorders.

NOTES: Disorder diagnoses were produced from data obtained through a modified version of the World Health Organization (WHO) Composite International Diagnostic Interview 3.0, which generates *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* diagnoses. Adolescents were directly interviewed with the WHO Composite International Diagnostic Interview, and parents also reported information on selected disorders. The major classes of lifetime disorders assessed through this method include mood disorders, substance use disorders, and eating disorders.

Data reported in this table were collected from 2002 through 2004.

As an example of how to interpret the estimates in the table, for the 2002 to 2004 study period, 58.8 percent of U.S. adolescents aged 13 to 18 with a mood disorder received treatment in the mental health specialty sector.

SOURCE: Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., & Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(1), 32–45.

Table 77. Lifetime use of disorder-specific mental health services among adolescents aged 13 to 18 with selected mental illness and substance use disorders, by sex and age group: percentage, United States, 2002 to 2004

[Data are based on a household survey of a nationally representative sample of youth]

Disorder class	Total (percent)	Female (percent)	Male (percent)	13–14 years (percent)	15–16 years (percent)	17–18 years (percent)
Any mood disorder	37.7	41.5	31.5	44.2	30.8	42.4
Bipolar I or II	22.2	26.5	17.9	24.4	17.2	28.2
Major depressive disorder or dysthymia	39.4	40.9	36.5	44.3	34.1	43.1
Any anxiety disorder	17.8	20.3	14.5	13.2	18.1	25.0
Agoraphobia	7.0	8.0	4.8	1.4	11.4	5.7
Generalized anxiety disorder	43.8	39.9	52.5	22.2	50.1	47.4
Panic disorder	33.8	50.1	14.3	20.7	32.9	47.9
Separation anxiety disorder	6.9	8.8	4.1	5.6	6.9	9.1
Social phobia	12.1	11.4	13.2	12.9	5.9	21.1
Specific phobia	6.5	7.2	5.6	8.8	5.0	5.0
Attention-deficit/hyperactivity disorder	59.8	44.6	64.8	57.9	59.6	63.4
Any behavior disorder	45.4	46.5	44.6	48.1	48.0	38.4
Conduct disorder	32.3	30.6	33.5	25.4	39.3	28.9
Oppositional defiant disorder	53.8	49.4	57.5	55.6	54.5	48.8
Any substance use disorder	15.4	15.2	15.5	37.4	12.3	11.4
Alcohol abuse/dependence	11.9	8.7	13.9	0.3	17.8	8.7
Drug abuse/dependence	18.3	18.1	18.5	40.1	13.4	14.7
Eating disorder	12.8	17.0	1.8	4.7	11.7	30.4
Any class	36.2	34.9	37.4	35.0	36.5	37.2
1 class	19.9	18.1	21.7	22.2	20.6	15.0
2 classes	51.0	49.7	52.2	50.5	49.2	53.9
≥ 3 classes	72.2	76.6	68.1	70.5	74.0	71.3

NOTES: Disorder diagnoses were produced from data obtained through a modified version of the World Health Organization (WHO) Composite International Diagnostic Interview 3.0, which generates *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) diagnoses. Adolescents were interviewed with the WHO Composite International Diagnostic Interview, and parents also reported information on selected disorders. The major classes of lifetime disorders assessed through this method include mood disorders, substance use disorders, and eating disorders.

Data reported in this table were collected from 2002 through 2004.

As an example of how to interpret the estimates in the table, the second cell in the first row shows that, for the 2002 to 2004 study period, 41.5 percent of U.S. females aged 13 to 18 with a mood disorder received mood disorder-specific treatment.

SOURCE: Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., & Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(1), 32–45.

Table 78. Past year use of specialty and nonspecialty mental health services among adolescents aged 12 to 17, by service source and state: number and percentage, United States, 2010 to 2011 combined

[Data are based on a household survey of a nationally representative sample]

State	Number of adolescents (1,000s)	Percentage of adolescents using outpatient treatment ¹	Percentage of adolescents using inpatient or residential treatment ²	Percentage of adolescents using nonspecialty medical treatment ³
United States	24,660	11.2	2.4	2.5
Alabama	380	10.6	3.8	1.7
Alaska	59	10.5	3.8	1.2
Arizona	537	11.1	2.7	2.1
Arkansas	234	12.1	2.7	2.6
California	3,130	10.2	1.4	2.2
Colorado	387	15.4	2.2	2.1
Connecticut	287	14.6	2.7	3.0
Delaware	68	14.3	4.2	3.1
District of Columbia	33	11.5	4.5	3.8
Florida	1,355	9.6	2.8	2.2
Georgia	820	8.3	2.6	1.8
Hawaii	94	10.5	3.2	1.8
Idaho	135	12.3	3.1	2.9
Illinois	1,056	10.8	2.8	2.3
Indiana	532	9.8	1.9	2.1
Iowa	238	9.1	2.5	3.0
Kansas	231	10.8	2.2	1.3
Kentucky	337	12.6	4.5	2.7
Louisiana	366	9.8	3.0	3.8
Maine	96	17.2	2.5	3.4
Maryland	454	14.2	2.2	4.4
Massachusetts	494	16.4	3.1	2.5
Michigan	817	14.6	2.3	2.8
Minnesota	417	13.8	1.4	1.3
Mississippi	248	7.5	4.0	2.1
Missouri	474	11.5	2.4	2.9
Montana	73	12.9	2.5	2.9
Nebraska	144	13.6	2.4	2.8
Nevada	215	9.4	3.1	1.2
New Hampshire	103	18.1	2.0	4.1
New Jersey	703	12.1	2.1	3.0
New Mexico	166	14.9	3.3	2.2
New York	1,490	12.4	2.5	2.2
North Carolina	737	11.2	2.9	3.2
North Dakota	48	11.1	3.4	4.0
Ohio	926	11.9	3.1	3.0
Oklahoma	297	10.7	3.6	2.7
Oregon	289	12.4	2.8	3.6
Pennsylvania	960	12.6	3.0	3.0

(continued)

Table 78. Past year use of specialty and nonspecialty mental health services among adolescents aged 12 to 17, by service source and state: number and percentage, United States, 2010 to 2011 combined (continued)

State	Number of adolescents (1,000s)	Percentage of adolescents using outpatient treatment ¹	Percentage of adolescents using inpatient or residential treatment ²	Percentage of adolescents using nonspecialty medical treatment ³
Rhode Island	79	15.0	2.2	3.6
South Carolina	353	7.5	2.7	2.6
South Dakota	64	15.5	3.7	1.5
Tennessee	496	9.6	2.4	2.2
Texas	2,192	8.8	2.3	2.4
Utah	260	10.5	1.0	2.9
Vermont	45	15.6	1.7	3.2
Virginia	606	11.4	1.4	2.3
Washington	521	12.5	1.3	3.6
West Virginia	131	10.2	3.3	3.3
Wisconsin	445	11.3	2.2	1.4
Wyoming	42	13.6	3.0	1.8

¹ Outpatient services are treatment from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

² An inpatient service is a stay of overnight or longer in a hospital or other facility for mental health problems.

³ Includes use of mental health services provided by a pediatrician or other family doctor.

NOTES: Mental health services include treatment for emotional or behavioral problems not caused by alcohol or drug use. Respondents with unknown receipt of mental health service information were excluded.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the third cell in the second row shows that, for 2010 through 2011 combined, an annual average of 3.8 percent of adolescents in Alabama used specialty inpatient or residential treatment in the past year.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 79. Past year substance abuse treatment for alcohol or illicit drugs among adolescents aged 12 to 17, by selected characteristics: number and percentage, United States, 2009–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Alcohol treatment		Illicit drug ¹ treatment		Both alcohol and illicit drug ¹ treatment		Alcohol or illicit drug ¹ treatment ²	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	156	0.6	214	0.9	122	0.5	293	1.2
Age								
12–13	12	0.2	15	0.2	9	0.1	25	0.3
14–15	40	0.5	58	0.7	30	0.4	81	1.0
16–17	104	1.2	141	1.7	83	1.0	187	2.2
Sex								
Male	84	0.7	129	1.0	67	0.5	170	1.3
Female	72	0.6	85	0.7	55	0.5	123	1.0
Hispanic origin and race								
Not Hispanic or Latino	118	0.6	160	0.8	91	0.5	218	1.1
White	89	0.6	119	0.8	67	0.5	162	1.2
Black or African American	18	0.5	20	0.6	15	0.4	29	0.8
American Indian or Alaska Native	1	1.1	2	1.4	1	0.8	3	2.0
Native Hawaiian or Other Pacific Islander	0	0.4	1	1.7	0	0.4	1	1.9
Asian	1	0.1	2	0.2	0	0.0	6	0.5
Two or more races	8	1.3	15	2.5	7	1.2	16	2.7
Hispanic or Latino	39	0.8	54	1.1	31	0.6	75	1.5
Poverty status³								
<100% of Federal Poverty Level	41	0.8	58	1.2	35	0.7	78	1.6
100%–199% of Federal Poverty Level	38	0.7	56	1.0	29	0.5	78	1.4
≥200% of Federal Poverty Level	78	0.6	100	0.7	58	0.4	137	1.0

(continued)

Table 79. Past year substance abuse treatment for alcohol or illicit drugs among adolescents aged 12 to 17, by selected characteristics: number in thousands and percentage, United States, 2009–2011 combined (continued)

Characteristic	Alcohol treatment		Illicit drug ¹ treatment		Both alcohol and illicit drug ¹ treatment		Alcohol or illicit drug ¹ treatment ²	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Geographic region								
Northeast	23	0.5	27	0.6	16	0.4	41	1.0
Midwest	35	0.7	43	0.8	24	0.5	61	1.1
South	47	0.5	66	0.7	37	0.4	91	1.0
West	52	0.9	78	1.3	44	0.7	100	1.7
Metropolitan area								
Large metropolitan area	77	0.6	104	0.8	59	0.5	145	1.1
Small metropolitan area	49	0.6	75	1.0	41	0.5	96	1.2
Non-metropolitan area	30	0.8	35	0.9	22	0.6	52	1.3

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

² Estimates include persons who received treatment specifically for alcohol or illicit drugs as well as persons who received treatment but did not specify for what substance(s).

³ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty levels.

NOTES: Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the fourth cell in the seventh row shows that, for 2009 through 2011 combined, an annual average of 129,000 U.S. male youth received substance use treatment for illicit drugs in the past year.

SOURCE: National Survey on Drug Use and Health, 2009–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 80. Source of substance abuse treatment among adolescents aged 12 to 17 who received substance abuse treatment in the past year: percentage, United States, 2005–2011 combined

[Data are based on a household survey of a nationally representative sample]

Treatment source	Alcohol abuse treatment	Illicit drug ¹ abuse treatment	Alcohol and illicit drug ¹ abuse treatment
Outpatient rehabilitation center	36.7	36.5	40.1
Outpatient mental health center	26.1	25.9	28.2
Inpatient hospital	23.0	21.5	24.1
Inpatient rehabilitation facility	24.4	25.5	28.6
Emergency room	15.9	15.0	16.4
Private doctor's office	13.8	15.4	14.2
Prison/jail	9.9	10.5	11.8
Self-help group	44.6	42.2	47.4

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Substance abuse treatment refers to treatment received to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

As an example of how to interpret the estimates in the table, the second cell in the third row shows that, for 2005 through 2011 combined, 21.5 percent of U.S. adolescents aged 12 to 17 who received illicit drug abuse treatment in the past year, received drug abuse treatment at a hospital inpatient facility.

SOURCE: National Survey on Drug Use and Health, 2005, 2006–2010 (revised March 2012), and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 81. Use of substance abuse treatment facilities by children and adolescents aged 0 to 17, by state, year, and specialty child and adolescent programs: number and percentage, United States, 2007–2011

[Data are based on an annual census of substance use treatment facilities in the United States]

State or jurisdiction	Number of clients younger than age 18 ¹					Percentage of clients younger than age 18 in facilities offering special programs or groups for children or adolescents ²				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Total	85,518	86,465	84,326	81,863	82,532	82.2	82.8	81.2	80.7	79.9
States										
Alabama	763	692	884	659	787	96.9	91.0	67.3	86.6	74.5
Alaska	261	367	373	335	294	82.0	96.5	56.0	82.7	93.5
Arizona	1,903	1,419	1,120	1,068	1,702	74.4	80.4	69.5	78.6	67.2
Arkansas	62	76	132	184	125	46.8	56.6	86.4	82.1	87.2
California	11,488	10,775	13,490	11,648	12,798	87.2	85.0	90.7	93.8	92.3
Colorado	2,364	2,578	2,221	2,255	2,585	91.6	85.7	90.6	89.0	87.5
Connecticut	657	894	632	555	612	79.9	85.7	67.9	68.8	61.8
Delaware	320	193	244	295	328	57.5	97.4	72.5	76.6	68.9
District of Columbia	202	96	104	67	76	100.0	96.9	61.5	74.6	80.3
Florida	4,061	3,415	3,837	3,278	3,720	87.8	83.4	88.1	84.8	83.7
Georgia	671	801	826	941	845	76.6	81.9	86.3	84.9	67.2
Hawaii	1,045	1,159	1,383	1,228	1,361	97.3	92.3	95.2	97.1	94.3
Idaho	393	400	411	558	593	97.5	96.3	90.0	92.1	89.2
Illinois	4,861	4,008	3,847	3,425	3,434	88.3	85.0	76.1	89.9	86.0
Indiana	1,512	1,466	1,187	1,432	1,234	76.6	74.7	65.2	53.1	68.8
Iowa	889	886	832	753	811	82.9	86.6	81.3	89.5	85.8
Kansas	1,163	1,027	962	1,016	1,221	84.4	84.1	84.5	88.7	79.9
Kentucky	1,349	1,458	1,386	1,150	1,041	63.1	62.0	74.5	59.8	69.3
Louisiana	636	955	787	835	974	92.1	92.9	90.0	89.1	54.5
Maine	786	693	753	747	703	63.6	57.6	56.2	57.0	66.9
Maryland	2,134	2,165	1,839	2,002	1,751	90.6	97.5	96.4	86.9	91.7
Massachusetts	1,458	2,133	1,981	1,948	1,312	59.5	64.3	59.1	68.5	51.5
Michigan	3,533	3,523	2,972	2,978	2,956	56.6	61.7	57.3	52.8	57.4
Minnesota	900	852	944	819	892	87.9	88.8	90.0	91.1	93.4
Mississippi	399	330	399	318	510	40.1	41.5	41.1	57.9	25.5

(continued)

Table 81. Use of substance abuse treatment facilities by children and adolescents aged 0 to 17, by state, year, and specialty child and adolescent programs: number and percentage, United States, 2007–2011 (continued)

State or jurisdiction	Number of clients younger than age 18 ¹					Percentage of clients younger than age 18 in facilities offering special programs or groups for children or adolescents ²				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Missouri	1,362	1,260	1,095	1,396	1,150	93.7	95.0	89.3	91.5	85.7
Montana	530	404	524	278	418	81.5	76.2	85.9	98.6	95.5
Nebraska	715	681	763	449	815	77.3	78.1	84.4	72.4	82.1
Nevada	664	3,799	758	584	529	82.4	97.2	84.3	61.0	72.4
New Hampshire	523	591	486	431	441	42.6	44.7	38.3	30.2	28.6
New Jersey	1,932	2,056	1,842	2,019	1,921	84.4	88.1	86.0	85.1	85.5
New Mexico	1,476	1,412	1,322	1,514	987	54.5	89.2	82.4	84.9	65.7
New York	5,511	5,335	5,412	5,761	4,826	81.7	85.2	76.9	89.6	87.0
North Carolina	1,874	2,274	2,769	2,016	2,008	85.0	75.1	70.5	68.3	80.8
North Dakota	300	261	308	352	259	84.3	94.6	89.9	72.7	84.2
Ohio	3,990	3,656	3,358	3,001	3,342	90.4	86.7	85.3	89.5	83.8
Oklahoma	741	1,076	1,112	1,336	1,573	72.5	48.5	79.8	56.2	85.6
Oregon	1,930	2,058	1,705	1,545	1,653	91.8	0	91.6	92.7	88.8
Pennsylvania	2,722	3,282	3,043	3,594	2,897	73.4	86.0	75.6	62.2	80.5
Rhode Island	234	385	549	496	1,006	66.2	83.4	35.7	86.1	93.4
South Carolina	2,011	1,906	1,488	1,395	1,480	83.7	98.6	82.8	82.4	67.4
South Dakota	378	478	442	376	430	92.3	96.4	83.9	91.5	74.0
Tennessee	621	566	740	1,023	958	74.9	69.8	67.0	71.7	79.6
Texas	3,597	3,002	2,868	3,537	2,591	92.4	94.2	94.9	85.5	89.0
Utah	1,406	1,491	1,623	1,567	1,511	86.7	87.4	85.5	80.2	86.8
Vermont	440	479	483	399	330	94.3	82.9	94.4	82.2	88.5
Virginia	1,945	1,727	1,949	1,350	1,629	93.5	92.6	84.3	69.4	64.6
Washington	3,124	2,816	3,373	3,258	3,170	94.6	87.2	93.2	88.6	92.1
West Virginia	471	391	373	298	343	70.7	53.2	74.8	56.7	46.9
Wisconsin	1,660	1,566	1,084	1,337	1,156	49.4	51.0	63.1	64.0	57.0
Wyoming	522	249	366	295	197	76.2	77.9	72.1	64.7	65.0

See notes on page 173.

Table 81 notes

¹ Clients include individuals who received substance abuse services at hospitals and residential facilities on the survey date (see NOTES below for survey dates) and individuals who received substance abuse services at outpatient facilities in March of the survey year and were still enrolled on the date specified in the survey.

² Special programs are substance abuse treatment programs that are specially designed for adolescents. Groups for adolescents are exclusively for adolescents.

³ Estimates for the United States include estimates from the 50 states, the District of Columbia, the Federation of Micronesia, Guam, Palau, Puerto Rico, and the U.S. Virgin Islands.

NOTES: Facilities operated by federal agencies are included in the states in which the facilities are located. Survey reference dates were March 30, 2007, and March 31, 2008–2011.

Responding facilities include hospitals and general health and mental health facilities that provide substance abuse services and specialty substance abuse treatment facilities. These facilities include those that serve children and adolescents exclusively and those that do not.

As an example of how to interpret the estimates in the table, the first cell in the third row shows that, in 2007, 763 children and adolescents in Alabama received substance abuse treatment in a surveyed facility. The sixth cell in the third row shows that 96.9 percent of the 763 children and adolescents were treated in a facility with special programs or groups for children or adolescents.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA) (2012c). National Survey of Substance Abuse Treatment Services (N-SSATS): 2011. *Data on Substance Abuse Treatment Facilities*. BHSIS Series S-64. HHS Publication No. (SMA) 12-4730. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/DASIS/2k11nssats/NSSATS2011Web.pdf>

Table 82. Mental health medication fills prescribed for a mental health condition among children and adolescents aged 17 or younger: number, United States, selected years 1996–2010

[Data are based a household survey of a nationally representative sample]

Medication class	1996 (number in millions)	1998 (number in millions)	2000 (number in millions)	2002 (number in millions)	2004 (number in millions)	2006 (number in millions)	2008 (number in millions)	2010 (number in millions)
All mental health medications	15.6	18.7	20.2	24.2	29.4	32.4	30.2	29.4
Antianxiety, all classes	*	*	*	*	*	*	*	*
Antidepressants, all classes	2.6	3.5	5.5	6.5	6.1	5.8	4.9	3.7
Antipsychotics, all classes	*	*	*	1.5	2.6	3.7	3.8	3.2
Stimulants	11.1	13.2	12.2	13.4	18.5	20.0	20.6	21.5

* Estimates are considered unreliable because of low precision.

NOTES: All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1996 through 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). However, the previous volume used restricted use data files, whereas this volume uses public use data. The restricted use data allow for more precise classifications of prescription medications; therefore, the estimates are not exactly replicated.

As an example of how to interpret the estimates in the table, in 1996, approximately 15.6 million mental health medication fills were prescribed for a mental health condition among U.S. children and adolescents aged 17 or younger.

SOURCE: Medical Expenditure Panel Survey, 1996–2010, Agency for Healthcare Research and Quality.

Table 83. Receipt of follow-up care among children aged 6 to 12 with attention-deficit/hyperactivity disorder (ADHD) who were prescribed ADHD medication, by insurance type: percentage, United States, 2006–2010

[Data are based on a combination of surveys, medical records, and reporting by insurance providers]

Receipt of specified follow-up care for ADHD	2006 (percent)	2007 (percent)	2008 (percent)	2009 (percent)	2010 (percent)
Follow-up care initiated within 30 days of first prescription					
Commercial health maintenance organization (HMO)	33.0	33.7	35.8	36.6	38.8
Commercial preferred provider organization (PPO)	30.6	31.8	34.1	35.4	38.1
Medicaid HMO	31.8	33.5	34.4	36.6	38.1
Follow-up care continued and maintained¹					
Commercial HMO	38.1	38.7	40.2	41.7	43.4
Commercial PPO	30.0	34.2	37.1	39.0	43.3
Medicaid HMO	34.0	38.9	39.5	41.7	43.9

¹ Continuing and maintaining care requires that the child remained on the medication for at least 210 days and had at least two visits within 9 months of the first follow-up visit.

NOTES: Includes only children diagnosed with ADHD by a medical practitioner.

As an example of how to interpret the estimates in the table, in 2006, 33 percent of U.S. children aged 6 to 12 who were prescribed medication for the treatment of ADHD and who were insured through a commercial HMO plan received follow-up care within 30 days of the initial prescription.

SOURCE: National Committee for Quality Assurance (NCQA). (2011). *The state of health care quality 2011: Continuous improvement and the expansion of quality measurement*. Retrieved from <http://www.ncqa.org/Portals/0/SOHC-web1.pdf>

Table 84. Unmet need for substance abuse treatment in the past year among adolescents aged 12 to 17, by state: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

State	Unmet need for alcohol abuse treatment (percent)	Unmet need for illicit drug ¹ abuse treatment (percent)
United States	4.0	4.3
Alabama	3.4	3.4
Alaska	4.2	7.2
Arizona	4.5	6.5
Arkansas	3.8	3.7
California	5.6	5.5
Colorado	4.1	5.8
Connecticut	3.3	3.6
Delaware	3.6	3.6
District of Columbia	4.0	4.5
Florida	3.9	4.0
Georgia	4.1	3.6
Hawaii	5.2	4.7
Idaho	4.3	4.0
Illinois	3.6	3.6
Indiana	2.1	2.3
Iowa	3.6	4.2
Kansas	4.5	4.1
Kentucky	3.3	4.9
Louisiana	2.2	3.4
Maine	2.9	2.0
Maryland	2.0	3.6
Massachusetts	5.3	7.5
Michigan	3.9	4.5
Minnesota	3.8	4.8
Mississippi	3.6	2.5
Missouri	4.9	4.1
Montana	7.2	6.7
Nebraska	2.8	3.1
Nevada	4.0	3.7
New Hampshire	5.4	8.1
New Jersey	4.2	4.3
New Mexico	4.6	8.6
New York	4.2	3.4
North Carolina	4.6	4.6
North Dakota	2.9	3.3
Ohio	3.5	4.0
Oklahoma	2.6	3.2
Oregon	3.2	6.1
Pennsylvania	4.2	3.9
Rhode Island	3.5	4.1
South Carolina	4.6	5.1

(continued)

Table 84. Unmet need for substance abuse treatment in the past year among adolescents aged 12 to 17, by state: percentage, United States, 2010–2011 combined (*continued*)

State	Unmet need for alcohol abuse treatment (percent)	Unmet need for illicit drug ¹ abuse treatment (percent)
South Dakota	7.5	4.7
Tennessee	3.1	3.9
Texas	3.3	3.9
Utah	4.1	4.4
Vermont	5.5	5.2
Virginia	4.6	4.4
Washington	4.5	3.9
West Virginia	3.5	1.5
Wisconsin	2.5	4.3
Wyoming	4.2	3.8

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Unmet need for substance abuse treatment is defined as a need for treatment that was not received. Respondents were classified as needing treatment for an alcohol or illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on alcohol or illicit drugs, (2) abuse of alcohol or illicit drugs, or (3) received treatment for alcohol or illicit drug use at a specialty facility (i.e., alcohol and drug rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the second cell in the second row shows that, for 2010 through 2011 combined, an annual average of 3.4 percent of adolescents residing in Alabama had an unmet need for illicit drug abuse treatment.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 85. Admissions to community hospitals for mental health and substance use disorders among children and adolescents aged 0 to 17: percentage, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Type of admission	2000 (n = 6,362,648) (percent)	2002 (n = 6,461,905) (percent)	2004 (n = 6,682,036) (percent)	2006 (n = 6,619,156) (percent)	2008 (n = 6,349,289) (percent)	2010 (n = 6,226,115) (percent)
Any behavioral health admission	2.29	2.05	2.12	1.64	2.15	2.95
Mental health disorder	2.13	1.87	1.98	1.55	2.01	2.83
Substance use disorder	0.16	0.18	0.14	0.09	0.14	0.12

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Mental health diagnoses are classified using the Agency for Healthcare Research and Quality's Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

As an example of how to interpret the estimates in the table, in 2000, an estimated 2.29 percent of admissions to community hospitals for U.S. children and adolescents aged 0 to 17 were for a behavioral health condition.

SOURCE: Nationwide Inpatient Sample, 2000–2010, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 86. Types of admissions for behavioral health disorders to community hospitals among children and adolescents aged 0 to 17 with behavioral health disorders: percentage, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Diagnostic category	2000 (<i>n</i> = 135,473) (percent)	2002 (<i>n</i> = 121,036) (percent)	2004 (<i>n</i> = 132,193) (percent)	2006 (<i>n</i> = 102,608) (percent)	2008 (<i>n</i> = 127,727) (percent)	2010 (<i>n</i> = 176,444) (percent)
Total with behavioral health disorders	100.00	100.00	100.00	100.00	100.00	100.00
Adjustment disorders	6.44	6.31	5.47	5.00	3.73	6.30
Anxiety disorders	3.23	4.86	3.90	4.65	4.20	3.82
Attention-deficit/hyperactivity disorder	5.34	7.36	5.16	5.96	6.32	4.06
Bipolar disorders	17.14	17.40	23.74	27.53	34.86	32.49
Depressive disorders	46.27	40.95	39.48	33.03	29.86	35.67
Developmental disorders	0.14	0.28	0.23	0.29	0.18	0.16
Other disruptive behavior disorders	7.03	8.13	6.43	7.88	6.39	4.86
Pervasive developmental disorders	0.73	1.46	0.96	1.70	1.76	1.49
Schizophrenia and other psychotic disorders	5.28	5.33	5.25	4.85	4.37	4.69
Miscellaneous disorders	8.40	7.93	9.37	9.09	8.32	6.45

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Behavioral health diagnoses are classified using the Agency for Healthcare Research and Quality’s Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

As an example of how to interpret the estimates in the table, in 2000, 6.44 percent of behavioral health admissions to community hospitals for U.S. children and adolescents aged 0 to 17 were for adjustment disorders.

SOURCE: Nationwide Inpatient Sample, 2000–2010, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 87. Median length of stay of inpatient hospitalizations for behavioral health disorders in community hospitals among children and adolescents aged 0 to 17, by disorder: number of days, United States, selected years 2000–2010

[Data are based on community hospital admission records]

Type of admission	2000 (number of days)	2002 (number of days)	2004 (number of days)	2006 (number of days)	2008 (number of days)	2010 (number of days)
All admissions	4.6	4.6	4.6	4.6	4.6	4.7
Any behavioral health disorder	7.3	9.3	7.8	8.2	9.0	7.3
Any mental health disorder	7.3	9.5	7.8	8.5	9.1	7.3
Adjustment disorders	4.9	4.9	4.6	4.5	5.3	4.4
Anxiety disorders	10.1	10.9	9.0	9.4	8.6	7.1
Attention-deficit/hyperactivity disorder	7.7	11.9	9.5	9.0	11.1	10.1
Bipolar disorders	8.4	10.6	8.5	9.4	9.4	8.2
Depressive disorders	6.1	7.3	6.7	6.5	7.1	6.1
Developmental disorders	7.5	4.9	7.2	7.0	4.3	6.7
Other disruptive behavior disorders	7.6	12.7	9.3	9.6	12.6	6.9
Pervasive developmental disorders	11.2	15.9	10.4	10.6	10.3	9.9
Schizophrenia and other psychotic disorders	10.9	15.2	11.1	12.8	12.8	11.3
Miscellaneous disorders	9.5	10.4	8.3	10.5	10.9	7.6

NOTES: Hospitalizations are considered behavioral health related if the primary diagnosis is a mental health or substance use disorder diagnosis. Mental health diagnoses are classified using the Agency for Healthcare Research and Quality's Clinical Classifications Software developed for the Healthcare Cost and Utilization Project (HCUP). This analysis reflects care only in community hospitals and excludes stays in state mental health facilities, specialty psychiatric hospitals, or chemical dependency hospitals.

As an example of how to interpret the estimates in the table, the first cell in the second row shows that, in 2000, the median length of stay for children and adolescent inpatient hospitalizations in community hospitals for any behavioral health disorder was 7.3 days in the United States.

SOURCE: Nationwide Inpatient Sample, 2000–2010, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality. Retrieved from <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=82D60D310EA25092&Form=SelMAJDXPR&GoTo=MAINSEL&JS=Y>

Table 88. Child/caregiver¹ satisfaction with public mental health system services used in the past 6 months, by state: percentage, United States, 2011

[Data are based on voluntary reporting by states with most data derived from public mental health systems]

State	Survey response rate	Percentage reporting satisfaction with access	Percentage reporting satisfaction with outcomes	Percentage reporting general satisfaction with services	Percentage reporting improved social connectedness from services	Percentage reporting improved functioning from services
United States^{2,3}	42.0	83.0	64.6	83.0	85.3	66.8
Alabama	46.0	88.1	71.6	88.0	84.1	71.9
Alaska	12.7	69.9	60.7	73.1	84.7	62.1
Arizona	85.0	86.3	63.1	81.6	88.9	65.6
Arkansas	33.0	76.4	58.2	71.2	68.1	61.4
California	79.0	85.0	68.1	87.0	86.1	72.1
Colorado	—	81.4	62.5	85.4	85.0	64.3
Connecticut	16.0	80.7	65.6	78.3	76.5	64.6
Delaware	74.0	—	87.7	87.8	—	74.1
District of Columbia	—	—	—	—	—	—
Florida	79.1	95.4	83.0	96.0	94.9	85.0
Georgia	13.0	86.8	41.8	62.3	72.6	44.6
Hawaii	23.0	77.2	55.6	72.8	77.6	56.5
Idaho	9.0	61.9	46.8	69.1	71.2	46.0
Illinois	17.0	75.3	54.7	77.2	78.1	57.1
Indiana	69.0	81.2	59.7	87.6	82.1	60.9
Iowa	—	—	—	—	—	—
Kansas	18.5	83.6	81.7	87.5	91.6	80.2
Kentucky	—	94.9	68.5	93.3	93.3	68.0
Louisiana	84.0	90.3	65.1	92.1	87.3	63.2
Maine	12.0	83.7	63.1	71.8	77.2	64.4
Maryland	41.7	77.7	56.2	80.0	84.1	56.8
Massachusetts	58.0	75.7	56.0	81.7	82.2	61.3
Michigan	—	95.0	59.0	90.0	82.0	59.0
Minnesota	11.0	85.4	75.9	83.0	89.2	79.2
Mississippi	12.0	88.1	66.9	89.7	89.1	67.5

(continued)

Table 88. Child/caregiver¹ satisfaction with public mental health system services used in the past 6 months, by state: percentage, United States, 2011 *(continued)*

State	Survey response rate	Percentage reporting satisfaction with access	Percentage reporting satisfaction with outcomes	Percentage reporting general satisfaction with services	Percentage reporting improved social connectedness from services	Percentage reporting improved functioning from services
Missouri	17.8	89.4	58.5	88.5	85.4	63.2
Montana	15.0	76.6	63.6	81.4	81.0	60.8
Nebraska	66.3	67.3	63.6	67.3	72.7	65.5
Nevada	—	92.3	81.5	95.8	95.8	82.4
New Hampshire	48.8	79.0	65.2	73.1	80.2	67.5
New Jersey	8.9	83.2	54.4	72.7	80.7	56.3
New Mexico	30.0	79.2	76.0	84.2	88.8	75.6
New York	40.0	96.2	84.2	97.7	86.2	84.2
North Carolina	95.0	83.1	68.4	87.7	89.2	69.1
North Dakota	58.9	89.5	72.9	88.9	91.3	73.4
Ohio	20.0	76.0	54.2	74.7	79.2	54.2
Oklahoma	18.4	91.3	86.4	91.2	93.5	72.6
Oregon	18.8	71.7	59.2	69.5	85.2	59.2
Pennsylvania	20.0	85.7	64.3	78.0	82.2	65.2
Rhode Island	—	—	—	—	—	—
South Carolina	13.0	88.3	66.2	86.3	82.9	66.7
South Dakota	18.8	82.6	60.5	79.6	85.6	63.6
Tennessee	92.0	87.8	67.4	89.2	88.9	71.3
Texas	12.7	75.6	53.1	75.5	77.4	55.2
Utah	—	75.8	56.7	86.7	83.6	59.6
Vermont	20.9	84.3	61.2	76.8	73.2	62.1
Virginia	—	—	—	—	—	—
Washington	76.0	71.6	67.1	73.8	87.1	72.5
West Virginia	47.0	70.9	71.3	73.9	—	—
Wisconsin	51.0	64.7	46.4	58.8	80.1	47.7
Wyoming	6.0	85.8	61.7	73.9	84.3	70.0

See notes on page 183.

Table 88 notes

— Data not available.

¹ The respondent may be the child who received mental health services or the child's caregiver who completed the survey on behalf of the child.

² U.S. average rates are calculated for states/territories that used a version of the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey.

³ Estimates for the United States include estimates from the 50 states, the District of Columbia, and Puerto Rico.

NOTES: Substantial variation exists among states because of differences in state mental health systems, capacity, data collection methods, and variable definitions.

Child/caregiver respondents were asked to report on services provided to the child (younger than age 18) by the public mental health system services in the past 6 months.

As an example of how to interpret the estimates in the table, the second cell in the second row shows that, in 2011, 88.1 percent of survey respondents in Alabama reported positively about the child's access to services provided through the public mental health system.

SOURCE: Uniform Reporting System, 2011, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/dataoutcomes/urs/>

Table 89. Participation in alcohol, tobacco, or drug prevention activities among adolescents aged 12 to 17, by selected characteristics: percentage, United States, 2008–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristic	Participated in program to deal with alcohol or drug use by you or a family member (percent)	Had a special class, films, lectures, discussions, or printed information about alcohol or drugs in school (percent)	Participated in an alcohol, tobacco, or drug prevention program outside of school (percent)	Saw or heard an alcohol or drug prevention message outside of school (percent)	Talked with parent(s) about dangers of alcohol, tobacco, or drugs (percent)
Total	4.2	75.5	11.4	76.3	58.2
Age					
12–13	5.1	78.2	13.4	70.6	59.1
14–15	4.1	78.9	11.3	77.7	58.9
16–17	3.4	69.9	9.8	80.2	56.7
Sex					
Male	4.5	74.0	11.8	74.6	57.1
Female	3.9	77.1	11.0	78.1	59.2
Hispanic origin and race					
Not Hispanic or Latino	4.1	75.9	11.6	76.6	58.3
White	3.5	76.1	10.2	77.2	61.1
Black or African American	6.6	74.0	16.0	73.5	49.0
American Indian or Alaska Native	6.4	74.5	18.0	72.2	53.3
Native Hawaiian or Other Pacific Islander	4.4	71.2	16.1	79.5	57.8
Asian	4.1	79.0	13.5	80.0	52.1
Two or more races	4.4	75.6	13.5	78.2	61.0
Hispanic or Latino	4.4	73.8	10.6	75.0	57.6
Poverty status¹					
<100% of Federal Poverty Level	6.2	71.6	14.2	70.4	53.7
100%–199% of Federal Poverty Level	4.7	72.7	11.6	74.0	54.6
≥200% of Federal Poverty Level	3.3	77.7	10.4	79.2	61.1

(continued)

Table 89. Participation in alcohol, tobacco, or drug prevention activities among adolescents aged 12 to 17, by selected characteristics: percentage, United States, 2008–2011 combined (continued)

Characteristic	Participated in program to deal with alcohol or drug use by you or a family member (percent)	Had a special class, films, lectures, discussions, or printed information about alcohol or drugs in school (percent)	Participated in an alcohol, tobacco, or drug prevention program outside of school (percent)	Saw or heard an alcohol or drug prevention message outside of school (percent)	Talked with parent(s) about dangers of alcohol, tobacco, or drugs (percent)
Geographic region					
Northeast	4.0	80.1	10.5	77.7	58.5
Midwest	3.8	76.0	11.4	76.6	57.5
South	4.6	74.0	12.5	74.8	56.8
West	4.2	73.9	10.5	77.4	60.6
Metropolitan area					
Large metropolitan area	4.1	76.2	10.9	76.8	58.5
Small metropolitan area	4.3	75.0	11.5	76.3	58.4
Non-metropolitan area	4.5	74.0	13.0	74.6	56.5

¹ Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds.

NOTES: Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the first cell in the third row shows that, for 2008 through 2011 combined, an annual average of 5.1 percent of U.S. adolescents aged 12 to 13 participated in a program to deal with alcohol or drug use by themselves or by a family member.

SOURCE: National Survey on Drug Use and Health, 2008–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 90. Participation in alcohol, tobacco, or drug prevention activities among adolescents aged 12 to 17, by past month substance use: percentage, United States, 2008–2011 combined

[Data are based on a household survey of a nationally representative sample]

Past month substance use	Participated in program to deal with alcohol or drug use by you or a family member (percent)	Participated in an alcohol, tobacco, or drug prevention program outside of school (percent)	Had a special class, films, lectures, discussions, or printed information about alcohol or drugs in school (percent)	Saw or heard an alcohol or drug prevention message outside of school (percent)	Talked with parent(s) about dangers of alcohol, tobacco, or drugs (percent)
Total	4.2	11.4	75.5	76.3	58.2
Illicit drug¹ use					
Yes	7.0	11.4	68.5	75.6	54.5
No	3.9	11.4	76.2	76.4	58.6
Marijuana					
Yes	6.6	10.5	67.6	76.5	56.7
No	4.0	11.5	76.1	76.3	58.3
Cigarettes					
Yes	6.8	10.4	66.4	72.5	54.6
No	4.0	11.5	76.3	76.7	58.5
Alcohol					
Yes	4.7	9.8	72.1	78.4	57.0
No	4.1	11.7	76.0	76.0	58.4

¹ Illicit drugs include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

NOTES: Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, the first cell in the third row shows that, for 2008 through 2011 combined, an annual average of 7 percent of U.S. adolescents who used illicit drugs in the past month participated in a program to help deal with alcohol or drug use by themselves or a family member.

SOURCE: National Survey on Drug Use and Health, 2008–2010 (revised March 2012) and 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

5. TABLES

5.2 Behavioral Health Service Utilization

5.2.1 Adult Behavioral Health Services

Behavioral Health Treatment and Self-Reported Unmet Need

Types of Behavioral Health Treatment

Behavioral Health Medication

Physician Services

Hospital and Emergency Department Utilization

Specialty Treatment Settings and Special Populations

5.2.2 Child Behavioral Health Services

5.2.3 Behavioral Health Service Use among Special Populations *Tables 91–92*

Table 91. Mental health counseling among young people aged 10 to 20 in the juvenile justice system, by selected characteristics: percentage, United States, 2003

[Data are based on a nationally representative survey of young people in residential placement]

Characteristic	Any counseling (percent)	Individual counseling (percent)	Group counseling (percent)	Family counseling (percent)
Total	52.7	70.0	47.4	17.6
Age				
10–12	56.9	72.3	32.0	26.6
13–15	53.3	69.3	41.2	22.7
16–17	51.7	70.5	49.8	16.3
18–20	54.2	69.7	54.2	10.3
Sex				
Male	51.9	67.1	49.0	16.4
Female	57.2	84.5	39.7	23.6
Hispanic origin and race				
Not Hispanic				
White	55.7	72.0	50.8	20.5
Black or African American	51.8	66.5	44.3	12.2
American Indian or Alaska Native	53.0	72.1	43.6	16.0
Asian	58.7	76.3	54.8	18.3
Native Hawaiian or Other Pacific Islander	58.4	92.7	*	*
Other two or more race groups	57.6	79.4	44.1	21.0
Hispanic	47.6	66.9	48.6	20.0

*Estimates are considered unreliable because of low precision.

NOTES: As an example of how to interpret the estimates in the table, the first cell in the third row shows that, in 2003, 56.9 percent of U.S. young people aged 10 to 12 in the juvenile justice system received mental health counseling.

SOURCE: Survey of Youth in Residential Placement, 2003, Office of Juvenile Justice and Delinquency Prevention.

Table 92. Past year behavioral health service use for children and adolescents aged 1.5 to 17, 18 months after involvement in the child welfare system: percentage, United States, 2010

[Data are based on a nationally representative survey of young people in the child welfare system]

Characteristic	Behavioral health service use (percent)
Total	24.4
Age	
18 months—5 years	10.4
6–10 years	33.5
11–17 years	32.2
Sex	
Male	27.6
Female	21.1
Race/ethnicity	
Black	19.2
White	34.1
Hispanic	15.3
Other	21.9
Child's current living situation	
In-home	23.4
Formal kin care	18.7
Informal kin care	23.8
Foster care	48.7
Group home or residential program	81.9
Insurance	
Private	26.3
Public ¹	24.7
Other	25.3
None	17.4
Risk of a behavioral/emotional problem (1.5- to 10-year-olds)²	
Yes	43.0
No	11.1
Risk of a behavioral/emotional or substance use problem (11 to 17-year-olds)³	
Yes	42.3
No	19.6

¹ Public includes children who did not have private coverage at the time of the interview, but who had coverage through Medicaid and/or the Children's Health Insurance Program (CHIP).

² Risk of a behavioral/emotional problem for children aged 1.5 to 10 years was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing, or Total Problems scales of the Child Behavior Checklist (administered for children aged 1.5 to 18 years), Youth Self Report (administered to children aged 11 or older), the Teacher Report Form (administered to children aged 6 to 18 years), the Children's Depression Inventory (administered to children aged 7 or older), or the Post Traumatic Stress Disorder section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children aged 8 or older).

³ Risk of a behavioral/emotional problem or substance abuse problem for children aged 11 to 17 was defined as meeting the criteria for a behavioral/emotional problem (identical to the definition for children aged 1.5 to 10) or a substance abuse problem. Risk for a substance abuse problem was defined by a total score of 2 or more on the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) substance abuse screening test (Knight et al., 2002).

Table 92 notes (continued)

NOTES: Behavioral health services include any use of specialty outpatient, inpatient, family doctor, or school-based services for any behavioral or emotional problem in the past 12 months. Behavioral health services were reported by caregivers and measured with an adapted version of the Child and Adolescent Services Assessment (Burns et al., 1994).

As an example of how to interpret the estimates in the table, the seventh row shows that, according to caregiver reports 18 months after involvement of their child in the child welfare system, in 2010, 27.6 percent of U.S. male children and adolescents aged 1.5 to 17 had used a behavioral health service in the past year.

SOURCES: Burns, B. J., Angold, A., Magruder-Habib, K., Costello, E. J., & Patrick, M. K. S. (1994). The Child and Adolescent Services Assessment (CASA), Parent Interview and Child Interview. Durham, NC: Developmental Epidemiology Program, Department of Psychiatry, Duke University Medical Center.

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Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatric and Adolescent Medicine*, 156, 607–614.

5. TABLES

5.3 Behavioral Health Treatment Capacity

5.3.1 Behavioral Health Workforce

Tables 93–95

5.3.2 *Behavioral Health Treatment Facilities—General*

5.3.3 *Behavioral Health Treatment Facilities—Hospitals*

5.3.4 *Behavioral Health Treatment Facilities—
Community Health Centers*

5.3.5 *Behavioral Health Treatment Capacity for Children
Aged 17 or Younger*

5.3.6 *Behavioral Health Treatment Capacity for Special Populations*

5.3.7 *Behavioral Health Treatment and Prevention Policies*

Table 93. Mental health and substance abuse treatment providers, by discipline and state: number, United States, 2008, 2009, and 2011

[Data are based on association membership and certification data]

State	Child and adolescent psychiatrists, 2009 ¹	Psychiatrists, 2009 ¹	Psychologists, 2011 ²	Clinical social workers, 2011 ²	Psychiatric nurses, 2008 ³	Substance abuse counselors, 2011 ²	Counselors, 2011 ^{2,4}	Marriage and family therapists, 2011 ²
United States	6,398	33,727	95,545	193,038	13,701	48,080	144,567	62,316
Alabama	65	306	440	1,390	24	31	1,624	65
Alaska	10	73	207	561	36	21	538	87
Arizona	104	512	2,010	1,487	112	669	2,405	974
Arkansas	35	198	503	1,235	149	549	1,447	118
California	770	4,874	12,325	16,484	1,583	2,396	4,426	38,010
Colorado	146	542	2,178	3,770	211	2,944	7,834	574
Connecticut	147	702	1,655	4,809	348	929	1,804	974
Delaware	20	84	557	664	59	323	524	137
District of Columbia	46	237	523	1,232	20	376	540	68
Florida	255	1,603	4,145	8,956	1,596	61	10,340	2,069
Georgia	129	791	1,966	2,795	163	76	4,055	675
Hawaii	59	206	430	399	135	67	471	243
Idaho	20	80	169	1,587	129	66	949	213
Illinois	210	1,275	4,102	9,715	177	3,842	8,362	233
Indiana	83	396	1,002	4,344	126	200	1,752	839
Iowa	38	199	485	1,521	211	51	773	149
Kansas	60	237	1,312	1,822	60	87	1,072	575
Kentucky	68	321	1,078	1,445	432	591	1,457	499
Louisiana	54	360	424	2,858	195	78	2,380	631
Maine	48	206	405	2,479	257	716	1,048	81
Maryland	238	1,069	2,287	6,285	211	2,455	3,002	271
Massachusetts	300	1,628	5,007	11,401	496	169	5,783	622
Michigan	178	941	4,401	11,666	440	95	5,061	538
Minnesota	96	487	3,252	4,280	457	1,906	1,203	1,412
Mississippi	31	176	235	883	204	326	990	284

(continued)

Table 93. Mental health and substance abuse treatment providers, by discipline and state: number, United States, 2008, 2009, and 2011 (continued)

State	Child and adolescent psychiatrists, 2009 ¹	Psychiatrists, 2009 ¹	Psychologists, 2011 ²	Clinical social workers, 2011 ²	Psychiatric nurses, 2008 ³	Substance abuse counselors, 2011 ²	Counselors, 2011 ^{2,4}	Marriage and family therapists, 2011 ²
Missouri	92	513	1,555	4,099	65	28	3,570	170
Montana	18	78	136	220	0	448	611	38
Nebraska	32	135	400	911	163	818	3,240	87
Nevada	26	161	430	853	82	1,147	602	439
New Hampshire	29	142	553	561	227	286	804	104
New Jersey	228	1,196	3,070	8,848	226	1,498	2,875	504
New Mexico	44	226	908	2,034	101	952	4,168	322
New York	730	4,177	10,102	29,676	558	1,990	6,434	637
North Carolina	191	922	2,238	3,986	150	2,040	2,212	585
North Dakota	19	68	173	456	81	305	309	34
Ohio	219	997	3,116	7,060	739	4,044	7,125	65
Oklahoma	38	269	381	1,242	0	1,780	4,008	394
Oregon	80	424	884	2,125	136	393	2,607	527
Pennsylvania	307	1,652	5,337	4,755	1,295	251	4,554	439
Rhode Island	35	186	573	1,721	131	80	296	423
South Carolina	111	381	457	1,241	84	726	2,100	222
South Dakota	16	57	129	330	13	16	404	596
Tennessee	86	507	1,766	2,097	572	423	1,788	422
Texas	393	1,584	6,260	3,824	536	6,051	14,703	2,896
Utah	44	183	572	2,097	0	398	1,061	472
Vermont	23	133	356	935	13	70	417	164
Virginia	178	876	1,575	3,705	59	1,516	2,751	862
Washington	108	670	2,085	3,187	429	2,758	5,179	1,264
West Virginia	18	138	480	648	85	32	948	16
Wisconsin	118	503	847	1,976	104	915	1,381	237
Wyoming	5	46	64	383	20	91	580	56

See notes on page 194.

Table 93 notes

¹ Estimates obtained from Physician Characteristics and Distribution in the US, 2011 (American Medical Association, 2011). Includes providers engaged in patient care, and excludes residents and fellows.

² Estimates obtained from Mental Health Mailing Lists and Marketing Solutions (Psychlist Marketing, Inc., 2007). Based on state licensure data with duplicate addresses removed.

³ Estimates obtained from 2008 National Sample Survey of Registered Nurses (U.S. Department of Health and Human Services, 2010).

⁴ Counselors include mental health and substance abuse counselors.

NOTES: For 2008 and 2009 estimates, denominator for rate is from Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2009 (NST-EST2009-01), U.S. Census Bureau, Population Division, Release December 2009; for 2011 estimates, denominator for rate is from Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2011 (NST-EST2011-01), U.S. Census Bureau, Population Division, Release December 2011. Retrieved from <http://www.census.gov/popest/data/index.html>

As an example of how to interpret the estimates in the table, in 2009, there was a total of 6,398 child and adolescent psychiatrists in the United States.

SOURCE: Sources are given in the numbered footnotes above.

Table 94. Mental health and substance abuse treatment providers, by discipline and state: rate per 100,000 population, United States, 2008, 2009, and 2011

[Data are based on association membership and certification data]

State	Child and adolescent psychiatrists, 2009 ¹	Psychiatrists, 2009 ¹	Psychologists, 2011 ²	Clinical social workers, 2011 ²	Psychiatric nurses, 2008 ³	Substance abuse counselors, 2011 ²	Counselors, 2011 ^{2,4}	Marriage and family therapists, 2011 ²
United States	2.1	11.0	30.7	62.0	4.5	15.4	46.4	20.0
Alabama	1.4	6.5	9.2	28.9	0.5	0.6	33.8	1.4
Alaska	1.4	10.5	28.6	77.6	5.3	2.9	74.4	12.0
Arizona	1.6	7.8	31.0	22.9	1.7	10.3	37.1	15.0
Arkansas	1.2	6.9	17.1	42.0	5.2	18.7	49.3	4.0
California	2.1	13.2	32.7	43.7	4.3	6.4	11.7	100.8
Colorado	2.9	10.8	42.6	73.7	4.3	57.5	153.1	11.2
Connecticut	4.2	20.0	46.2	134.3	9.9	25.9	50.4	27.2
Delaware	2.3	9.5	61.4	73.2	6.7	35.6	57.8	15.1
District of Columbia	7.7	39.5	84.6	199.4	3.4	60.8	87.4	11.0
Florida	1.4	8.6	21.7	47.0	8.7	0.3	54.3	10.9
Georgia	1.3	8.0	20.0	28.5	1.7	0.8	41.3	6.9
Hawaii	4.6	15.9	31.3	29.0	10.5	4.9	34.3	17.7
Idaho	1.3	5.2	10.7	100.1	8.4	4.2	59.9	13.4
Illinois	1.6	9.9	31.9	75.5	1.4	29.9	65.0	1.8
Indiana	1.3	6.2	15.4	66.7	2.0	3.1	26.9	12.9
Iowa	1.3	6.6	15.8	49.7	7.1	1.7	25.2	4.9
Kansas	2.1	8.4	45.7	63.5	2.1	3.0	37.3	20.0
Kentucky	1.6	7.4	24.7	33.1	10.1	13.5	33.3	11.4
Louisiana	1.2	8.0	9.3	62.5	4.4	1.7	52.0	13.8
Maine	3.6	15.6	30.5	186.6	19.5	53.9	78.9	6.1
Maryland	4.2	18.8	39.2	107.8	3.7	42.1	51.5	4.6
Massachusetts	4.5	24.7	76.0	173.1	7.6	2.6	87.8	9.4
Michigan	1.8	9.4	44.6	118.1	4.4	1.0	51.2	5.4
Minnesota	1.8	9.2	60.8	80.1	8.7	35.7	22.5	26.4
Mississippi	1.1	6.0	7.9	29.6	6.9	10.9	33.2	9.5

(continued)

Table 94. Mental health and substance abuse treatment providers, by discipline and state: rate per 100,000 population, United States, 2008, 2009, and 2011 (continued)

State	Child and adolescent psychiatrists, 2009 ¹	Psychiatrists, 2009 ¹	Psychologists, 2011 ²	Clinical social workers, 2011 ²	Psychiatric nurses, 2008 ³	Substance abuse counselors, 2011 ²	Counselors, 2011 ^{2,4}	Marriage and family therapists, 2011 ²
Missouri	1.5	8.6	25.9	68.2	1.1	0.5	59.4	2.8
Montana	1.8	8.0	13.6	22.0	0.0	44.9	61.2	3.8
Nebraska	1.8	7.5	21.7	49.4	9.1	44.4	175.8	4.7
Nevada	1.0	6.1	15.8	31.3	3.1	42.1	22.1	16.1
New Hampshire	2.2	10.7	42.0	42.6	17.2	21.7	61.0	7.9
New Jersey	2.6	13.7	34.8	100.3	2.6	17.0	32.6	5.7
New Mexico	2.2	11.2	43.6	97.7	5.1	45.7	200.2	15.5
New York	3.7	21.4	51.9	152.5	2.9	10.2	33.1	3.3
North Carolina	2.0	9.8	23.2	41.3	1.6	21.1	22.9	6.1
North Dakota	2.9	10.5	25.3	66.7	12.7	44.6	45.2	5.0
Ohio	1.9	8.6	27.0	61.2	6.4	35.0	61.7	0.6
Oklahoma	1.0	7.3	10.0	32.8	0.0	46.9	105.7	10.4
Oregon	2.1	11.1	22.8	54.9	3.6	10.2	67.3	13.6
Pennsylvania	2.4	13.1	41.9	37.3	10.3	2.0	35.7	3.4
Rhode Island	3.3	17.7	54.5	163.7	12.4	7.6	28.2	40.2
South Carolina	2.4	8.4	9.8	26.5	1.9	15.5	44.9	4.7
South Dakota	2.0	7.0	15.7	40.0	1.6	1.9	49.0	72.3
Tennessee	1.4	8.1	27.6	32.7	9.2	6.6	27.9	6.6
Texas	1.6	6.4	24.4	14.9	2.2	23.6	57.3	11.3
Utah	1.6	6.6	20.3	74.4	0.0	14.1	37.7	16.8
Vermont	3.7	21.4	56.8	149.3	2.0	11.2	66.6	26.2
Virginia	2.3	11.1	19.5	45.8	0.8	18.7	34.0	10.6
Washington	1.6	10.1	30.5	46.7	6.5	40.4	75.8	18.5
West Virginia	1.0	7.6	25.9	34.9	4.7	1.7	51.1	0.9
Wisconsin	2.1	8.9	14.8	34.6	1.8	16.0	24.2	4.1
Wyoming	0.9	8.5	11.3	67.4	3.7	16.0	102.1	9.9

See notes on page 197.

Table 94 notes

¹ Estimates obtained from Physician Characteristics and Distribution in the US, 2011 (American Medical Association, 2011). Includes providers engaged in patient care, and excludes residents and fellows.

² Estimates obtained from Mental Health Mailing Lists and Marketing Solutions (Psychlist Marketing, Inc., 2007). Based on state licensure data with duplicate addresses removed.

³ Estimates obtained from 2008 National Sample Survey of Registered Nurses (U.S. Department of Health and Human Services, 2010).

⁴ Counselors include mental health and substance abuse counselors.

NOTES: For 2008 and 2009 numbers, denominator for rate is from Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2009 (NST-EST2009-01), U.S. Census Bureau, Population Division, Release December 2009; for 2011 numbers, denominator for rate is from Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2011 (NST-EST2011-01), U.S. Census Bureau, Population Division, Release December 2011. Retrieved from <http://www.census.gov/popest/data/index.html>

As an example of how to interpret the estimates in the table, in 2009, there were 2.1 child and adolescent psychiatrists in the United States per 100,000 youth.

SOURCE: Sources are given in the numbered footnotes above.

Table 95. Child and adolescent psychiatrists, by state: number and rate per 100,000 youth, United States, 1990, 2000, and 2009

[Data are based on statistics from various government agencies]

State	Youth aged 0 to 17 in 2009 (number)	Child and adolescent psychiatrists			Child and adolescent psychiatrists per 100,000 youth ¹		
		1990 (number)	2000 (number)	2009 (number)	1990 (number)	2000 (number)	2009 (number)
Alabama	1,128,864	23	46	71	2.2	4.1	6.3
Alaska	183,546	7	4	11	4.1	2.1	6.0
Arizona	1,732,019	43	69	122	4.5	5.1	7.0
Arkansas	709,968	12	28	38	2.0	4.1	5.4
California	9,435,682	539	688	877	7.1	7.5	9.3
Colorado	1,227,763	80	122	149	9.4	11.1	12.1
Connecticut	807,919	121	153	176	16.4	18.2	21.8
Delaware	206,674	8	14	19	5.0	7.2	9.2
District of Columbia	113,854	39	45	57	34.7	39.4	50.1
Florida	4,057,773	150	232	302	5.3	6.4	7.4
Georgia	2,583,792	66	119	146	3.9	5.5	5.7
Hawaii	290,361	34	53	72	12.3	18.0	24.8
Idaho	419,190	9	17	21	3.0	4.6	5.0
Illinois	3,177,377	144	202	249	5.0	6.2	7.8
Indiana	1,589,153	44	76	90	3.1	4.8	5.7
Iowa	713,078	29	37	42	4.1	5.1	5.9
Kansas	704,951	65	71	68	10.0	10.0	9.6
Kentucky	1,014,323	46	78	86	4.9	7.8	8.5
Louisiana	1,123,133	49	79	66	4.0	6.5	5.9
Maine	271,113	20	34	56	6.6	11.3	20.7
Maryland	1,351,814	180	229	278	18.6	16.9	20.6
Massachusetts	1,432,698	252	299	348	18.9	20.0	24.3
Michigan	2,349,695	165	192	200	6.8	7.4	8.5
Minnesota	1,260,797	53	83	105	4.6	6.5	8.3
Mississippi	767,665	6	28	33	0.8	3.6	4.3
Missouri	1,431,338	63	91	118	5.3	6.4	8.2
Montana	219,798	4	12	17	1.8	5.2	7.7

(continued)

Table 95. Child and adolescent psychiatrists, by state: number and rate per 100,000 youth, United States, 1990, 2000, and 2009 (continued)

State	Youth aged 0 to 17 in 2009 (number)	Child and adolescent psychiatrists			Child and adolescent psychiatrists per 100,000 youth ¹		
		1990 (number)	2000 (number)	2009 (number)	1990 (number)	2000 (number)	2009 (number)
Nebraska	451,641	10	33	31	2.4	7.3	6.9
Nevada	681,033	7	16	31	2.5	3.1	4.6
New Hampshire	288,990	24	28	28	8.7	9.1	9.7
New Jersey	2,045,646	121	185	269	6.8	8.9	13.1
New Mexico	510,110	25	44	55	5.7	8.7	10.8
New York	4,424,083	626	778	931	15.0	16.6	21.0
North Carolina	2,277,967	75	158	221	4.7	8.1	9.7
North Dakota	143,926	5	14	19	2.9	8.7	13.2
Ohio	2,714,341	121	189	238	4.4	6.6	8.8
Oklahoma	918,849	22	28	42	2.7	3.1	4.6
Oregon	872,811	33	63	89	4.7	7.5	10.2
Pennsylvania	2,775,132	243	329	351	8.8	11.3	12.6
Rhode Island	226,706	21	39	44	9.4	15.8	19.4
South Carolina	1,080,732	43	91	111	4.7	9.0	10.3
South Dakota	199,505	3	9	16	1.5	4.4	8.0
Tennessee	1,493,252	45	83	88	3.8	5.9	5.9
Texas	6,895,969	249	370	447	5.2	6.3	6.5
Utah	868,824	23	33	46	3.7	4.6	5.3
Vermont	126,219	15	20	27	10.6	13.6	21.4
Virginia	1,847,182	114	158	188	9.5	9.1	10.2
Washington	1,569,592	57	96	120	4.6	6.4	7.6
West Virginia	386,449	12	17	22	2.7	4.2	5.7
Wisconsin	1,310,250	65	108	125	5.1	7.9	9.5
Wyoming	131,944	2	4	6	1.5	3.1	4.5

See notes on page 200.

Table 95 notes

¹ Rate per 100,000 youth for 1990 used 1990 U.S. Census data, 2000 used 2000 U.S. Census data, and 2009 used data from the 2005–2009 American Community Survey.

NOTES: As an example of how to interpret the estimates in the table, in 1990, there were a total of 23 child and adolescent psychiatrists in Alabama, representing 2.2 psychiatrists per 100,000 youth.

SOURCES: U.S. Census Bureau (2013a). Table 4. Resident Population of the 50 states, the District of Columbia, and Puerto Rico: April 1, 2000 (Census 2000) and April 1, 1990 (1990 Census). Retrieved from <http://www.census.gov/population/cen2000/tab04.pdf>

U.S. Census Bureau (2013b). Vintage 2009: State tables. Retrieved from http://www.census.gov/popest/data/historical/2000s/vintage_2009/state.html

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5. TABLES

5.3 Behavioral Health Treatment Capacity

5.3.1 Behavioral Health Workforce

*5.3.2 **Behavioral Health Treatment Facilities—General**
Tables 96–103*

5.3.3 Behavioral Health Treatment Facilities—Hospitals

*5.3.4 Behavioral Health Treatment Facilities—
Community Health Centers*

*5.3.5 Behavioral Health Treatment Capacity for Children
Aged 17 or Younger*

5.3.6 Behavioral Health Treatment Capacity for Special Populations

5.3.7 Behavioral Health Treatment and Prevention Policies

Table 96. 24-hour mental health hospital/residential treatment facilities and beds, by type of facility: number and rate per 100,000 population, United States, selected years 1990, 2000, and 2008

[Data are based on inventories of mental health organizations]

Type of organization	Number of mental health organizations			Number of beds			Beds per 100,000 civilian population ³		
	1990	2000	2008 ¹	1990	2000	2008 ¹	1990	2000	2008 ¹
All organizations	3,942	3,211	3,130	325,529	214,186	239,014	128.5	74.8	78.6
State psychiatric hospitals	278	229	241	102,307	61,833	37,450	40.4	21.6	12.3
Private psychiatric hospitals	464	271	256	45,952	26,402	25,406	18.1	9.2	8.4
Non-federal general hospitals with psychiatric services	1,577	1,325	1,292	53,576	40,410	54,390	21.2	14.1	17.9
Department of Veterans Affairs medical centers	131	134	130	24,779	8,989	11,991	9.8	3.1	3.9
Residential treatment centers for children with emotional disturbance	501	476	538	35,170	33,508	50,063	13.9	11.7	16.5
All other organizations ²	991	776	673	63,745	43,044	59,715	25.2	15.0	19.6

¹ Survey redesign in 2008 may limit the comparability of estimates over time.² Includes residential treatment facilities for adults, freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.³ Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1.**NOTES:** As an example of how to interpret the estimates in the table, in 1990, there were a total of 3,942 24-hour mental health organizations in the United States.**SOURCES:** Survey of Mental Health Organizations, 1990, 2000, Substance Abuse and Mental Health Services Administration.

National Survey of Mental Health Treatment Facilities, 2008, Substance Abuse and Mental Health Services Administration.

Table 97. Mental health facilities that provide inpatient, residential, and outpatient services, by primary facility type: number, United States, 2010

[Data are based on a survey of facilities providing mental health treatment services]

Primary facility type	Total number of facilities	24-hour facilities providing inpatient services	24-hour facilities providing residential services	24-hour facilities providing outpatient services
All¹	10,374	1,975	2,274	7,931
Psychiatric hospitals	648	647	131	312
Public	272	271	37	59
State mental health agency	161	161	25	23
Other state government	64	64	7	11
Regional ² or local/county government	47	46	5	25
Private	376	376	94	253
General hospitals ³	1,170	1,167	34	482
Public	155	154	7	62
Private	1,015	1,013	27	420
VA medical centers	252	83	55	246
Residential treatment centers for children	781	20	777	170
Public	26	0	26	6
Private	755	20	751	164
Residential treatment centers for adults	875	9	866	98
Public	116	1	113	14
Private	759	8	753	84
Outpatient clinics ⁴	6,305	43	98	6,300
Public	1,519	9	15	1,517
Private	4,786	34	83	4,783
Multi-setting facilities	343	6	313	323
Public	57	0	51	54
Private	286	6	262	269

See notes on page 204.

Table 97 notes

¹ The National Mental Health Services Survey (N-MHSS) includes facilities in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and those operated by the Department of Veterans Affairs.

² Includes hospitals owned by regional or district authorities; local/county also includes municipal government.

³ Only includes non-federal general hospitals with separate psychiatric units.

⁴ Includes outpatient or day treatment or partial hospitalization facilities.

NOTES: Estimates as of April 30, 2010, or during April 2010.

Facilities can select multiple types of mental health treatment services (e.g., inpatient, residential, outpatient) offered.

As an example of how to interpret the estimates in the table, in 2010, 10,374 facilities in the United States offered mental health treatment services.

SOURCE: National Mental Health Services Survey (N-MHSS), 2010, Substance Abuse and Mental Health Services Administration.

Table 98. Clients in mental health facilities that provide inpatient, residential, and outpatient services, by primary facility type: number, United States, 2010

[Data are based on a survey of facilities providing mental health treatment services]

Primary facility type	Total number of clients (inpatient, residential, outpatient)	Clients in 24-hour facilities providing inpatient services	Clients in 24-hour facilities providing residential services	Clients in 24-hour facilities providing outpatient services
All¹	3,186,636	99,493	60,764	3,026,379
Psychiatric hospitals	171,843	62,502	5,377	103,964
Public	74,444	41,685	2,169	30,590
State mental health agency	40,224	29,114	1,646	9,464
Other state government	17,868	10,730	459	6,679
Regional ² or local/county government	16,352	1,841	64	14,447
Private	97,399	20,817	3,208	73,374
General hospitals ³	193,494	31,181	1,214	161,099
Public	39,637	4,611	204	34,822
Private	153,857	26,570	1,010	126,277
VA medical centers	229,485	2,201	3,401	223,883
Residential treatment centers for children	38,676	586	27,223	10,867
Public	1,238	0	1,040	198
Private	37,438	586	26,183	10,669
Residential treatment centers for adults	24,897	236	13,491	11,170
Public	5,236	16	2,488	2,732
Private	19,661	220	11,003	8,438
Outpatient clinics ⁴	2,384,385	2,645	3,569	2,378,171
Public	624,329	1,410	968	621,951
Private	1,760,056	1,235	2,601	1,756,220
Multi-setting facilities	143,856	142	6,489	137,225
Public	29,389	46	879	28,464
Private	114,467	96	5,610	108,761

See notes on page 206.

Table 98 notes

¹ The National Mental Health Services Survey (N-MHSS) includes facilities in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and those operated by the Department of Veterans Affairs.

² Includes hospitals owned by regional or district authorities; local/county also includes municipal government.

³ Only includes non-federal general hospitals with separate psychiatric units.

⁴ Includes outpatient or day treatment or partial hospitalization facilities.

NOTES: Estimates as of April 30, 2010, or during April 2010.

Facilities can select multiple types of mental health treatment services (e.g., inpatient, residential, outpatient) offered.

As an example of how to interpret the estimates in the table, in 2010, there were 3,186,636 clients in specialty mental health facilities in the United States.

SOURCE: National Mental Health Services Survey (N-MHSS), 2010, Substance Abuse and Mental Health Services Administration.

Table 99. Beds in mental health facilities for inpatient and residential services, by primary facility type: number, United States, 2010

[Data are based on a survey of facilities providing mental health treatment services]

Primary facility type	Total number of beds (inpatient and residential)	Beds in 24-hour facilities providing inpatient services	Beds in 24-hour facilities providing residential services
All¹	181,622	113,569	68,053
Psychiatric hospitals	76,741	70,088	6,653
Public	48,069	45,055	3,014
State mental health agency	33,521	31,101	2,420
Other state government	12,216	11,707	509
Regional ² or local/county government	2,332	2,247	85
Private	28,672	25,033	3,639
General hospitals ³	37,460	35,969	1,491
Public	5,305	5,087	218
Private	32,155	30,882	1,273
VA medical centers	6,746	2,889	3,857
Residential treatment centers for children	31,895	943	30,952
Public	928	0	928
Private	30,967	943	30,024
Residential treatment centers for adults	14,980	329	14,651
Public	2,769	16	2,753
Private	12,211	313	11,898
Outpatient clinics ⁴	6,596	3,179	3,417
Public	2,519	1,623	896
Private	4,077	1,556	2,521
Multi-setting facilities	7,204	172	7,032
Public	1,025	66	959
Private	6,179	106	6,073

See notes on page 208.

Table 99 notes

¹ The National Mental Health Services Survey (N-MHSS) includes facilities in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and those operated by the Department of Veterans Affairs.

² Includes hospitals owned by regional or district authorities; local/county also includes municipal government.

³ Only includes non-federal general hospitals with separate psychiatric units.

⁴ Includes outpatient or day treatment or partial hospitalization facilities.

NOTES: Estimates as of April 30, 2010, or during April 2010.

Facilities can select multiple types of mental health treatment services (e.g., inpatient, residential, outpatient) offered.

As an example of how to interpret the estimates in the table, in 2010, there were 181,622 beds in specialty mental health facilities in the United States.

SOURCE: National Mental Health Services Survey (N-MHSS), 2010, Substance Abuse and Mental Health Services Administration.

Table 100. Facilities offering various mental health treatment approaches, by primary facility type: number, United States, 2010

[Data are based on a survey of mental health treatment facilities]

Primary facility type	Total number of facilities responding	Mental health treatment approach										
		Activity therapy	Behavior modification	Cognitive/behavioral therapy	Couples/family therapy	Electroconvulsive therapy	Group therapy	Individual psychotherapy	Integrated dual disorders treatment	Mental health medication therapy	Telemedicine therapy	Other
All¹	9,139	4,676	5,950	8,061	6,129	573	7,742	7,844	4,967	7,601	1,409	763
Psychiatric hospitals	607	582	427	555	344	91	589	544	428	600	74	53
Public	265	258	183	239	102	25	256	247	173	263	36	19
State mental health agency	159	157	102	142	52	10	155	152	106	159	17	10
Other state government	63	62	49	60	29	12	60	59	42	61	12	6
Regional ² or local/county government	43	39	32	37	21	3	41	36	25	43	7	3
Private	342	324	244	316	242	66	333	297	255	337	38	34
General hospitals ³	1,101	1,027	593	920	631	397	1,051	946	601	1,081	81	53
Public	144	131	81	122	81	41	134	119	79	142	17	5
Private	957	896	512	798	550	356	917	827	522	939	64	48
VA medical centers	221	95	129	203	166	42	198	210	155	206	157	30
Residential treatment centers for children	697	539	608	662	554	0	662	650	293	603	59	103
Public	23	16	18	19	14	0	22	21	9	20	3	2
Private	674	523	590	643	540	0	640	629	284	583	56	101
Residential treatment centers for adults	714	357	379	380	94	4	407	282	268	459	18	68
Public	96	41	55	53	17	3	56	47	31	67	7	8
Private	618	316	324	327	77	1	351	235	237	392	11	60

(continued)

Table 100. Facilities offering various mental health treatment approaches, by primary facility type: number, United States, 2010 (continued)

Primary facility type	Total number of facilities responding	Mental health treatment approach										
		Activity therapy	Behavior modification	Cognitive/behavioral therapy	Couples/family therapy	Electro-convulsive therapy	Group therapy	Individual psychotherapy	Integrated dual disorders treatment	Mental health medication therapy	Tele-medicine therapy	Other
Outpatient clinics ⁴	5,519	1,930	3,624	5,079	4,124	38	4,577	4,959	3,043	4,406	961	425
Public	1,344	388	792	1,202	842	8	1,108	1,162	794	1,184	288	89
Private	4,175	1,542	2,832	3,877	3,282	30	3,469	3,797	2,249	3,222	673	336
Multi-setting facilities	280	146	190	262	216	1	258	253	179	246	59	31
Public	44	20	24	41	26	0	41	38	32	41	15	7
Private	236	126	166	221	190	1	217	215	147	205	44	24

¹ The National Mental Health Services Survey (N-MHSS) includes facilities in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and those operated by the Department of Veterans Affairs.

² Includes hospitals owned by regional or district authorities; local/county also includes municipal government.

³ Only includes non-federal general hospitals with separate psychiatric units.

⁴ Includes outpatient or day treatment or partial hospitalization facilities.

NOTES: Estimates as of April 30, 2010, or during April 2010.

As an example of how to interpret the estimates in the table, in 2010, 9,139 responding facilities in the United States offered mental health treatment services.

SOURCE: National Mental Health Services Surveys (N-MHSS), 2010, Substance Abuse and Mental Health Services Administration.

Table 101. Substance abuse treatment facilities, by facility operation and primary focus of facility: number and percentage, United States, 2007–2011¹

[Data are based on an annual census of all treatment facilities in the United States]

Facility operation and primary focus	Number of facilities					Percent				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Total	13,648	13,688	13,513	13,339	13,720	100.0	100.0	100.0	100.0	100.0
Facility operation										
Private nonprofit	7,907	7,932	7,826	7,683	7,869	57.9	57.9	57.9	57.6	57.4
Private for-profit	3,906	4,015	3,959	3,985	4,194	28.6	29.3	29.3	29.9	30.6
Local, county, or community government	887	820	795	751	742	6.5	6	5.9	5.6	5.4
State government	431	427	401	380	351	3.2	3.1	3	2.8	2.6
Federal government	328	314	341	348	348	2.4	2.3	2.5	2.6	2.5
Department of Veterans Affairs	183	174	210	218	225	1.3	1.3	1.6	1.6	1.6
Department of Defense	94	93	91	91	89	0.7	0.7	0.7	0.7	0.6
Indian Health Service	42	44	38	36	30	0.3	0.3	0.3	0.3	0.2
Other	9	3	2	3	4	0.1	*	*	*	*
Tribal government	189	180	191	192	216	1.4	1.3	1.4	1.4	1.6
Primary focus of facility										
Substance abuse treatment services	8,360	8,378	8,257	8,100	8,094	61.3	61.2	61.1	60.7	59.0
Mental health services	949	923	878	853	877	7.0	6.7	6.5	6.4	6.4
Mix of substance abuse and mental health treatment services	3,957	4,052	4,091	4,113	4,385	29.0	29.6	30.3	30.8	32.0
General health care	189	181	169	168	190	1.4	1.3	1.3	1.3	1.4
Other/unknown	193	154	118	105	174	1.4	1.1	0.9	0.8	1.3

*Less than 0.05 percent.

¹ Survey reference dates were March 30, 2007, and March 31, 2008–2011.**NOTES:** Percentages may not sum to 100 percent because of rounding.

As an example of how to interpret the estimates in the table, the first cell in the third row shows that, in 2007, there were a total of 7,907 private, nonprofit substance abuse treatment facilities in the United States, representing 57.9 percent of all treatment facilities.

SOURCE: National Survey of Substance Abuse Treatment Services (N-SSATS), 2007–2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 102. Substance abuse treatment facilities, by type of care offered and facilities with opioid treatment programs: number and percentage, United States, 2007–2011¹

[Data are based on an annual census of all treatment facilities in the United States]

Type of care offered	Number of facilities ²					Percent ²				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Total	13,648	13,688	13,513	13,339	13,720	100.0	100.0	100.0	100.0	100.0
Outpatient	11,078	10,977	10,905	10,753	11,101	81.2	80.2	80.7	80.6	80.9
Regular	10,099	10,106	10,050	9,914	10,295	74.0	73.8	74.4	74.3	75.0
Intensive	6,055	5,966	5,991	5,990	6,089	44.4	43.6	44.3	44.9	44.4
Detoxification	1,445	1,286	1,296	1,227	1,294	10.6	9.4	9.6	9.2	9.4
Day treatment/partial hospitalization	2,000	1,783	1,726	1,678	1,702	14.7	13.0	12.8	12.6	12.4
Methadone/buprenorphine maintenance	1,433	1,527	1,620	1,137	1,223	10.5	11.2	12.0	8.5	8.9
Residential (non-hospital)	3,716	3,644	3,520	3,452	3,524	27.2	26.6	26.0	25.9	25.7
Detoxification	996	920	879	893	890	7.3	6.7	6.5	6.7	6.5
Short-term treatment (30 days or fewer)	1,722	1,662	1,671	1,691	1,779	12.6	12.1	12.4	12.7	13.0
Long-term treatment (more than 30 days)	2,995	2,968	2,861	2,801	2,881	21.9	21.7	21.2	21.0	21.0
Hospital inpatient	1,000	838	797	748	740	7.3	6.1	5.9	5.6	5.4
Detoxification	884	742	713	666	658	6.5	5.4	5.3	5.0	4.8
Treatment	665	564	555	548	548	4.9	4.1	4.1	4.1	4.0
Facilities with opioid treatment programs ²	1,108	1,132	1,239	1,166	1,189	8.1	8.3	9.2	8.7	8.7

¹ Survey reference dates were March 30, 2007, and March 31, 2008–2011.

² Only those facilities that have opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration are included.

NOTES: Types of care sum to more than the total because a facility could provide more than one type of care.

As an example of how to interpret the estimates in the table, the first cell in the second row shows that, in 2007, there were a total of 11,078 outpatient substance abuse treatment facilities in the United States.

SOURCE: National Survey of Substance Abuse Treatment Services (N-SSATS), 2007–2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table 103. Substance abuse treatment facilities and clients in treatment, by state or jurisdiction: number, United States, 2007–2011¹

[Data are based on an annual census of all treatment facilities in the United States]

State or jurisdiction ²	Number of facilities					Number of clients				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Total	13,648	13,688	13,513	13,339	13,720	1,135,425	1,192,490	1,182,077	1,175,462	1,224,127
Alabama	145	136	135	138	147	15,466	13,939	15,820	18,185	15,924
Alaska	74	71	80	77	76	2,911	3,026	3,464	3,218	2,840
Arizona	218	212	222	214	219	26,816	31,538	29,994	27,599	31,514
Arkansas	53	59	55	62	61	3,246	4,062	3,721	3,936	3,401
California	1,751	1,725	1,738	1,626	1,639	141,269	139,339	137,960	123,611	132,562
Colorado	408	436	413	437	448	31,890	36,059	39,179	39,749	38,927
Connecticut	216	203	199	195	188	24,898	25,902	24,831	28,250	25,914
Delaware	39	39	40	37	37	3,850	4,106	4,117	4,981	4,607
District of Columbia	44	44	39	33	36	4,733	4,498	5,410	4,548	4,166
Federated States of Micronesia	1	1	0	1	1	3	18	‡	0	0
Florida	648	644	625	593	617	51,450	53,165	49,975	49,002	51,201
Georgia	259	265	257	243	249	16,182	19,206	19,237	18,928	21,804
Guam	3	4	2	6	5	142	126	183	257	297
Hawaii	129	123	123	119	119	3,948	4,275	4,462	4,200	4,464
Idaho	57	77	66	93	103	3,596	3,772	4,246	5,728	5,171
Illinois	606	608	615	606	638	45,668	43,889	45,149	41,863	43,971
Indiana	321	313	298	273	274	27,203	30,265	31,721	24,500	25,186
Iowa	128	113	112	125	126	7,537	7,071	7,892	7,747	8,977
Kansas	236	221	201	211	220	10,411	10,855	10,314	10,451	11,381
Kentucky	299	301	294	293	318	22,382	19,465	19,392	18,576	20,481
Louisiana	145	166	163	154	143	11,672	12,319	13,829	13,469	11,180
Maine	193	188	164	179	213	9,503	10,465	9,553	10,593	10,769
Maryland	361	371	343	339	349	34,670	35,658	42,867	38,770	38,792
Massachusetts	299	316	313	307	322	37,982	40,604	36,815	39,444	46,891
Michigan	525	512	490	475	494	41,727	47,010	40,044	42,174	45,147
Minnesota	276	286	298	308	315	11,301	16,319	14,074	15,001	17,354
Mississippi	111	102	103	102	98	6,588	5,001	5,967	5,037	5,807

(continued)

Table 103. Substance abuse treatment facilities and clients in treatment, by state or jurisdiction: number, United States, 2007–2011¹ (continued)

State or jurisdiction ²	Number of facilities					Number of clients				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Missouri	259	257	249	264	289	17,374	19,610	21,004	19,766	21,455
Montana	68	63	60	53	57	3,480	2,996	3,602	3,114	9,885
Nebraska	114	114	114	115	123	5,436	4,943	4,864	5,326	6,354
Nevada	76	77	85	84	82	7,907	13,327	7,004	7,041	7,218
New Hampshire	61	61	58	52	54	4,422	4,950	5,107	5,237	5,931
New Jersey	341	331	340	335	361	28,977	30,416	31,634	30,047	31,777
New Mexico	136	145	145	141	145	14,795	13,719	15,315	12,993	12,664
New York	986	964	963	1,000	942	114,233	115,662	121,527	130,171	122,929
North Carolina	359	410	413	400	436	26,212	30,333	28,997	33,029	36,312
North Dakota	65	64	59	57	58	2,694	2,123	2,108	2,124	2,457
Ohio	402	402	393	373	373	38,135	36,743	35,664	35,763	37,238
Oklahoma	189	186	199	191	197	11,709	11,099	14,929	14,804	14,858
Oregon	228	237	245	224	235	23,049	23,558	23,136	20,435	23,166
Palau	1	1	1	1	1	34	40	38	104	105
Pennsylvania	463	551	533	533	578	43,205	50,579	49,528	51,302	53,377
Puerto Rico	156	151	151	157	152	13,553	13,203	13,669	20,070	16,166
Rhode Island	54	53	60	53	59	7,908	7,813	8,623	7,362	9,742
South Carolina	117	111	113	103	105	15,448	14,986	14,187	14,490	14,217
South Dakota	62	64	59	55	58	2,649	2,886	3,002	2,764	2,987
Tennessee	199	197	192	202	208	13,872	12,989	12,544	17,451	16,590
Texas	522	480	459	454	475	36,885	49,241	34,503	33,113	36,875
Utah	146	146	142	146	145	10,289	12,792	13,492	12,993	12,470
Vermont	39	45	41	42	42	3,696	4,648	4,722	4,489	4,182
Virgin Islands	3	2	3	3	3	185	59	83	105	96
Virginia	203	199	219	208	213	20,418	20,683	20,846	19,265	21,731
Washington	436	435	434	455	453	43,156	43,438	42,734	41,522	41,097
West Virginia	84	79	83	82	96	7,324	8,597	10,062	10,132	10,711
Wisconsin	275	271	255	250	265	17,990	16,427	15,526	17,385	19,413
Wyoming	59	56	57	60	60	3,346	2,678	3,411	3,248	3,396

See notes on page 215.

Table 103 notes

‡ No facilities in this category.

¹ Survey reference dates were March 30, 2007, and March 31, 2008–2011.

² Facilities operated by federal agencies are included in the states in which the facilities are located.

NOTE: As an example of how to interpret the estimates in the table, in 2007, there were a total of 13,648 substance abuse facilities and 1,135,425 clients in treatment at these facilities in the United States.

SOURCE: National Survey of Substance Abuse Treatment Services (N-SSATS), 2007–2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

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5. TABLES

5.3 Behavioral Health Treatment Capacity

5.3.1 Behavioral Health Workforce

5.3.2 Behavioral Health Treatment Facilities—General

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*5.3.4 Behavioral Health Treatment Facilities—
Community Health Centers*

*5.3.5 Behavioral Health Treatment Capacity for Children
Aged 17 or Younger*

5.3.6 Behavioral Health Treatment Capacity for Special Populations

5.3.7 Behavioral Health Treatment and Prevention Policies

Table 104. Inpatient state and local psychiatric beds, by state: number and number per 100,000 adults, United States, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult population (1,000s)	Beds in state and local psychiatric hospitals		Beds in other state and local government hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults
United States	227,240	53,857	23.7	8,078	3.6
Alabama	3,510	990	28.2	399	11.4
Alaska	500	80	16.0	12	2.4
Arizona	4,674	338	7.2	199	4.3
Arkansas	2,139	202	9.4	26	1.2
California	26,799	4,885	18.2	1,521	5.7
Colorado	3,647	860	23.6	53	1.5
Connecticut	2,666	777	29.1	25	0.9
Delaware	659	323	49.0	0	0.0
District of Columbia	472	817	173.0	0	0.0
Florida	14,196	1,342	9.5	622	4.4
Georgia	6,997	2,539	36.3	129	1.8
Hawaii	986	202	20.5	28	2.8
Idaho	1,090	215	19.7	63	5.8
Illinois	9,585	1,830	19.1	56	0.6
Indiana	4,754	1,172	24.7	201	4.2
Iowa	2,267	223	9.8	210	9.3
Kansas	2,076	692	33.3	128	6.2
Kentucky	3,245	535	16.5	32	1.0
Louisiana	3,273	874	26.7	285	8.7
Maine	1,037	152	14.7	0	0.0
Maryland	4,267	1,230	28.8	0	0.0
Massachusetts	5,051	897	17.8	247	4.9
Michigan	7,605	625	8.2	101	1.3
Minnesota	3,926	1,147	29.2	134	3.4
Mississippi	2,155	1,553	72.1	225	10.4
Missouri	4,475	1,342	30.0	72	1.6
Montana	737	214	29.0	0	0.0
Nebraska	1,323	716	54.1	0	0.0
Nevada	1,900	401	21.1	0	0.0
New Hampshire	1,018	224	22.0	0	0.0
New Jersey	6,566	3,685	56.1	127	1.9
New Mexico	1,464	357	24.4	10	0.7
New York	14,923	6,071	40.7	1,628	10.9
North Carolina	6,844	1,611	23.5	382	5.6
North Dakota	495	140	28.3	0	0.0

(continued)

Table 104. Inpatient state and local psychiatric beds, by state: number and number per 100,000 adults, United States, FY 2007 (continued)

State	FY 2007 adult population (1,000s)	Beds in state and local psychiatric hospitals		Beds in other state and local government hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults
Ohio	8,755	1,420	16.2	134	1.5
Oklahoma	2,710	450	16.6	77	2.8
Oregon	2,867	739	25.8	31	1.1
Pennsylvania	9,705	2,214	22.8	0	0.0
Rhode Island	821	0	0.0	0	0.0
South Carolina	3,358	506	15.1	179	5.3
South Dakota	599	244	40.7	0	0.0
Tennessee	4,694	972	20.7	59	1.3
Texas	17,190	3,108	18.1	275	1.6
Utah	1,834	449	24.5	114	6.2
Vermont	489	54	11.0	0	0.0
Virginia	5,883	1,593	27.1	132	2.2
Washington	4,916	1,216	24.7	105	2.1
West Virginia	1,423	240	16.9	26	1.8
Wisconsin	4,277	1,225	28.6	0	0.0
Wyoming	397	166	41.8	31	7.8

NOTES: The data exclude all children’s hospitals. Data represent “staffed beds,” beds regularly available (those set up and staffed for use) within the reporting period.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in FY 2007, there were 53,857 inpatient psychiatric beds in state and local psychiatric hospitals.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the states 2009: A report on America’s health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 105. Inpatient private, not-for-profit, and for-profit psychiatric beds, by facility ownership status and state: number and number per 100,000 adults, United States, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult population (1,000s)	Beds in private, not-for-profit hospitals		Beds in private, for-profit hospitals		Beds in all private hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
United States	227,240	34,133	15.0	17,920	7.9	52,053	22.9
Alabama	3,510	107	3.0	584	16.6	691	19.7
Alaska	500	49	9.8	74	14.8	123	24.6
Arizona	4,674	370	7.9	85	1.8	455	9.7
Arkansas	2,139	481	22.5	348	16.3	829	38.8
California	26,799	2,070	7.7	1,815	6.8	3,885	14.5
Colorado	3,647	300	8.2	140	3.8	440	12.1
Connecticut	2,666	810	30.4	0	0.0	810	30.4
Delaware	659	45	6.8	92	14.0	137	20.8
District of Columbia	472	131	27.7	104	22.0	235	49.8
Florida	14,196	1,235	8.7	1,261	8.9	2,496	17.6
Georgia	6,997	610	8.7	462	6.6	1,072	15.3
Hawaii	986	151	15.3	0	0.0	151	15.3
Idaho	1,090	70	6.4	237	21.7	307	28.2
Illinois	9,585	1,892	19.7	649	6.8	2,541	26.5
Indiana	4,754	886	18.6	386	8.1	1,272	26.8
Iowa	2,267	542	23.9	0	0.0	542	23.9
Kansas	2,076	337	16.2	0	0.0	337	16.2
Kentucky	3,245	695	21.4	463	14.3	1,158	35.7
Louisiana	3,273	188	5.7	675	20.6	863	26.4
Maine	1,037	359	34.6	0	0.0	359	34.6
Maryland	4,267	1,157	27.1	25	0.6	1,182	27.7
Massachusetts	5,051	1,300	25.7	598	11.8	1,898	37.6
Michigan	7,605	1,625	21.4	307	4.0	1,932	25.4
Minnesota	3,926	581	14.8	0	0.0	581	14.8
Mississippi	2,155	148	6.9	568	26.4	716	33.2
Missouri	4,475	983	22.0	702	15.7	1,685	37.7
Montana	737	92	12.5	0	0.0	92	12.5
Nebraska	1,323	259	19.6	0	0.0	259	19.6
Nevada	1,900	18	0.9	257	13.5	275	14.5
New Hampshire	1,018	182	17.9	84	8.2	266	26.1
New Jersey	6,566	1,747	26.6	210	3.2	1,957	29.8
New Mexico	1,464	10	0.7	302	20.6	312	21.3

(continued)

Table 105. Inpatient private, not-for-profit, and for-profit psychiatric beds, by facility ownership status and state: number and number per 100,000 adults, United States, FY 2007 (continued)

State	FY 2007 adult population (1,000s)	Beds in private, not-for-profit hospitals		Beds in private, for-profit hospitals		Beds in all private hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
New York	14,923	3,547	23.8	407	2.7	3,954	26.5
North Carolina	6,844	770	11.3	413	6.0	1,183	17.3
North Dakota	495	150	30.3	34	6.9	184	37.2
Ohio	8,755	1,560	17.8	206	2.4	1,766	20.2
Oklahoma	2,710	653	24.1	402	14.8	1,055	38.9
Oregon	2,867	349	12.2	0	0.0	349	12.2
Pennsylvania	9,705	2,785	28.7	971	10.0	3,756	38.7
Rhode Island	821	282	34.3	0	0.0	282	34.3
South Carolina	3,358	191	5.7	444	13.2	635	18.9
South Dakota	599	176	29.4	0	0.0	176	29.4
Tennessee	4,694	678	14.4	857	18.3	1,535	32.7
Texas	17,190	1,270	7.4	2,410	14.0	3,680	21.4
Utah	1,834	80	4.4	140	7.6	220	12.0
Vermont	489	137	28.0	0	0.0	137	28.0
Virginia	5,883	516	8.8	860	14.6	1,376	23.4
Washington	4,916	342	7.0	115	2.3	457	9.3
West Virginia	1,423	404	28.4	147	10.3	551	38.7
Wisconsin	4,277	813	19.0	0	0.0	813	19.0
Wyoming	397	0	0.0	86	21.7	86	21.7

NOTES: The data exclude all children’s hospitals. Data represent “staffed beds,” beds regularly available (those set up and staffed for use) within the reporting period.

As an example of how to interpret the estimates in the table, in FY 2007, there were a total of 34,133 inpatient psychiatric beds in private, not-for-profit hospitals.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the states 2009: A report on America’s health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 106. Inpatient federal and non-federal psychiatric beds, by state: number and number per 100,000 adults, United States, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult population (1,000s)	Beds in all non-federal hospitals ¹		Beds in federal government hospitals		Beds in all (federal and non-federal) hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
United States	227,240	113,988	50.2	4,660	2.1	118,648	52.2
Alabama	3,510	2,080	59.3	411	11.7	2,491	71.0
Alaska	500	215	43.0	0	0.0	215	43.0
Arizona	4,674	992	21.2	26	0.6	1,018	21.8
Arkansas	2,139	1,057	49.4	73	3.4	1,130	52.8
California	26,799	10,291	38.4	28	0.1	10,319	38.5
Colorado	3,647	1,353	37.1	8	0.2	1,361	37.3
Connecticut	2,666	1,612	60.5	0	0.0	1,612	60.5
Delaware	659	460	69.8	0	0.0	460	69.8
District of Columbia	472	1,052	222.7	0	0.0	1,052	222.7
Florida	14,196	4,460	31.4	31	0.2	4,491	31.6
Georgia	6,997	3,740	53.5	87	1.2	3,827	54.7
Hawaii	986	381	38.6	27	2.7	408	41.4
Idaho	1,090	585	53.7	0	0.0	585	53.7
Illinois	9,585	4,427	46.2	165	1.7	4,592	47.9
Indiana	4,754	2,645	55.6	0	0.0	2,645	55.6
Iowa	2,267	975	43.0	21	0.9	996	43.9
Kansas	2,076	1,157	55.7	125	6.0	1,282	61.8
Kentucky	3,245	1,725	53.2	19	0.6	1,744	53.7
Louisiana	3,273	2,022	61.8	82	2.5	2,104	64.3
Maine	1,037	511	49.3	16	1.5	527	50.8
Maryland	4,267	2,412	56.5	116	2.7	2,528	59.3
Massachusetts	5,051	3,042	60.2	732	14.5	3,774	74.7
Michigan	7,605	2,658	35.0	412	5.4	3,070	40.4
Minnesota	3,926	1,862	47.4	388	9.9	2,250	57.3
Mississippi	2,155	2,494	115.7	0	0.0	2,494	115.7
Missouri	4,475	3,099	69.3	106	2.4	3,205	71.6
Montana	737	306	41.5	0	0.0	306	41.5
Nebraska	1,323	975	73.7	0	0.0	975	73.7
Nevada	1,900	676	35.6	42	2.2	718	37.8
New Hampshire	1,018	490	48.1	0	0.0	490	48.1
New Jersey	6,566	5,769	87.9	0	0.0	5,769	87.9
New Mexico	1,464	679	46.4	30	2.0	709	48.4

(continued)

Table 106. Inpatient federal and non-federal psychiatric beds, by state: number and number per 100,000 adults, United States, FY 2007 (continued)

State	FY 2007 adult population (1,000s)	Beds in all non-federal hospitals ¹		Beds in federal government hospitals		Beds in all (federal and non-federal) hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
New York	14,923	11,653	78.1	490	3.3	12,143	81.4
North Carolina	6,844	3,176	46.4	96	1.4	3,272	47.8
North Dakota	495	324	65.5	0	0.0	324	65.5
Ohio	8,755	3,320	37.9	370	4.2	3,690	42.1
Oklahoma	2,710	1,582	58.4	47	1.7	1,629	60.1
Oregon	2,867	1,119	39.0	0	0.0	1,119	39.0
Pennsylvania	9,705	5,970	61.5	175	1.8	6,145	63.3
Rhode Island	821	282	34.3	17	2.1	299	36.4
South Carolina	3,358	1,320	39.3	15	0.4	1,335	39.8
South Dakota	599	420	70.1	15	2.5	435	72.6
Tennessee	4,694	2,566	54.7	32	0.7	2,598	55.4
Texas	17,190	7,063	41.1	0	0.0	7,063	41.1
Utah	1,834	783	42.7	21	1.1	804	43.8
Vermont	489	191	39.0	10	2.0	201	41.1
Virginia	5,883	3,101	52.7	22	0.4	3,123	53.1
Washington	4,916	1,778	36.2	184	3.7	1,962	39.9
West Virginia	1,423	817	57.4	0	0.0	817	57.4
Wisconsin	4,277	2,038	47.6	18	0.4	2,056	48.1
Wyoming	397	283	71.3	203	51.1	486	122.4

¹ "Beds in all non-federal hospitals" is the sum of beds from Tables 104 and 105.

NOTES: The data exclude all children's hospitals. Data represent "staffed beds," beds regularly available (those set up and staffed for use) within the reporting period.

As an example of how to interpret the estimates in the table, in FY 2007, there were 113,988 adult inpatient psychiatric beds in all non-federal hospitals.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the states 2009: A report on America's health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 107. Facilities, clients, beds, and utilization of substance abuse treatment facilities with residential (non-hospital) and hospital inpatient care, by state or jurisdiction: number and percentage, United States, 2011

[Data are based on an annual census of all treatment facilities in the United States]

State or jurisdiction ¹	Residential (non-hospital)					Hospital inpatient				
	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility
Total	3,058	101,252	104,798	96.6	34	476	11,161	11,637	95.9	24
Alabama	27	897	910	98.6	34	3	29	53	54.7	18
Alaska	22	306	350	87.4	16	1	4	4	100.0	4
Arizona	44	1,275	1,579	80.7	36	10	258	219	117.8	22
Arkansas	24	653	703	92.9	29	5	42	78	53.8	16
California	510	13,879	14,841	93.5	29	33	738	962	76.7	29
Colorado	53	1,624	1,529	106.2	29	5	64	82	78.0	16
Connecticut	47	1,295	1,414	91.6	30	9	235	259	90.7	29
Delaware	8	164	175	93.7	22	2	53	76	69.7	38
District of Columbia	9	454	603	75.3	67	1	36	11	327.3	11
Federated States of Micronesia	0	0	0	0	0	0	0	0	0	0
Florida	171	6,123	6,425	95.3	38	24	554	601	92.2	25
Georgia	62	1,910	2,214	86.3	36	14	419	376	111.4	27
Guam	4	52	62	83.9	16	0	0	0	0	0
Hawaii	11	399	451	88.5	41	0	0	0	0	0
Idaho	12	225	190	118.4	16	2	207	47	440.4	24
Illinois	98	2,788	3,229	86.3	33	19	236	393	60.1	21
Indiana	24	512	593	86.3	25	17	203	287	70.7	17
Iowa	29	625	686	91.1	24	1	4	12	33.3	12
Kansas	25	710	853	83.2	34	2	11	13	84.6	7
Kentucky	51	1,826	2,089	87.4	41	11	297	294	101.0	27

(continued)

Table 107. Facilities, clients, beds, and utilization of substance abuse treatment facilities with residential (non-hospital) and hospital inpatient care, by state or jurisdiction: number and percentage, United States, 2011 *(continued)*

State or jurisdiction ¹	Residential (non-hospital)					Hospital inpatient				
	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility
Louisiana	44	1,554	1,797	86.5	41	3	43	57	75.4	19
Maine	20	377	310	121.6	16	3	37	60	61.7	20
Maryland	68	2,277	2,662	85.5	39	11	391	350	111.7	32
Massachusetts	112	3,861	3,142	122.9	28	21	810	705	114.9	34
Michigan	74	5,062	4,476	113.1	60	9	130	211	61.6	23
Minnesota	115	4,331	3,842	112.7	33	5	39	73	53.4	15
Mississippi	28	700	899	77.9	32	10	323	207	156.0	21
Missouri	48	1,165	1,152	101.1	24	4	80	76	105.3	19
Montana	12	316	208	151.9	17	2	17	18	94.4	9
Nebraska	37	754	902	83.6	24	1	2	3	66.7	3
Nevada	15	656	608	107.9	41	4	78	131	59.5	33
New Hampshire	17	556	314	177.1	18	1	6	15	40.0	15
New Jersey	53	2,409	2,671	90.2	50	12	283	372	76.1	31
New Mexico	23	679	546	124.4	24	3	138	67	206.0	22
New York	244	10,350	11,029	93.8	45	73	1,808	1,855	97.5	25
North Carolina	61	1,885	2,006	94.0	33	17	392	495	79.2	29
North Dakota	19	571	515	110.9	27	3	50	146	34.2	49
Ohio	77	1,770	1,927	91.9	25	11	391	413	94.7	38
Oklahoma	40	1,320	1,422	92.8	36	6	103	144	71.5	24
Oregon	45	1,468	1,291	113.7	29	1	8	10	80.0	10
Palau	0	0	0	0	0	0	0	0	0	0
Pennsylvania	131	4,616	4,967	92.9	38	19	796	414	192.3	22
Puerto Rico	112	4,716	4,024	117.2	36	4	101	113	89.4	28

(continued)

Table 107. Facilities, clients, beds, and utilization of substance abuse treatment facilities with residential (non-hospital) and hospital inpatient care, by state or jurisdiction: number and percentage, United States, 2011 (continued)

State or jurisdiction ¹	Residential (non-hospital)					Hospital inpatient				
	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility	No. of facilities	No. of clients	No. of designated beds	Utilization rate (%) ²	Designated beds per facility
Rhode Island	14	318	327	97.2	23	3	46	56	82.1	19
South Carolina	14	479	515	93.0	37	11	181	163	111.0	15
South Dakota	18	534	479	111.5	27	6	61	96	63.5	16
Tennessee	53	1,773	1,916	92.5	36	9	108	161	67.1	18
Texas	126	5,285	5,805	91.0	46	26	697	673	103.6	26
Utah	33	898	889	101.0	27	3	90	86	104.7	29
Vermont	5	130	148	87.8	30	4	112	130	86.2	33
Virgin Islands	1	21	25	84.0	25	0	0	0	0	0
Virginia	33	823	884	93.1	27	6	66	73	90.4	12
Washington	51	2,034	2,412	84.3	47	9	208	229	90.8	25
West Virginia	22	749	475	157.7	22	2	76	83	91.6	42
Wisconsin	51	836	1,065	78.5	21	13	87	165	52.7	13
Wyoming	11	262	252	104.0	23	2	13	20	65.0	10

¹ Facilities operated by federal agencies are included in the states in which the facilities are located.

² Because substance abuse treatment clients may also occupy non-designated beds, utilization rates may be more than 100 percent.

NOTE: As an example of how to interpret the estimates in the table, the first three cells indicate that, in 2010, there were 3,058 facilities, 101,252 clients, and 104,798 designated beds in residential non-hospital substance abuse facilities in the United States.

SOURCE: National Mental Health Services Survey (N-MHSS), 2011, Substance Abuse and Mental Health Services Administration.

5. TABLES

5.3 Behavioral Health Treatment Capacity

5.3.1 Behavioral Health Workforce

5.3.2 Behavioral Health Treatment Facilities—General

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Community Health Centers***

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*5.3.5 Behavioral Health Treatment Capacity for Children
Aged 17 or Younger*

5.3.6 Behavioral Health Treatment Capacity for Special Populations

5.3.7 Behavioral Health Treatment and Prevention Policies

Table 108. Community health centers (CHCs) with on-site mental health and substance abuse treatment services: number and percentage, United States, 1998–2007

[Data are based on reporting from federally funded CHCs]

Year	CHCs (number)	CHCs with specialty mental health services ¹ on site (percent)	CHCs with crisis services on site (percent)	CHCs with substance abuse treatment on site (percent)
1998	694	53	17	43
1999	690	54	16	43
2000	730	58	18	44
2001	748	62	17	46
2002	843	67	19	48
2003	890	70	20	50
2004	914	72	19	48
2005	952	74	20	50
2006	1,002	76	20	51
2007	1,067	77	20	51

¹ Specialty mental health services were defined in the Uniform Data System documentation as “mental health therapy, counseling, or other treatment provided by a mental health professional.”

NOTES: Community health centers (CHCs) are community-based and patient-directed (i.e., governed by a community board composed of a majority of health care patients who represent the population served) organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas. (See U.S. Department of Health and Human Services, Health Resources Services Administration [HRSA]. What is a health center? Available at: <http://bphc.hrsa.gov/about/>.) “Grantees” refers to receipt of a grant from HRSA to deliver services. A CHC may be counted in more than one service type.

As an example of how to interpret the estimates in the table, in 1998, 694 federally funded CHCs offered on-site behavioral health services in the United States.

SOURCES: Grantees Uniform Data System National Rollup Report, 2007, Health Resources Services Administration.

Wells, R., Morrissey, J. P., Lee, I.-H., & Radford, A. (2010). Trends in behavioral health care service provision by community health centers, 1998–2007. *Psychiatric Services*, 61(8), 759–764. Reprinted with permission from *Psychiatric Services* (Copyright©2010). American Psychiatric Association.

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Tables 109–111

5.3.6 Behavioral Health Treatment Capacity for Special Populations

5.3.7 Behavioral Health Treatment and Prevention Policies

Table 109. Schools that provided mental health or social services and methods of service delivery: percentage, United States, 2006

[Data are based on a survey of schools]

Type of service	Percent
Mental health or social service¹	
Alcohol or other drug use treatment ²	53.8
Counseling after a natural disaster or other emergency or crisis situation	94.2
Counseling for emotional or behavioral disorders (e.g., anxiety, depression, attention-deficit/hyperactivity disorder)	86.2
Crisis intervention for personal problems	95.4
Eating disorders treatment ²	46.2
Identification of emotional or behavioral disorders (e.g., anxiety, depression, attention-deficit/hyperactivity disorder)	81.7
Identification of or referral for physical, sexual, or emotional abuse	93.8
Identification of or referral for students with family problems	94.0
Services for gay, lesbian, or bisexual students ²	59.0
Stress management	83.6
Method of service delivery¹	
Case management for students with chronic health conditions (e.g., asthma, diabetes)	40.3
Case management for students with emotional or behavioral problems (e.g., anxiety, depression, attention-deficit/hyperactivity disorder)	83.7
Comprehensive assessment or intake evaluation	65.1
Family counseling	49.7
Group counseling	78.6
Individual counseling	92.9
Peer counseling or mediation	67.9
Self-help or support groups	64.4

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

² Only asked in middle schools and high schools.

NOTES: As an example of how to interpret the estimates in the table, in 2006, 53.8 percent of surveyed U.S. middle and high schools offered alcohol or other drug use treatment.

SOURCE: Brener, N. D., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the School Health Policies and Programs Study 2006. *Journal of School Health, 77*(8), 486–499. This material is reproduced with permission of John Wiley & Sons, Inc.

Table 110. Residential treatment facilities and filled residential treatment beds for children with emotional disturbance: number and number per 100,000 population, United States, selected years 1986–2008

[Data from 1986–2004 are based on reporting by a sample of mental health organizations and general hospitals with separate psychiatric services; data from 2008 are based on reporting by a sample of mental health facilities]

Year	Number of treatment centers	Number of filled residential treatment beds	Filled beds per 100,000 civilian population ¹
1986	437	24,547	10.3
1990	501	35,170	13.9
1992	497	34,952	13.7
1994	472	32,691	12.4
1998	462	32,040	11.2
2000	476	33,508	11.7
2002	510	39,407	13.5
2004	458	33,835	11.4
2008	551	48,346	15.9

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

NOTE: As an example of how to interpret the estimates in the table, in 1986, there were 437 residential treatment facilities for children with emotional disturbance in the United States.

SOURCES: Survey of Mental Health Organizations, 1986–2004, Substance Abuse and Mental Health Services Administration.

National Survey of Mental Health Treatment Facilities, 2008, Substance Abuse and Mental Health Services Administration.

Table 111. Facilities with substance abuse services for juvenile offenders, by type of program/service: percentage, United States, 2005

[Data are based on a study of substance abuse treatment for juvenile offenders]

Type of program/service	Percentage with program ¹				Percentage of average daily population ²			
	Residential facilities (n = 49)	Jails (n = 32)	Community corrections (n = 60)	All facilities (n = 141)	Residential facilities (n = 49)	Jails (n = 32)	Community corrections (n = 60)	All facilities (n = 141)
Drug/alcohol education	88.1	63.2	80.2	75.2	30.0	41.7	8.2	21.3
Substance abuse group, 1–4 hours/week	50.7	12.6	54.0	39.8	30.0	30.0	2.5	13.6
Substance abuse group, 2–5 hours/week	42.2	7.9	25.9	21.3	13.0	70.0	0.9	98.5
Therapeutic community—segregated ³	23.5	43.8	2.2	18.0	18.0	20.8	100.0	20.8
Therapeutic community—nonsegregated ⁴	10.0	5.5	5.7	6.0	100.0	30.0	0.4	11.6
Relapse prevention	51.2	7.4	43.6	32.1	30.0	58.5	2.1	5.7
Case management	32.5	6.8	27.4	21.2	66.3	66.7	10.9	10.9

¹ “Percentage with program” refers to the percentage of facilities that provide the specified program or service.

² “Percentage of average daily population” refers to the median percentage of the average daily population in the facilities with programs who attend the program on a typical day.

³ A segregated therapeutic community is a treatment-intensive institutional program for offenders with substance use problems.

⁴ A nonsegregated therapeutic community is a treatment-intensive institutional program for all offenders.

NOTES: Estimates are weighted.

As an example of how to interpret the estimates in the table, in 2005, 88.1 percent of U.S. facilities with substance abuse services for juvenile offenders offered drug/alcohol education.

SOURCE: Young, D. W., Dembo, R., & Henderson, C. E. (2007). A national survey of substance abuse treatment for juvenile offenders. *Journal of Substance Abuse Treatment*, 32, 255–266.

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5.3.7 Behavioral Health Treatment and Prevention Policies

Table 112. Select mental health and substance abuse services provided at Veterans Health Administration facilities, by type of facility: percentage, United States, 2007 and 2009

[Data are based on a sample of the Veterans Health Administration population]

Facility type	Psychotherapy		Pharmacotherapy		Posttraumatic stress disorder services		Substance abuse services	
	2007 (n = 138) (percent)	2009 (n = 139) (percent)	2007 (n = 138) (percent)	2009 (n = 139) (percent)	2007 (n = 138) (percent)	2009 (n = 139) (percent)	2007 (n = 138) (percent)	2009 (n = 139) (percent)
Veterans Administration Medical Center								
Clinic hours	99	99	98	99	96	96	95	96
After hours	36	81	33	65	40	76	44	73
Community-Based Outpatient Clinic								
Clinic hours	87	88	85	87	64	75	50	64
After hours	5	14	3	10	6	12	5	9

NOTE: As an example of how to interpret the estimates in the table, in 2007, 99 percent of Veterans Administration Medical Centers offered psychotherapy during clinic hours.

SOURCE: Watkins, K. E., Pincus, H. A., Smith, B., Paddock, S. M., Mannle, T. E., Woodroffe, A., ... & Call, C. (2011). *Veterans Health Administration mental health program evaluation: Capstone report*. Santa Monica, CA: RAND Corporation.

Table 113. Nursing homes, home health care agencies, and hospice facilities providing mental health services: percentage, United States, selected years 1999–2007

[Data are based on a nationally representative sample of nursing homes, home health care agencies, and hospice facilities]

Type of facility	1999–2000 ¹ (percent)	2004 ¹ (percent)	2007 ¹ (percent)
Nursing homes	79.5	77.7	...
Regular basis only	...	25.1	...
On-call only	...	24.2	...
Both regular and on-call	...	28.4	...
Home health care only	16.5	...	17.5
Hospice care only	55.0	...	45.0
Home health and hospice care	45.5	...	38.3

... Category not applicable.

¹ The National Nursing Home Survey was conducted in 1999 and 2004. The National Home and Hospice Care Survey was conducted in 2000 and 2007.

NOTES: As an example of how to interpret the estimates in the table, in 1999–2000, approximately 79.5 percent of all U.S. nursing homes provided mental health services.

SOURCES: National Nursing Home Survey, 1999, Centers for Disease Control and Prevention; National Home and Hospice Care Survey, 2007, Centers for Disease Control and Prevention.

Table 114. Clubhouses providing specific services and activities: percentage, United States, 2011

[Data are from an annual survey of clubhouses]

Service/activity	Clubhouse International certified (N = 61) (percent)	Non-Clubhouse International certified (N = 42) (percent)
Reach out (home or hospital visits)	100	86
Supported employment	98	97
Social activities: recreational, sports, and/or cultural	98	88
Low-priced meals	98	86
Help finding housing	98	83
Transitional employment	98	83
Wellness, nutrition, or health promotion activities	98	81
Independent employment	97	83
Education	97	76
Help with obtaining entitlements (e.g., disability insurance)	95	79
Links to physical health care/dental care	92	79
Linkage to colleges and universities	90	76
Political advocacy, board positions, legislative testimony	82	74
Money management	77	69
Arbitration of members' disputes (e.g., landlords, employers, family members)	75	62
Volunteer work to benefit the clubhouse	72	57
Transportation to clubhouse and/or appointments	70	60
Psychiatric medication linkage, advocacy, and/or planning	69	55
Mobile outreach	67	55
Substance use/abuse intervention or education	61	45
Nonreimbursed case management	51	33
Volunteer work to benefit other persons or programs	49	48
Financial assistance with buying food or clothing	48	52
Peer support groups	44	33
Adolescent or young adult services	41	24
Programs/supports for family members	28	21
24-hour crisis coverage	25	17
Reimbursed case management	18	10

NOTES: As an example of how to interpret the estimates in the table, in 2011, 100 percent of the 61 Clubhouse International certified clubhouses offered reach out services (home or hospital visits). Additionally, 86 percent of the 42 non-certified clubhouses offered reach out services.

Services/activities are listed in order of decreasing weighted percentages among ICCD certified clubhouses.

SOURCE: International Survey of Clubhouses, 2011, Clubhouse International.

Table 115. Operational drug and problem solving courts, by model: number, United States, 2004–2009

[Data are from a national survey on drug courts]

Model	2004	2005	2006	2007	2008	2009
Drug court models						
Total	—	1,756	1,926	2,147	2,326	2,459
Adult	—	985	1,115	1,174	1,253	1,317
Juvenile	—	386	408	455	459	476
Family	—	196	229	301	328	322
Designated DWI	—	74	81	110	144	172
Tribal	—	65	67	72	79	89
Federal district	—	4	5	5	25	30
Reentry	—	44	20	24	30	29
Veterans	—	0	0	0	4	19
Campus	—	1	1	6	4	5
Problem-solving court models						
Total	527	—	—	1,037	1,166	1,189
Truancy	131	—	—	304	291	352
Mental health	111	—	—	219	264	288
Domestic violence	141	—	—	185	215	206
Child support	45	—	—	154	113	46
Reentry	16	—	—	28	25	26
Community	23	—	—	30	26	25
Homeless	6	—	—	37	28	25
Prostitution	4	—	—	4	6	8
Gun	2	—	—	4	5	6
Parole violation	5	—	—	12	74	6
Gambling	0	—	—	2	1	1
Integration treatment	17	—	—	20	N/A	N/A
Other	43	—	—	58	118	200

—Data not available.

NOTE: As an example of how to interpret the estimates in the table, in 2005, there were a total of 1,756 total drug court models and 985 adult drug court models in the United States.

SOURCE: Huddleston, W., & Marlowe, D. B. (July 2011). *Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States*. Arlington, VA: National Drug Court Institute.

Table 116. Adult correctional facilities administering selected types of substance use assessments, by type of facility and community referral services offered: number and percentage, United States, 2005

[Data are based on a sample of adult correctional settings]

Facility type and number of community referral services	Type of substance abuse assessment					
	No assessment (n = 92)		Unstandardized only (n = 29)		Some use of standardized instrument (n = 168)	
	Number	Percent	Number	Percent	Number	Percent
All facilities (n = 289)						
None	23	88.5	0	0.0	3	11.5
Low (1 to 3 services)	36	38.7	9	9.7	48	51.6
High (4 to 5 services)	33	19.4	20	11.8	117	68.8
Drug treatment prisons (n = 36)						
None	2	66.7	0	0.0	1	33.3
Low (1 to 3 services)	0	0.0	0	0.0	5	100.0
High (4 to 5 services)	2	7.1	1	3.6	25	89.3
Prisons (n = 62)						
None	9	100.0	0	0.0	0	0.0
Low (1 to 3 services)	12	37.5	3	9.4	17	53.1
High (4 to 5 services)	4	19.0	1	4.8	16	76.2
Jails (n = 41)						
None	4	80.0	0	0.0	1	20.0
Low (1 to 3 services)	5	45.5	0	0.0	6	54.5
High (4 to 5 services)	5	20.0	3	12.0	17	68.0
Community–state (n = 73)						
None	2	66.7	0	0.0	1	33.3
Low (1 to 3 services)	11	57.9	4	21.1	4	21.1
High (4 to 5 services)	12	24.5	6	12.2	31	63.3
Community–local (n = 79)						
None	6	100.0	0	0.0	0	0.0
Low (1 to 3 services)	8	30.8	2	7.7	16	61.5
High (4 to 5 services)	10	21.3	9	19.1	28	59.6

NOTE: As an example of how to interpret the estimates in the table, the first two cells show that, in 2005, 23 facilities with no community referral services also did not administer substance abuse assessments. This represents 88.5 percent of all facilities with no community referral services (the other 11.5 percent of facilities with no community referral services administered substance abuse assessments using some type of standardized instrument, as shown in the sixth cell of the second row).

SOURCE: Taxman, F. S., Cropsey, K. L., Young, D. W., & Wexler, H. (2007). Screening, assessment, and referral practices in adult correctional settings: A national perspective. *Criminal Justice and Behavior*, 34(9), 1216–1234.

5. TABLES

5.3 Behavioral Health Treatment Capacity

5.3.1 Behavioral Health Workforce

5.3.2 Behavioral Health Treatment Facilities—General

5.3.3 Behavioral Health Treatment Facilities—Hospitals

*5.3.4 Behavioral Health Treatment Facilities—
Community Health Centers*

*5.3.5 Behavioral Health Treatment Capacity for Children
Aged 17 or Younger*

5.3.6 Behavioral Health Treatment Capacity for Special Populations

5.3.7 Behavioral Health Treatment and Prevention Policies
Tables 117–121

Table 117. Optional clinical, rehabilitation, and evidence-based services available for adults under Medicaid: number, United States, 2007

[Data are based on a study of states' policies on Medicaid programs]

Service	Number of states offering services
Clinical services	
Crisis intervention	49
Mobile crisis response	19
Crisis stabilization	34
Substance abuse outpatient	40
Substance abuse intensive outpatient	23
Substance abuse ambulatory detoxification	13
Methadone maintenance	16
Partial hospitalization	30
Day treatment (mental health)	31
Day treatment (substance abuse)	14
Rehabilitation services	
Site-based rehabilitation	35
Drop-in centers	2
Clubhouses	6
Employment skills	31
Services at job site	9
Housing skills	16
Education skills	17
Recreation-based services	8
Socialization	8
Natural supports ¹	6
Evidence-based services	
Supported employment	15
Supported housing	9
Supported education	1
Family psychoeducation	13
Illness/disability self-management	19
Integrated mental health/substance abuse treatment	19
Assertive community treatment	33

¹ Natural supports refers to relationships that occur in everyday life.

NOTES: Data indicate the degree to which 50 states and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under federal policy in 2007.

Services listed are optional and not covered by all 50 states. Basic clinical services routinely covered in all states include therapy/counseling; medication administration and management; assessments; evaluations, tests, and treatment planning; and access to care in emergencies. Rehabilitation services covered by all states include skills training services and the provision of services in the person's home or another community location. None of these services are included because they are available in all states.

As an example of how to interpret the estimates in the table, in 2008, 49 states offered crisis intervention (a clinical service) for adults under Medicaid.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on federal rules and state actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

Table 118. Select evidence-based services available for adults under Medicaid, by state: availability of service, United States, 2007

[Data are based on a study of states' policies on Medicaid programs]

State	Supported employment	Supported housing	Supported education	Family psychoeducation	Illness/disability self-management	Integrated mental health/substance abuse treatment	Assertive community treatment
Alabama	N	N	N	N	Y	N	Y
Alaska	N	N	N	N	Y	N	Y
Arizona	Y	N	N	N	N	N	N
Arkansas	N	N	N	N	N	Y	N
California	N	N	N	N	N	Y	N
Colorado	N	N	N	N	N	N	N
Connecticut	N	N	N	N	Y	N	Y
Delaware	N	N	N	Y	N	N	Y
District of Columbia	N	N	N	N	Y	Y	Y
Florida	N	N	N	N	N	N	Y
Georgia	Y	Y	N	Y	N	Y	Y
Hawaii	N	N	N	N	Y	N	Y
Idaho	N	N	N	Y	N	N	N
Illinois	Y	Y	N	N	Y	Y	Y
Indiana	N	N	N	N	N	N	Y
Iowa ¹	Y	N	N	N	N	Y	Y
Kansas	N	N	N	N	Y	N	N
Kentucky	N	N	N	N	N	N	N
Louisiana	N	N	N	N	N	N	N
Maine	Y	N	N	Y	Y	Y	Y
Maryland	Y	Y	N	N	Y	Y	Y
Massachusetts	N	N	N	Y	N	Y	Y
Michigan	Y	Y	N	Y	N	Y	Y
Minnesota	N	N	N	N	Y	N	Y
Mississippi	N	N	N	N	N	N	N
Missouri	N	N	N	N	N	N	N

(continued)

Table 118. Select evidence-based services available for adults under Medicaid, by state: availability of service, United States, 2007 (continued)

State	Supported employment	Supported housing	Supported education	Family psychoeducation	Illness/disability self-management	Integrated mental health/substance abuse treatment	Assertive community treatment
Montana	N	N	N	N	N	N	Y
Nebraska	N	N	N	N	N	N	Y
Nevada ¹	N	N	N	N	N	N	Y
New Hampshire	Y	N	N	N	N	N	N
New Jersey	N	N	N	N	N	N	Y
New Mexico	N	N	N	N	Y	N	Y
New York	Y	Y	N	Y	Y	Y	Y
North Carolina	N	N	N	Y	N	N	Y
North Dakota	N	N	N	N	N	Y	N
Ohio	N	N	N	Y	N	N	N
Oklahoma	N	N	N	Y	Y	N	Y
Oregon	Y	Y	N	N	Y	Y	Y
Pennsylvania	Y	N	Y	Y	Y	Y	Y
Rhode Island	Y	Y	N	N	N	N	Y
South Carolina	N	N	N	N	N	N	N
South Dakota	N	N	N	N	N	N	Y
Tennessee	Y	Y	N	N	Y	Y	Y
Texas	N	N	N	N	N	N	N
Utah	N	N	N	N	N	N	N
Vermont	Y	Y	N	Y	Y	Y	Y
Virginia	Y	N	N	N	Y	Y	Y
Washington	N	N	N	N	N	N	Y
West Virginia	N	N	N	N	N	N	Y
Wisconsin	N	N	N	Y	N	Y	Y
Wyoming	N	N	N	N	Y	Y	N

See notes on page 243.

Table 118 notes

N = No

Y = Yes

¹ Iowa and Nevada adjusted Medicaid coverage under the Federal Deficit Reduction Act of 2005. See Bazelon Center for Mental Health Law (2008) for details.

NOTES: Data indicate the degree to which 50 states and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under federal policy in 2007.

As an example of how to interpret the estimates in the table, in 2008, Alabama offered the following evidence-based services for adults under Medicaid: illness/disability self-management and assertive community treatment.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on federal rules and state actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

Table 119. Prescription drug monitoring programs (PDMPs), by state: pilot year and program features, United States, 2012

[Data are based on state PDMPs]

State	Features of the current program		Features of the state statute		
	Year became operational ¹	Covers most drugs that have a safe and acceptable use ²	Can monitor non-controlled substances	Requires committee oversight of PDMP operations	Does not require practitioners to access data before prescribing or dispensing
Alabama	2006	Y	N	Y	N
Alaska	2011	Y ³	N	N	Y
Arizona	2008	Y	N	Y	Y
Arkansas	---	...	N	N	N
California	2005	Y	N	N	N
Colorado	2008	Y	N	Y	N
Connecticut	2008	Y	N	Y	N
Delaware	2012	Y	N	N	N
Florida	2011	Y	N	Y	N
Georgia	---	...	N	N	N
Hawaii	2002	Y	N	N	N
Idaho	2004	Y	Y	N	Y
Illinois	2011	Y	N	Y	Y
Indiana	2008	Y	N	Y	Y
Iowa	2009	Y	N	Y	N
Kansas	2011	Y	Y	Y	Y
Kentucky	2005	Y	N	N	N
Louisiana	2009	Y	Y	Y	N
Maine	2004	Y	N	N	N
Maryland	---	...	N	N	N
Massachusetts	2010	Y	N	Y	N
Michigan	2003	Y	N	Y	N
Minnesota	2010	Y	N	Y	N
Mississippi	2009	Y	Y	N	N
Missouri	---	...	N	N	N

(continued)

Table 119. Prescription drug monitoring programs (PDMPs), by state: pilot year and program features, United States, 2012
(continued)

State	Features of the current program		Features of the state statute		
	Year became operational ¹	Covers most drugs that have a safe and acceptable use ²	Can monitor non-controlled substances	Requires committee oversight of PDMP operations	Does not require practitioners to access data before prescribing or dispensing
Montana	---	...	N	N	N
Nebraska	---	...	N	N	N
Nevada	1997	Y	N	N	N
New Hampshire	---	...	N	N	N
New Jersey	2011	Y	Y	N	N
New Mexico	2005	Y	N	N	N
New York	2006	Y	N	N	N
North Carolina	2007	Y	N	N	N
North Dakota	2007	Y	Y	Y	Y
Ohio	2006	Y	Y	N	Y
Oklahoma	2006	Y	N	N	Y
Oregon	2011	Y	N	Y	Y
Pennsylvania	1973	N ⁴	N	N	N
Rhode Island	1997	N ⁵	N	N	N
South Carolina	2008	Y	N	N	Y
South Dakota	2012	Y	N	Y	Y
Tennessee	2006	Y	N	Y	N
Texas ⁶	2008	Y	N	N	N
Utah	1995	Y	N	N	N
Vermont	2009	Y	N	Y	N
Virginia	2006	Y	N	Y	N
Washington	2011	Y	Y	N	N
West Virginia	1995 ⁷	Y	N	N	Y
Wisconsin	---	...	N	N	Y
Wyoming	2004	Y	Y	N	Y

See notes on page 246.

Table 119 notes

N = No.

Y = Yes.

--- Data not available.

... Category not applicable.

¹ See the University of Wisconsin-Madison Pain & Policy Studies Group website for information on when previous PDMPs were enacted: http://www.painpolicy.wisc.edu/sites/www.painpolicy.wisc.edu/files/PMP_matrix_2012.pdf

² In this column, states are marked “N” if their PDMP does not cover schedule II, III, or IV drugs. States are marked “Y” if their PDMP covers drugs categorized in schedule II or lower risk categories. **Schedule I** drugs (e.g., heroin) have no safe and acceptable use and cannot be prescribed. **Schedule II** drugs have a high abuse risk, but also have safe and accepted medical uses in the United States. These drugs can cause severe psychological or physical dependence. Schedule II drugs include certain narcotic, stimulant, and depressant drugs. Some examples are morphine, cocaine, oxycodone (Percodan®), methylphenidate (Ritalin®), and dextroamphetamine (Dexedrine®). **Schedule III, IV, or V** drugs have a lower abuse risk than schedule II drugs and have safe and accepted medical uses in the United States. Schedule III, IV, or V drugs contain smaller amounts of certain narcotic and non-narcotic drugs, anti-anxiety drugs, tranquilizers, sedatives, stimulants, and non-narcotic analgesics. Some examples are acetaminophen with codeine (Tylenol® No.3), paregoric, hydrocodone with acetaminophen (Vicodin®), diazepam (Valium®), alprazolam (Xanax®), propoxyphene (Darvon®), and pentazocine (Talwin®).

³ The Alaska program covers schedule I, II, III, IV, and V drugs under federal law and covers schedule IA, IIA, IIIA, IVA, and VA drugs under state law.

⁴ The Pennsylvania program covers schedule II drugs only.

⁵ The Rhode Island program covers schedule II and III drugs but not schedule IV drugs.

⁶ Prescribers in Texas are required to obtain state-issued prescription forms.

⁷ The West Virginia program was discontinued in 1998 but reauthorized in 2002.

NOTES: The information in this table comes from two sources. The information in the first two columns is from the University of Wisconsin-Madison Pain & Policy Studies Group website (http://www.painpolicy.wisc.edu/sites/www.painpolicy.wisc.edu/files/PMP_matrix_2012.pdf) and is current as of March 26, 2012. The information from the remaining three columns comes from the KASPER report and is current as of June 2010.

As an example of how to interpret the estimates in the table, Alabama’s PDMP became operational in 2006, covers most drugs that have a safe and acceptable use, and the state statute requires committee oversight of PDMP operations.

SOURCES: University of Wisconsin-Madison Pain & Policy Studies Group. (2012). *43 states with operational prescription monitoring*. Madison, WI: The University of Wisconsin-Madison, Pain & Policy Studies Group. Retrieved from http://www.painpolicy.wisc.edu/sites/www.painpolicy.wisc.edu/files/PMP_matrix_2012.pdf

Kentucky All Schedule Prescription Electronic Reporting Program (KASPER) Evaluation Team. (June 2010). *Review of prescription drug monitoring programs in the United States*. Lexington, KY: University of Kentucky, Department of Pharmacy Practice and Science, College of Pharmacy, Institute for Pharmaceutical Outcomes and Policy. Retrieved from <http://chfs.ky.gov/NR/rdonlyres/85989824-1030-4AA6-91E1-7F9E3EF68827/0/KASPEREvaluationPDMPStatusFinalReport6242010.pdf>

Table 120. Optional clinical, rehabilitation, and evidence-based services available for children under Medicaid: number, United States, 2007

[Data are based on a study of states' policies on Medicaid programs]

Service	Number of states offering service
Clinical services	
Crisis intervention	50
Mobile crisis response	22
Crisis stabilization	32
Substance abuse outpatient	41
Substance abuse intensive outpatient	24
Substance abuse ambulatory detoxification	8
Methadone maintenance	11
Partial hospitalization	25
Day treatment (mental health)	40
Day treatment (substance abuse)	9
Rehabilitation services	
Natural supports ¹	5
Employment skills	19
Education skills	17
Services in schools	40
School day treatment	7
After school	5
Summer programs	3
Recreation-based services	8
Socialization	5
Housing skills	3
Therapeutic nursery	4
Early intervention services (ages 0–3)	11
Transition services (child to adult)	6
Evidence-based services	
Intensive in-home services	34
Therapeutic foster care	31
Multi-systemic therapy	17
Wrap-around	13
Family psychoeducation	31
Integrated mental health/substance abuse treatment	14
Illness/disability self-management	8
Supported education	0
Supported employment	5
Supported housing	3
Assertive community treatment	8

See notes on page 248.

Table 120 notes

¹ Natural supports refers to relationships that occur in everyday life.

NOTES: Data indicate the degree to which 50 states and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under federal policy in force in 2007.

Services listed are optional and not covered by all 50 states. Basic clinical services routinely covered in all states include therapy/counseling, medication administration and management, assessments, evaluations and tests and treatment planning, and access to care in emergencies. Rehabilitation services covered by all states include skills training services and the provision of services in the person's home or another community location. None of these services are included because they are available in all states.

As an example of how to interpret the estimates in the table, in 2008, 50 states offered crisis intervention (a clinical service) for children under Medicaid.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on federal rules and state actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

Table 121. Select evidence-based services available for children under Medicaid, by state: availability of service, United States, 2007

[Data are based on a study of states' policies on Medicaid programs]

State	Intensive in-home services	Therapeutic foster care	Multi-systemic therapy	Wrap-around	Family psycho-education	Integrated mental health/substance abuse treatment	Illness/disability self-management	Supported education	Supported employment	Supported housing	Assertive community treatment
Alabama	Y	N	N	N	Y	N	Y	N	N	N	N
Alaska	N	Y	N	N	Y	N	N	N	N	N	N
Arizona	Y	Y	Y	N	Y	N	N	N	N	N	N
Arkansas	Y	Y	N	N	N	N	N	N	N	N	N
California	N	N	Y	N	N	N	N	N	N	N	N
Colorado	Y	N	N	N	N	N	N	N	N	N	N
Connecticut	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Delaware	Y	Y	N	N	Y	N	N	N	N	N	N
District of Columbia	Y	N	Y	N	Y	Y	N	N	N	N	N
Florida	Y	Y	N	N	Y	N	N	N	N	N	N
Georgia	Y	Y	N	Y	Y	Y	N	N	N	N	N
Hawaii	Y	Y	Y	N	Y	Y	N	N	N	N	N
Idaho	N	N	N	N	N	N	N	N	N	N	N
Illinois	Y	Y	N	N	N	N	Y	N	N	N	N
Indiana	N	N	Y	N	N	N	N	N	N	N	N
Iowa ¹	N	N	N	N	Y	N	N	N	N	N	N
Kansas	Y	Y	N	N	Y	N	N	N	N	N	N
Kentucky	Y	Y	Y	N	N	N	N	N	N	N	N
Louisiana	Y	N	N	N	N	N	N	N	N	N	N
Maine	Y	Y	Y	Y	Y	N	N	N	N	N	Y
Maryland	Y	Y	Y	N	N	Y	Y	N	Y	Y	N
Massachusetts	Y	N	N	N	Y	Y	N	N	N	N	Y
Michigan	Y	N	Y	Y	Y	N	N	N	N	N	N
Minnesota	N	Y	N	N	N	N	N	N	N	N	N
Mississippi	Y	N	N	Y	N	N	N	N	N	N	N

(continued)

Table 121. Select evidence-based services available for children under Medicaid, by state: availability of service, United States, 2007 (continued)

State	Intensive in-home services	Therapeutic foster care	Multi-systemic therapy	Wrap-around	Family psycho-education	Integrated mental health/substance abuse treatment	Illness/disability self-management	Supported education	Supported employment	Supported housing	Assertive community treatment
Missouri	Y	Y	N	Y	Y	N	N	N	N	N	N
Montana	N	Y	N	N	N	N	N	N	N	N	N
Nebraska	Y	Y	N	N	Y	Y	N	N	N	N	N
Nevada ¹	Y	Y	Y	Y	Y	N	N	N	N	N	N
New Hampshire	N	N	N	N	N	N	N	N	Y	N	N
New Jersey	N	Y	Y	Y	Y	Y	Y	N	N	N	N
New Mexico	Y	Y	Y	N	Y	N	Y	N	N	N	Y
New York	N	N	N	N	N	N	N	N	N	N	N
North Carolina	Y	Y	Y	N	Y	N	N	N	N	N	N
North Dakota	Y	Y	N	N	N	N	N	N	N	N	N
Ohio	Y	N	N	N	Y	N	N	N	N	N	N
Oklahoma	N	Y	N	N	Y	N	N	N	N	N	N
Oregon	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Pennsylvania	Y	Y	Y	Y	Y	Y	N	N	N	N	N
Rhode Island	N	Y	N	N	N	N	N	N	N	N	N
South Carolina	Y	Y	N	N	Y	N	N	N	N	N	N
South Dakota	Y	N	N	N	Y	N	N	N	N	N	N
Tennessee	Y	N	N	N	Y	Y	N	N	Y	N	Y
Texas	N	N	N	Y	Y	N	N	N	N	N	N
Utah	N	Y	N	N	Y	N	N	N	N	N	N
Vermont	Y	Y	N	N	Y	Y	N	N	N	N	N
Virginia	Y	Y	Y	Y	N	N	Y	N	Y	N	Y
Washington	N	N	N	N	N	N	N	N	N	N	N
West Virginia	N	N	N	N	N	N	N	N	N	N	N
Wisconsin	Y	N	N	N	Y	Y	N	N	N	N	Y
Wyoming	N	Y	N	Y	N	Y	N	N	N	N	N

See notes on page 251.

Table 121 notes

N = No

Y = Yes

¹ Iowa and Nevada adjusted Medicaid coverage under the Federal Deficit Reduction Act of 2005. See Bazelon Center for Mental Health Law (2008) for details.

NOTES: Data indicate the degree to which 50 states and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under federal policy in 2007.

As an example of how to interpret the estimates in the table, the first row shows that, in 2008, Alabama offered the following evidence-based services for children under Medicaid: intensive in-home services, family psycho-education, and illness/disability self-management.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on federal rules and state actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

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5. TABLES

5.4 Payers and Payment Mechanisms

5.4.1 Behavioral Health Expenditures: Overview

Tables 122–129

5.4.2 *Revenues and Expenditures by Public Funding Source*

5.4.3 *Veterans Behavioral Health*

5.4.4 *State Mental Health and Substance Abuse Agencies*

5.4.5 *Private Employer-Sponsored Behavioral Health Benefits*

5.4.6 *Readmissions*

5.4.7 *Prescription Medications*

5.4.8 *Special Populations*

Table 122. Mental health and substance abuse expenditures, by payer: expenditures, United States, 1990, 2000, and 2009

[Estimates are derived from several data sources]

Type of payer	Mental health (millions of dollars)			Substance abuse (millions of dollars)		
	1990	2000	2009	1990	2000	2009
Total expenditures¹	\$74,587	\$105,637	\$155,261	\$19,225	\$21,364	\$25,640
Private—total	32,528	42,197	62,079	7,590	5,451	8,065
Out-of-pocket ²	11,878	13,636	17,079	1,812	1,753	2,717
Private insurance ³	16,467	25,635	40,780	4,758	2,907	4,058
Other private ⁴	4,183	2,926	4,220	1,020	791	1,290
Public—total ⁵	42,059	63,440	93,183	11,636	15,913	17,574
Medicare ⁶	4,798	8,646	20,381	723	982	1,261
Medicaid ^{7,8}	12,825	27,889	41,158	2,053	4,106	5,434
Other federal ⁹	4,066	5,088	8,220	2,883	3,530	2,833
Other state and local ^{8,9}	20,369	21,818	23,423	5,977	7,295	8,047
All federal¹⁰	16,272	29,890	55,743	4,794	6,895	7,682
All state¹¹	25,787	33,550	37,439	6,840	9,018	9,892

¹ Total expenditures are the sum of private (i.e., out-of-pocket, private insurance, and other private) and public (i.e., Medicare, Medicaid, other federal, and other state and local) expenditures.

² Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by private or public insurance.

³ Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to service providers or for prescription medications, and for the administrative costs and profits of health plans.

⁴ Other private includes spending from philanthropic and other nonpatient revenue sources.

⁵ Public expenditures are the sum of Medicare, Medicaid, other federal, and other state and local. Public expenditures are also the sum of all federal and all state expenditures.

⁶ Medicare is the federal government program that provides health insurance coverage to eligible aged and disabled persons.

⁷ Medicaid is a program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources.

⁸ The Children's Health Insurance Program (CHIP) is distributed across Medicaid, other federal, and other state and local categories, depending on whether CHIP was run through Medicaid or as a separate state program.

⁹ Other state and local accounts for programs funded primarily through state and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration Block Grant expenditures are included in other federal expenditures. However, these funds are distributed from the federal government to state and local governments that then distribute them to providers.

¹⁰ All federal includes the federal share of Medicaid.

¹¹ All state includes the state and local share of Medicaid.

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1990, mental health expenditures in the United States totaled \$74,587 million.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 123. All health, mental health, and substance abuse expenditures, by payer: expenditures and percentage share, United States, 1990 and 2009

[Estimates are derived from several data sources]

Type of provider	1990					2009				
	All health ¹ (millions of dollars)	Mental health (millions of dollars)	Substance abuse (millions of dollars)	Mental health share of all health expenditures (percent)	Substance abuse share of all health expenditures (percent)	All health ¹ (millions of dollars)	Mental health (millions of dollars)	Substance abuse (millions of dollars)	Mental health share of all health expenditures (percent)	Substance abuse share of all health expenditures (percent)
Total expenditures¹	\$1,078,198	\$74,587	\$19,225	6.9%	1.8%	\$2,454,638	\$155,261	\$25,640	6.3%	1.0%
Private—total	645,740	32,528	7,590	5.0	1.2	1,252,351	62,079	8,065	5.0	0.6
Out-of-pocket ²	221,591	11,878	1,812	5.4	0.8	315,349	17,079	2,717	5.4	0.9
Private insurance ³	373,500	16,467	4,758	4.4	1.3	844,025	40,780	4,058	4.8	0.5
Other private ⁴	50,648	4,183	1,020	8.3	2.0	92,978	4,220	1,290	4.5	1.4
Public—total ⁵	432,458	42,059	11,636	9.7	2.7	1,202,286	93,183	17,574	7.8	1.5
Medicare ⁶	175,909	4,798	723	2.7	0.4	529,143	20,381	1,261	3.9	0.2
Medicaid ^{7,8}	117,602	12,825	2,053	10.9	1.7	396,998	41,158	5,434	10.4	1.4
Other federal ⁸	45,876	4,066	2,883	8.9	6.3	117,982	8,220	2,833	7.0	2.4
Other state and local ^{8,9}	93,070	20,369	5,977	21.9	6.4	158,164	23,423	8,047	14.8	5.1
All federal¹⁰	289,809	16,272	4,794	5.6	1.7	909,482	55,743	7,682	6.1	0.8
All state¹¹	142,649	25,787	6,840	18.1	4.8	292,804	37,439	9,892	12.8	3.4

See notes on page 256.

Table 123 notes

- ¹ Total expenditures are the sum of private (i.e., out-of-pocket, private insurance, and other private) and public (i.e., Medicare, Medicaid, other federal, and other state and local) expenditures. For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.
- ² Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by private or public insurance.
- ³ Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to service providers or for prescription medications, and for the administrative costs and profits of health plans.
- ⁴ Other private includes spending from philanthropic and other nonpatient revenue sources.
- ⁵ Public expenditures are the sum of Medicare, Medicaid, other federal, and other state and local. Public expenditures are also the sum of all federal and all state expenditures.
- ⁶ Medicare is the federal government program that provides health insurance coverage to eligible aged and disabled persons.
- ⁷ Medicaid is a program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources.
- ⁸ The Children's Health Insurance Program (CHIP) is distributed across Medicaid, other federal, and other state and local categories, depending on whether CHIP was run through Medicaid or as a separate state program.
- ⁹ Other state and local accounts for programs funded primarily through state and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration Block Grant expenditures are included in other federal expenditures. However, these funds are distributed from the federal government to state and local governments that then distribute them to providers.
- ¹⁰ All federal includes the federal share of Medicaid.
- ¹¹ All state includes the state and local share of Medicaid.

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1990, mental health expenditures in the United States totaled \$1,078,198 million, approximately 6.9 percent of all health expenditures.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 124. Distribution of all health, mental health, and substance abuse expenditures, by payer: percentage distribution, United States, 1990, 2000, and 2009

[Estimates are derived from several data sources]

Type of payer	All health (percent)			Mental health (percent)			Substance abuse (percent)		
	1990	2000	2009	1990	2000	2009	1990	2000	2009
Total expenditures¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private—total	59.9	56.0	51.0	43.6	39.9	40.0	39.5	25.5	31.5
Out-of-pocket ²	20.6	15.7	12.8	15.9	12.9	11.0	9.4	8.2	10.6
Private insurance ³	34.6	35.6	34.4	22.1	24.3	26.3	24.7	13.6	15.8
Other private ⁴	4.7	4.7	3.8	5.6	2.8	2.7	5.3	3.7	5.0
Public—total ⁵	40.1	44.0	49.0	56.4	60.1	60.0	60.5	74.5	68.5
Medicare ⁶	16.3	17.4	21.6	6.4	8.2	13.1	3.8	4.6	4.9
Medicaid ⁷	10.9	15.6	16.2	17.2	26.4	26.5	10.7	19.2	21.2
Other federal ⁸	4.3	3.9	4.8	5.5	4.8	5.3	15.0	16.5	11.0
Other state and local ^{8,9}	8.6	7.1	6.4	27.3	20.7	15.1	31.1	34.1	31.4
All federal¹⁰	26.9	30.4	37.1	21.8	28.3	35.9	24.9	32.3	30.0
All state¹¹	13.2	13.6	11.9	34.6	31.8	24.1	35.6	42.2	38.6

See notes on page 258.

Table 124 notes

- ¹ Total expenditures are the sum of private (i.e., out-of-pocket, private insurance, and other private) and public (i.e., Medicare, Medicaid, other federal, and other state and local) expenditures. For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.
- ² Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by private or public insurance.
- ³ Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to service providers or for prescription medications, and for the administrative costs and profits of health plans.
- ⁴ Other private includes spending from philanthropic and other nonpatient revenue sources.
- ⁵ Public expenditures are the sum of Medicare, Medicaid, other federal, and other state and local. Public expenditures are also the sum of all federal and all state expenditures.
- ⁶ Medicare is the federal government program that provides health insurance coverage to eligible aged and disabled persons.
- ⁷ Medicaid is a program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources.
- ⁸ The Children's Health Insurance Program (CHIP) is distributed across Medicaid, other federal, and other state and local categories, depending on whether CHIP was run through Medicaid or as a separate state program.
- ⁹ Other state and local accounts for programs funded primarily through state and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration Block Grant expenditures are included in other federal expenditures. However, these funds are distributed from the federal government to state and local governments that then distribute them to providers.
- ¹⁰ All federal includes the federal share of Medicaid.
- ¹¹ All state includes the state and local share of Medicaid.

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

As an example of how to interpret the estimates in the table, in 1990, private payers accounted for approximately 59.9 percent of all health expenditures in the United States.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 125. Mental health and substance abuse expenditures, by selected type of provider: expenditures, United States, 1990, 2000, and 2009

[Estimates are derived from several data sources]

Selected type of provider	Mental health (millions of dollars)			Substance abuse (millions of dollars)		
	1990	2000	2009	1990	2000	2009
Total expenditures	\$74,587	\$105,637	\$155,261	\$19,225	\$21,364	\$25,640
General hospital, specialty units	9,632	11,726	15,029	3,699	3,350	3,846
General hospital, nonspecialty care	2,146	4,943	8,113	1,089	766	1,869
Specialty hospitals	17,672	14,305	16,716	2,149	1,301	2,201
Psychiatrists	6,385	7,231	8,777	366	351	270
Nonpsychiatric physicians	3,251	5,558	7,985	1,071	672	867
Other professionals ¹	4,422	6,174	8,251	1,686	1,816	2,770
Freestanding nursing homes	9,284	7,416	9,456	281	338	462
Freestanding home health	318	893	2,802	10	35	150
Specialty mental health centers ²	11,303	16,847	22,215	1,169	2,160	1,825
Specialty substance abuse centers	0	0	851	6,688	9,387	8,846
Retail prescription medication ³	6,415	23,973	44,228	14	26	934
Insurance administration ⁴	3,760	6,573	10,838	1,003	1,160	1,601
All specialty service providers ⁵	49,413	56,280	71,839	15,758	18,365	19,756
All nonspecialty service providers ⁶	14,999	18,810	28,356	2,451	1,813	3,348

¹ Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

² Specialty mental health centers include residential treatment centers for children.

³ Retail prescription medication includes mental health medications sold through retail outlets and mail order pharmacies; excluded are sales through hospitals, exclusive-to-patient health maintenance organizations, and nursing home pharmacies.

⁴ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

⁵ All specialty service providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and specialty mental health centers.

⁶ All nonspecialty service providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

Table 125 notes (continued)

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

Dental services and durable and other nondurable medical products are excluded as types of providers.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1990, mental health expenditures in the United States totaled \$74,587 million.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 126. All health, mental health, and substance abuse expenditures, by selected type of provider: expenditures and percentage share, United States, 1990 and 2009

[Estimates are derived from several data sources]

Selected type of provider	1990					2009				
	All health (millions of dollars)	Mental health (millions of dollars)	Substance abuse (millions of dollars)	Mental health share of all health expenditures (percent)	Substance abuse share of all health expenditures (percent)	All health (millions of dollars)	Mental health (millions of dollars)	Substance abuse (millions of dollars)	Mental health share of all health expenditures (percent)	Substance abuse share of all health expenditures (percent)
Total expenditures ¹	\$1,078,198	\$74,587	\$19,225	6.9%	1.8%	\$2,454,638	\$155,261	\$25,640	6.3%	1.0%
Hospitals ²	399,835	29,450	6,937	7.4	1.7	799,657	39,858	7,915	5.0	1.0
Physicians	253,769	9,635	1,437	3.8	0.6	532,934	16,762	1,137	3.1	0.2
Other professionals ³	27,792	4,422	1,686	15.9	6.1	70,351	8,251	2,770	11.7	3.9
Freestanding nursing homes	71,668	9,284	281	13.0	0.4	144,294	9,456	462	6.6	0.3
Freestanding home health	20,064	318	10	1.6	0.0	71,914	2,802	150	3.9	0.2
Other personal and public health ⁴	70,755	11,303	7,857	16.0	11.1	210,520	23,067	10,671	11.0	5.1
Insurance administration ⁵	61,851	3,760	1,003	10.0	0.0	263,265	10,838	1,601	16.8	0.4

¹ Total expenditures do not equal the sum of other expenditures because select categories of expenditures are omitted.

² For behavioral health disorders, there are both general hospitals and specialty hospitals. General hospitals provide nonspecialty care and specialty care, often in specialty units.

³ Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

⁴ For behavioral health care, other personal and public health includes specialty mental health centers and specialty substance abuse centers.

⁵ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

Table 126 notes (continued)

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

Dental services and durable and other nondurable medical products are excluded as types of providers.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1990, mental health expenditures in the United States totaled \$1,078,198 million, approximately 6.9 percent of all health expenditures.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 127. Distribution of mental health and substance abuse expenditures by selected type of provider: percentage distribution, United States, 1990, 2000, and 2009

[Estimates are derived from several data sources]

Selected type of provider	Mental health (percent)			Substance abuse (percent)		
	1990	2000	2009	1990	2000	2009
Total expenditures	100.0	100.0	100.0	100.0	100.0	100.0
General hospital, specialty units ¹	12.9	11.1	9.7	19.2	15.7	15.0
General hospital, nonspecialty care	2.9	4.7	5.2	5.7	3.6	7.3
Specialty hospitals	23.7	13.5	10.8	11.2	6.1	8.6
Psychiatrists	8.6	6.8	5.7	1.9	1.6	1.1
Nonpsychiatric physicians	4.4	5.3	5.1	5.6	3.1	3.4
Other professionals ²	5.9	5.8	5.3	8.8	8.5	10.8
Freestanding nursing homes	12.4	7.0	6.1	1.5	1.6	1.8
Freestanding home health	0.4	0.8	1.8	0.0	0.2	0.6
Specialty mental health centers ³	15.2	15.9	14.3	6.1	10.1	7.1
Specialty substance abuse centers	0.0	0.0	0.5	34.8	43.9	34.5
Retail prescription medication ⁴	8.6	22.7	28.5	0.1	0.1	3.6
Insurance administration ⁵	5.0	6.2	7.0	5.2	5.4	6.2

¹ General hospital specialty units include all spending for mental health care in Veterans Affairs hospitals.

² Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

³ Specialty mental health centers include residential treatment centers for children.

⁴ Retail prescription medication includes mental health medications sold through retail outlets and mail order pharmacies; excluded are sales through hospitals, exclusive-to-patient health maintenance organizations, and nursing home pharmacies.

⁵ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

NOTES: These data include revisions and may differ from data published in *Mental Health, United States, 2010* (SAMHSA, 2012a).

Dental services and durable and other nondurable medical products are excluded as types of providers.

As an example of how to interpret the estimates in the table, in 1990, specialty units in general hospitals accounted for 12.9 percent of all mental health spending.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 128. Mental health and substance abuse treatment expenditures, by site of service: expenditures and percentage distribution, United States, 1990 and 2009

[Estimates are derived from several data sources]

Site of service	Mental health (millions of dollars)		Mental health (percent)		Substance abuse (millions of dollars)		Substance abuse (percent)	
	1990	2009	1990	2009	1990	2009	1990	2009
All service providers	\$64,412	\$100,195	100.0%	100.0%	\$18,208	\$23,105	100.0%	100.0%
Inpatient	27,762	27,151	43.1	27.1	7,298	5,328	40.1	23.1
Outpatient	21,336	50,184	33.1	50.1	6,685	9,919	36.7	42.9
Residential	15,314	22,860	23.8	22.8	4,224	7,857	23.2	34.0

NOTES: Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1990, mental health treatment expenditures across all service providers in the United States totaled \$64,412 million.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *National expenditures for mental health services and substance abuse treatment, 1986–2009*. DHHS Publication No. (SMA) 13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Table 129. Medicare and Medicaid for dual eligibles with chronic physical and mental/cognitive conditions, by selected characteristics: annual per person spending, United States, 2003

[Data are based on a survey of Medicare claimants and claims data of Medicare beneficiaries]

Characteristic	All dual eligibles (millions of dollars)	One physical condition (millions of dollars)	More than one physical condition (millions of dollars)	Dual eligibles with one mental/cognitive condition (millions of dollars)	Dual eligibles with more than one mental/cognitive condition (millions of dollars)	Both a physical and a mental/cognitive condition (millions of dollars)
All dual eligibles						
Medicare	\$10,542	\$15,690	\$28,806	\$11,522	\$18,755	\$37,999
Medicaid	13,238	3,923	14,832	15,813	28,438	16,548
Sum of Medicare and Medicaid	23,780	11,768	13,974	27,335	47,193	21,451
Ages 18–64						
Medicare	9,561	21,574	27,703	7,355	18,264	34,567
Medicaid	13,729	5,026	16,548	14,832	26,354	15,200
Sum of Medicare and Medicaid	23,290	16,548	11,155	22,187	44,619	19,367
Ages 65 or older						
Medicare	11,155	10,419	29,296	14,219	19,245	39,961
Medicaid	12,993	2,942	14,219	16,548	30,032	17,284
Sum of Medicare and Medicaid	24,148	7,477	14,955	30,767	49,277	22,677
Persons with hospital stay						
Medicare	27,580	34,077	45,967	27,703	31,993	52,218
Medicaid	16,180	16,426	29,909	15,445	24,761	31,380
Sum of Medicare and Medicaid	43,761	17,651	15,935	43,148	56,754	20,838
Persons using home and community-based services¹						
Medicare	15,200	57,612	43,761	15,445	20,961	58,347
Medicaid	30,277	6,864	18,755	34,322	45,722	20,103
Sum of Medicare and Medicaid	45,477	50,747	25,006	49,767	66,683	38,244
Persons using institutional care²						
Medicare	14,587	65,825	61,780	9,806	18,387	63,373
Medicaid	47,928	4,903	17,896	44,741	50,257	16,426
Sum of Medicare and Medicaid	62,515	60,921	43,883	54,547	68,644	46,948

See notes on page 266.

Table 129 notes (continued)

¹ Based on Medicaid spending for home and community-based waiver services, personal care services, or home health services.

² Based on Medicaid spending for nursing facility or Intermediate Care Facilities for the Mentally Retarded services.

NOTES: Dollars are rounded to the nearest \$100.

Estimates are based on weighted data from linked 2003 Medicaid Statistical Information System and Medicare Current Beneficiary Survey Access to Care File.

Estimates were adjusted from 2003 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2003, people dually eligible for Medicare and Medicaid with at least one chronic health condition incurred \$10,542 million, or approximately \$10.5 billion of Medicare expenditures.

SOURCE: Kasper, J., O'Malley Watts, M., & Lyons, B. (2010). *Chronic disease and co-morbidity among dual eligibles: Implications for patterns of Medicaid and Medicare service use and spending*. Washington, DC: The Henry J. Kaiser Family Foundation. Retrieved from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8081.pdf>

5. TABLES

5.4 Payers and Payment Mechanisms

5.4.1 Behavioral Health Expenditures: Overview

*5.4.2 **Revenues and Expenditures by Public Funding Source**
Tables 130–141*

5.4.3 Veterans Behavioral Health

5.4.4 State Mental Health and Substance Abuse Agencies

5.4.5 Private Employer-Sponsored Behavioral Health Benefits

5.4.6 Readmissions

5.4.7 Prescription Medications

5.4.8 Special Populations

Table 130. Medicaid beneficiaries and expenditures for people with a mental health diagnosis, by selected characteristics: number, percentage, and expenditures, United States, 2010

[Data are based on a household survey of a nationally representative sample]

Characteristic	Number of Medicaid beneficiaries with a mental health diagnosis	Percentage of Medicaid beneficiaries with a mental health diagnosis ¹	Medicaid expenditures (including prescription medications) accounted for by beneficiaries with a mental health diagnosis (millions of dollars)	Percentage of Medicaid expenditures (including prescription medications) accounted for by beneficiaries with a mental health diagnosis ²	Medicaid expenditures (excluding prescription medications) accounted for by beneficiaries with a mental health diagnosis (millions of dollars)	Percentage of Medicaid expenditures (excluding prescription medications) accounted for by beneficiaries with a mental health diagnosis ²
All	7,977,606	13.8%	\$31,943	28.9%	\$19,757	24.8%
Age						
0–17	2,207,443	9.8	5,927	21.2	3,060	15.9
18 or older	5,770,163	16.4	26,016	31.6	16,697	27.6
Sex						
Female	4,498,448	13.2	21,405	31.4	14,294	27.7
Male	3,479,158	14.6	10,537	25.0	5,463	19.4
Race/ethnicity						
White	5,023,201	16.7	18,812	36.5	10,468	29.6
Black	1,154,378	10.8	4,810	17.5	3,123	14.4
Hispanic	1,251,568	9.7	4,774	20.5	*	*
Other/unknown	548,458	12.7	*	*	*	*

* Estimates are considered unreliable because of low precision.

¹ Denominator is all Medicaid beneficiaries.

² Denominator is all health expenditures. Numerator and denominator exclude dental services, durable medical equipment, and home health services.

Table 130 notes *(continued)*

NOTES: Mental health diagnosis is defined as at least one Medicaid-reimbursed expenditure with one of the following Clinical Classifications Software (CCS) codes: anxiety disorders (651), attention deficit and conduct disorders (652), mood disorders (657), schizophrenia and other psychotic disorders (659), or other mental health disorders (650, 655, 656, 658, 670). CCS codes that were excluded from mental health diagnosis include delirium, dementia, and other cognitive disorders (653); developmental disorders (654); and suicide and self-inflicted injury (662).

Utilization and expenditure estimates derived from the Medical Expenditure Panel Survey (MEPS) often differ from estimates derived from other sources. For example, people residing in a psychiatric facility are not included in the MEPS sample, whereas they are usually included in administrative claims data. For more details, see Bernard et al. (2012).

Expenditure estimates were adjusted from 2010 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret estimates in the table, in 2010, approximately 14 percent of all Medicaid beneficiaries in the United States had a mental health diagnosis.

SOURCE: Medical Expenditure Panel Survey, 2010, Agency for Healthcare Research and Quality.

Table 131. Medicaid beneficiaries and expenditures for people with a mental health diagnosis, by selected characteristics: number and expenditures, United States, 2010

[Data are based on a household survey of a nationally representative sample]

Characteristic	Number of beneficiaries with a mental health diagnosis	Total mental health expenditures, including prescription medications ¹ (millions of dollars)	Average mental health expenditure per beneficiary, including prescription medications ^{1,2} (dollars)	Total mental health expenditures, excluding prescription medications (millions of dollars)	Average mental health expenditure per beneficiary, excluding prescription medications ³ (dollars)
All	7,977,606	\$10,628	\$1,332	\$4,406	\$552
Age					
0–17	2,207,443	3,765	1,705	1,553	703
18 or older	5,770,163	6,864	1,189	2,853	494
Sex					
Female	4,498,448	5,321	1,183	2,537	564
Male	3,479,158	5,307	1,525	1,868	537
Race/ethnicity					
White	5,023,201	6,345	1,263	1,997	398
Black	1,154,378	2,010	1,741	1,186	1,028
Hispanic	1,251,568	1,628	1,301	914	730
Other/unknown	548,458	645	1,176	308	562

* Estimates are considered unreliable because of low precision.

¹ All prescription medications regardless of medical condition for which they are prescribed.

² Average mental health expenditure per beneficiary, including prescription medications, is total mental health expenditure, including prescription medications, divided by the number of beneficiaries with a mental health diagnosis.

³ Average mental health expenditure per beneficiary, excluding prescription medications, is total mental health expenditure, excluding prescription medications, divided by the number of beneficiaries with a mental health diagnosis.

Table 131 notes (*continued*)

NOTES: Mental health diagnosis is defined as at least one Medicaid reimbursed expenditure with one of the following Clinical Classifications Software (CCS) codes: anxiety disorders (651), attention deficit and conduct disorders (652), mood disorders (657), schizophrenia and other psychotic disorders (659), or other mental health disorders (650, 655, 656, 658, 670). CCS codes that were excluded from mental health diagnosis include delirium, dementia, and other cognitive disorders (653); developmental disorders (654); and suicide and self-inflicted injury (662). Expenditures for dental services, durable medical equipment, and home health services are excluded.

Utilization and expenditure estimates derived from the Medical Expenditure Panel Survey (MEPS) often differ from estimates derived from other sources. For example, people residing in a psychiatric facility are not included in the MEPS sample, whereas they are usually included in administrative claims data. For more details, see Bernard et al. (2012).

Expenditure estimates were adjusted from 2010 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2010, approximately 8 million Medicaid beneficiaries in the United States had a mental health diagnosis.

SOURCE: Medical Expenditure Panel Survey, 2010, Agency for Healthcare Research and Quality.

Table 132. Medicaid beneficiaries and expenditures for people with a mental health or substance use disorder diagnosis, including prescription medication expenditures, by diagnostic category and age group: number and expenditures, United States, 2010

[Data are based on a household survey of a nationally representative sample]

Diagnostic category	All ages			Aged 17 or younger			Aged 18 or older		
	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditures per beneficiary (dollars)	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditures per beneficiary (dollars)	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditures per beneficiary (dollars)
Any mental health disorder	7,977,606	\$10,628	\$1,332	2,207,443	\$3,765	\$1,705	5,770,163	\$6,864	\$1,189
Anxiety disorders	2,465,214	1,682	682	274,313	*	*	2,190,901	1,526	697
Attention-deficit/hyperactivity disorder and other disruptive behavior disorders	2,097,154	3,316	1,581	1,748,812	2,569	1,469	348,342	747	2,144
Mood disorders ¹	4,070,153	4,039	992	348,988	*	*	3,721,165	3,473	933
Schizophrenia and other psychotic disorders	393,186	1,132	2,878	*	*	*	363,746	1,026	2,822
Miscellaneous disorders ²	434,746	460	1,057	202,495	*	*	232,251	91	392
Any substance use disorder	220,378	330	1,496	*	*	*	*	180	*

* Estimates are considered unreliable because of low precision.

¹ Mood disorders include bipolar disorders and depressive disorders.

² Miscellaneous disorders include disorders coded as diagnosed in infancy (5.6) and miscellaneous mental disorders (5.15).

Table 132 notes (continued)

NOTES: Mental health diagnosis is defined as at least one Medicaid reimbursed expenditure with one of the following Clinical Classifications Software (CCS) codes: anxiety disorders (651), attention deficit and conduct disorders (652), mood disorders (657), schizophrenia and other psychotic disorders (659), or other mental health disorders (650, 655, 656, 658, 670). CCS codes that were excluded from mental health diagnosis include delirium, dementia, and other cognitive disorders (653); developmental disorders (654); and suicide and self-inflicted injury (662). Substance abuse diagnosis is defined as at least one Medicaid reimbursed expenditure with one of the following CCS codes: alcohol-related disorders (660) and drug use disorders (661). Expenditures for dental services, durable medical equipment, and home health services are excluded. All prescription medications are included, regardless of medical condition for which they are prescribed. For each age category, average behavioral health expenditure per beneficiary is calculated by dividing total behavioral health expenditures by the number of beneficiaries.

Utilization and expenditure estimates derived from the Medical Expenditure Panel Survey (MEPS) often differ from estimates derived from other sources. For example, people residing in a psychiatric facility are not included in the MEPS sample, whereas they are usually included in administrative claims data. For more details, see Bernard et al. (2012).

Expenditure estimates were adjusted from 2010 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2010, the average behavioral health expenditure (including prescription medication expenditures) per Medicaid beneficiary with a mental health diagnosis was \$1,332 (\$10.6 million total expenditures / 8 million beneficiaries), and the average behavioral health expenditure (including prescription medication expenditures) per Medicaid beneficiary aged 17 or younger with a mental health diagnosis was \$1,705 (\$3.8 million total expenditures / 2.2 million beneficiaries).

SOURCE: Medical Expenditure Panel Survey, 2010, Agency for Healthcare Research and Quality.

Table 133. Medicaid beneficiaries and expenditures for people with a mental health or substance use disorder diagnosis, excluding prescription medication expenditures, by diagnostic category and age group: number and expenditures, United States, 2010

[Data are based on a household survey of a nationally representative sample]

Diagnostic category	All ages			Aged 17 or younger			Aged 18 or older		
	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditure per beneficiary (dollars)	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditure per beneficiary (dollars)	Number of beneficiaries	Total behavioral health expenditures (millions of dollars)	Average behavioral health expenditure per beneficiary (dollars)
Any mental health disorder	7,977,606	\$4,406	\$552	2,207,443	\$1,553	\$703	5,770,163	\$2,853	\$494
Anxiety disorders	2,465,214	885	359	274,313	*	*	2,190,901	827	378
Attention-deficit/hyperactivity disorder and other disruptive behavior disorders	2,097,154	956	456	1,748,812	*	*	348,342	45	130
Mood disorders	4,070,153	1,594	392	348,988	*	*	3,721,165	1,350	363
Schizophrenia and other psychotic disorders	393,186	674	1,715	*	*	*	363,746	603	1,659
Miscellaneous disorders	434,746	296	681	202,495	*	*	232,251	27	117
Any substance use disorder	220,378	284	1,290	*	*	*	*	137	*

* Estimates are considered unreliable because of low precision.

¹ Mood disorders include bipolar disorders and depressive disorders.

² Miscellaneous disorders include disorders coded as diagnosed in infancy (5.6) and miscellaneous mental disorders (5.15).

Table 133 notes (continued)

NOTES: Mental health diagnosis is defined as at least one Medicaid reimbursed expenditure with one of the following Clinical Classifications Software (CCS) codes: anxiety disorders (651), attention deficit and conduct disorders (652), mood disorders (657), schizophrenia and other psychotic disorders (659), or other mental health disorders (650, 655, 656, 658, 670). CCS codes that were excluded from mental health diagnosis include delirium, dementia, and other cognitive disorders (653); developmental disorders (654); and suicide and self-inflicted injury (662). Substance abuse diagnosis is defined as at least one Medicaid reimbursed expenditure with one of the following CCS codes: alcohol-related disorders (660) and drug use disorders (661). Expenditures for dental services, durable medical equipment, and home health services are excluded. For each age category, average behavioral health expenditure per beneficiary is calculated by dividing total behavioral health expenditures by the number of beneficiaries.

Utilization and expenditure estimates derived from the Medical Expenditure Panel Survey (MEPS) often differ from estimates derived from other sources. For example, people residing in a psychiatric facility are not included in the MEPS sample, whereas they are usually included in administrative claims data. For more details, see Bernard et al. (2012).

Expenditure estimates were adjusted from 2010 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2010, the average behavioral health expenditure (excluding prescription medication expenditures) per Medicaid beneficiary with a mental health diagnosis was \$552 (\$4.4 million total expenditures / 8 million beneficiaries), and the average behavioral health expenditure (excluding prescription medication expenditures) per Medicaid beneficiary aged 17 or younger with a mental health diagnosis was \$703 (\$1.6 million total expenditures / 2.2 million beneficiaries).

SOURCE: Medical Expenditure Panel Survey, 2010, Agency for Healthcare Research and Quality.

Table 134. Medicare fee-for-service beneficiaries with a mental health claim and treatment expenditures, by mental health treatment modality: number and expenditures, United States, 2007–2011

[Data are from national Medicare claims]

Treatment modality	Number of beneficiaries with mental health claims who received mental health services ¹					Mental health expenditures ¹ (millions of dollars)				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
All mental health services	4,825,680	4,875,280	5,013,780	5,244,980	5,486,820	\$6,149	\$6,335	\$6,600	\$6,858	\$6,799
Inpatient	306,460	298,200	298,460	307,600	313,120	3,542	3,668	3,758	3,925	4,019
Outpatient ²	926,340	958,220	989,960	1,037,100	1,078,820	959	974	1,023	967	852
Physician/supplier ³	3,533,880	3,553,600	3,651,640	3,821,560	4,018,700	1,299	1,303	1,392	1,527	1,522
Home health agency/hospice/ skilled nursing facility	59,000	65,260	73,720	78,720	76,180	349	390	428	439	406

¹ Beneficiaries were considered to be using a mental health service if they had a claim with a mental health diagnosis as the primary diagnosis. Mental health diagnoses included *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 295–302 and 306–314. The number of beneficiaries with mental health claims is the unique number of patients who had a mental health claim in each calendar year.

² Outpatient services refer to services rendered in outpatient facilities, such as hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, and community mental health centers.

³ Physician or supplier services refer to services provided by noninstitutional providers, such as physicians, physician assistants, psychologists, clinical social workers, and nurse practitioners, that are submitted on a standard Medicare claim form.

NOTES: Estimates do not include expenditures on prescription medications. Estimates of inpatient, home health, hospice, and skilled nursing facilities used 100 Percent Standard Analytical Files, and estimates of outpatient services and physician/supplier services used 5 Percent Standard Analytical Files. Data include all 50 states and U.S. territories.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2007, 306,460 Medicare beneficiaries with a mental health claim received inpatient services.

SOURCE: Medicare Standard Analytical Files, 2007–2011, Centers for Medicare & Medicaid Services.

Table 135. Medicare fee-for-service beneficiaries with a substance abuse claim and treatment expenditures, by substance abuse treatment modality: number and expenditures, United States, 2007–2011

[Data are from national Medicare claims]

Treatment modality	Number of beneficiaries with substance abuse claims who received substance abuse services ¹					Substance abuse expenditures ¹ (millions of dollars)				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
All substance abuse services	497,520	510,440	550,880	599,900	653,240	\$574	\$619	\$646	\$719	\$740
Inpatient	65,680	62,160	62,200	64,820	66,040	403	425	426	479	499
Outpatient ²	127,580	128,620	135,140	143,180	156,060	65	70	77	84	84
Physician/supplier ³	301,340	315,940	350,120	388,580	427,100	85	96	119	132	124
Home health agency/hospice/ skilled nursing facility	2,920	3,720	3,420	3,320	4,040	21	28	24	24	33

¹ Beneficiaries were considered to be using a substance abuse service if they had a claim with a substance abuse diagnosis as the primary diagnosis. Substance abuse diagnoses included *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 291–292 and 303–305. The number of beneficiaries with substance abuse claims is the unique number of patients who had a substance abuse claim in each calendar year.

² Outpatient services refer to services rendered in outpatient facilities, such as hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, and community mental health centers.

³ Physician or supplier services refer to services provided by noninstitutional providers, such as physicians, physician assistants, psychologists, clinical social workers, and nurse practitioners, that are submitted on a standard Medicare claim form.

NOTES: Estimates do not include expenditures on prescription medications. Estimates of inpatient, home health, hospice, and skilled nursing facilities used 100 Percent Standard Analytical Files, and estimates of outpatient services and physician/supplier services used 5 Percent Standard Analytical Files. Data include all 50 states and U.S. territories.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2007, 65,680 Medicare beneficiaries with a substance abuse claim received inpatient services.

SOURCE: Medicare Standard Analytical Files, 2007–2011, Centers for Medicare & Medicaid Services.

Table 136. Mental health services and all health services for Medicare fee-for-service beneficiaries with a mental health claim, by age group: number, percentage, and expenditures, United States, 2011

[Data are based on Medicare claims data]

Age group	Number of beneficiaries with a mental health claim	Percentage of beneficiaries with a mental health claim as a percentage of all Medicare beneficiaries	Mental health expenditures as a percentage of all Medicare expenditures	Total expenditures for mental health services	Average mental health expenditure per mental health service user ¹	Total expenditures for all health services	Average all health expenditure per mental health service user ²
All ages	4,392,640	12.0%	2.0%	\$6,798,060,107	\$1,548	\$83,846,875,451	\$19,088
Aged 64 or younger	2,008,680	25.0	6.8	4,422,764,401	2,202	27,124,294,198	13,503
Aged 65 or older	2,383,960	8.4	0.9	2,375,295,725	996	56,722,581,253	23,793

¹ Average mental health expenditure per mental health service user is calculated by dividing total expenditures for mental health services by the number of beneficiaries with a mental health claim. The number of beneficiaries with mental health claims is the unique number of patients who had a mental health claim in each calendar year.

² Average all health expenditure per mental health service user is calculated by dividing total expenditures for all health services by the number of beneficiaries with a mental health claim.

NOTES: Estimates do not include expenditures on prescription medications. Data include all 50 states and U.S. territories.

Claimants aged 64 or younger typically qualify for Medicare by disability status or have end-stage renal disease. Claimants aged 65 or older qualify by age.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 4,392,640 Medicare beneficiaries had a mental health claim.

SOURCES: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

Table 137. Substance abuse services and all health services for Medicare fee-for-service beneficiaries with a substance abuse claim, by age group: number, percentage, and expenditures, United States, 2011

[Data are based on Medicare claims data]

Age group	Number of beneficiaries with a substance abuse claim	Percentage of beneficiaries with a substance abuse claim as a percentage of all Medicare beneficiaries	Substance abuse expenditures as a percentage of all Medicare expenditures	Total expenditures for substance abuse services	Average substance abuse expenditure per substance abuse service user ¹	Total expenditures for all health services	Average all health expenditure per substance abuse service user ²
All ages	506,860	1.4%	0.2%	\$738,641,347	\$1,458	\$9,810,450,039	\$19,356
Aged 64 or younger	322,240	4.0	0.8	534,019,275	1,657	5,919,249,591	18,369
Aged 65 or older	184,620	0.6	0.1	204,622,052	1,108	3,891,200,448	21,077

¹ Average substance abuse expenditure per substance abuse service user is calculated by dividing total expenditures for substance abuse services by the number of beneficiaries with a substance abuse claim. The number of beneficiaries with substance abuse claims is the unique number of patients who had a substance abuse claim in each calendar year.

² Average all health expenditure per substance abuse service user is calculated by dividing total expenditures for all health services by the number of beneficiaries with a substance abuse claim.

NOTES: Estimates do not include expenditures on prescription medications. Data include all 50 states and U.S. territories.

Claimants aged 64 or younger typically qualify for Medicare by disability status or have end-stage renal disease. Claimants aged 65 or older qualify by age.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 506,860 Medicare beneficiaries had a substance abuse claim.

SOURCES: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

Table 138. Medicare fee-for-service mental health, substance abuse, and all health expenditures among behavioral health claimants, by treatment modality: expenditures and percentage distribution, United States, 2011

[Data are based on Medicare claims data]

Treatment modality	Expenditures by modality among mental health claimants ¹		Percentage distribution of expenditures by modality among mental health claimants ¹		Expenditures by modality among substance abuse claimants ²		Percentage distribution of expenditures by modality among substance abuse claimants ²	
	Mental health expenditures (millions of dollars)	All health expenditures (millions of dollars)	Mental health expenditures	All health expenditures	Substance abuse expenditures (millions of dollars)	All health expenditures (millions of dollars)	Substance abuse expenditures	All health expenditures
All services in expenditure category	\$6,798	\$83,849	100.0%	100.0%	\$739	\$9,811	100.0%	100.0%
Inpatient	\$4,019	37,569	59.1	44.8	499	5,134	67.5	52.3
Outpatient ³	\$852	10,014	12.5	11.9	84	1,287	11.4	13.1
Physician/supplier ⁴	\$1,522	17,641	22.4	21.0	124	2,165	16.7	22.1
Home health agency/hospice/skilled nursing facility	\$406	18,624	6.0	22.2	33	1,226	4.4	12.5

¹ Beneficiaries were considered to be using a mental health service if they had a claim for a mental health service as the primary diagnosis. Mental health diagnoses included *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 295–302 and 306–314.

² Beneficiaries were considered to be using a substance abuse service if they had a claim with a substance abuse diagnosis as the primary diagnosis. Substance abuse diagnoses included ICD-9-CM codes 291–292 and 303–305.

³ Outpatient services refer to services rendered in outpatient facilities, such as hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, and community mental health centers.

⁴ Physician or supplier services refers to services provided by noninstitutional providers, such as physicians, physician assistants, psychologists, clinical social workers, and nurse practitioners, that are submitted on a standard Medicare claim form.

Table 138 notes *(continued)*

NOTES: Estimates do not include expenditures on prescription medications. Estimates of inpatient, home health, hospice, and skilled nursing facilities used 100 Percent Standard Analytical Files, and estimates of outpatient services and physician/supplier services used 5 Percent Standard Analytical Files. Data include all 50 states and U.S. territories.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, expenditures on mental health services among Medicare beneficiaries with a mental health claim who received inpatient services totaled \$4,019 million.

SOURCE: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

Table 139. Medicare fee-for-service mental health and substance abuse beneficiaries, by treatment modality: number and percentage, United States, 2011

[Data are based on Medicare claims data]

Treatment modality	Number of beneficiaries by modality among mental health claimants ¹		Percentage of beneficiaries by modality among mental health claimants ¹		Number of beneficiaries by modality among substance abuse claimants ²		Percentage of beneficiaries by modality among substance abuse claimants ²	
	Mental health beneficiaries	All health beneficiaries	Mental health beneficiaries	All health beneficiaries	Substance abuse beneficiaries	All health beneficiaries	Substance abuse beneficiaries	All health beneficiaries
Inpatient	313,120	1,587,040	7.1%	36.1%	66,040	235,340	13.0%	46.4%
Outpatient ³	1,078,820	3,640,980	24.6	82.9	156,060	442,000	30.8	87.2
Physician/supplier ⁴	4,018,700	4,364,360	91.5	99.4	427,100	503,460	84.3	99.3
Home health agency/hospice/skilled nursing facility	76,180	1,579,300	1.7	36.0	4,040	131,580	0.8	26.0

¹ Beneficiaries were considered to be using a mental health service if they had a claim for a mental health service as the primary diagnosis. Mental health diagnoses included *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 295–302 and 306–314. The number of beneficiaries with mental health claims is the unique number of patients who had a mental health claim in each calendar year. The sum of the percentage of beneficiaries who received services by treatment modality may be greater than 100 percent because beneficiaries could have claims in more than one setting.

² Beneficiaries were considered to be using a substance abuse service if they had a claim for a substance abuse service as the primary diagnosis. Substance abuse diagnoses included ICD-9-CM codes 291–292 and 303–305. The number of beneficiaries with substance abuse claims is the unique number of patients who had a substance abuse claim in each calendar year. The sum of the percentage of beneficiaries who received services by treatment modality may be greater than 100 percent because beneficiaries could have claims in more than one setting.

³ Outpatient services refer to services rendered in outpatient facilities, such as hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, and community mental health centers.

⁴ Physician or supplier services refers to services provided by noninstitutional providers, such as physicians, physician assistants, psychologists, clinical social workers, and nurse practitioners, that are submitted on a standard Medicare claim form.

NOTES: Estimates of inpatient, home health, hospice, and skilled nursing facilities used 100 Percent Standard Analytical Files, and estimates of outpatient services and physician/supplier services used 5 Percent Standard Analytical Files. Data include all 50 states and U.S. territories.

As an example of how to interpret the estimates in the table, in 2011, 313,120 Medicare beneficiaries with a mental health claim received inpatient services.

SOURCE: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

Table 140. Mental health and all health services for Medicare fee-for-service beneficiaries with a mental health claim, by state: number, percentage, and expenditures, United States, 2011

[Data are based on Medicare claims data]

State	Number of beneficiaries with a mental health claim	Percentage of beneficiaries with a mental health claim as a percentage of all Medicare beneficiaries	Mental health expenditures as a percentage of all Medicare expenditures	Total expenditures for mental health services	Average mental health expenditure per mental health service user ¹	Total expenditures for all health services	Average all health expenditure per mental health service user ²
United States	4,392,640	12.0%	2.0%	\$6,798,060,107	\$1,548	\$83,846,875,451	\$19,088
Alabama	5,540	8.1	1.3	7,083,361	1,278	84,897,065	15,324
Alaska	56,980	8.3	1.6	93,239,680	1,637	907,170,361	15,921
Arizona	55,580	9.1	1.2	63,149,884	1,136	813,177,157	14,631
Arkansas	46,980	10.2	1.6	56,744,608	1,208	663,881,599	14,131
California	328,100	10.5	2.3	717,543,081	2,187	7,431,677,804	22,650
Colorado	45,100	10.4	1.3	46,634,853	1,034	747,888,021	16,583
Connecticut	70,560	15.2	2.3	110,533,356	1,566	1,533,491,161	21,733
Delaware	15,180	10.3	1.1	15,907,359	1,048	336,612,981	22,175
District of Columbia	7,780	10.8	1.4	11,135,931	1,431	174,843,970	22,473
Florida	297,220	12.5	1.8	471,408,016	1,586	7,135,580,139	24,008
Georgia	105,480	10.6	1.6	142,690,709	1,353	1,717,115,200	16,279
Hawaii	10,720	8.8	1.5	11,817,944	1,102	130,085,672	12,135
Idaho	18,280	10.8	1.8	21,730,021	1,189	244,239,314	13,361
Illinois	206,160	12.1	1.9	318,268,417	1,544	4,333,597,566	21,021
Indiana	106,800	12.6	1.4	105,219,660	985	2,001,798,503	18,743
Iowa	55,400	12.2	1.5	51,761,618	934	716,199,104	12,928
Kansas	49,740	12.8	1.5	50,109,714	1,008	759,513,050	15,269
Kentucky	84,360	13.1	1.3	74,021,551	877	1,353,065,709	16,040
Louisiana	57,040	10.7	4.1	230,360,917	4,039	1,186,479,286	20,801
Maine	39,760	17.0	2.5	45,708,260	1,149	462,277,291	11,626
Maryland	85,000	11.5	2.3	188,647,599	2,220	2,058,570,388	24,219

(continued)

Table 140. Mental health and all health services for Medicare fee-for-service beneficiaries with a mental health claim, by state: number, percentage, and expenditures, United States, 2011 (continued)

State	Number of beneficiaries with a mental health claim	Percentage of beneficiaries with a mental health claim as a percentage of all Medicare beneficiaries	Mental health expenditures as a percentage of all Medicare expenditures	Total expenditures for mental health services	Average mental health expenditure per mental health service user ¹	Total expenditures for all health services	Average all health expenditure per mental health service user ²
Massachusetts	167,560	18.8%	3.6%	\$333,498,384	\$1,990	\$3,412,014,763	\$20,363
Michigan	175,000	13.7	1.6	210,372,429	1,202	3,394,167,521	19,395
Minnesota	76,020	17.0	2.3	104,133,576	1,370	1,007,376,863	13,252
Mississippi	52,040	11.4	2.5	111,102,250	2,135	1,061,009,520	20,389
Missouri	112,740	14.1	2.1	147,738,004	1,311	1,811,840,699	16,071
Montana	15,660	10.6	1.3	13,220,119	844	180,249,819	11,510
Nebraska	26,940	10.8	1.5	31,739,135	1,179	443,931,119	16,478
Nevada	22,660	8.8	1.9	46,950,536	2,072	520,214,547	22,958
New Hampshire	31,720	14.8	2.4	42,284,004	1,333	464,702,038	14,650
New Jersey	134,000	11.4	1.9	240,525,003	1,795	3,376,357,613	25,197
New Mexico	27,540	11.6	1.6	27,021,508	981	364,100,361	13,220
New York	300,920	14.3	3.1	662,335,201	2,202	6,464,237,368	21,482
North Carolina	152,620	12.1	1.5	161,022,285	1,055	2,340,220,802	15,333
North Dakota	12,900	13.1	1.6	12,097,414	937	176,320,180	13,668
Ohio	182,360	14.2	2.0	251,039,093	1,377	3,426,047,908	18,788
Oklahoma	60,040	11.5	2.0	95,358,881	1,588	1,038,909,607	17,304
Oregon	40,560	10.6	1.2	30,761,692	758	451,907,506	11,142
Pennsylvania	185,980	13.0	2.3	310,664,712	1,670	3,753,317,157	20,181
Rhode Island	19,220	15.8	3.2	34,196,920	1,779	351,138,481	18,270
South Carolina	68,980	10.3	1.4	83,567,155	1,211	1,060,502,794	15,374
South Dakota	13,520	10.9	1.4	13,749,685	1,017	190,788,275	14,112
Tennessee	109,380	13.5	1.9	136,062,797	1,244	1,915,785,145	17,514

(continued)

Table 140. Mental health and all health services for Medicare fee-for-service beneficiaries with a mental health claim, by state: number, percentage, and expenditures, United States, 2011 *(continued)*

State	Number of beneficiaries with a mental health claim	Percentage of beneficiaries with a mental health claim as a percentage of all Medicare beneficiaries	Mental health expenditures as a percentage of all Medicare expenditures	Total expenditures for mental health services	Average mental health expenditure per mental health service user ¹	Total expenditures for all health services	Average all health expenditure per mental health service user ²
Texas	276,740	11.2%	1.9%	\$483,635,363	\$1,748	\$6,369,128,644	\$23,015
Utah	22,240	11.6	1.6	23,691,644	1,066	327,904,993	14,744
Vermont	15,600	14.4	2.0	16,642,726	1,067	213,854,415	13,709
Virginia	111,800	11.1	1.6	128,798,164	1,152	1,714,888,438	15,339
Washington	81,800	10.9	1.5	83,578,616	1,022	1,107,816,871	13,543
West Virginia	41,500	13.9	1.5	38,178,427	920	566,177,748	13,643
Wisconsin	86,040	13.2	1.4	74,886,953	870	1,269,655,806	14,756
Wyoming	7,360	9.6	0.9	5,299,549	720	128,897,502	17,513

¹ Average mental health expenditure per mental health service user is calculated by dividing total expenditures for mental health services by the number of beneficiaries with a mental health claim. The number of beneficiaries with mental health claims is the unique number of patients who had a mental health claim in each calendar year.

² Average all health expenditure per mental health service user is calculated by dividing total expenditures for all health services by the number of beneficiaries with a mental health claim.

NOTES: Estimates do not include expenditures on prescription medications. Data include all 50 states and U.S. territories.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 4,392,640 Medicare beneficiaries had a mental health claim.

SOURCES: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

Table 141. Substance abuse and all health services for Medicare fee-for-service beneficiaries with a substance abuse claim, by state: number, percentage, and expenditures, United States, 2011

[Data are based on Medicare claims data]

State	Number of beneficiaries with a substance abuse claim	Percentage of beneficiaries with a substance abuse claim as a percentage of all Medicare beneficiaries	Substance abuse expenditures as a percentage of all Medicare expenditures	Total expenditures for substance abuse services	Average substance abuse expenditure per substance abuse service user ¹	Total expenditures for all health services	Average all health expenditure per substance abuse service user ²
United States	506,860	1.4%	0.2%	\$738,641,347	\$1,458	\$9,810,450,039	\$19,356
Alabama	1,180	1.7	0.2	1,160,445	983	28,904,903	24,496
Alaska	12,240	1.8	0.3	16,047,593	1,311	187,609,556	15,327
Arizona	7,980	1.3	0.2	9,056,058	1,135	172,982,438	21,677
Arkansas	5,380	1.2	0.2	5,780,403	1,075	95,088,673	17,674
California	34,860	1.1	0.2	58,474,334	1,677	808,964,017	23,206
Colorado	5,320	1.2	0.2	6,584,289	1,238	97,601,664	18,346
Connecticut	8,360	1.8	0.4	18,217,399	2,179	175,750,818	21,023
Delaware	2,140	1.5	0.2	2,123,211	992	47,542,189	22,216
District of Columbia	1,100	1.5	0.2	1,643,945	1,494	20,579,408	18,708
Florida	31,620	1.3	0.1	38,471,311	1,216	725,469,493	22,943
Georgia	15,640	1.6	0.3	24,757,535	1,583	276,362,245	17,670
Hawaii	1,260	1.0	0.2	1,312,098	1,041	17,582,388	13,954
Idaho	2,020	1.2	0.2	2,984,359	1,478	22,367,576	11,073
Illinois	18,280	1.1	0.2	36,748,262	2,010	394,482,146	21,580
Indiana	11,380	1.3	0.2	13,253,238	1,164	216,568,505	19,031
Iowa	4,000	0.9	0.1	4,345,556	1,086	64,644,863	16,161
Kansas	4,040	1.0	0.1	2,949,733	730	64,390,349	15,938
Kentucky	10,940	1.7	0.2	11,342,627	1,037	188,068,567	17,191
Louisiana	7,100	1.3	0.2	9,874,621	1,390	141,434,875	19,921
Maine	6,800	2.9	0.4	7,699,380	1,132	73,723,638	10,842
Maryland	9,720	1.3	0.2	18,362,783	1,889	271,583,244	27,941

(continued)

Table 141. Substance abuse and all health services for Medicare fee-for-service beneficiaries with a substance abuse claim, by state: number, percentage, and expenditures, United States, 2011 (continued)

State	Number of beneficiaries with a substance abuse claim	Percentage of beneficiaries with a substance abuse claim as a percentage of all Medicare beneficiaries	Substance abuse expenditures as a percentage of all Medicare expenditures	Total expenditures for substance abuse services	Average substance abuse expenditure per substance abuse service user ¹	Total expenditures for all health services	Average all health expenditure per substance abuse service user ²
Massachusetts	24,600	2.8%	0.8%	\$73,806,895	\$3,001	\$545,215,481	\$22,163
Michigan	24,780	1.9	0.2	24,967,285	1,008	441,414,443	17,814
Minnesota	7,880	1.8	0.3	12,261,343	1,556	130,401,702	16,549
Mississippi	6,600	1.4	0.2	10,651,759	1,614	115,436,102	17,490
Missouri	9,760	1.2	0.1	10,163,109	1,041	200,793,359	20,573
Montana	1,800	1.2	0.3	2,951,769	1,640	29,872,249	16,595
Nebraska	2,320	0.9	0.2	3,192,603	1,376	47,281,243	20,380
Nevada	3,740	1.4	0.3	6,643,016	1,776	65,052,373	17,393
New Hampshire	3,620	1.7	0.2	4,109,669	1,135	53,514,001	14,783
New Jersey	13,520	1.2	0.2	22,975,025	1,700	294,335,288	21,770
New Mexico	3,800	1.6	0.3	4,930,573	1,298	61,884,239	16,285
New York	35,380	1.7	0.3	65,116,963	1,840	668,184,896	18,885
North Carolina	21,820	1.7	0.2	19,403,513	890	346,534,096	15,882
North Dakota	900	0.9	0.2	1,307,742	1,453	17,513,624	19,459
Ohio	20,080	1.6	0.2	27,011,697	1,346	414,483,642	20,641
Oklahoma	5,580	1.1	0.1	6,817,285	1,221	105,848,666	18,969
Oregon	5,740	1.5	0.2	5,178,999	902	89,141,411	15,530
Pennsylvania	19,200	1.3	0.2	23,114,139	1,204	343,135,082	17,872
Rhode Island	3,080	2.5	0.6	6,205,460	2,015	60,276,019	19,570
South Carolina	9,000	1.3	0.2	11,695,685	1,300	137,402,417	15,267
South Dakota	720	0.6	0.1	868,802	1,207	12,677,281	17,607
Tennessee	13,380	1.6	0.2	15,478,902	1,157	228,426,693	17,073
Texas	27,420	1.1	0.1	36,827,224	1,344	604,851,033	22,059

(continued)

Table 141. Substance abuse and all health services for Medicare fee-for-service beneficiaries with a substance abuse claim, by state: number, percentage, and expenditures, United States, 2011 *(continued)*

State	Number of beneficiaries with a substance abuse claim	Percentage of beneficiaries with a substance abuse claim as a percentage of all Medicare beneficiaries	Substance abuse expenditures as a percentage of all Medicare expenditures	Total expenditures for substance abuse services	Average substance abuse expenditure per substance abuse service user ¹	Total expenditures for all health services	Average all health expenditure per substance abuse service user ²
Utah	2,220	1.2%	0.2%	\$3,435,777	\$1,548	\$35,655,746	\$16,061
Vermont	2,400	2.2	0.4	3,563,981	1,485	27,384,337	11,410
Virginia	10,300	1.0	0.1	9,520,444	924	203,254,422	19,733
Washington	10,180	1.4	0.3	18,645,693	1,832	203,567,886	19,997
West Virginia	4,680	1.6	0.2	4,798,705	1,025	66,699,371	14,252
Wisconsin	9,840	1.5	0.2	10,322,905	1,049	151,211,277	15,367
Wyoming	780	1.0	0.0	171,969	221	6,878,395	8,818

¹ Average substance abuse expenditure per substance abuse service user is calculated by dividing total expenditures for substance abuse services by the number of beneficiaries with a substance abuse claim. The number of beneficiaries with substance abuse claims is the unique number of patients who had a substance abuse claim in each calendar year.

² Average all health expenditure per substance abuse service user is calculated by dividing total expenditures for all health services by the number of beneficiaries with a substance abuse claim.

NOTES: Estimates do not include expenditures on prescription medications. Data include all 50 states and U.S. territories.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 506,860 Medicare beneficiaries had a substance abuse claim.

SOURCES: Medicare Standard Analytical Files, 2011, Centers for Medicare & Medicaid Services.

5. TABLES

5.4 Payers and Payment Mechanisms

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5.4.4 State Mental Health and Substance Abuse Agencies

5.4.5 Private Employer-Sponsored Behavioral Health Benefits

5.4.6 Readmissions

5.4.7 Prescription Medications

5.4.8 Special Populations

Table 142. Behavioral health services in the Veterans Health Administration, by treatment modality: number and expenditures, United States, FY 2008–FY 2012

[Data are based on cost and utilization records from the Veterans Health Administration]

Treatment modality	FY 2008		FY 2009		FY 2010		FY 2011		FY 2012	
	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)
Inpatient days	796,255	\$1,015,388	821,175	\$1,142,545	808,979	\$1,204,483	781,687	\$1,240,993	776,225	\$1,196,570
Residential days	2,223,571	849,102	2,295,288	920,857	2,416,627	1,025,091	2,317,228	1,002,942	2,234,681	1,000,929
Outpatient visits	10,583,312	2,122,805	10,983,386	2,487,053	12,348,226	2,909,855	12,891,274	3,211,545	13,361,871	3,182,167
Inpatient pharmacy-only cost	...	64,234	...	71,107	...	78,630	...	83,105	...	89,333
Residential pharmacy-only cost	...	40,805	...	44,517	...	52,417	...	60,105	...	60,363
Outpatient pharmacy-only cost for select central nervous system medication classes ²	...	403,972	...	397,396	...	392,788	...	429,420	...	404,431
Outpatient pharmacy-only cost, excluding select central nervous system medication classes ³	...	1,481,056	...	1,621,446	...	1,753,693	...	1,838,001	...	1,914,886

... Category not applicable.

¹ Volume of services is for specialized behavioral health facilities and units only; it excludes any specialty care in primary care, for instance.² The select Veterans Health Administration medication classes are opioid analgesic antagonists (CN102); benzodiazepine derivative sedatives/hypnotics (CN302); antidepressants (CN600); tricyclic antidepressants (CN601); monoamine oxidase inhibitor antidepressants (CN602); antidepressants, other (CN609); antipsychotics (CN700); phenothiazine/related antipsychotics (CN701); antipsychotics, other (CN709); and lithium salts (CN705). The following central nervous system classes are thus excluded: other analgesics (CN101, CN103, CN104, and CN105), anesthetics (CN200–CN205), sedatives/hypnotics (CN300, CN301, CN309), anticonvulsants (CN400), antiparkinson agents (CN500), antivertigo agents (CN550), central nervous system stimulants (CN800–CN809), antipyretics (CN850), and central nervous system medications, other (CN900).³ The pharmacy cost includes all medications prescribed through specialty clinics, regardless of medication class.

Table 142 notes (*continued*)

NOTES: Cost estimates represent full cost data, including National, Veterans Integrated Service Networks, and Facility overhead cost. Behavioral health services are mental health or substance abuse services.

Some estimates for 2008 and 2009 do not match those presented in Table 85 of *Mental Health, United States, 2010* (SAMHSA, 2012a) because of differences in data coding.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2008, there were 796,255 inpatient bed days of care for behavioral health services in the Veterans Health Administration for a total cost of approximately \$1.0 billion.

SOURCE: Decision Support System National Data Extracts, 2012, Department of Veterans Affairs.

Table 143. Mental health services in the Veterans Health Administration, by treatment modality: number and expenditures, United States, FY 2008–FY 2012

[Data are based on cost and utilization records from the Veterans Health Administration]

Treatment modality	FY 2008		FY 2009		FY 2010		FY 2011		FY 2012	
	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)
Inpatient days	778,801	\$998,171	802,595	\$1,124,190	790,571	\$1,183,072	765,914	\$1,222,115	760,263	\$1,177,406
Residential days	1,707,656	619,563	1,775,337	671,620	1,921,254	756,242	1,842,694	730,194	1,736,469	718,500
Outpatient visits	8,539,368	1,847,343	8,822,746	2,193,273	10,090,853	2,587,416	10,802,557	2,888,182	11,400,627	2,876,956
Inpatient pharmacy-only cost	...	63,561	...	70,220	...	77,475	...	82,123	...	88,030
Residential pharmacy-only cost	...	28,881	...	32,382	...	39,103	...	43,374	...	41,603

... Category not applicable.

¹ Volume of services is for specialized mental health facilities and units only; it excludes any mental health care in primary care, for instance.

NOTES: Cost estimates represent full cost data, including National, Veterans Integrated Service Networks, and Facility overhead cost.

Some estimates for 2008 and 2009 do not match those presented in Table 85 of *Mental Health, United States, 2010* (SAMHSA, 2012a) because of differences in data coding.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2008, there were 778,801 inpatient bed days of care for mental health services in the Veterans Health Administration for a total cost of approximately \$998 million.

SOURCE: Decision Support System National Data Extracts, 2012, Department of Veterans Affairs.

Table 144. Substance abuse services in the Veterans Health Administration, by treatment modality: number and expenditures, United States, FY 2008–FY 2012

[Data are based on cost and utilization records from the Veterans Health Administration]

Treatment modality	FY 2008		FY 2009		FY 2010		FY 2011		FY 2012	
	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)	Number ¹	Dollars (thousands)
Inpatient days	17,454	\$17,217	18,580	\$18,355	18,408	\$21,411	15,773	\$18,879	15,962	\$19,164
Residential days	515,900	229,529	519,951	249,237	495,373	268,848	474,534	272,748	498,212	282,429
Outpatient visits	2,043,944	275,462	2,160,640	293,779	2,257,373	322,439	2,088,717	323,364	1,961,244	305,211
Inpatient pharmacy-only cost	...	674	...	887	...	1,155	...	981	...	1,303
Residential pharmacy-only cost	...	11,923	...	12,135	...	13,314	...	16,731	...	18,760

... Category not applicable.

¹ Volume of services is for specialty behavioral health facilities and units only; it excludes any specialty care in primary care, for instance.

NOTES: Cost estimates represent full cost data, including National, Veterans Integrated Service Networks, and Facility overhead cost.

Some estimates for 2008 and 2009 do not match those presented in Table 85 of *Mental Health, United States, 2010* (SAMHSA, 2012a) because of differences in data coding.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2008, there were 17,454 inpatient bed days of care for substance abuse services in the Veterans Health Administration for a total cost of approximately \$17 million.

SOURCE: Decision Support System National Data Extracts, 2012, Department of Veterans Affairs.

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5. TABLES

5.4 Payers and Payment Mechanisms

5.4.1 Behavioral Health Expenditures: Overview

5.4.2 Revenues and Expenditures by Public Funding Source

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5.4.5 Private Employer-Sponsored Behavioral Health Benefits

5.4.6 Readmissions

5.4.7 Prescription Medications

5.4.8 Special Populations

Table 145. State mental health agency revenue, by state: revenues and percentage, United States, FY 2001, FY 2005, and FY 2010

[Data are based on reports from state mental health agencies]

State	Total revenue (millions of dollars)			State general funds (percentage of total)			Medicaid (percentage of total)			Medicare/Block Grant/other federal/local/other (percentage of total)		
	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010
United States	\$29,239	\$33,926	\$39,353	—	—	41.7%	—	—	47.9%	—	—	10.4%
Alabama	322	316	404	52.4	57.7	51.0	37.8	33.6	38.5	9.8	8.7	10.5
Alaska ¹	65	201	222	63.7	18.1	22.3	18.6	77.6	74.7	17.7	4.3	2.9
Arizona	600	1,000	1,472	49.3	15.7	10.9	37.0	77.6	84.3	13.7	6.7	4.8
Arkansas	97	114	128	69.5	61.3	55.6	20.4	26.1	30.2	10.1	12.6	14.3
California	4,003	4,927	5,898	37.7	38.2	45.0	44.1	42.4	37.5	18.2	19.4	17.5
Colorado	360	397	461	35.8	42.6	33.6	57.8	51.3	62.2	6.5	6.1	4.2
Connecticut	560	633	734	92.4	91.1	91.9	3.0	4.0	2.5	4.5	4.9	5.7
Delaware	94	87	102	76.3	79.5	77.9	15.3	19.1	17.3	8.4	1.4	4.8
District of Columbia	289	270	226	75.9	82.6	92.0	11.7	14.0	5.6	12.4	3.4	2.4
Florida	735	747	798	69.2	71.8	74.0	16.0	18.5	17.1	14.8	9.7	8.9
Georgia	485	512	467	91.2	80.5	82.0	0.7	12.5	0.7	8.0	7.1	17.3
Hawaii	272	223	226	95.6	95.2	92.2	1.7	2.0	4.0	2.7	2.8	3.8
Idaho	78	62	59	46.9	64.2	71.3	16.9	16.1	11.0	36.2	19.7	17.8
Illinois	1,005	1,179	1,071	75.1	57.9	53.3	22.6	39.3	43.5	2.3	2.8	3.2
Indiana	524	599	551	40.5	20.3	35.5	34.4	75.9	60.8	25.1	3.9	3.7
Iowa	193	272	426	—	32.6	18.0	—	41.2	64.2	—	26.2	17.9
Kansas	206	293	391	36.4	36.3	27.6	54.8	61.4	68.8	8.9	2.3	3.6
Kentucky	251	240	241	56.0	61.1	53.3	34.8	28.8	34.7	9.2	10.1	12.0
Louisiana	256	299	293	36.4	42.8	28.9	44.1	40.9	37.7	19.5	16.3	33.5
Maine ¹	176	208	478	39.7	27.3	12.0	57.7	68.7	87.4	2.6	4.0	0.6
Maryland	862	897	982	73.8	75.1	65.9	24.3	23.3	32.2	1.9	1.6	1.9
Massachusetts	867	792	846	83.5	81.7	86.8	14.3	15.7	10.8	2.3	2.6	2.5
Michigan	1,073	1,124	1,224	51.8	34.2	22.9	43.6	61.7	73.9	4.6	4.0	3.3
Minnesota	659	772	828	50.7	41.3	36.5	34.7	45.4	52.4	14.7	13.3	11.1
Mississippi	314	353	353	49.9	42.4	43.5	43.6	51.3	47.4	6.6	6.4	9.1

(continued)

Table 145. State mental health agency revenue, by state: revenues and percentage, United States, FY 2001, FY 2005, and FY 2010 (continued)

State	Total revenue (millions of dollars)			State general funds (percentage of total)			Medicaid (percentage of total)			Medicare/Block Grant/other federal/local/other (percentage of total)		
	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010
Missouri	\$427	\$478	\$709	68.4%	48.4%	50.6%	26.2%	45.7%	43.8%	5.4%	5.9%	5.5%
Montana	142	144	178	30.7	30.9	31.2	66.4	68.1	67.4	2.9	1.1	1.4
Nebraska	111	122	153	68.2	86.0	69.6	15.3	8.4	13.1	16.5	5.7	17.3
Nevada	153	174	191	30.2	69.7	68.7	62.8	15.1	18.4	7.0	15.2	12.9
New Hampshire	178	179	201	31.2	28.9	21.6	58.6	58.8	64.9	10.2	12.3	13.5
New Jersey	970	1,403	1,829	78.7	64.5	60.9	13.3	18.9	26.2	8.0	16.6	12.9
New Mexico ¹	75	53	200	71.9	82.8	35.1	21.4	9.6	63.7	6.7	7.5	1.1
New York	4,238	4,590	4,829	21.3	28.2	28.7	60.0	55.6	54.8	18.7	16.2	16.5
North Carolina	560	1,186	1,628	74.0	30.8	22.0	12.1	60.0	74.5	13.8	9.2	3.5
North Dakota	64	54	67	54.7	47.4	50.6	24.3	21.9	22.7	21.1	30.7	26.7
Ohio	880	875	1,218	60.3	53.9	34.0	32.9	40.9	38.0	6.8	5.2	28.0
Oklahoma	173	181	206	84.7	76.8	78.1	3.9	12.4	12.4	11.3	10.7	9.5
Oregon ¹	257	502	626	36.8	28.2	34.9	47.1	68.9	63.8	16.1	2.9	1.3
Pennsylvania	2,365	2,932	3,710	65.3	63.5	24.4	25.2	27.9	72.3	9.6	8.5	3.3
Rhode Island	117	118	99	13.4	13.3	6.6	70.8	84.3	90.0	15.8	2.4	3.4
South Carolina	380	329	286	40.6	37.5	44.9	48.8	54.5	47.0	10.6	7.9	8.2
South Dakota	59	63	73	16.3	57.8	52.6	61.9	34.9	36.2	21.8	7.3	11.2
Tennessee	502	602	510	21.5	27.6	32.2	73.6	68.1	61.7	5.0	4.3	6.1
Texas	1,014	960	1,019	61.6	63.0	66.9	27.2	22.4	15.9	11.2	14.7	17.2
Utah	202	185	185	36.3	23.1	21.3	43.1	66.8	73.6	20.6	10.1	5.1
Vermont	102	126	156	7.8	18.0	15.0	87.5	78.6	81.7	4.7	3.4	3.3
Virginia	594	614	751	67.1	64.1	58.6	25.7	28.3	35.2	7.2	7.6	6.1
Washington	669	675	791	10.0	9.2	23.3	85.2	86.3	70.3	4.7	4.4	6.4
West Virginia	111	137	140	43.3	42.1	60.6	48.9	37.1	34.0	7.7	20.8	5.4
Wisconsin	515	669	639	60.4	52.0	51.0	31.3	23.4	27.2	8.3	24.6	21.8
Wyoming	38	58	80	79.7	83.4	82.1	15.8	14.9	16.7	4.5	1.7	1.2

See notes on page 298.

Table 145 notes

—Data not available.

¹ Series may contain substantial changes due to the consolidation and/or restructuring of state agencies and funding streams. See NRI Inc. Revenues and Expenditures Study at <http://www.nri-inc.org/projects/Profiles/RevenuesExpenditures.cfm> for more details.

NOTES: State mental health agency revenue includes all state general revenues that flow through the agency to local providers. This includes state general fund and other expenditures that go to local mental health providers, Medicaid funds controlled by the agency that go to local entities, and federal funds that go directly to the agency (e.g., the Mental Health Block Grant).

Revenue estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2001, the Alabama state mental health agency received \$322 million in revenue.

SOURCE: Revenues and Expenditures Study, 2012, NRI Inc.

Table 146. Source of revenue for state mental health agencies: percentage distribution, United States, selected years FY 2001–FY 2010

[Data are based on reports from state mental health agencies]

Source	FY 2001 (\$23,265,000) (percent)	FY 2006 (\$31,231,000) (percent)	FY 2007 (\$34,216,000) (percent)	FY 2008 (\$37,380,000) (percent)	FY 2009 (\$38,300,000) (percent)	FY 2010 (\$37,942,000) (percent)
All sources	100.0	100.0	100.0	100.0	100.0	100.0
State general funds	52.0	45.9	42.3	42.9	42.6	41.7
Medicaid	36.6	43.3	47.3	45.8	46.7	47.9
Medicare/Block Grant/ other federal/local/ other	11.4	10.8	10.3	11.3	10.6	10.4

¹ Central office includes administration, research, training, prevention, and other central and regional office expenditures.

NOTES: State mental health agency revenue includes all state general revenues that flow through the agency to local providers. This includes state general fund and other expenditures that go to local mental health providers, Medicaid funds controlled by the agency that go to local entities, and federal funds that go directly to the agency (e.g., the Mental Health Block Grant).

As an example of how to interpret the estimates in the table, in FY 2001, state general funds accounted for 52 percent of total revenue for state mental health agencies.

SOURCE: Revenues and Expenditures Study, 2012, NRI Inc.

Table 147. State mental health agency expenditures, by state: expenditures and percentage, United States, FY 2001, FY 2005, and FY 2010

[Data are based on reports from state mental health agencies]

State	Total expenditures (millions of dollars)			State psychiatric hospital— inpatient (percent of total)			Community mental health (percent of total)			State mental health agency central office ¹ (percent of total)		
	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010
United States	\$29,239	\$33,926	\$38,989	—	—	25.0%	—	—	72.8%	—	—	2.2%
Alabama	322	316	388	40.9	45.8	43.1	56.3	51.4	54.3	2.8	2.8	2.6
Alaska ²	65	201	222	33.3	11.1	14.0	60.6	86.1	83.8	6.1	2.8	2.2
Arizona	600	1,000	1,470	9.8	7.2	4.8	87.9	91.2	93.8	2.2	1.5	1.3
Arkansas	97	114	128	30.7	28.6	35.7	65.0	64.4	60.2	4.3	7.0	4.1
California	4,003	4,927	5,898	18.1	17.9	20.1	80.9	81.4	78.9	1.0	0.7	1.0
Colorado	360	397	461	29.6	26.2	25.6	69.9	73.4	73.9	0.5	0.4	0.5
Connecticut	560	633	703	30.4	30.5	30.0	60.8	59.7	62.5	8.8	9.8	7.5
Delaware	94	87	99	64.5	52.2	43.4	33.5	45.7	54.2	2.0	2.2	2.4
District of Columbia	289	270	226	45.6	34.3	45.8	54.4	56.6	40.4	—	9.1	13.8
Florida	735	747	771	43.6	44.4	46.7	54.7	53.8	50.8	1.8	1.9	2.5
Georgia	485	512	467	45.6	45.5	42.4	48.6	54.5	57.6	5.8	0.0	—
Hawaii	272	223	234	15.8	27.4	25.6	71.4	68.1	61.9	12.8	4.5	12.5
Idaho	78	62	59	36.4	42.6	47.0	61.8	57.4	42.0	1.8	0.0	11.0
Illinois	1,005	1,179	1,071	38.8	28.6	27.2	59.0	69.6	70.7	2.2	1.8	2.1
Indiana	524	599	551	35.7	32.9	39.1	63.4	66.5	59.9	0.9	0.6	1.1
Iowa	193	272	426	23.7	11.6	10.6	75.9	86.7	87.7	0.4	1.7	1.6
Kansas	206	293	391	35.5	27.1	25.0	63.0	72.9	71.3	1.5	0.0	3.7
Kentucky	251	240	241	51.2	49.9	47.1	47.0	45.7	49.0	1.9	4.4	3.8
Louisiana	256	299	293	57.9	52.2	59.2	40.2	41.1	35.9	2.0	6.7	4.9
Maine ²	176	208	478	30.1	28.8	13.4	65.1	—	83.7	4.8	2.3	3.0
Maryland	862	897	982	30.0	27.8	23.8	65.6	67.8	73.3	4.4	4.4	3.0
Massachusetts	867	792	742	18.0	16.4	16.0	78.9	80.6	81.2	3.1	3.0	2.8
Michigan	1,073	1,124	1,224	35.0	22.3	22.2	64.0	76.9	77.3	1.1	0.7	0.5
Minnesota	659	772	828	29.9	26.1	15.1	69.5	73.3	84.1	0.6	0.5	0.8
Mississippi	314	353	353	59.6	54.7	45.1	39.2	44.3	53.9	1.2	1.0	1.1

(continued)

Table 147. State mental health agency expenditures, by state: expenditures and percentage, United States, FY 2001, FY 2005, and FY 2010 (continued)

State	Total expenditures (millions of dollars)			State psychiatric hospital— inpatient (percent of total)			Community mental health (percent of total)			State mental health agency central office ¹ (percent of total)		
	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010	FY 2001	FY 2005	FY 2010
Missouri	\$427	\$478	\$538	50.4%	46.8%	48.1%	45.0%	50.6%	49.2%	4.6%	2.6%	2.7%
Montana	142	144	178	17.4	17.2	16.2	79.2	79.7	79.1	3.5	3.1	4.7
Nebraska	111	122	153	63.4	59.3	32.9	34.7	37.7	65.6	1.9	3.0	1.6
Nevada	153	174	191	36.2	23.9	38.0	62.9	74.0	56.3	0.9	2.2	5.7
New Hampshire	178	179	201	29.6	30.8	30.2	68.6	66.7	68.4	1.8	2.5	1.4
New Jersey	970	1,403	1,829	38.9	35.5	28.0	59.3	63.3	70.9	1.7	1.2	1.1
New Mexico ²	75	53	200	37.1	46.8	13.1	62.3	53.2	86.7	0.6	0.0	0.2
New York	4,238	4,590	5,161	29.8	27.0	26.3	66.3	68.7	69.0	3.9	4.3	4.7
North Carolina	560	1,186	1,628	68.3	25.4	19.0	31.7	73.0	80.2	—	1.6	0.8
North Dakota	64	54	67	44.9	40.1	31.9	53.7	59.9	68.0	1.4	0.1	0.1
Ohio	880	875	876	28.0	26.0	24.8	67.8	70.1	72.0	4.2	3.9	3.2
Oklahoma	173	181	206	29.9	28.8	27.8	64.3	64.8	66.1	5.8	6.4	6.1
Oregon ²	257	502	626	40.1	23.9	25.6	57.4	73.3	73.1	2.5	2.9	1.3
Pennsylvania	2,365	2,932	3,710	21.5	19.4	11.1	77.8	80.0	88.5	0.7	0.7	0.4
Rhode Island	117	118	99	25.6	25.6	29.8	72.1	72.7	67.9	2.3	1.7	2.3
South Carolina	380	329	286	36.3	28.9	34.9	58.2	65.8	59.3	5.5	5.3	5.9
South Dakota	59	63	72	67.0	63.3	61.4	31.3	36.7	36.9	1.7	0.0	1.7
Tennessee	502	602	510	32.1	31.4	29.4	65.2	66.1	68.5	2.7	2.5	2.0
Texas	1,014	960	1,019	38.4	37.9	38.7	58.0	60.5	59.4	3.6	1.6	1.8
Utah	202	185	185	25.9	28.6	30.5	73.4	70.7	68.7	0.7	0.7	0.8
Vermont	102	126	156	12.0	14.0	14.7	85.2	83.1	81.1	2.8	2.8	4.2
Virginia	594	614	745	59.5	57.9	44.5	34.9	42.1	52.8	5.6	0.0	2.8
Washington	669	675	791	31.9	30.3	28.8	65.8	67.5	69.3	2.3	2.2	1.9
West Virginia	111	137	140	42.4	40.4	38.3	55.7	59.2	61.4	2.0	0.4	0.3
Wisconsin	515	669	639	27.1	27.8	33.6	72.4	72.0	66.2	0.5	0.2	0.2
Wyoming	38	58	78	43.4	29.9	32.2	53.8	68.5	66.4	2.8	1.6	1.5

See notes on page 302.

Table 147 notes

—Data not available.

¹ Central office includes administration, research, training, prevention, and other central and regional office expenditures.

² Series may contain substantial changes due to the consolidation and/or restructuring of state agencies and funding streams. See NRI Inc. Revenues and Expenditures Study at <http://www.nri-inc.org/projects/Profiles/RevenuesExpenditures.cfm> for more details.

NOTES: Expenditures are those controlled by the state mental health agency, such as community mental health funding from the agency.

Expenditure estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2001, the Alabama state mental health agency had expenditures totaling \$322 million.

SOURCE: Revenues and Expenditures Study, 2012, NRI Inc.

Table 148. State mental health agency expenditures by category of expenditure: percentage distribution, United States, selected years FY 2001–FY 2010

[Data are based on reports from state mental health agencies]

Category	FY 2001 (\$23,060,000) (percent)	FY 2006 (\$30,978,000) (percent)	FY 2007 (\$33,995,000) (percent)	FY 2008 (\$37,295,000) (percent)	FY 2009 (\$37,584,000) (percent)	FY 2010 (\$37,593,000) (percent)
All categories	100.0	100.0	100.0	100.0	100.0	100.0
State psychiatric hospital—inpatient	31.6	27.6	26.4	25.7	26.0	25.0
Community mental health	65.8	70.1	71.4	71.5	71.8	72.8
State mental health agency central office ¹	2.6	2.3	2.2	2.2	2.3	2.2

¹ Central office includes administration, research, training, prevention, and other central and regional office expenditures.

NOTES: Expenditures are those controlled by the state mental health agency, such as community mental health funding from the agency.

As an example of how to interpret the estimates in the table, in FY 2001, state psychiatric hospitals accounted for 31.6 percent of state mental health agency expenditures.

SOURCE: Revenues and Expenditures Study, 2012, NRI Inc.

Table 149. Share of state hospital budgets for forensics and sex offender services, by state: percentage, United States, FY 2001–FY 2010

[Data are based on reports from state mental health agencies]

State	FY 2001 (percent)	FY 2002 (percent)	FY 2003 (percent)	FY 2004 (percent)	FY 2005 (percent)	FY 2006 (percent)	FY 2007 (percent)	FY 2008 (percent)	FY 2009 (percent)	FY 2010 (percent)
United States	25.6	25.3	28.0	30.3	31.4	32.5	34.8	36.8	37.5	38.2
Alabama	8.4	8.7	9.3	9.5	8.9	8.7	8.6	8.7	8.9	9.1
Alaska	—	18.7	16.3	10.2	12.0	12.7	12.0	11.9	12.0	12.5
Arizona	81.9	52.5	53.7	51.7	52.7	56.8	55.4	52.5	53.7	59.8
Arkansas	0.0	16.6	15.7	15.2	16.9	15.6	16.6	17.2	17.9	20.6
California	87.0	82.7	81.9	83.8	87.5	89.6	90.1	90.4	91.4	92.2
Colorado	22.2	37.2	46.6	44.0	45.4	44.6	45.9	45.5	45.4	50.5
Connecticut	49.7	49.0	46.9	50.5	45.3	50.1	47.3	45.4	43.9	44.7
Delaware	8.5	9.5	11.7	12.7	13.9	12.4	15.1	16.8	17.2	18.1
District of Columbia	32.9	35.8	36.8	37.0	38.1	39.9	40.6	46.4	47.4	53.0
Florida	27.2	29.3	44.0	45.5	44.2	44.5	47.1	48.7	48.2	49.9
Georgia	21.4	13.1	13.8	14.5	13.5	23.3	24.2	33.8	35.5	42.2
Hawaii	—	—	—	—	—	—	—	—	—	—
Idaho	—	4.2	7.4	8.5	9.9	11.5	11.6	0.2	0.4	—
Illinois	39.1	33.1	41.8	45.5	42.8	46.6	48.6	48.6	49.2	51.7
Indiana	16.4	16.8	17.8	13.9	17.8	21.5	23.1	24.1	23.3	21.2
Iowa	—	—	5.7	14.9	19.4	18.5	22.7	19.1	16.5	16.3
Kansas	16.5	17.0	19.2	21.5	38.1	40.3	48.5	49.9	45.2	44.6
Kentucky	9.3	9.6	9.4	10.7	10.4	10.7	10.7	10.5	10.9	11.6
Louisiana	33.7	49.0	47.6	51.9	55.4	54.3	50.0	34.5	27.8	30.7
Maine	15.1	—	—	100.0	100.0	11.9	30.0	30.0	—	29.5
Maryland	15.2	44.0	48.3	47.2	45.8	49.9	50.4	53.9	56.2	62.8
Massachusetts	—	43.8	42.9	44.3	45.2	44.2	44.6	45.0	44.7	44.8
Michigan	37.4	—	—	—	—	—	—	23.0	23.8	22.8
Minnesota	42.4	31.9	29.9	37.9	44.5	52.1	65.3	74.2	75.7	62.6
Mississippi	2.3	2.3	2.4	2.2	2.0	1.9	1.9	2.7	3.2	3.2
Missouri	45.6	3.0	51.6	49.9	51.3	44.7	45.5	46.4	49.4	53.2
Montana	—	29.9	31.0	22.7	23.4	34.6	38.0	20.1	21.2	24.4

(continued)

Table 149. Share of state hospital budgets for forensics and sex offender services, by state: percentage, United States, FY 2001–FY 2010 (continued)

State	FY 2001 (percent)	FY 2002 (percent)	FY 2003 (percent)	FY 2004 (percent)	FY 2005 (percent)	FY 2006 (percent)	FY 2007 (percent)	FY 2008 (percent)	FY 2009 (percent)	FY 2010 (percent)
Nebraska	18.6	—	27.5	28.8	31.8	0.0	44.8	50.7	57.9	65.9
Nevada	10.5	12.7	13.0	16.7	15.6	18.9	13.0	12.4	15.4	13.3
New Hampshire	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
New Jersey	9.8	17.4	17.7	19.4	19.0	19.4	19.5	20.2	22.0	21.9
New Mexico	33.9	17.3	37.9	—	—	21.4	—	38.0	34.0	38.0
New York	15.5	12.3	12.7	12.6	13.2	13.4	13.7	15.4	18.0	17.2
North Carolina	—	—	—	2.2	2.3	2.3	2.4	3.5	3.4	3.4
North Dakota	—	3.4	3.9	6.1	6.3	16.5	20.9	—	—	23.8
Ohio	61.2	56.5	56.7	62.3	64.7	65.1	65.6	65.9	54.2	55.0
Oklahoma	38.1	30.4	32.8	35.5	36.0	37.7	36.3	36.1	33.7	36.0
Oregon	—	53.6	47.9	52.6	50.5	51.5	51.7	56.6	62.3	86.1
Pennsylvania	5.1	3.4	5.2	9.7	8.0	9.5	12.0	12.9	15.2	11.9
Rhode Island	19.4	—	—	—	—	—	—	—	—	—
South Carolina	19.8	20.2	23.4	28.0	28.7	27.0	29.3	28.0	30.8	30.3
South Dakota	—	—	—	—	—	—	—	—	—	—
Tennessee	—	24.2	20.5	19.5	21.6	20.8	24.9	20.9	24.7	17.8
Texas	12.7	23.7	26.7	25.8	28.0	29.0	33.9	33.4	37.7	36.9
Utah	28.9	29.4	26.9	25.6	26.3	31.5	31.0	30.6	30.6	30.6
Vermont	40.0	—	—	—	50.0	43.9	45.0	46.2	41.0	40.7
Virginia	7.3	7.5	6.9	6.6	6.1	8.1	9.0	10.1	11.6	12.8
Washington	16.1	16.5	17.6	18.5	19.2	19.1	17.9	18.4	19.3	20.3
West Virginia	24.6	21.8	21.0	20.2	25.5	25.3	33.6	33.0	36.9	35.8
Wisconsin	87.7	58.7	63.6	72.3	72.0	73.2	72.1	74.2	74.0	75.6
Wyoming	30.2	32.4	40.9	35.6	43.8	40.2	38.2	31.1	30.9	26.9

—Data not available.

NOTE: As an example of how to interpret the estimates in the table, in FY 2001, 8.4 percent of Alabama’s state hospital budget was accounted for by forensics and sex offender services.

SOURCE: Revenues and Expenditures Study, 2012, NRI Inc.

Table 150. State substance abuse agency expenditures on substance abuse prevention and treatment activities across selected sources of funds, by state: expenditures, United States, FY 2012

[Data are based on reports from state substance abuse agencies]

State	Sum of all categories shown (millions of dollars)	Federal block grant ¹ (millions of dollars)	Medicaid ² (millions of dollars)	Other federal funds (millions of dollars)	State funds (millions of dollars)	Local funds (millions of dollars)	Other funds (millions of dollars)
United States	\$4,267.6	\$1,261.0	\$753.5	\$140.1	\$2,044.7	\$36.1	\$32.1
Alabama	36.1	18.0	3.6	0.1	14.5	—	—
Alaska	37.3	3.0	8.2	0.0	26.2	0.0	0.0
Arizona	153.8	28.4	121.5	0.0	2.3	1.7	0.0
Arkansas	20.5	9.3	5.0	—	6.2	—	—
California	505.0	176.0	222.0	4.9	102.1	0.0	0.0
Colorado	46.5	20.2	1.1	6.1	19.1	0.0	0.0
Connecticut	194.6	12.5	—	5.2	165.2	—	11.6
Delaware	19.0	4.7	—	0.0	14.3	—	—
District of Columbia	29.0	4.7	—	0.4	23.9	—	—
Florida	296.4	139.3	—	1.1	156.0	—	—
Georgia	102.1	37.0	0.4	19.2	45.6	—	—
Hawaii	22.2	5.7	—	1.1	15.4	—	—
Idaho	19.7	4.6	2.3	3.5	9.3	—	—
Illinois	191.1	47.9	54.9	3.3	85.0	—	—
Indiana	39.5	25.7	0.0	5.3	8.5	0.0	0.0
Iowa	27.8	9.7	0.0	3.3	14.8	0.0	0.0
Kansas	36.3	9.5	11.3	1.4	14.2	—	—
Kentucky	28.5	15.9	0.0	0.1	12.5	0.0	0.0
Louisiana	64.9	18.0	—	2.4	38.2	—	6.3
Maine	31.1	5.0	12.9	0.9	12.3	0.0	0.0
Maryland	111.4	22.7	4.1	—	69.2	6.6	8.8
Massachusetts	110.8	25.6	—	6.5	78.6	—	—
Michigan	135.3	41.5	44.4	7.0	42.5	—	—
Minnesota	162.0	18.6	21.7	0.2	104.4	17.1	<0.1 ³
Mississippi	15.3	9.9	—	0.4	5.0	—	—

(continued)

Table 150. State substance abuse agency expenditures on substance abuse prevention and treatment activities across selected sources of funds, by state: expenditures, United States, FY 2012 (continued)

State	Sum of all categories shown (millions of dollars)	Federal block grant ¹ (millions of dollars)	Medicaid ² (millions of dollars)	Other federal funds (millions of dollars)	State funds (millions of dollars)	Local funds (millions of dollars)	Other funds (millions of dollars)
Missouri	\$101.2	\$19.8	\$39.7	\$7.8	\$33.9	—	—
Montana	14.2	4.7	2.0	—	6.5	1.0	—
Nebraska	35.2	5.7	6.4	0.0	23.1	0.0	0.0
Nevada	18.1	9.8	—	1.0	7.3	—	<0.1 ⁴
New Hampshire	10.8	4.5	—	1.4	3.9	—	0.9
New Jersey	123.9	30.7	—	—	93.2	—	—
New Mexico	31.9	5.9	—	7.3	18.7	—	—
New York	420.6	85.2	—	6.5	328.9	—	—
North Carolina	147.4	28.0	15.9	1.1	102.4	—	—
North Dakota	18.7	3.6	6.1	0.1	7.5	—	1.4
Ohio	175.8	47.8	69.2	10.1	48.7	—	—
Oklahoma	56.6	13.2	2.7	2.5	38.3	—	—
Oregon	42.8	13.4	14.3	1.1	14.0	—	—
Pennsylvania	71.0	39.8	0.0	0.6	27.3	3.4	0.0
Rhode Island	18.4	4.9	4.8	4.8	3.8	—	—
South Carolina	23.5	14.3	1.3	1.6	6.1	—	0.2
South Dakota	14.8	3.9	2.1	0.5	8.3	—	—
Tennessee	39.7	22.8	0.0	0.4	16.6	0.0	0.0
Texas	114.3	89.8	<0.1 ⁵	7.3	16.9	0.0	0.3
Utah	33.5	10.2	—	6.6	7.7	6.3	2.7
Vermont	24.8	4.0	15.2	0.1	5.4	0.0	0.0
Virginia	79.0	32.6	0.0	0.0	46.4	0.0	0.0
Washington	143.8	22.4	60.5	4.9	56.0	0.0	0.0
West Virginia	16.7	6.1	0.0	2.2	8.4	0.0	0.0
Wisconsin	24.0	21.8	—	—	2.2	—	—
Wyoming	30.7	2.6	—	—	28.0	—	0.1

See notes on page 308.

Table 150 notes

— Data not available.

¹ Federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

² Medicaid includes federal, state, and local funds.

³ Reported amount is \$23,867.

⁴ Reported amount is \$5,594.

⁵ Reported amount is \$4,129.

NOTES: Expenditures include expenditures of funds flowing only through the principal agency of the state that administered the SAPTBG. Amounts are rounded to the nearest \$100,000 or first decimal in millions of dollars.

Substance abuse prevention and treatment expenditures include funds expended for alcohol and drug prevention (other than primary prevention) and treatment activities. This also includes early intervention activities; substance abuse treatment and rehabilitation activities; and direct services to patients, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation, including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. Funds for primary prevention and administration costs are excluded.

As an example of how to interpret the estimates in the table, in FY 2012, state substance abuse agencies spent approximately \$1.3 billion on substance abuse prevention and treatment activities from SAPTBG funds.

SOURCE: Substance Abuse Block Grant Behavioral Health Reports, 2013, Substance Abuse and Mental Health Services Administration.

Table 151. State substance abuse agency expenditures on substance abuse prevention and treatment activities, by state: expenditures, United States, FY 2004–FY 2012

[Data are based on reports from state substance abuse agencies]

State	FY 2004 (millions of dollars)	FY 2005 (millions of dollars)	FY 2006 (millions of dollars)	FY 2007 (millions of dollars)	FY 2008 (millions of dollars)	FY 2009 (millions of dollars)	FY 2010 (millions of dollars)	FY 2011 (millions of dollars)	FY 2012 (millions of dollars)
United States	\$3,618.0	\$3,655.8	\$3,770.6	\$3,832.5	\$4,157.3	\$4,288.2	\$4,377.1	\$4,133.3	\$4,267.6
Alabama	26.1	27.8	28.8	28.6	30.0	29.6	31.9	33.6	36.1
Alaska	13.0	15.1	26.4	29.8	24.8	25.5	35.8	41.0	37.3
Arizona	74.5	80.9	112.1	108.1	112.7	125.6	131.6	135.7	153.8
Arkansas	17.3	17.7	17.9	18.6	17.3	17.7	17.8	16.9	20.5
California	538.6	555.7	549.8	547.2	597.3	587.6	611.6	513.1	505.0
Colorado	34.5	33.5	33.5	34.5	35.1	41.6	49.0	47.3	46.5
Connecticut	74.9	75.3	94.3	129.3	159.9	164.0	165.1	196.0	194.6
Delaware	20.7	16.7	16.4	17.6	19.5	19.3	18.7	18.4	19.0
District of Columbia	32.5	32.7	24.9	28.8	31.8	31.2	38.4	32.9	29.0
Florida	176.2	177.6	180.4	194.0	183.3	183.5	182.2	153.8	296.4
Georgia	95.0	92.2	89.0	81.5	82.9	88.2	91.7	101.2	102.1
Hawaii	13.4	14.2	18.8	17.2	18.6	21.7	24.9	24.7	22.2
Idaho	9.8	9.7	11.6	15.7	24.1	18.5	23.3	22.8	19.7
Illinois	239.3	240.0	244.2	247.7	245.0	235.2	233.4	205.9	191.1
Indiana	40.1	39.5	37.8	37.3	36.0	35.3	34.4	34.7	39.5
Iowa	44.2	42.9	41.6	30.2	29.2	34.8	34.6	28.8	27.8
Kansas	29.7	31.2	35.2	31.7	34.1	40.0	41.5	41.6	36.3
Kentucky	31.4	30.2	33.4	31.2	31.2	31.0	32.6	35.5	28.5
Louisiana	56.6	57.7	58.6	62.5	79.1	84.0	95.8	92.2	64.9
Maine	25.9	23.4	24.1	29.0	30.0	31.4	41.5	39.4	31.1
Maryland	111.9	111.0	115.1	112.5	114.0	115.8	121.1	115.5	111.4
Massachusetts	81.9	83.4	84.9	89.8	218.4	220.4	209.8	114.1	110.8
Michigan	95.3	99.1	94.9	94.6	97.7	97.8	99.8	104.9	135.3
Minnesota	106.3	107.1	112.2	122.2	130.7	146.9	123.8	144.6	162.0
Mississippi	17.0	16.6	16.2	16.7	16.3	16.1	16.1	15.7	15.3
Missouri	77.3	77.8	79.7	86.8	86.8	89.0	92.2	99.7	101.2

(continued)

Table 151. State substance abuse agency expenditures on substance abuse prevention and treatment activities, by state: expenditures, United States, FY 2004–FY 2012 (continued)

State	FY 2004 (millions of dollars)	FY 2005 (millions of dollars)	FY 2006 (millions of dollars)	FY 2007 (millions of dollars)	FY 2008 (millions of dollars)	FY 2009 (millions of dollars)	FY 2010 (millions of dollars)	FY 2011 (millions of dollars)	FY 2012 (millions of dollars)
Montana	\$12.3	\$12.6	\$12.2	\$12.3	\$10.8	\$16.1	\$15.9	\$15.4	\$14.2
Nebraska	13.5	20.9	18.9	20.6	24.6	32.4	28.6	29.8	35.2
Nevada	13.8	14.7	14.5	13.9	16.6	17.7	18.0	18.2	18.1
New Hampshire	10.4	10.5	10.8	12.3	12.6	12.1	14.9	16.7	10.8
New Jersey	109.2	104.7	130.3	117.9	122.2	126.4	128.6	137.0	123.9
New Mexico	25.4	25.6	30.4	30.8	32.1	50.4	28.8	34.5	31.9
New York	412.6	412.9	405.7	383.0	382.8	431.0	461.2	415.6	420.6
North Carolina	88.9	87.1	73.5	98.2	106.5	113.6	125.6	132.8	147.4
North Dakota	11.2	17.2	16.0	15.6	17.0	16.5	18.7	19.7	18.7
Ohio	151.3	150.2	155.6	150.3	150.1	157.2	155.7	172.5	175.8
Oklahoma	36.8	41.1	44.3	48.6	60.1	63.7	62.0	50.5	56.6
Oregon	52.7	46.6	48.1	38.0	39.9	37.8	42.4	42.3	42.8
Pennsylvania	86.8	84.6	83.3	80.8	78.9	79.0	75.7	73.7	71.0
Rhode Island	21.7	21.1	21.1	21.3	20.8	21.3	22.7	19.0	18.4
South Carolina	33.0	31.0	30.3	32.0	31.8	29.0	27.9	23.8	23.5
South Dakota	8.8	8.8	8.9	9.1	12.2	12.0	13.9	14.7	14.8
Tennessee	34.1	33.6	32.9	40.2	41.2	37.2	36.2	42.0	39.7
Texas	99.9	121.6	127.5	125.1	123.8	127.5	122.0	113.8	114.3
Utah	26.2	26.2	25.9	25.2	28.8	26.4	31.1	30.8	33.5
Vermont	15.7	18.2	23.5	23.0	19.1	26.8	25.5	27.8	24.8
Virginia	82.5	80.4	79.6	78.4	80.4	83.2	83.6	80.9	79.0
Washington	119.7	117.9	129.5	148.2	184.7	170.9	170.0	140.1	143.8
West Virginia	16.7	16.2	17.3	16.1	16.4	15.8	17.4	17.6	16.7
Wisconsin	26.2	25.8	25.8	24.4	23.3	24.0	23.0	23.2	24.0
Wyoming	24.8	17.7	22.7	23.8	34.9	28.5	29.4	30.4	30.7

See notes on page 311.

Table 151 notes

NOTES: Expenditures include expenditures of funds flowing only through the principal agency of the state that administered the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). Amounts are rounded to the nearest \$100,000 or first decimal in millions of dollars.

Substance abuse prevention and treatment expenditures include funds expended for alcohol and drug prevention (other than primary prevention) and treatment activities. This also includes early intervention activities; substance abuse treatment and rehabilitation activities; and direct services to patients, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation, including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. Funds for primary prevention and administration costs are excluded.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in FY 2004, state substance abuse agencies spent approximately \$3.6 billion on substance abuse prevention and treatment activities.

SOURCE: Substance Abuse Block Grant Behavioral Health Reports, 2005–2013, Substance Abuse and Mental Health Services Administration.

Table 152. State substance abuse agency expenditures across selected activities, by state: expenditures, United States, FY 2012

[Data are based on reports from state substance abuse agencies]

State	Sum of all categories shown (millions of dollars)	Substance abuse prevention and treatment ¹ (millions of dollars)	Primary prevention ² (millions of dollars)	Tuberculosis services ³ (millions of dollars)	HIV early intervention services ⁴ (millions of dollars)	Administration ⁵ (millions of dollars)
United States	\$5,134.1	\$4,267.6	\$556.7	\$15.1	\$66.2	\$228.6
Alabama	43.1	36.1	4.8	—	—	2.2
Alaska	58.2	37.3	14.3	0.0	0.0	6.6
Arizona	170.4	153.8	8.6	0.0	0.0	7.9
Arkansas	25.2	20.5	2.7	0.2	—	1.8
California	587.5	505.0	58.8	3.6	12.5	7.6
Colorado	59.2	46.5	11.5	0.0	0.0	1.2
Connecticut	223.6	194.6	12.1	—	1.1	15.8
Delaware	21.6	19.0	1.8	0.1	0.4	0.2
District of Columbia	41.6	29.0	2.5	0.2	0.6	9.3
Florida	373.3	296.4	56.9	—	9.5	10.5
Georgia	120.2	102.1	14.0	—	2.5	1.5
Hawaii	30.4	22.2	5.7	—	0.4	2.0
Idaho	22.4	19.7	2.1	—	—	0.6
Illinois	224.2	191.1	22.5	0.0	3.4	7.2
Indiana	49.1	39.5	8.2	0.0	0.9	0.5
Iowa	37.9	27.8	7.3	0.0	0.0	2.8
Kansas	41.5	36.3	4.0	—	—	1.1
Kentucky	35.5	28.5	6.0	0.0	0.0	1.0
Louisiana	72.6	64.9	5.1	—	1.3	1.3
Maine	35.6	31.1	2.5	0.0	0.2	1.9
Maryland	127.5	111.4	6.4	0.7	3.1	6.0
Massachusetts	121.8	110.8	9.1	—	—	1.9
Michigan	151.3	135.3	14.0	—	—	2.0
Minnesota	169.3	162.0	6.0	0.2	0.1	1.1
Mississippi	19.8	15.3	2.8	0.8	0.8	—

(continued)

Table 152. State substance abuse agency expenditures across selected activities, by state: expenditures, United States, FY 2012 (continued)

State	Sum of all categories shown (millions of dollars)	Substance abuse prevention and treatment ¹ (millions of dollars)	Primary prevention ² (millions of dollars)	Tuberculosis services ³ (millions of dollars)	HIV early intervention services ⁴ (millions of dollars)	Administration ⁵ (millions of dollars)
Missouri	\$111.5	\$101.2	\$7.1	<0.1 ⁶	—	\$3.2
Montana	17.0	14.2	1.9	<0.1 ⁷	—	0.8
Nebraska	37.4	35.2	1.8	0.0	0.0	0.4
Nevada	25.3	18.1	5.9	<0.1 ⁸	0.7	0.6
New Hampshire	13.8	10.8	1.8	—	—	1.3
New Jersey	144.7	123.9	13.9	—	2.0	4.9
New Mexico	35.2	31.9	2.2	—	—	1.1
New York	541.2	420.6	51.9	—	10.8	57.9
North Carolina	162.6	147.4	9.8	1.4	2.0	2.1
North Dakota	20.4	18.7	1.2	—	—	0.5
Ohio	208.0	175.8	20.8	—	—	11.4
Oklahoma	67.1	56.6	6.6	—	—	3.8
Oregon	48.2	42.8	4.6	—	—	0.9
Pennsylvania	112.9	71.0	22.8	0.0	2.3	16.8
Rhode Island	24.6	18.4	3.4	0.1	0.6	2.2
South Carolina	31.7	23.5	6.5	—	1.0	0.8
South Dakota	20.0	14.8	4.0	—	—	1.3
Tennessee	62.0	39.7	9.9	7.5	1.5	3.4
Texas	170.3	114.3	43.3	0.0	7.3	5.3
Utah	44.2	33.5	6.5	0.4	—	3.9
Vermont	29.1	24.8	3.5	0.0	0.0	0.8
Virginia	91.1	79.0	9.1	0.0	1.2	1.8
Washington	158.7	143.8	8.7	<0.1 ⁹	0.0	6.2
West Virginia	19.8	16.7	2.4	0.0	0.0	0.7
Wisconsin	31.9	24.0	7.8	<0.1 ¹⁰	—	0.1
Wyoming	42.8	30.7	9.4	<0.1 ¹¹	—	2.7

See notes on page 314.

Table 152 notes

— Data not available.

¹ Substance abuse prevention and treatment expenditures include funds expended for alcohol and drug prevention (other than primary prevention) and treatment activities. This also includes early intervention activities; substance abuse treatment and rehabilitation activities; and direct services to patients, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation, including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. Funds for primary prevention and administration costs are excluded.

² Primary prevention includes activities directed at individuals who do not require treatment for substance abuse, such as education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Early intervention activities are excluded.

³ Tuberculosis services include counseling, testing, and treatment for tuberculosis made available to individuals receiving treatment for substance abuse.

⁴ HIV early intervention services include services made available at the sites in which individuals are receiving treatment for substance abuse.

⁵ Administration includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs in state departments and agencies. Administration costs at the program or service provider level are excluded.

⁶ Reported amount is \$26,134.

⁷ Reported amount is \$8,592.

⁸ Reported amount is \$34,654.

⁹ Reported amount is \$6,750.

¹⁰ Reported amount is \$14,905.

¹¹ Reported amount is \$26,342.

NOTES: Expenditures include expenditures of funds flowing only through the principal agency of the state that administered the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). Amounts are rounded to the nearest \$100,000 or first decimal in millions of dollars.

As an example of how to interpret the estimates in the table, in FY 2012, state substance abuse agencies spent approximately \$4.3 billion on substance abuse prevention and treatment activities.

SOURCE: Substance Abuse Block Grant Behavioral Health Reports, 2013, Substance Abuse and Mental Health Services Administration.

5. TABLES

5.4 Payers and Payment Mechanisms

5.4.1 Behavioral Health Expenditures: Overview

5.4.2 Revenues and Expenditures by Public Funding Source

5.4.3 Veterans Behavioral Health

5.4.4 State Mental Health and Substance Abuse Agencies

5.4.5 Private Employer-Sponsored Behavioral Health Benefits
Tables 153–161

5.4.6 Readmissions

5.4.7 Prescription Medications

5.4.8 Special Populations

Table 153. Private insurance mental health and substance abuse treatment as a share of all health services, with and without prescription medications, by selected characteristics: percentage, United States, 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Characteristic	Mental health beneficiaries as a share of all beneficiaries, including prescription medication (percent)	Mental health beneficiaries as a share of all beneficiaries, excluding prescription medication (percent)	Mental health expenditure as a share of all health expenditure, including prescription medication (percent)	Mental health expenditure as a share of all health expenditure, excluding prescription medication (percent)	Substance abuse beneficiaries as a share of all beneficiaries, including prescription medication (percent)	Substance abuse inpatient or outpatient beneficiaries as a share of all beneficiaries, excluding prescription medication (percent)	Substance abuse expenditure as a share of all health expenditure, including prescription medication (percent)	Substance abuse expenditure as a share of all health expenditure, excluding prescription medication (percent)
All	21.1	8.9	4.9	2.6	0.8	0.7	0.5	0.6
Age								
17 or younger	10.6	7.7	7.3	4.8	0.2	0.2	0.3	0.3
18–25	16.2	9.7	8.6	5.9	1.3	1.3	2.7	3.1
26–64	26.4	9.3	4.2	2.0	0.9	0.8	0.4	0.4
Sex								
Male	16.5	7.6	4.6	2.6	0.9	0.9	0.8	0.9
Female	25.3	10.1	5.2	2.7	0.6	0.6	0.3	0.4

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Mental health expenditures are calculated by summing the amount paid for claims with a primary diagnosis of a mental health disorder. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes were classified as mental health disorders: 295.00–295.95, 296.00–296.99, 297.0–297.9, 298.0–298.9, 299.00–299.91, 300.00–300.9, 301.0–301.9, 302.0–302.9, 306.0–306.9, 307.0–307.9, 308.0–308.9, 309.0–309.9, 310.0–310.9, 311, 312–312.9, 313.0–313.9, 314.0–314.9, 648.4–648.44, V61.0–V61.9, V66.3, V67.3, V70.1, V70.2, and V71.01–V71.09. Beneficiaries were considered to be using a mental health service if they had a claim with a mental health diagnosis as the primary diagnosis. Substance abuse expenditures are calculated by summing the amount paid for claims with a primary diagnosis of a substance use disorder. The following ICD-9-CM codes were classified as substance use disorders: 291–291.9, 292–292.9, 303–303.9, 304–304.9, 305–305.9, and 648.3. Beneficiaries were considered to be using a substance abuse service if they had a claim with a substance use diagnosis as the primary diagnosis.

As an example of how to interpret the estimates in the table, in 2011, approximately 21.1 percent of this sample of privately insured beneficiaries used a mental health service, including prescription medication.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2011, Truven Health Analytics.

Table 154. Private insurance beneficiaries and expenditures for mental health services, with and without prescription medications, by selected characteristics: number and expenditures, United States, 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Characteristic	Number of beneficiaries using a mental health service, including prescription medication	Number of beneficiaries using an inpatient or outpatient mental health service, excluding prescription medication	Total mental health expenditures, including prescription medication (millions of dollars)	Total mental health expenditures, excluding prescription medication (millions of dollars)	Average mental health expenditure per mental health service user, including prescription medication ¹	Average mental health expenditure per mental health service user, excluding prescription medication ¹
Total	4,059,986	1,715,293	\$4,148	\$1,804	\$1,022	\$1,051
Age						
17 or younger	521,540	382,062	800	452	1,534	1,186
18–25	378,158	226,240	474	275	1,256	1,215
26–64	3,160,288	1,106,991	2,872	1,076	909	972
Sex						
Male	1,513,518	700,468	1,628	727	1,076	1,037
Female	2,546,468	1,014,825	2,519	1,077	989	1,062

¹ Average mental health expenditure per mental health service user is calculated by dividing total mental health expenditures by the number of beneficiaries using a mental health service.

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Mental health expenditures are calculated by summing the amount paid for claims with a primary diagnosis of a mental health disorder. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes were classified as mental health disorders: 295.00–295.95, 296.00–296.99, 297.0–297.9, 298.0–298.9, 299.00–299.91, 300.00–300.9, 301.0–301.9, 302.0–302.9, 306.0–306.9, 307.0–307.9, 308.0–308.9, 309.0–309.9, 310.0–310.9, 311, 312–312.9, 313.0–313.9, 314.0–314.9, 648.4–648.44, V61.0–V61.9, V66.3, V67.3, V70.1, V70.2, and V71.01–V71.09. Beneficiaries were considered to be using a mental health service if they had a claim with a mental health diagnosis as the primary diagnosis.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce’s Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 4,059,986 privately insured beneficiaries in the sample used mental health services, including prescription medication.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2011, Truven Health Analytics.

Table 155. Private insurance beneficiaries and expenditures for substance abuse services, with and without prescription medications, by selected characteristics: number and expenditures, United States, 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Characteristic	Number of beneficiaries using a substance abuse service, including prescription medication	Number of beneficiaries using an inpatient or outpatient substance abuse service, excluding prescription medication	Total substance abuse expenditures, including prescription medication (millions of dollars)	Total substance abuse expenditures, excluding prescription medication (millions of dollars)	Average substance abuse expenditure per substance abuse service user, including prescription medication ¹	Average substance abuse expenditure per substance abuse service user, excluding prescription medication ¹
Total	150,955	140,134	\$445	\$412	\$2,952	\$2,944
Age						
17 or younger	11,161	10,893	30	30	2,719	2,773
18–25	31,115	29,847	149	142	4,781	4,800
26–64	108,679	99,394	266	238	2,452	2,405
Sex						
Male	86,700	80,707	280	260	3,237	3,218
Female	64,255	59,427	165	153	2,567	2,572

¹ Average substance abuse expenditure per substance abuse service user is calculated by dividing total substance abuse expenditures by the number of beneficiaries using a substance abuse service.

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Substance abuse expenditures are calculated by summing the amount paid for claims with a primary diagnosis of a substance use disorder. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes were classified as substance use disorders: 291–291.9, 292–292.9, 303–303.9, 304–304.9, 305–305.9, and 648.3. Beneficiaries were considered to be using a substance abuse service if they had a claim with a substance use diagnosis as the primary diagnosis.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce’s Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, 150,955 privately insured beneficiaries in the sample used substance abuse services, including prescription medication.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2011, Truven Health Analytics.

Table 156. Private insurance beneficiaries and expenditures for mental health and substance abuse treatment among children and adolescents aged 17 or younger, by diagnosis: percentage and expenditures, United States, 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Diagnostic category	Percentage of all beneficiaries in sample	Total expenditure for behavioral health services ¹ (millions of dollars)	Average expenditure per beneficiary ¹
Mental health disorders			
Adjustment disorders	1.5%	\$49.0	\$647
Anxiety disorders	1.4	52.6	782
Attention-deficit/hyperactivity disorder and other disruptive behavior disorders	3.9	87.5	461
Bipolar disorders	0.5	71.0	2,865
Depressive disorders	1.2	96.2	1,690
Developmental disorders	0.7	40.1	1,150
Impulse control disorders	0.1	5.0	1,676
Personality disorders	0.0	1.0	914
Schizophrenia and other psychotic disorders	0.1	11.8	3,215
Miscellaneous disorders	1.0	74.2	1,462
Substance use disorders			
Alcohol use disorders	0.1	7.6	1,990
Drug use disorders	0.2	25.8	3,143

¹ Expenditures are for behavioral health services for the primary diagnosis of the diagnostic category being reported. Thus, the depressive disorders row only includes mental health expenditures that are attributed to depression via the primary diagnosis.

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Diagnostic categories were defined using the Agency for Healthcare Research and Quality’s Clinical Classifications Software. Expenditures are calculated by summing the expenditures for claims with a primary diagnosis falling within the diagnostic category.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce’s Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, approximately 1.5 percent of all privately insured U.S. children and adolescents in the sample had a diagnosed adjustment disorder.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2011, Truven Health Analytics.

Table 157. Private insurance beneficiaries and expenditures for mental health and substance abuse treatment among adults aged 18 to 64, by diagnosis: percentage and expenditures, United States, 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Diagnostic category	Percentage of all beneficiaries in sample	Total expenditures for behavioral health services ¹ (millions of dollars)	Average expenditure per beneficiary ¹
Mental health disorders			
Adjustment disorders	1.8%	\$169.0	\$672
Anxiety disorders	3.0	235.6	540
Attention-deficit/hyperactivity disorder and other disruptive behavior disorders	0.9	38.4	286
Bipolar disorders	0.8	198.0	1,637
Depressive disorders	3.9	534.6	954
Developmental disorders	0.0	3.4	952
Impulse control disorders	0.0	2.8	812
Personality disorders	0.0	4.3	790
Schizophrenia and other psychotic disorders	0.2	79.6	3,050
Miscellaneous disorders	0.7	79.6	830
Substance use disorders			
Alcohol use disorders	0.3	188.6	4,216
Drug use disorders	0.4	207.5	3,687

¹ Expenditures are for behavioral health services for the primary diagnosis of the diagnostic category being reported. Thus, the depressive disorders row only includes mental health expenditures that are attributed to depression via the primary diagnosis.

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Diagnostic categories were defined using the Agency for Healthcare Research and Quality’s Clinical Classifications Software. Expenditures are calculated by summing the expenditures for claims with a primary diagnosis falling within the diagnostic category.

Expenditure estimates were adjusted from 2011 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce’s Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2011, approximately 1.8 percent of privately insured adult beneficiaries in the sample had a diagnosed adjustment disorder.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2011, Truven Health Analytics.

Table 158. Private insurance behavioral health service users as a share of all health service users, by service category: percentage, United States, 2000, 2005, 2010, and 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Service category	2000 (N = 2,817,547 beneficiaries) (percent)	2005 (N = 11,645,009 beneficiaries) (percent)	2010 (N = 16,135,574 beneficiaries) (percent)	2011 (N = 17,010,608 beneficiaries) (percent)
Outpatient visits: behavioral health service users as a share of all health services users	7.6	8.6	10.2	10.6
Inpatient admissions: behavioral health service users as a share of all health services users	0.3	0.3	0.3	0.3
Medication fills: mental health medication users as a share of all medication users	14.9	19.3	20.4	20.9
All health services: behavioral health service users as a share of all health services users	18.0	22.2	23.6	24.2

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Beneficiaries are considered to be using behavioral health services if they have an inpatient claim with a primary behavioral health diagnosis, an outpatient claim with a primary behavioral health diagnosis, or a claim for a medication commonly used for behavioral health disorders. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes are considered behavioral health diagnoses: 291–291.9, 292–292.9, 295.00–295.95, 296.00–296.99, 297.0–297.9, 298.0–298.9, 299.00–299.91, 300.00–300.9, 301.0–301.9, 302.0–302.9, 303–303.9, 304–304.9, 305–305.9, 306.0–306.9, 307.0–307.9, 308.0–308.9, 309.0–309.9, 310.0–310.9, 311, 312–312.9, 313.0–313.9, 314.0–314.9, 648.3–648.44, V61.0–V61.9, V66.3, V67.3, V70.1, V70.2, and V71.01–V71.09. Medications commonly used for psychiatric disorders include antidepressants, antipsychotics, stimulants, anxiolytics, sedatives, hypnotics, and medications commonly used to treat substance use disorders.

As an example of how to interpret the estimates in the table, in 2000, approximately 7.6 percent of all privately insured beneficiaries in the sample had a behavioral health outpatient visit.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2000–2011, Truven Health Analytics.

Table 159. Private insurance behavioral health service utilization, by service category: number, United States, 2000, 2005, 2010, and 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Service category	2000	2005	2010	2011
Average number of outpatient behavioral health visits among beneficiaries with an outpatient visit	6.6	6.0	6.4	6.4
Average number of inpatient hospitalizations among beneficiaries with an inpatient behavioral health admission	1.3	1.4	1.4	1.4
Average number of days supplied for mental health medication among beneficiaries who filled a mental health medication	203.7	235.3	253.6	256.4

NOTES: Data are presented for the sample and are not weighted to the U.S. population. Beneficiaries are considered to be using behavioral health services if they have an inpatient claim with a primary behavioral health diagnosis, an outpatient claim with a primary behavioral health diagnosis, or a claim for a medication commonly used for behavioral health disorders. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes are considered behavioral health diagnoses: 291–291.9, 292–292.9, 295.00–295.95, 296.00–296.99, 297.0–297.9, 298.0–298.9, 299.00–299.91, 300.00–300.9, 301.0–301.9, 302.0–302.9, 303–303.9, 304–304.9, 305–305.9, 306.0–306.9, 307.0–307.9, 308.0–308.9, 309.0–309.9, 310.0–310.9, 311, 312–312.9, 313.0–313.9, 314.0–314.9, 648.3–648.44, V61.0–V61.9, V66.3, V67.3, V70.1, V70.2, and V71.01–V71. Medications commonly used for psychiatric disorders include antidepressants, antipsychotics, stimulants, anxiolytics, sedatives, hypnotics, and medications commonly used to treat substance use disorders.

As an example of how to interpret the estimates in the table, in 2000, privately insured beneficiaries in the sample who used outpatient behavioral health services made 6.6 visits on average.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2000–2011, Truven Health Analytics.

Table 160. Private insurance behavioral health average expenditure per beneficiary and per service, by service type: expenditures, United States, 2000, 2005, 2010, and 2011

[Data are based on insurance claims from a sample of large self-insured employer-sponsored group health plans]

Service type	2000 (N = 2,817,547 people) (millions of dollars)	2005 (N = 11,645,009 people) (millions of dollars)	2010 (N = 16,135,574 people) (millions of dollars)	2011 (N = 17,010,608 people) (millions of dollars)
Average expenditure per person				
All behavioral health services	\$163.9	\$218.1	\$257.8	\$270.0
Ambulatory	63.5	66.3	84.5	92.1
Inpatient	21.2	26.5	35.3	38.2
Mental health medication	79.2	125.1	137.9	139.7
Average expenditure per service				
Ambulatory (per behavioral health visit)	126.2	129.3	130.1	135.5
Inpatient (per behavioral health hospitalization)	6,193.9	6,441.7	7,914.4	8,166.9
Mental health medication (per prescription)	2.6	2.8	2.7	2.6

NOTES: Data are presented for the sample and are not weighted to the U.S. population. A claim is considered a behavioral health services if the primary diagnosis is a behavioral health diagnoses or the medication filled is a medication commonly used for behavioral health disorders. The following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes are considered behavioral health diagnoses: 291–291.9, 292–292.9, 295.00–295.95, 296.00–296.99, 297.0–297.9, 298.0–298.9, 299.00–299.91, 300.00–300.9, 301.0–301.9, 302.0–302.9, 303–303.9, 304–304.9, 305–305.9, 306.0–306.9, 307.0–307.9, 308.0–308.9, 309.0–309.9, 310.0–310.9, 311, 312–312.9, 313.0–313.9, 314.0–314.9, 648.3–648.44, V61.0–V61.9, V66.3, V67.3, V70.1, V70.2, and V71.01–V71. Medications commonly used for psychiatric disorders include antidepressants, antipsychotics, stimulants, anxiolytics, sedatives, hypnotics, and medications commonly used to treat substance use disorders.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce’s Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2000, privately insured beneficiaries in the sample spent \$163.9 million on behavioral health services.

SOURCE: MarketScan® Commercial Claims and Encounters Database, 2000–2011, Truven Health Analytics.

Table 161. Funding sources and management structure for clubhouses, by certification status: percentage, United States, 2011

[Data are from an annual survey of clubhouses]

Funding source and management structure	Certified by Clubhouse International (N = 61) (percent)	Not certified by Clubhouse International (N = 42) (percent)
Funding source¹		
All funding sources	100.00	100.00
State mental health agency	45.21	41.21
Social services	0.21	0.00
Vocational rehabilitation agency	2.45	1.94
Labor department	0.05	0.03
County/borough government	14.04	5.26
Local/municipal government	2.40	2.69
National grants	0.08	0.00
Public insurance programs (e.g., Medicaid)	19.29	19.40
Other government funding	1.31	9.82
Private insurance programs	0.42	2.77
Foundations/grants	5.83	7.40
Donations and other private sources	4.18	3.86
Income generating activities (e.g., thrift shop, food sales, rents)	1.79	3.37
Other private funding	2.73	2.25
Management structure		
Clubhouse is funded in whole or in part by Medicaid	48.00	36.00
Clubhouse has its own Board of Directors	38.00	38.00
Clubhouse has an Advisory Board	69.00	45.00

¹ Funding is averaged across all clubhouses.

NOTES: As an example of how to interpret the estimates in the table, in 2011, 45.21 percent of ICCD-certified clubhouses in the United States received funding from state mental health agencies.

SOURCE: International Survey of Clubhouses, 2011, Clubhouse International.

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Table 162. Thirty-day community hospital readmissions for patients initially admitted for a mood disorder, by selected characteristics: number of stays, mean cost per stay, and percentage readmitted, United States, 2009

[Data are based on a large national sample of community hospitals]

Characteristic	Initial admissions		30-day readmissions with mood disorder as principal diagnosis		30-day readmissions with mood disorder as any diagnosis		30-day readmissions for any cause	
	Number of stays	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)
Overall	798,430	\$6,764	8.9%	\$7,019	12.7%	\$7,602	15.2%	\$7,663
Age group								
1–17	111,957	5,380	8.2	5,815	9.2	6,028	10.0	6,047
18–44	366,449	5,628	9.1	6,322	12.4	6,711	14.8	6,725
45–64	242,367	7,728	9.6	7,570	14.5	8,100	17.5	8,173
65 or older	77,657	11,138	6.5	11,311	13.3	11,406	17.0	11,272
Sex								
Male	344,466	6,787	9.4	6,820	13.4	7,421	16.6	7,439
Female	453,965	6,747	8.4	7,188	12.1	7,753	14.1	7,863
Payer								
Medicare	208,101	9,122	10.3	8,439	16.6	8,931	20.4	8,935
Medicaid	246,314	6,747	10.3	6,781	14.1	7,262	17.2	7,224
Private insurance	224,012	5,297	7.0	6,054	9.1	6,643	10.1	6,812
Uninsured	82,702	4,971	7.0	5,611	9.6	5,900	11.5	5,894

NOTES: Readmissions can occur at any community hospital within a given state in the database; readmissions that cross state boundaries are not linked.

Stays from specialty hospitals, including stand-alone psychiatric hospitals, are excluded.

Data are provided only for diagnosis/procedure categories with 5,000 or more weighted stays for initial admission.

Expenditure estimates were adjusted from 2009 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2009, there were 798,430 community hospital admissions for a mood disorder in the United States, for an average cost of \$6,764.

SOURCE: State Inpatient Databases, Healthcare Cost and Utilization Project, 2009, Agency for Healthcare Research and Quality.

Table 163. Thirty-day community hospital readmissions for patients initially admitted for schizophrenia, by selected characteristics: number of stays, mean cost per stay, and percentage readmitted, United States, 2009

[Data are based on a large national sample of community hospitals]

Characteristic	Initial admissions		30-day readmissions with schizophrenia as principal diagnosis		30-day readmissions with schizophrenia as any diagnosis		30-day readmissions for any cause	
	Number of stays	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)
Overall	376,273	\$9,738	15.2%	\$8,836	18.3%	\$9,148	22.3%	\$8,966
Age group								
1–17	9,398	8,494	9.0	8,508	9.7	8,425	13.3	7,758
18–44	178,355	8,883	16.9	8,163	19.1	8,281	22.6	8,078
45–64	147,556	10,326	15.7	9,424	19.6	9,747	23.3	9,555
65 or older	40,964	11,642	7.3	11,166	12.2	11,738	19.6	11,097
Sex								
Male	214,533	9,426	16.5	8,438	19.6	8,676	23.6	8,499
Female	161,740	10,152	13.4	9,486	16.5	9,890	20.6	9,674
Payer								
Medicare	171,360	10,096	15.8	9,306	19.5	9,687	23.7	9,562
Medicaid	140,216	10,112	16.9	8,592	19.8	8,815	23.9	8,588
Private insurance	31,604	7,413	9.8	6,927	11.7	7,449	15.8	7,347
Uninsured	21,248	7,369	8.9	6,885	11.0	6,929	14.3	6,978

NOTES: Readmissions can occur at any community hospital within a given state in the database; readmissions that cross state boundaries are not linked.

Stays from specialty hospitals, including stand-alone psychiatric hospitals, are excluded.

Data are provided only for diagnosis/procedure categories with 5,000 or more weighted stays for initial admission.

Expenditure estimates were adjusted from 2009 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2009, there were 376,273 community hospital admissions for schizophrenia in the United States, for an average cost of \$9,738.

SOURCE: State Inpatient Databases, Healthcare Cost and Utilization Project, 2009, Agency for Healthcare Research and Quality.

Table 164. Thirty-day community hospital readmissions for patients initially admitted for an alcohol use disorder, by selected characteristics: number of stays, mean cost per stay, and percentage readmitted, United States, 2009

[Data are based on a large national sample of community hospitals]

Characteristic	Initial admissions		30-day readmissions with alcohol use disorder as principal diagnosis		30-day readmissions with alcohol use disorder as any diagnosis		30-day readmissions for any cause	
	Number of stays	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)
Overall	227,101	\$6,284	9.3%	\$5,392	16.4%	\$6,836	17.8%	\$7,051
Age group								
1–17	1,808	3,677	*	*	*	*	*	*
18–44	90,387	5,399	9.4	5,077	15.8	5,970	17.1	6,148
45–64	119,054	6,730	9.7	5,508	17.4	7,133	18.7	7,375
65 or older	15,852	8,292	6.0	6,813	14.0	9,633	16.1	9,691
Sex								
Male	168,306	6,498	10.0	5,464	17.4	6,854	18.8	7,024
Female	58,794	5,667	7.3	5,108	13.4	6,770	14.7	7,149
Payer								
Medicare	37,944	7,513	8.8	5,916	18.7	8,019	21.2	8,235
Medicaid	67,041	7,002	13.3	5,809	22.7	6,821	24.5	7,021
Private insurance	56,503	5,329	6.5	4,620	10.7	6,283	11.4	6,484
Uninsured	51,787	5,141	8.2	4,563	13.6	5,788	14.5	6,028

*Estimates are considered unreliable because of low precision. An estimate is suppressed if it is based on fewer than 500 unweighted discharges.

NOTES: Readmissions can occur at any community hospital within a given state in the database; readmissions that cross state boundaries are not linked.

Stays from specialty hospitals, including stand-alone psychiatric hospitals, are excluded.

Data are provided only for diagnosis/procedure categories with 5,000 or more weighted stays for initial admission.

Expenditure estimates were adjusted from 2009 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2009, there were 227,101 community hospital admissions for an alcohol use disorder in the United States, for an average cost of \$6,284.

SOURCE: State Inpatient Databases, Healthcare Cost and Utilization Project, 2009, Agency for Healthcare Research and Quality.

Table 165. Thirty-day community hospital readmissions for patients initially admitted for a substance use disorder, by selected characteristics: number of stays, mean cost per stay, and percentage readmitted, United States, 2009

[Data are based on a large national sample of community hospitals]

Characteristic	Initial admissions		30-day readmissions with substance use disorder as principal diagnosis		30-day readmissions with substance use disorder as any diagnosis		30-day readmissions for any cause	
	Number of stays	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)	Percentage readmitted	Mean cost per stay (dollars)
Overall	202,399	\$6,035	6.4%	\$5,259	11.4%	\$6,303	,	\$7,299
Age group								
1–17	2,828	4,651	*	*	*	*	*	*
18–44	121,052	5,222	7.7	4,961	12.6	5,674	14.6	6,016
45–64	61,983	7,160	5.4	5,960	11.4	7,299	17.2	8,351
65 or older	16,536	8,061	*	*	3.5	10,770	18.5	11,244
Sex								
Male	121,548	5,905	7.9	5,105	13.4	6,081	17.1	6,817
Female	80,851	6,232	4.1	5,707	8.4	6,843	13.3	8,238
Payer								
Medicare	40,779	7,388	3.3	6,028	8.5	7,745	18.9	9,572
Medicaid	76,869	6,614	10.3	5,529	17.2	6,288	20.2	6,641
Private insurance	41,409	5,167	3.9	4,046	6.6	5,475	9.5	6,762
Uninsured	31,663	4,303	5.3	4,374	9.1	5,346	10.9	5,408

*Estimates are considered unreliable because of low precision. An estimate is suppressed if it is based on fewer than 500 unweighted discharges.

NOTES: Readmissions can occur at any community hospital within a given state in the database; readmissions that cross state boundaries are not linked.

Stays from specialty hospitals, including stand-alone psychiatric hospitals, are excluded.

Data are provided only for diagnosis/procedure categories with 5,000 or more weighted stays for initial admission.

Expenditure estimates were adjusted from 2009 to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2009, there were 202,399 community hospital admissions for a substance use disorder in the United States, for an average cost of \$6,035.

SOURCE: State Inpatient Databases, Healthcare Cost and Utilization Project, 2009, Agency for Healthcare Research and Quality.

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Table 166. Mental health medication use for a mental health condition among adults, by insurance status and selected therapeutic categories: number of users, United States, 1998, 2008, 2009, and 2010

[Data are based on a household survey of a nationally representative sample]

Coverage group/ medication category	Users (millions)			
	1998	2008	2009	2010
All coverage groups	15.1	27.2	28.4	29.9
Antianxiety, all classes ²	5.3	9.3	9.2	9.5
Antidepressants, all classes	11.2	21.5	22.3	23.3
Antipsychotics, all classes	1.4	2.8	3.4	3.1
Antimanics, anticonvulsants	1.0	2.4	2.5	2.7
Medicare, aged 65 or older (total)	3.3	5.5	5.5	5.9
Antianxiety, all classes ¹	1.5	2.2	2.1	1.8
Antidepressants, all classes	2.1	4.1	4.0	4.7
Antipsychotics, all classes	0.2	0.2	0.3	0.4
Antimanics, anticonvulsants	*	*	0.2	0.2
Medicare, aged 18 to 64 (total)	1.2	2.3	2.4	2.8
Antianxiety, all classes ¹	0.6	1.1	1.1	1.2
Antidepressants, all classes	0.8	1.8	1.9	2.2
Antipsychotics, all classes	0.3	0.6	0.8	0.7
Antimanics, anticonvulsants	*	*	0.4	0.6
Private insurance (total)	7.9	14.3	15.4	16.1
Antianxiety, all classes ¹	2.3	4.2	4.2	4.6
Antidepressants, all classes	6.4	11.6	12.6	12.7
Antipsychotics, all classes	0.4	0.9	1.1	1.0
Antimanics, anticonvulsants	0.4	1.0	1.2	1.3
Medicaid/other public (total)	1.8	2.9	3.1	3.0
Antianxiety, all classes ¹	0.8	1.1	1.0	1.2
Antidepressants, all classes	1.2	2.1	2.3	2.2
Antipsychotics, all classes	0.5	0.7	0.8	0.8
Antimanics, anticonvulsants	0.3	0.6	0.5	0.4
Uninsured (total)	0.9	2.2	2.0	2.1
Antianxiety, all classes ¹	0.3	0.8	0.8	0.8
Antidepressants, all classes	0.7	1.8	1.5	1.5
Antipsychotics, all classes	*	0.3	0.3	0.2
Antimanics, anticonvulsants	*	*	0.2	0.2

* Estimates are considered unreliable because of low precision.

¹ Antianxiety medications include sedative and hypnotic medications.

Table 166 notes (continued)

NOTES: All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1998 and 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). The previous volume used restricted use data, whereas this volume uses public use data. The restricted use data allow for more precise classifications of medications.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 1998, approximately 15.1 million U.S. adults across all insurance coverage groups used mental health medications for a mental health condition.

SOURCE: Medical Expenditure Panel Survey, 1998–2010, Agency for Healthcare Research and Quality.

Table 167. Mental health medication expenditures for a mental health condition among adults, by insurance status and selected therapeutic categories: expenditures, United States, 1998, 2008, 2009, and 2010

[Data are based on a household survey of a nationally representative sample]

Coverage group/ medication category	Expenditures (millions of dollars)				Expenditure per person (dollars)			
	1998	2008	2009	2010	1998	2008	2009	2010
All coverage groups	\$10,677	\$27,358	\$27,509	\$29,250	\$707	\$1,006	\$969	\$978
Antianxiety, all classes ¹	1,422	2,067	1,275	1,503	268	222	139	158
Antidepressants, all classes	6,990	13,012	13,171	15,164	624	605	591	651
Antipsychotics, all classes	1,506	7,215	7,825	8,958	1,075	2,577	2,302	2,890
Antimanics, anticonvulsants	595	3,036	3,119	1,535	595	1,265	1,248	568
Medicare, aged 65 or older (total)	1,572	2,877	3,454	4,076	476	523	628	691
Antianxiety, all classes ¹	357	355	273	330	238	161	130	184
Antidepressants, all classes	1,093	1,936	2,019	2,920	521	472	505	621
Antipsychotics, all classes	*	*	671	*	*	*	2,238	*
Antimanics, anticonvulsants	*	*	*	*	*	*	*	*
Medicare, aged 18 to 64 (total)	1,862	4,440	5,267	5,974	1,551	1,930	2,194	2,134
Antianxiety, all classes ¹	217	624	241	291	361	567	219	243
Antidepressants, all classes	773	1,461	1,728	1,952	966	811	909	887
Antipsychotics, all classes	*	1,703	2,454	3,331	*	2,838	3,068	4,759
Antimanics, anticonvulsants	*	*	*	312	*	*	*	519
Private insurance (total)	4,980	12,887	13,477	13,149	630	901	875	817
Antianxiety, all classes ¹	593	648	448	553	258	154	107	120
Antidepressants, all classes	3,864	7,276	7,606	8,257	604	627	604	650
Antipsychotics, all classes	*	2,095	2,261	2,064	*	2,327	2,055	2,064
Antimanics, anticonvulsants	*	1,473	1,666	693	*	1,473	1,388	533
Medicaid/other public (total)	1,720	5,082	4,063	4,599	955	1,752	1,311	1,533
Antianxiety, all classes ¹	191	217	241	236	239	198	241	197
Antidepressants, all classes	868	1,219	1,217	1,456	724	580	529	662
Antipsychotics, all classes	456	2,680	2,016	2,335	912	3,828	2,520	2,918
Antimanics, anticonvulsants	*	801	403	343	*	1,336	806	857

(continued)

Table 167. Mental health medication expenditures for a mental health condition among adults, by insurance status and selected therapeutic categories: expenditures, United States, 1998, 2008, 2009, and 2010 (continued)

Coverage group/ medication category	Expenditures (millions of dollars)				Expenditure per person (dollars)			
	1998	2008	2009	2010	1998	2008	2009	2010
Uninsured (total)	\$544	\$2,072	\$1,249	\$1,452	\$604	\$942	\$624	\$692
Antianxiety, all classes ¹	*	223	72	92	*	279	90	115
Antidepressants, all classes	392	1,122	602	578	559	623	401	386
Antipsychotics, all classes	*	*	*	*	*	*	*	*
Antimanics, anticonvulsants	*	*	*	*	*	*	*	*

* Estimates are considered unreliable because of low precision.

¹ Antianxiety medications include sedative and hypnotic medications.

NOTES: All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1998 and 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). The previous volume used restricted use data, whereas this volume uses public use data. The restricted use data allow for more precise classifications of medications.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 1998, mental health medication expenditures for a mental health condition among U.S. adults totaled \$10,677 million.

SOURCE: Medical Expenditure Panel Survey, 1998–2010, Agency for Healthcare Research and Quality.

Table 168. Mental health medication use for a mental health condition among children aged 17 or younger, by insurance status and selected therapeutic categories: number of users, United States, 1998, 2008, 2009, and 2010

[Data are based on a household survey of a nationally representative sample]

Coverage group/ medication category	Users (millions)			
	1998	2008	2009	2010
All coverage groups¹	2.6	3.5	3.7	3.6
Antidepressants, all classes	0.6	0.8	0.9	0.8
Antipsychotics, all classes	0.1	0.7	0.7	0.5
Stimulants	2.0	2.8	3.0	3.0
Private insurance (total)	2.0	2.1	2.2	2.1
Antidepressants, all classes	0.5	0.5	0.7	0.4
Antipsychotics, all classes	*	0.3	0.3	*
Stimulants	1.5	1.6	1.8	1.7
Medicaid/other public (total)	0.5	1.2	1.4	1.5
Antidepressants, all classes	0.1	0.2	0.2	0.3
Antipsychotics, all classes	*	0.3	0.3	0.3
Stimulants	0.4	1.0	1.1	1.2

* Estimates are considered unreliable because of low precision.

¹ Coverage group of uninsured people aged 17 or younger is omitted because all of the estimates for this group are considered unreliable.

NOTES: All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Antianxiety medications, comprising sedative and hypnotic medications, are excluded from this table because all estimates are considered unreliable due to low precision.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1998 and 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). The previous volume used restricted use data, whereas this volume uses public use data. The restricted use data allow for more precise classifications of medications.

As an example of how to interpret the estimates in the table, in 1998, approximately 2.6 million U.S. children aged 17 or younger across all insurance coverage groups used mental health medications for a mental health condition.

SOURCE: Medical Expenditure Panel Survey, 1998–2010, Agency for Healthcare Research and Quality.

Table 169. Mental health medication expenditures for a mental health condition among children aged 17 or younger, by insurance status and selected therapeutic categories: expenditures, United States, 1998, 2008, 2009, and 2010

[Data are based on a household survey of a nationally representative sample]

Coverage group/ medication category	Expenditures (millions of dollars)				Expenditure per person (dollars)			
	1998	2008	2009	2010	1998	2008	2009	2010
All coverage groups¹	\$1,200	\$4,366	\$5,033	\$3,996	\$461	\$1,247	\$1,360	\$1,110
Antidepressants, all classes	*	1,136	1,358	686	*	1,622	1,941	1,373
Antipsychotics, all classes	725	2,755	3,378	3,080	362	984	1,126	1,027
Stimulants	942	2,476	2,988	1,744	471	1,179	1,358	831
Private insurance (total)	229	131	121	*	459	262	173	*
Antidepressants, all classes	552	1,603	2,044	1,575	368	1,002	1,136	926
Antipsychotics, all classes	215	1,726	2,008	2,215	430	1,439	1,434	1,477
Stimulants	*	*	18	*	*	*	89	*
Medicaid/other public (total)	*	544	618	593	*	1,814	2,059	1,978
Antidepressants, all classes	1,200	4,366	5,033	3,996	461	1,247	1,360	1,110
Antipsychotics, all classes	275	205	145	*	458	257	161	*
Stimulants	*	1,136	1,358	686	*	1,622	1,941	1,373

* Estimates are considered unreliable because of low precision.

¹ Coverage group of uninsured youth is omitted because all of the estimates in this group are considered unreliable.

NOTES: All classes of medication combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

Estimates for 1998 and 2008 are similar to those in *Mental Health, United States, 2010* (SAMHSA, 2012a). The previous volume used restricted use data, whereas this volume uses public use data. The restricted use data allow for more precise classifications of medications.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 1998, mental health medication expenditures for a mental health condition among U.S. children aged 17 or younger totaled \$1,200 million, or \$1.2 billion.

SOURCE: Medical Expenditure Panel Survey, 1998–2010, Agency for Healthcare Research and Quality.

Table 170. Substance abuse medications, by category of medication: expenditures, United States, 2002–2010

[Data are based on a nationally representative survey of retail pharmacies]

Category of medication	Expenditures (thousands of dollars)								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
All substance use disorders	\$40,804	\$44,172	\$86,059	\$172,503	\$281,027	\$474,304	\$754,109	\$1,087,148	\$1,271,896
Alcohol use disorders	40,804	37,660	37,736	56,065	69,608	83,871	82,963	81,162	80,313
Disulfiram (Antabuse®)	11,929	11,049	11,071	9,838	9,855	15,794	19,781	20,372	20,386
Naltrexone (ReVia® & Depade®)	28,875	26,611	26,644	23,693	22,799	23,253	22,596	23,833	24,890
Acamprosate (Campral®) ¹	—	—	—	22,534	35,152	36,750	33,881	29,891	25,993
Long-acting injectable naltrexone (Vivitrol®) ²	—	—	—	—	—	8,072	6,704	7,066	9,045
Opioid use disorders ³	—	6,513	48,323	116,438	211,419	390,433	671,147	1,005,987	1,191,583
Buprenorphine HCl (Subutex®) ⁴	—	1,223	7,709	16,548	30,511	48,830	64,820	78,260	38,337
Buprenorphine HCl/naloxone ⁵ (Suboxone®)	—	5,289	40,614	99,890	180,908	341,602	606,327	927,728	1,153,246

— Data not available.

¹ Campral was approved by the Food and Drug Administration (FDA) in July 2004.² Vivitrol was approved by FDA in April 2006.³ Methadone is not included because methadone dispensed in methadone clinics is not included in this dataset.⁴ Subutex was approved by FDA in October 2002 and began selling in January 2003.⁵ Suboxone was approved by FDA in October 2002 and began selling in January 2003.

NOTES: Prescription fills cannot be linked to individual diagnoses. An unknown number of prescriptions for substance abuse medications may have been prescribed for other purposes, such as pain management.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2002, there were approximately \$11.9 million in expenditures on prescription fills for Disulfiram in the United States.

SOURCE: National Prescription Audit (NPA) Plus™ database, 2002–2010, IMS Health.

Table 171. Substance abuse medications, by category of medication: cost per fill, United States, 2002–2010

[Data are based on a nationally representative survey of retail pharmacies]

Category of medication	2002 (millions of dollars)	2003 (millions of dollars)	2004 (millions of dollars)	2005 (millions of dollars)	2006 (millions of dollars)	2007 (millions of dollars)	2008 (millions of dollars)	2009 (millions of dollars)	2010 (millions of dollars)
All substance use disorders	\$96	\$101	\$120	\$140	\$152	\$169	\$179	\$191	\$199
Alcohol use disorders	96	96	93	99	103	117	119	121	122
Disulfiram (Antabuse®)	51	53	52	51	54	89	108	120	124
Naltrexone (ReVia® & Depade®)	148	143	138	129	116	106	99	94	88
Acamprosate (Campral®) ¹	—	—	—	122	120	123	124	129	134
Long-acting injectable naltrexone (Vivitrol®) ²	—	—	—	—	—	483	501	582	562
Opioid use disorders ³	—	136	157	172	180	187	190	200	208
Buprenorphine HCl (Subutex®) ⁴	—	136	157	197	225	243	248	259	295
Buprenorphine HCl/naloxone (Suboxone®) ⁵	—	136	157	168	174	180	186	196	206

— Data not available.

¹ Campral was approved by the Food and Drug Administration (FDA) in July 2004.² Vivitrol was approved by FDA in April 2006.³ Methadone is not included because methadone dispensed in methadone clinics is not included in this dataset.⁴ Subutex was approved by FDA in October 2002 and began selling in January 2003.⁵ Suboxone was approved by FDA in October 2002 and began selling in January 2003.

NOTES: Prescription fills cannot be linked to individual diagnoses. An unknown number of prescriptions for substance abuse medications may have been prescribed for other purposes, such as pain management.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of interpreting the estimates in the table, in 2002, it cost approximately \$51 per Disulfiram prescription fill in the United States.

SOURCE: National Prescription Audit (NPA) Plus™ database, 2002–2010, IMS Health.

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5. TABLES

5.4 Payers and Payment Mechanisms

5.4.1 Behavioral Health Expenditures: Overview

5.4.2 Revenues and Expenditures by Public Funding Source

5.4.3 Veterans Behavioral Health

5.4.4 State Mental Health and Substance Abuse Agencies

5.4.5 Private Employer-Sponsored Behavioral Health Benefits

5.4.6 Readmissions

5.4.7 Prescription Medications

5.4.8 *Special Populations*

Table 172

Table 172. Federal and state appropriations for drug courts: appropriations in millions, United States, 2003, 2004, 2007, and 2009

[Data are based on a national report on drug courts]

Appropriations	2003 (N = 1,183) (millions of dollars)	2004 (N = 1,621) (millions of dollars)	2007 (N = 2,147) (millions of dollars)	2009 (N = 2,459) (millions of dollars)
Total appropriations	\$173.8	\$236.2	\$223.2	\$349.5
Federal appropriations ¹	66.2	60.2	27.5	93.5
State appropriations ²	107.6	176.0	195.7	256.0

¹ Federal appropriations include a number of sources, such as the Drug Court Discretionary Grant Program of the Bureau of Justice Assistance, Department of Justice, and the Drug Treatment Court Initiative of the Substance Abuse and Mental Health Services Administration.

² State appropriations include specifically designated funds in a state's budget. State appropriations thus exclude local governmental or private funding; federally funded discretionary or formula awards; block grants; client fees; or the in-kind usage of existing local resources. Also excluded are funds used for drug courts from the budgets of other state agencies, such as corrections, substance abuse treatment, or the administrative office of the courts.

NOTES: A drug court is defined as a special docket or calendar within the court system that is designed to treat addicted individuals.

Estimates were adjusted to 2012 dollars using the GDP Price Index. The index is compiled by the U.S. Department of Commerce's Bureau of Economic Analysis.

As an example of how to interpret the estimates in the table, in 2003, approximately \$173.8 million was appropriated to drug courts in the United States.

SOURCE: Huddleston, W., & Marlowe, D. B. (July 2011). *Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States*. National Drug Court Institute. Retrieved from <http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

D. B. Marlowe, personal communication, January 22, 2013.

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APPENDIX A: DATA TABLES FOR FIGURES

Table A-1. (Figure 2-1). Cumulative lifetime prevalence of selected mental health disorder classes among children and adolescents aged 4 to 18: percentage, United States, 2001–2004

[Data are based on a survey of a representative sample of the national population]

Age	Mood disorders (percent)	Anxiety disorders (percent)	Behavior disorders (percent)
4	0.00	0.00	0.00
5	0.38	8.84	4.96
6	0.73	14.33	7.01
7	1.29	17.74	8.60
8	2.13	20.99	9.66
9	2.82	22.79	10.68
10	3.30	24.16	11.31
11	4.45	25.79	12.60
12	5.56	27.28	13.96
13	7.79	29.20	15.73
14	10.97	30.60	17.75
15	13.32	31.57	19.40
16	15.21	32.27	20.31
17	17.27	32.99	20.96
18	18.14	33.43	21.37

NOTES: Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Mental disorder is defined as meeting the requirements for at least one of the following disorders: agoraphobia, attention-deficit/hyperactivity disorder, bipolar I or II, conduct disorder, eating disorder, generalized anxiety disorder, intermittent explosive disorder, major depressive disorder or dysthymia, oppositional defiant disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, or specific phobia. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, major depressive disorder/dysthymia, and oppositional defiant disorder.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, 0.38 percent of 5-year-old children had a mood disorder in their lifetime.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table A-2. (Figure 2-2). Lifetime prevalence of selected mental health disorder classes among adolescents, by age group: percentage, United States, 2001–2004

[Data are based on a survey of a representative sample of the national population]

Age group	Mood disorders (percent)	Anxiety disorders (percent)	Behavior disorders (percent)
13 to 14	10.5	31.4	18.2
15 to 16	15.5	32.1	19.5
17 to 18	18.1	32.3	21.9

NOTES: Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Mental disorder is defined as meeting the requirements for at least one of the following disorders: agoraphobia, attention-deficit/hyperactivity disorder, bipolar I or II, conduct disorder, eating disorder, generalized anxiety disorder, intermittent explosive disorder, major depressive disorder or dysthymia, oppositional defiant disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, or specific phobia. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, major depressive disorder/dysthymia, and oppositional defiant disorder.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, 10.5 percent of U.S. adolescents aged 13 to 14 had a mood disorder in their lifetime.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table A-3. (Figure 2-3). Lifetime prevalence of selected mental health disorder classes among adults, by age group: percentage, United States, 2001–2003

[Data are based on a household survey of a nationally representative sample]

Age group	Mood disorders (percent)	Anxiety disorders (percent)	Impulse control disorders (percent)
18 to 19	21.4	30.2	26.8
30 to 44	24.6	35.1	23.0
45 to 59	22.9	30.8	—
60 or older	11.9	15.3	—

— Data not available.

NOTES: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnoses were based on the World Mental Health Composite International Diagnostic Interview (Kessler & Ustun, 2004), a fully structured lay interview that generates diagnoses according to *International Classification of Diseases, 10th Revision (ICD-10)* (WHO, 1991) and DSM-IV criteria. DSM-IV criteria are used herein. Twelve-month disorders considered in this study included anxiety disorders (agoraphobia without panic disorder, generalized anxiety disorder, obsessive compulsive disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, specific phobia), mood disorders (bipolar disorder I or II, dysthymia, major depressive disorder), impulse control disorders (attention-deficit/hyperactivity disorder, conduct disorder, intermittent explosive disorder, oppositional defiant disorder), and substance use disorders (alcohol and illicit drug abuse and dependence) and nicotine dependence. See Kessler et al. (2005) for additional detail on the disorders presented.

Data reported in this table were collected over the period 2001 through 2003.

Impulse control disorders were not assessed among adults aged 45 or older in this study.

As an example of how to interpret the estimates in the table, for the 2001 through 2003 study period, 21.4 percent of U.S. adults aged 18 to 19 had a mood disorder in their lifetime.

SOURCE: National Comorbidity Survey Replication (NCS-R), 2001–2003, National Institute of Mental Health. Retrieved from <http://www.hcp.med.harvard.edu/ncs/>

Table A-4. (Figure 2-4). First use among past year alcohol and illicit drug use initiates aged 12 to 49: average age, United States, 2007–2011

[Data are based on a household survey of a nationally representative sample]

Substance	2007 (years)	2008 (years)	2009 (years)	2010 (years)	2011 (years)
Alcohol	16.8	17.0	16.9	17.1	17.1
Illicit drugs ¹	18.0	18.8	17.6	19.1	18.1

¹ Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: As an example of how to interpret the estimates in the table, in 2007, the average age of first use was 16.8 years among U.S. adolescents and adults aged 12 to 49.

SOURCE: National Survey on Drug Use and Health, 2007–2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-5. (Figure 3-1). No past year mental illness and past year mental illness with mild, moderate, and serious impairment among adults: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

No mental illness (percent)	Mental illness with mild impairment (percent)	Mental illness with moderate impairment (percent)	Mental illness with serious impairment (percent)
82.1	9.6	4.4	4.0

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 to 2011 combined, 4.0 percent of U.S. adults aged 18 or older had a mental illness with serious impairment.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-6. (Figure 3-2). Unemployment, past year arrest, current health, past year emergency room visits, and residential instability among adults, by past year mental health status: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristics	No mental illness (percent)	Mental illness with mild impairment (percent)	Mental illness with moderate impairment (percent)	Mental illness with serious impairment (percent)
Current unemployment	5.8	7.2	8.5	9.1
Past year arrest	2.2	3.2	4.8	7.7
Fair or poor current health	10.7	22.1	25.6	34.4
Past year emergency room visit	25.7	37.5	39.4	47.9
Residential instability	5.7	9.6	10.5	14.7

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 and 2011 combined, 5.8 percent of U.S. adults without a mental illness were unemployed.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-7. (Figure 3-3). Unemployment, past year arrest, current health, past year emergency room visits, and residential instability among adults, by past year mental health and substance use disorder status: percentage, United States, 2010–2011 combined

[Data are based on a household survey of a nationally representative sample]

Characteristics	No past year mental illness or substance use disorder (percent)	Past year any mental illness only (percent)	Past year any substance use disorder only (percent)	Past year co-occurring any mental illness and substance use disorder (percent)
Current unemployment	5.5	6.9	10.3	12.4
Past year arrest	1.5	2.2	12.6	15.9
Fair or poor current health	10.8	26.5	10.0	21.6
Past year emergency room visit	25.3	39.3	31.2	44.7
Residential instability	5.2	8.9	13.0	20.2

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in DSM-IV and follow diagnostic hierarchy rules for abuse and dependence.

Adults are defined as people aged 18 or older.

Years of data were combined to achieve statistical precision.

As an example of how to interpret the estimates in the table, for 2010 and 2011 combined, 5.5 percent of U.S. adults without a mental illness or substance use disorder in the past year were unemployed.

SOURCE: National Survey on Drug Use and Health, 2010 (revised March 2012) and 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-8. (Figure 3-4). Lifetime prevalence of selected mental health disorder classes with and without severe impairment among adolescents aged 13 to 18: percentage, 2001–2004

[Data are based on a survey of a representative sample of the national population]

Disorder severity	Any mood disorder (percent)	Any anxiety disorder (percent)	Any behavior disorder (percent)	Any class of disorder (percent)
Disorder without severe impairment	14.3	31.9	19.6	49.5
Disorder with severe impairment ¹	11.2	8.3	9.6	22.2

¹ Disorder with severe impairment indicates two intermediate ratings or one severe rating on the six impairment questions regarding personal distress and social (at home or with peers) or academic difficulties.

NOTES: Mental disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Mental disorder is defined as meeting the requirements for at least one of the following disorders: agoraphobia, attention-deficit/hyperactivity disorder, bipolar I or II, conduct disorder, eating disorder, generalized anxiety disorder, intermittent explosive disorder, major depressive disorder or dysthymia, oppositional defiant disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, or specific phobia. While diagnoses of most disorders are based exclusively on adolescent reports, parent reports are used to make diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, major depressive disorder/dysthymia, and oppositional defiant disorder.

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, the second cell in the second row shows that, for the 2001 through 2004 study period, 11.2 percent of U.S. adolescents aged 13 to 18 met the diagnostic criteria for mood disorder with severe impairment.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table A-9. (Figure 3-5). Lifetime prevalence of being arrested, dropping out of school, failing a grade, and spending time in a juvenile corrections facility among adolescents aged 13 to 18, by level of severity of emotional disturbance: percentage, United States, 2001–2004

[Data are based on a survey of a representative sample of the national population]

Characteristic	Emotional disturbance with low severity (percent)	Emotional disturbance with moderate severity (percent)	Emotional disturbance with high severity (percent)
Been arrested	10.6	16.0	20.3
Dropped out of school	0.3	0.7	3.3
Failed a grade	15.8	21.0	27.7
Spent time in a juvenile corrections facility	0.3	2.1	3.8

NOTES: This study used the Strengths and Difficulties Questionnaire (SDQ) with impact supplement (Goodman, 1999). The SDQ is a brief behavioral screening questionnaire made up of 25 items among five scales of five items each, generalizing scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior; all but the last scale are summed to generate a total difficulties score that can range from 0 to 40. The impact supplement includes five items assessing overall distress and impairment, which are summed to generate an impact score ranging from 0 to 10. Impact scores of 2 or more indicate high disorder severity, a score of 1 indicates moderate severity, and a score of 0 indicates low severity.

Behavioral health disorders were assessed according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994) diagnostic criteria for behavioral health disorders in children and adolescents. The behavioral health disorders assessed included mood disorders (bipolar disorder I or II, dysthymia, and major depressive disorder), anxiety disorders (agoraphobia, generalized anxiety disorder, panic disorder, posttraumatic stress disorder, separation anxiety disorder, social phobia, and specific phobia), impulse disorders (attention-deficit/hyperactivity disorder, conduct disorder, intermittent explosive disorder, and oppositional defiant disorder), eating disorders, and substance use disorders (alcohol and drug abuse or dependence).

Data reported in this table were collected over the period 2001 through 2004.

As an example of how to interpret the estimates in the table, for the 2001 through 2004 study period, an average of 20.3 percent of U.S. adolescents aged 13 to 18 with a behavioral health disorder with high severity had been arrested in their lifetime.

SOURCE: Estimates were generated from public use data obtained from the Inter-university Consortium for Political and Social Research on October 11, 2012. Kessler, Ronald C. (October 24, 2011). National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001–2004. ICPSR28581-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. doi:10.3886/ICPSR28581.v4

Table A-10. (Figure 4-1). Past year mental health treatment types among adults, by past year mental health status and level of impairment: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Mental health treatment type	No mental illness (percent)	Mental illness with mild functional impairment (percent)	Mental illness with moderate functional impairment (percent)	Mental illness with serious functional impairment (percent)
Any mental health treatment	7.8	28.6	45.8	64.9
Prescription medication for mental health ¹	6.3	24.3	39.7	58.2
Any outpatient mental health treatment ²	2.9	14.9	26.0	44.1
Any inpatient mental health treatment ³	0.2	1.2	2.9	8.8

¹ Prescription medication is for problems with emotions, nerves, or mental health.

² Outpatient mental health treatment is outpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

³ Inpatient mental health treatment is inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

NOTES: Mental illness among adults is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult National Survey on Drug Use and Health (NSDUH) respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Mental illness with serious functional impairment among adults is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above that results in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning scores of 50 or less. Any mental illness is defined as having, currently or at any time in the past year, a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. This includes persons with mental illness having mild, moderate, or serious functional impairment; mental illness with serious functional impairment is a subset of any mental illness.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 64.9 percent of U.S. adults with mental illness with serious impairment received any type of mental health treatment.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-11. (Figure 4-2). Past year substance abuse treatment types among adults, by past year substance use disorder type: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Substance use treatment type	Alcohol use disorder (percent)	Illicit drug use disorder (percent)	Substance use disorder (percent)
Any substance abuse treatment	9.5	17.0	10.2
Outpatient rehabilitation center	4.1	8.8	4.6
Outpatient mental health center	2.8	6.0	3.2
Inpatient hospital	2.3	5.4	2.7
Inpatient rehabilitation center	2.8	6.5	3.2
Emergency room	1.7	3.5	1.8
Private doctor's office	2.1	4.4	2.4
Prison/jail	0.7	1.8	0.9
Self-help group	5.7	10.5	6.1
Church/religious/spiritual organization ¹	0	0.1	0.1
Other ²	0.8	2.5	0.2

¹ Service providers of church, religious, or spiritual organizations include ministers, priests, and rabbis.

² Respondents with unknown or invalid responses to the location "some other place received outpatient substance abuse treatment/counseling" were excluded.

NOTES: Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Adults are defined as people aged 18 or older.

As an example of how to interpret the estimates in the table, in 2011, 9.5 percent of U.S. adults with alcohol use disorder received any type of substance abuse treatment.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-12. (Figure 4-3). Past year depression treatment types among adolescents aged 12 to 17 with past year major depressive episode: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Depression treatment type	Percent
Any mental health treatment	38.4
Prescription medication	16.3
Other healing professional	0.6
Religious or spiritual advisor ¹	6.5
Other health professional	3.1
Other mental health professional	3.4
Counselor	21.3
Social worker	6.2
Psychiatrist	9.2
Psychologist	12.1
Other medical doctor	1.4
General practitioner	8.1

¹ Religious or spiritual advisor includes ministers, priests, or rabbis.

NOTES: Mental health treatment is using prescription medication or receiving outpatient or inpatient care for problems with emotions, nerves, or mental health. Respondents were asked not to include treatment for alcohol or drug use. Respondents with unknown treatment information were excluded.

As an example of how to interpret the estimates in the table, in 2011, 38.4 percent of U.S. adolescents aged 12 to 17 who had major depressive episode in the past year received any mental health treatment.

SOURCE: National Survey on Drug Use and Health, 2011 (revised May 2013), Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Table A-13. (Figure 4-4). Past year substance abuse treatment types among adolescents aged 12 to 17, by past year substance use disorder type: percentage, United States, 2011

[Data are based on a household survey of a nationally representative sample]

Substance abuse treatment type	Alcohol use disorder (percent)	Illicit drug use disorder (percent)	Substance use disorder (percent)
Any substance abuse treatment	11.2	14.7	12.0
Outpatient rehabilitation center	3.1	4.2	3.3
Outpatient mental health center	2.1	4.3	3.3
Inpatient hospital	2.9	2.7	2.5
Inpatient rehabilitation center	3.2	4.2	3.3
Emergency room	1.6	2.2	1.6
Private doctor's office	1.7	2.3	1.8
Prison/jail	0.6	1.0	0.7
Self-help group	4.4	6.0	4.4

NOTES: Substance abuse treatment is treatment to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Substance use disorder is defined as meeting the criteria for alcohol or illicit drug abuse or dependence. Abuse and dependence are based on definitions in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) and follow diagnostic hierarchy rules for abuse and dependence.

As an example of how to interpret the estimates in the table, in 2011, 11.2 percent of U.S. adolescents aged 12 to 17 who had a substance use disorder in the past year received any substance abuse treatment.

SOURCE: National Survey on Drug Use and Health, 2011, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

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APPENDIX B: DATA SOURCE DESCRIPTIONS

Data Source (<i>Organization</i>)	Description
CMS Minimum Data Set 3.0 <i>(Centers for Medicare & Medicaid Services)</i>	<p>The Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing facilities. MDS assessment forms are completed for all residents in certified nursing facilities, regardless of source of payment for the individual resident. MDS assessments are required for residents on admission to the nursing facility and then periodically, within specific guidelines and time frames. Data used in this volume were obtained for the fourth quarter of 2011 and 2012.</p> <p>You can find more information here: http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/index.html</p>
Continuum of Care Applications <i>(U.S. Department of Housing and Urban Development)</i>	<p>The Continuum of Care Applications provide a point-in-time count of sheltered and unsheltered homeless people from either the last biennial count or a more recent annual count. Of note are the counts of people who are chronically homeless, people with severe mental illness, chronic substance abusers, veterans, people with HIV/AIDS, victims of domestic violence, and unaccompanied children. Data used in this volume were collected from 2006 through 2010.</p> <p>You can find more information here: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/coc</p>
Decision Support System <i>(Veterans Health Administration)</i>	<p>The Veterans Health Administration Decision Support System is a managerial cost accounting system that interacts with the U.S. Department of Veterans Affairs' (VA) national databases to provide estimates of the cost of individual VA hospital stays and health care encounters. Data used in this volume were obtained for 2008 through 2012.</p> <p>You can find more information here: http://www.ncbi.nlm.nih.gov/pubmed/17102226</p>
Defense Medical Surveillance System <i>(Armed Forces Health Surveillance Center)</i>	<p>The Defense Medical Surveillance System collects medical records data from all individuals served by military medical facilities and from billing records for TRICARE-enrolled dependent claims data. Data used in this volume include 6,585,224 outpatient visits by 250,626 Army wives recorded in the Defense Medical Surveillance System. Data include all outpatient medical visits between January 1, 2003, and December 31, 2006, by wives of active duty Army personnel who either received outpatient care at a U.S. military treatment facility or used military medical insurance for an outpatient medical visit at a nonmilitary health care facility.</p> <p>You can find more information here: http://www.ncbi.nlm.nih.gov/pubmed/12453804</p>

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Data Source (<i>Organization</i>)	Description
Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel <i>(U.S. Department of Defense)</i>	<p>The 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel provides representative estimates on substance use and abuse, mental well-being, stress and coping, combat exposure experience, deployment experience, and selected general health topics for all active duty personnel. The final sample consisted of 28,546 military personnel (5,927 Army; 6,637 Navy; 5,117 Marine Corps; 7,009 Air Force; and 3,856 Coast Guard) who completed self-administered questionnaires anonymously.</p> <p>You can find more information here: http://www.tricare.mil/tma/2008HealthBehaviors.pdf</p>
Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force <i>(U.S. Department of Defense)</i>	<p>The 2006 Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force provides representative estimates on substance use; stress and mental health; healthy behaviors and lifestyles; and other specific issues, such as injuries and injury prevention, sleep habits, and risk taking for all Reserve component personnel. The final sample consisted of 18,342 military personnel (2,796 Army National Guard; 1,665 Army Reserve; 3,215 Navy Reserve; 1,159 Marine Corps Reserve; 6,656 Air Force Reserve; and 2,851 Air National Guard) who completed self-administered questionnaires anonymously.</p> <p>You can find more information here: http://www.tricare.mil/hpae/_docs/RC_2006 Reserve Component_FR_9-07.pdf</p>
Drug Abuse Warning Network (DAWN) <i>(Substance Abuse and Mental Health Services Administration)</i>	<p>DAWN is a nationally representative public health surveillance system that continuously monitors drug-related visits to hospital emergency departments (EDs). DAWN relies on a longitudinal probability sample of hospitals located throughout the United States. The sample is national in scope, with oversampling of hospitals in selected metropolitan areas. In each participating hospital, ED medical records are reviewed retrospectively to find the ED visits that involved recent drug use. The final sample consisted of 556 hospitals. All types of drugs—illegal drugs, prescription and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), and nonpharmaceutical inhalants—are included. Data used in this volume were collected at regional and national levels from 2004 through 2012.</p> <p>You can find more information here: http://www.samhsa.gov/data/dawn.aspx</p>
Healthcare Effectiveness Data and Information Set (HEDIS) Indicators <i>(National Committee for Quality Assurance)</i>	<p>HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on selected dimensions of care and service. HEDIS consists of 75 measures across eight domains of care, including measures on mental health utilization and substance abuse care utilization. Data used in this volume were obtained at the national, regional, and state levels for 1990 through 2010.</p> <p>You can find more information here: http://www.ncqa.org/HEDISQualityMeasurement.aspx</p>
International Survey of Clubhouses <i>(Clubhouse International)</i>	<p>The International Survey of Clubhouses contains information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. Data used in this volume were collected in 2010 and 2011.</p> <p>You can find more information here: http://www.iccd.org/clubhouse_survey.html</p>

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Data Source (<i>Organization</i>)	Description
MarketScan® Commercial Claims and Encounters Database <i>(Truven Health Analytics)</i>	MarketScan® comprises patient-level data (inpatient, outpatient, drug, lab, health and productivity management, health risk assessment, dental, and benefit design) from commercial, Medicare supplemental, and Medicaid populations. Annual national-level data used for this volume were obtained for 2001 through 2010. You can find more information here: http://marketscan.truvenhealth.com/marketscanportal/
Medical Expenditure Panel Survey (MEPS) <i>(Agency for Healthcare Research and Quality)</i>	MEPS is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data semiannually from approximately 40,000 providers on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers. You can find more information here: http://meps.ahrq.gov/mepsweb/
Medicare Current Beneficiary Survey (MCBS) Access to Care file <i>(Centers for Medicare & Medicaid Services)</i>	MCBS is a continuous, multipurpose survey of a nationally representative sample of the Medicare population, conducted by the Office of Information Products and Data Analysis of the Centers for Medicare & Medicaid Services from 1991 through 2001. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. You can find more information here: http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index.html?redirect=/MCBS
Medicare Standard Analytical Files (SAF) <i>(Centers for Medicare & Medicaid Services)</i>	SAF is a nationally representative claims database of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice settings, as well as for durable medical equipment. Data used in this volume were obtained at the national and state levels for 2006 through 2010. You can find more information here: http://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/IdentifiableDataFiles/StandardAnalyticalFiles.html
Medicaid Statistical Information System (MSIS) <i>(Centers for Medicare & Medicaid Services)</i>	MSIS gathers eligibility, enrollment, program, and expenditure data for Medicaid and the Children's Health Insurance Program (CHIP). There are 25 tables for each year of available data, containing high-level aggregated statistics related to Medicaid eligibility and claims data. Data used in the volume were obtained at the national and state/territory levels for 2003. You can find more information here: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MSIS/Medicaid-Statistical-Information-System.html
National Ambulatory Medical Care Survey (NAMCS) <i>(Centers for Disease Control and Prevention)</i>	NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States. Data were collected annually from 1973 through 2009 and are obtained on patients' symptoms, physicians' diagnoses, and medications ordered or provided. This medical records-based survey also provides statistics on the demographic characteristics of patients and services provided, including information on diagnostic procedures, patient management, and planned future treatment. You can find more information here: http://www.cdc.gov/nchs/ahcd.htm

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Data Source (<i>Organization</i>)	Description
National Comorbidity Survey— Adolescent Supplement (NCS-A) <i>(National Institute of Mental Health)</i>	<p>NCS-A is a nationally representative survey of adolescents aged 13 through 18 conducted from 2001 through 2004. NCS-A was designed to estimate the lifetime-to-date and current prevalence, age-of-onset distributions, course, and comorbidity of diagnosed disorders in the child and adolescent years of life among adolescents in the United States. In addition to interviewing adolescents, information was collected from a parent or a parent surrogate to obtain an additional perspective on the adolescent's mental health and its correlates. Sample size was approximately 10,000. Adolescents were sampled from households and from schools.</p> <p>You can find more information here: http://www.hcp.med.harvard.edu/ncs/</p>
National Comorbidity Survey Replication (NCS-R) <i>(National Institute of Mental Health)</i>	<p>NCS-R is a nationally representative household survey of approximately 10,000 English speakers aged 18 or older in the United States. NCS-R was designed to collect data on the prevalence of mental disorders, impairments associated with these disorders, and their treatment patterns from a representative sample of the United States. Data were collected in 2001 and 2002.</p> <p>You can find more information here: http://www.hcp.med.harvard.edu/ncs/</p>
National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) <i>(National Institute on Alcohol Abuse and Alcoholism)</i>	<p>NESARC is a nationally representative, household-based, longitudinal survey of U.S. residents. NESARC collected data on alcohol use disorders; tobacco use and dependence; illicit drug use disorders; and a wide array of mental illnesses, including mood disorders, anxiety disorders, and personality disorders. Data were collected at the state and national levels from 2001–2002 (Wave 1) and 2004–2005 (Wave 2). Wave 1 surveyed approximately 45,000 people.</p> <p>You can find more information here: http://pubs.niaaa.nih.gov/publications/AA70/AA70.htm</p>
National Expenditures for Mental Health Services and Substance Abuse Treatment <i>(Substance Abuse and Mental Health Services Administration)</i>	<p>National Expenditures for Mental Health Services and Substance Abuse Treatment presents a broad overview of spending on mental health services and substance abuse treatment. Data from 15 national sources were used to produce the estimates in this volume. Annual estimates used in this volume were obtained for 1986 through 2009.</p> <p>You can find more information here: http://store.samhsa.gov/shin/content/SMA10-4612/SMA10-4612.pdf</p>
National Health and Nutrition Examination Survey (NHANES) <i>(Centers for Disease Control and Prevention)</i>	<p>NHANES is a nationally representative probability sample of noninstitutionalized U.S. civilians that combines interviews and physical examinations. The survey contains detailed information on the health and nutritional status of adults and children. In addition to a core set of questions, NHANES adds special topics in some years. Approximately 10,000 people per year participate from a broad range of age groups and racial/ethnic backgrounds. The mental health data used in this volume were part of a special data collection from 2001 through 2004.</p> <p>You can find more information here: http://www.cdc.gov/nchs/nhanes.htm</p>
National Health Interview Survey (NHIS) <i>(Centers for Disease Control and Prevention)</i>	<p>NHIS is an annual, ongoing survey that provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2011 consisted of 39,509 households, which yielded 101,875 people in 40,496 families. The interviewed sample for the Sample Child portion (a knowledgeable adult in the family was interviewed instead of the child) was 12,850 children younger than age 18.</p> <p>You can find more information here: http://www.cdc.gov/nchs/nhis.htm</p>

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Data Source (<i>Organization</i>)	Description
National Home and Hospice Care Survey (NHHCS) <i>(Centers for Disease Control and Prevention)</i>	NHHCS is a series of nationally representative sample surveys of U.S. home health and hospice agencies. It is designed to provide descriptive information on home health and hospice agencies, their staff, their services, and their patients. In the 2007 NHHCS, 1,036 agencies participated, and data were available on 9,416 current home health patients and hospice discharges from these agencies. The survey was first conducted in 1992 and was repeated in 1993, 1994, 1996, 1998, 2000, and 2007. You can find more information here: http://www.cdc.gov/nchs/nhhcs.htm
National Mental Health Services Survey (N-MHSS) <i>(Substance Abuse and Mental Health Services Administration)</i>	N-MHSS is designed to collect data from all known mental health treatment facilities in the United States. These data include information about facility characteristics, including the type of facility, ownership, service settings, specialty services, and specially designed programs offered, as well as basic contact information. Data used in this volume were collected at the national and state levels in 2010. You can find more information by contacting the owning organization here: http://www.samhsa.gov/about/contactUs.aspx
National Nursing Home Survey (NNHS) <i>(Centers for Disease Control and Prevention)</i>	NNHS is a nationally representative probability sample of 1,500 nursing homes, their residents, and their staff. Data were collected for 1995, 1997, 1999, and 2004. You can find more information here: http://www.cdc.gov/nchs/nnhs.htm
National Prescription Audit (NPA) <i>(IMS Health)</i>	NPA is a source of national prescription activity for all pharmaceutical products. From a representative sample of pharmacies, NPA collects data on new and refilled prescriptions, including prescription characteristics, product details, physician and patient information, and cost. Data were obtained annually from 2002 through 2010. You can find more information here: http://imshealth.com/portal/site/ims/menuitem.d248e29c86589c9c30e81c033208c22a/?vgnextoid=bb001e4054441310VgnVCM100000ed152ca2RCRD
National Sample Survey of Registered Nurses <i>(Health Resources and Services Administration)</i>	The objective of the National Sample Survey of Registered Nurses is to sample and estimate the characteristics of the registered nurses in the workforce. In 2008, the design was modified to allow for stratified systematic sampling in each state, with multiple strata developed for age level, dual license, and employment commuting effects. The survey has been conducted every 4 years since 1977. You can find more information here: http://datawarehouse.hrsa.gov/nssrn.aspx
National Survey of Child and Adolescent Well-Being II (NSCAW II) <i>(Administration for Children and Families)</i>	NSCAW is a series of longitudinal studies that examines child and family well-being outcomes in detail and seeks to relate those outcomes to their experience with the child welfare system. NSCAW II includes data on approximately 5,800 children interviewed from 2009 through 2011. You can find more information here: http://www.acf.hhs.gov/programs/opre/resource/national-survey-of-child-and-adolescent-well-being-ii-nscaw-ii-child-well

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Data Source (<i>Organization</i>)	Description
National Survey of Substance Abuse Treatment Services (N-SSATS) <i>(Substance Abuse and Mental Health Services Administration)</i>	N-SSATS is an annual census of facilities providing substance abuse treatment since 1997. N-SSATS is designed to collect data on the location, characteristics, and use of alcohol and drug abuse treatment facilities and services throughout the 50 states, the District of Columbia, and other U.S. jurisdictions. N-SSATS includes approximately 13,000 facilities with about 1.1 million clients in treatment on the survey reference date. The latest year of available data is 2011. You can find more information here: http://www.mathematica-mpr.com/health/nssats.asp
National Survey on Drug Use and Health (NSDUH) <i>(Substance Abuse and Mental Health Services Administration)</i>	NSDUH is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 people each year. Data have been collected every year from 1992 through 2011 at the national and state levels. You can find more information here: https://nsduhweb.rti.org/
National Vital Statistics Report (NVSr) <i>(Centers for Disease Control and Prevention)</i>	NVSR is an annual publication presenting detailed data on U.S. deaths and death rates according to a number of social, demographic, and medical characteristics. You can find more information here: http://www.cdc.gov/nchs/products/nvsr.htm
Nationwide Emergency Department Sample (NEDS) <i>(Agency for Healthcare Research and Quality)</i>	NEDS yields national estimates of emergency department (ED) visits on an annual basis. NEDS contains between 25 and 30 million (unweighted) records for ED visits for more than 950 hospitals and approximates a 20 percent stratified sample of U.S. hospital-based EDs. NEDS is part of the Healthcare Cost and Utilization Project (HCUP). Data used in this volume were obtained from 2000 through 2010. You can find more information here: http://www.hcup-us.ahrq.gov/nedsoverview.jsp
Nationwide Inpatient Sample (NIS) <i>(Agency for Healthcare Research and Quality)</i>	NIS is the largest publicly available all-payer inpatient care database in the United States, containing data from approximately 8 million hospital stays each year. Researchers and policy makers use NIS to identify, track, and analyze national trends in health care utilization, access, charges, quality, and outcomes. Data used in this volume were obtained for every year from 1988 through 2010. The 2010 NIS contains all discharge data from 1,051 hospitals located in 45 states, approximating a 20 percent stratified sample of U.S. community hospitals. NIS is part of the Healthcare Cost and Utilization Project (HCUP). You can find more information here: http://www.hcup-us.ahrq.gov/nisoverview.jsp
Mental Health Mailing Lists and Marketing Solutions <i>(Psychlist Marketing, Inc.)</i>	Psychlist Marketing, Inc. is a database of more than 4 million mental health and health care professionals and agencies that is updated biweekly. The listings are categorized into more than 70 different types of mental health professionals and agencies, including psychologists, social workers, counselors, therapists, clinics, agencies, and nurses. You can find more information here: http://www.psychlist.com/
Revenues and Expenditures Study <i>(NASMHPD Research Institute, Inc. [NRI Inc.]</i>	NRI Inc.'s Revenues and Expenditures Study collects detailed state-by-state expenditure data, including trends in expenditures, from state mental health agencies. Data were obtained annually from 1981 through 2012. You can find more information here: http://www.nri-inc.org/projects/profiles/revenuesexpenditures.cfm

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Data Source (<i>Organization</i>)	Description
School Health Policies and Practices Study (SHPPS) <i>(Centers for Disease Control and Prevention)</i>	SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. Data were collected in 1994 and 2000 (under the name “School Health Policies and Programs Study”) and 2006. You can find more information here: http://www.cdc.gov/HealthyYouth/shpps/index.htm
State Inpatient Databases (SID) <i>(Agency for Healthcare Research and Quality)</i>	SID is a set of hospital databases from data organizations in participating states. Together, SID encompasses about 97 percent of all annual discharges in the United States. Some states include discharges from specialty facilities, such as acute psychiatric hospitals. Data were collected starting in 1990. SID is part of the Healthcare Cost and Utilization Project (HCUP). You can find more information here: http://www.hcup-us.ahrq.gov/sidoverview.jsp
Substance Abuse Block Grant Behavioral Health Reports <i>(Substance Abuse and Mental Health Services Administration)</i>	In the Substance Abuse Block Grant Behavioral Health Reports, states and jurisdictions provide various data related to the Substance Abuse Block Grant, including information on priorities and objectives, expenditure reports, population and services reports, and performance indicators and accomplishments. Data used in this volume were obtained for 2004 to 2013. You can find more information here: http://www.samhsa.gov/grants/blockgrant/
Survey of Inmates in State and Federal Correctional Facilities, and the Survey of Inmates in Local Jails <i>(Bureau of Justice Statistics)</i>	The 2004 Survey of Inmates in State and Federal Correctional Facilities and the 2002 Survey of Inmates in Local Jails included a modified structured clinical interview for the <i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</i> (DSM-IV). The interviewed sample included 681,600 state prison inmates; 56,600 federal prison inmates; and 398,800 local jail inmates. You can find more information here: http://www.bjs.gov/index.cfm?ty=dcdetail&iid=275
Survey of Mental Health Organizations (SMHO) <i>(Substance Abuse and Mental Health Services Administration)</i>	SMHO was a biennial survey with two phases. In the first phase, limited data were collected from all mental health organizations. In the second phase, more detailed data were collected from a sample of specialty mental health organizations. The survey was conducted in 1986, 1990, 1992, 1994, 1998, 2000, 2002, and 2004. You can find more information here: http://aspe.hhs.gov/datacncl/datadir/samhsa.htm
Survey of Youth in Residential Placement (SYRP) <i>(Office of Juvenile Justice and Delinquency Prevention)</i>	SYRP is a nationally representative survey of juvenile justice offenders aged 10 to 20 in state and local facilities. The final sample consisted of 7,073 youth who were interviewed using an audio computer-assisted self-interview system. Data used in this volume were collected in 2003. You can find more information here: https://syrp.org/default.asp
Treatment Episode Data Set (TEDS) <i>(Substance Abuse and Mental Health Services Administration)</i>	TEDS includes records for approximately 1.5 million substance abuse treatment admissions annually. TEDS comprises data that are collected by states in monitoring their substance abuse treatment systems. In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of substance abuse treatment. Data at the state level have been obtained quarterly since 1992. You can find more information here: http://www.dasis.samhsa.gov/webt/information.htm

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Data Source (<i>Organization</i>)	Description
Uniform Data System <i>(Health Resources and Services Administration)</i>	<p>The Uniform Data System is a set of electronic files compiled by the Health Resources and Services Administration from reports submitted annually by all U.S. federally funded community health centers on administration, patient population, demographic characteristics, utilization, and finances. Data in this volume were collected from 1998 through 2007.</p> <p>You can find more information here: http://www.healthindicators.gov/Resources/DataSources/UDS_161/Profile</p>
U.S. Census <i>(U.S. Department of Commerce)</i>	<p>The U.S. Census counts every resident in the United States. Data are collected via mail-in questionnaires and, when not received, by census workers walking neighborhoods to count residents within the remaining households. It typically takes place every 10 years, the last being conducted in 2010.</p> <p>You can find more information here: http://www.census.gov/</p>
Web-based Injury Statistics Query and Reporting System (WISQARS) <i>(Centers for Disease Control and Prevention)</i>	<p>WISQARS is an interactive database system that provides customized reports of nationally representative injury-related data from 2005 through 2010. It uses death certificate data to calculate number of deaths, death rates, and years of potential life lost (a measure of premature death) by specific causes; it also uses emergency department records to generate national estimates of nonfatal injuries treated in U.S. hospital emergency departments.</p> <p>You can find more information here: http://www.cdc.gov/injury/wisqars/index.html</p>

APPENDIX C: GLOSSARY

Behavioral health. A state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders.

Block Grant. The Substance Abuse and Mental Health Services Administration (SAMHSA) administers three Block Grant programs for mental health treatment, substance abuse prevention, and substance abuse treatment. The grants are allocated by formula—rather than by discretionary criteria, for example—among states and territories. Funds are for prevention, treatment, recovery supports, and other services that will supplement services covered by Medicaid, Medicare, and private insurance. Congress determines the total level of funds available.

Children’s Health Insurance Program (CHIP). A program by which states insure low-income children (aged 19 or younger) who are ineligible for Medicaid but whose families cannot afford private insurance. States receive federal matching dollars to help provide for this coverage.

Child welfare system. The social service system that receives and investigates reports of possible child abuse and neglect; provides services to families that need assistance in

the protection and care of their children; arranges for children to live with kin or with foster families when they are not safe at home; and arranges for reunification, adoption, or other permanent family connections for children leaving foster care.

Clubhouse. An organization hosting a specific model of care that helps people with mental illness participate in the broader community. A clubhouse provides members an array of nonmedical services, many of which focus on education and employment. Members themselves often participate in service provision.

Community health center. An organization that serves populations with limited access to health care, usually because of limited financial resources. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs.

Community hospital. Any non-federal, short-term general or other specialty hospital, including academic medical centers or other teaching hospitals that are non-federal short-term hospitals. The term typically excludes hospitals not accessible by the general public, such as prison hospitals or college infirmaries. See also **general hospital**.

Complementary and alternative medicine.

A broad class of services that are not traditionally provided as billable services in the treatment system. Includes services from several types of healers, participation in an Internet support group, or participation in a self-help group. The most commonly used complementary and alternative medicine services are those from spiritual advisors, relaxation techniques, and use of multivitamins and herbs.

Counselor. A certified professional offering therapy and aiding clients who are distressed with behavioral health problems.

Crisis services. Services addressing mental health or substance use problems that require immediate attention. Includes assessing needs and providing short-term intervention, referral to treatment, and linkage to support services (e.g., meals on wheels).

Day treatment or partial hospitalization. A program of services used to treat mental illness or substance use disorders. The patient continues to live at home and travels to a treatment center up to 7 days per week. Focuses on the overall treatment of the person and is intended to avert or reduce inpatient hospitalization.

Detoxification. Refers to the medical management of symptoms of withdrawal. Detoxification, or detox, is not considered definitive treatment and often complements outpatient or residential substance abuse treatment.

Drug court. A special court with jurisdiction over cases involving drug-using offenders. These courts often manage cases through comprehensive supervision, drug testing,

treatment services, and immediate sanctions and incentives.

Dual eligibility. When someone qualifies for both Medicare and Medicaid insurance coverage. Medicare is federally funded health insurance for people aged 65 or older and for certain younger people with disabilities. Medicaid is health insurance for people requiring financial assistance and is jointly funded by the federal government and the states.

Emergency department. A section of an institution that is staffed and equipped to provide immediate care, particularly for sudden, acute illness and trauma.

Emotional disturbance. An emotional or behavioral health condition that prevents a child or adolescent from performing everyday tasks. This condition is characterized by an inability to build or maintain relationships, inappropriate behaviors or feelings under normal circumstances, a pervasive mood of unhappiness or depression, or a tendency to develop physical symptoms or fears related to personal or school problems.

Family preservation worker. A professional facilitating or providing services usually for a child so that the child can remain with the family rather than be placed out of his or her home. Services are often provided at the child's home.

Family therapy. A number of therapies that serve the family as a whole.

Functional impairment. A level of disability or distress in daily life that is attributable to symptoms of mental illness.

General hospital. A community medical/surgical or specialty hospital (other than a mental health and substance abuse specialty hospital) providing diagnostic and medical treatment to inpatients, including inpatient psychiatric care in a specialized treatment unit of a general hospital and other mental health treatment services. See also **community hospital**.

General medical setting. A location where medicine or surgery across any number of disciplines is practiced.

Group home. A private residence for people with behavioral health problems. The number of residents may be limited, and often a trained caregiver is at the home at all times.

Group therapy. Care for behavioral health disorders provided to groups of patients.

Health maintenance organization (HMO). A type of managed care organization that provides a variety of services. Typically, services are provided for a set flat fee per patient. In some HMOs, a primary care provider directs access to other medical services. Usually, providers agree to treat patients in accordance with the HMO's guidelines and restrictions.

Home health care. A set of services provided in the patient's residence by private and public freestanding agencies or home health agencies. Freestanding means that the agency is not based in a hospital, nursing home, or other type of provider whose primary mission is something other than home health services.

Hospice. A form of care that provides palliative and supportive care services, including physical, psychological, social, and spiritual care for dying persons, their

families, and other loved ones. Hospice services are available in home and inpatient settings.

Illicit drug. A broad class of substance that is taken for nonmedical purposes or is illegally sold or consumed. Depending on the data source, this class of substance often includes, but is not limited to, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and prescription-type psychotherapeutics.

Inpatient. Care provided in an acute medical care unit, usually a hospital, and treatment typically requires an overnight stay.

Insurance administration. The set of activities used to run health care insurance programs.

Intensive outpatient program. Intensive outpatient programs serve as an intermediate level of care for patients who have needs that are too complex for outpatient treatment but do not require inpatient services. These programs allow people to continue with their daily routine and practice newly acquired recovery skills both at home and at work.

Medicaid. A program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources. Within federal guidelines, state governments set eligibility standards, determine optional services provided, set reimbursement rates, and administer the program. Income and resources are only two factors in determining eligibility, so not all people with limited income in a state are necessarily covered by this program.

Medicare. A federal government program that provides health insurance coverage to

eligible adults aged 65 or older and people with disabilities. It has four parts: Part A, which covers institutional services, including inpatient hospital services, nursing home care, initial home health visits, and hospice care; Part B, which covers physicians and other professional services, outpatient clinic or hospital services, laboratory services, rehabilitation therapy, and home health visits not covered by Part A, among other services; Part C, the Medicare Advantage program, which is managed by private companies for a flat fee per patient per month; and Part D, which began in 2006 and covers medication.

Mental illness. A set of conditions that disrupt thinking, feeling, mood, relationships with others, or functioning on a day-to-day basis. Measurement of mental illness and the specific categories of illness depend on the data source. Most sources reference the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) or the ninth or tenth editions of the *International Classification of Diseases* (ICD-9 and ICD-10).

Mental health treatment. Health care provided through prescription medication, or outpatient or inpatient care for problems with emotions, nerves, or mental health.

Mood disorder. A collection of disorders where a disturbance of mood is the main underlying feature. Includes depressive or bipolar disorders as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV).

Nursing home care. A set of services provided in private and public freestanding nursing home facilities. Freestanding means that the nursing home is not based in a hospital

or other type of provider whose primary mission is something other than nursing home care. The facility includes nursing and rehabilitative services, generally for an extended period of time by staff of registered or licensed practical nurses with physician consultation or oversight.

Out-of-pocket payment. Direct expenditure by consumers for health care goods and services, including coinsurance, deductibles, and any amounts paid for health care services that are not covered by insurance. Depending on the data source, health insurance premiums may or may not be included.

Outpatient. Care provided in an ambulatory setting, and treatment does not require an overnight stay. Unless otherwise specified, this setting may include a hospital outpatient department; an emergency room; physician's or other medical professional's (private therapist, psychologist, psychiatrist, social worker, or counselor) office or clinic; mental health clinic or center; partial day hospital or day treatment program; and in-home therapist, counselor, or family preservation worker.

Parity. A term applied to health insurance, meaning that coverage for behavioral health care is similar in scope and quantity to coverage for other medical conditions.

Prescription medication. A medication available through primary or specialty providers; retail outlets, such as community pharmacies; pharmacies in mass merchandise stores, grocery stores, and department stores; mail order pharmacies; hospitals; exclusive-to-patient health maintenance organizations; and nursing home pharmacies.

Primary diagnosis. The main or principal diagnosis that most typically has led to the admission of an individual to a hospital or to receipt of outpatient treatment. In an outpatient care setting, the condition may be referred to as the first-listed diagnosis. In an inpatient setting, the condition may be the most serious and/or resource-intensive during that hospitalization.

Private health insurance. Third-party coverage not provided by government sources.

Psychiatric hospitals. Facilities that typically specialize in treating people with serious mental illness and vary widely in their size and function. Many specialize in the temporary or permanent care of residents who require routine assistance, treatment, or a controlled environment.

Psychiatrist. Independently billing private or group practice of health practitioners having the degree of M.D. or D.O. who are primarily engaged in the practice of psychiatry or psychoanalysis.

Psychologist. A person trained and educated to perform psychological research, testing, and therapy.

Prescription Drug Monitoring Program (PDMP). A statewide electronic database that collects designated data on substances dispensed in the state. The PDMP is managed and housed by a specified statewide agency.

Rehabilitation. Services and treatment focused on a person recovering from or coping with symptoms to function in society. When applied to substance use, the intent is to cease substance abuse and thus avoid its social consequences.

Residential services. Services provided in a 24-hour care setting that provides therapeutic care to patients using licensed behavioral health professionals.

Retail prescription drug or retail prescription medication. Prescription medication that excludes prescription drugs sold through hospitals, exclusive-to-patient health maintenance organizations, or nursing home pharmacies.

Scatter bed. A general medical bed in a hospital dedicated to providing inpatient psychiatric care. Psychiatric care in scatter beds may occur even in hospitals with separate psychiatric units.

Serious mental illness. Among adults aged 18 or older, defined as having a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities. Estimates of serious mental illness are provided annually in the National Survey on Drug Use and Health.

Serious psychological distress. The presence of mental health symptoms in the past 30 days that may negatively affect an adult's ability to participate in family, community, and work life. Serious psychological distress is not a diagnosis and does not represent a specific mental disorder. This construct is measured annually in the National Health Interview Survey.

Specialty hospital. A hospital that provides behavioral health services to the majority of its patients.

State Mental Health Agency. A state government organization responsible for directing resources for people in need of mental health services. For example, a state Mental Health Agency typically applies for and administers federal Mental Health Block Grant funding for its state.

State Substance Abuse Agency. A state government organization responsible for directing resources for people in need of substance abuse services. For example, a state Substance Abuse Agency typically applies for and administers federal Substance Abuse Block Grant funding for its state.

Substance abuse. A pattern of substance use that leads to clinically significant impairment and includes symptoms such as failure to fulfill major role obligations, legal problems, use in situations that are physically hazardous, and continued use despite persistent social or interpersonal problems.

Substance abuse medication. Medication used to treat substance use disorders, often used to ease withdrawal symptoms, prevent relapse, diminish cravings, and restore normal brain function.

Substance abuse treatment. Health care to reduce or stop alcohol or illicit drug use or for medical problems associated with alcohol or illicit drug use.

Substance dependence. A pattern of substance use that leads to clinically significant impairment and includes symptoms such as drug taking in larger amounts than intended, inability to cut down on drug use, a great deal of time spent on activities necessary to obtain the drug, and continued use despite knowledge of health or social problems caused by the drug.

Substance use disorder. Disorder characterized by continued use of a medication or a non-medically indicated drug or toxin, resulting in repeated adverse social consequences related to use of the substance. Social consequences include failing to meet work or school obligations, poor relationships with family, interpersonal conflicts, and legal problems. The main disorder categories are substance abuse and substance dependence. Substance abuse is typically defined in terms of the social consequences of substance use, and substance dependence is typically defined by physiological and behavioral symptoms of substance use. Measurement depends on the data source. Many sources reference the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) or the ninth or tenth editions of the *International Classification of Diseases* (ICD-9 and ICD-10).

Therapist. A certified professional offering therapy and aiding clients who are distressed with behavioral health problems.

U.S. Department of Veterans Affairs (VA).

A government-run benefit system for people who have served in the military. Benefits include health care, which is administered by the Veterans Health Administration.

Veterans Health Administration. The medical assistance component of the U.S. Department of Veterans Affairs.

APPENDIX D: SELECTED SOURCE TABLES AS ORIGINALLY PUBLISHED

This Appendix contains the original published form of two tables. The tables are presented in this form at the request of the publishers. Tables 21 and 25 in Section 5.1 contain estimates selected for this volume in the format used throughout the volume.

Table D-1. Lifetime prevalence of mood and anxiety disorders among adults, by sex and sexual orientation: percentage, United States, 2004–2005 combined: Original exhibit

Original title: Lifetime prevalence of DSM-IV mood and anxiety disorders among women, by sexual identity, sexual attraction, and sexual behavior: National Epidemiologic Survey on Alcohol and Related Conditions, Wave 2, 2004–2005

Disorder	Sexual identity					Sexual attraction						Sexual behavior				
	Lesbian (n = 145), % (SE)	Bisexual (n = 161), % (SE)	Not sure (n = 101), % (SE)	Hetero- sexual (n = 19,489), % (SE)	P ¹	Only females (n = 275), % (SE)	Mostly females (n = 87), % (SE)	Equally females and males (n = 260), % (SE)	Mostly males (n = 880), % (SE)	Only males (n = 18,358), % (SE)	P ¹	Only females (n = 177), % (SE)	Both females and males (n = 445), % (SE)	Never had sex (n = 334), % (SE)	Only males (n = 18,904), % (SE)	P ¹
Any mood disorder	44.4 (4.9)	58.7 (4.4)	36.5 (6.6)	30.5 (0.5)	≤.01	23.8 (3.1)	39.2 (7.0)	32.3 (3.7)	39.2 (2.1)	30.5 (0.5)	≤.01	19.4 (3.4)	55.8 (2.9)	31.3 (3.1)	30.4 (0.5)	≤.01
Major depression	41.8 (5.1)	52.3 (4.7)	32.1 (6.6)	27.3 (0.5)	≤.01	20.5 (3.0)	35.8 (7.0)	27.9 (3.4)	35.3 (2.0)	27.3 (0.5)	≤.01	15.0 (3.1)	51.0 (3.0)	27.5 (2.9)	27.2 (0.5)	≤.01
Dysthymia	9.1 (3.0)	18.6 (3.6)	9.5 (3.2)	6.3 (0.2)	≤.05	4.3 (1.5)	8.5 (3.6)	10.3 (2.5)	9.8 (1.3)	6.2 (0.2)	≤.05	2.6 (1.2)	16.4 (2.1)	6.4 (1.5)	6.3 (0.2)	≤.01
Mania	4.9 (1.9)	15.0 (2.8)	11.8 (3.9)	5.4 (0.2)	≤.01	2.6 (0.9)	8.8 (3.7)	9.8 (2.0)	8.6 (1.1)	5.4 (0.2)	≤.01	4.6 (1.7)	15.4 (2.0)	5.4 (1.6)	5.3 (0.2)	≤.01
Hypomania	5.0 (2.3)	10.5 (3.3)	2.3 (1.7)	3.6 (0.1)		3.3 (1.2)	1.4 (1.0)	3.4 (1.3)	5.4 (1.0)	3.6 (0.2)		2.4 (1.0)	9.1 (2.0)	5.9 (1.4)	3.5 (0.2)	≤.05
Any anxiety disorder	40.8 (5.2)	57.8 (4.7)	37.6 (6.7)	31.3 (0.6)	≤.01	24.5 (3.4)	41.1 (7.2)	36.8 (3.6)	35.8 (2.1)	31.5 (0.6)	≤.05	21.5 (4.0)	50.7 (3.0)	27.6 (2.9)	31.4 (0.6)	≤.01
Panic (without agoraphobia)	11.6 (4.0)	23.5 (4.7)	14.4 (5.9)	7.4 (0.3)	≤.05	5.8 (1.8)	11.0 (5.8)	10.1 (2.4)	9.6 (1.1)	7.5 (0.3)		6.0 (2.4)	17.7 (2.2)	3.3 (1.0)	7.5 (0.3)	≤.01
Panic with agoraphobia	2.5 (0.1)	7.0 (2.7)	5.9 (3.1)	2.5 (0.1)		3.3 (1.3)	3.5 (2.2)	3.0 (1.2)	4.0 (1.0)	2.5 (0.1)		0.4 (0.4)	6.8 (1.6)	2.1 (0.9)	2.5 (0.1)	≤.01
Social phobia	9.6 (3.0)	18.2 (3.1)	13.6 (5.6)	7.9 (0.3)	≤.05	6.5 (2.0)	12.4 (4.0)	13.4 (2.3)	11.0 (1.2)	7.8 (0.3)	≤.01	4.0 (2.1)	15.5 (2.1)	11.1 (2.0)	7.8 (0.3)	≤.01
Specific phobia	27.6 (4.7)	35.0 (4.5)	23.7 (6.3)	19.5 (0.5)	≤.01	14.1 (2.9)	25.2 (5.9)	21.5 (3.1)	21.3 (1.8)	19.7 (0.5)		12.6 (3.3)	31.3 (2.8)	15.5 (2.5)	19.6 (0.5)	≤.01
Generalized anxiety disorder	14.8 (4.0)	22.5 (3.9)	15.5 (5.6)	10.0 (0.3)	≤.05	7.8 (1.6)	18.7 (6.2)	12.7 (2.6)	13.3 (1.6)	10.0 (0.3)		5.8 (1.8)	20.0 (2.2)	8.4 (1.7)	10.0 (0.3)	≤.01

(continued)

Table D-1. Lifetime prevalence of mood and anxiety disorders among adults, by sex and sexual orientation: percentage, United States, 2004–2005 combined: Original exhibit (continued)

Original title: Lifetime prevalence of DSM-IV mood and anxiety disorders among men, by sexual identity, sexual attraction, and sexual behavior: National Epidemiologic Survey on Alcohol and Related Conditions, Wave 2, 2004–2005

Disorder	Sexual identity					Sexual attraction						Sexual behavior				
	Gay (n = 190), % (SE)	Bisexual (n = 81), % (SE)	Not sure (n = 69), % (SE)	Hetero- sexual (n = 14,109), % (SE)	P ¹	Only males (n = 229), % (SE)	Mostly males (n = 96), % (SE)	Equally females and males (n = 130), % (SE)	Mostly females (n = 277), % (SE)	Only females (n = 13,704), % (SE)	P ¹	Only males (n = 342), % (SE)	Both females and males (n = 302), % (SE)	Never had sex (n = 249), % (SE)	Only females (n = 13,534), % (SE)	P ¹
Any mood disorder	42.3 (4.5)	36.9 (6.4)	36.4 (7.2)	19.8 (0.5)	≤.01	30.0 (3.6)	41.4 (6.8)	33.9 (5.0)	28.9 (3.3)	19.7 (0.5)	≤.01	26.8 (2.9)	46.5 (3.6)	29.3 (3.8)	19.4 (0.5)	≤.01
Major depression	37.8 (4.5)	35.8 (6.4)	26.8 (7.1)	15.4 (0.4)	≤.01	27.3 (3.7)	33.0 (6.4)	29.0 (4.8)	21.8 (3.2)	15.3 (0.4)	≤.01	23.0 (2.9)	36.9 (3.3)	19.7 (3.1)	15.2 (0.4)	≤.01
Dysthymia	12.3 (2.5)	3.6 (1.6)	0.6 (0.4)	3.5 (0.2)	≤.01	8.4 (2.0)	10.7 (3.6)	3.5 (1.5)	4.9 (1.4)	3.5 (0.2)		5.0 (1.3)	10.7 (1.9)	4.0 (1.6)	3.4 (0.2)	≤.01
Mania	7.7 (2.2)	14.6 (4.4)	15.9 (6.4)	4.7 (0.2)	≤.05	7.1 (2.3)	9.7 (4.0)	12.4 (3.7)	8.5 (2.0)	4.7 (0.2)	≤.05	6.0 (1.7)	13.9 (2.4)	8.7 (2.5)	4.6 (0.2)	≤.01
Hypomania	4.0 (1.6)	5.0 (3.9)	8.9 (4.1)	3.8 (0.2)		3.6 (1.3)	2.5 (1.2)	7.7 (3.1)	6.2 (2.1)	3.8 (0.2)		3.5 (1.2)	7.2 (2.1)	7.1 (2.0)	3.7 (0.2)	
Any anxiety disorder	41.2 (4.7)	38.7 (6.0)	32.7 (7.2)	18.6 (0.6)	≤.01	33.5 (3.8)	43.0 (6.4)	24.2 (4.4)	25.5 (3.1)	18.3 (0.5)	≤.01	25.0 (2.8)	38.9 (3.4)	26.9 (3.7)	18.2 (0.5)	≤.01
Panic (without agoraphobia)	13.7 (3.0)	15.5 (4.9)	3.8 (2.6)	3.8 (0.2)	≤.01	10.3 (2.3)	15.3 (5.3)	5.7 (2.5)	8.8 (2.0)	3.7 (0.2)	≤.01	7.7 (1.9)	12.6 (2.3)	3.2 (1.4)	3.7 (0.2)	≤.01
Panic with agoraphobia	4.2 (1.6)	0.0 (0.0)	0.0 (0.0)	1.1 (0.1)	≤.01	2.6 (1.0)	3.9 (2.6)	0.0 (0.0)	1.2 (0.7)	1.1 (0.1)	≤.01	2.1 (1.1)	3.4 (1.2)	1.3 (0.7)	1.1 (0.1)	
Social phobia	12.4 (2.9)	14.2 (4.4)	15.6 (6.0)	5.8 (0.2)	≤.05	9.2 (2.4)	7.0 (2.9)	7.9 (2.7)	9.8 (2.0)	5.8 (0.2)		6.1 (1.2)	13.8 (2.5)	11.8 (2.5)	5.7 (0.2)	≤.01
Specific phobia	21.8 (3.0)	19.8 (5.0)	18.4 (5.9)	10.0 (0.3)	≤.01	18.7 (3.1)	17.7 (4.6)	12.2 (3.0)	12.6 (2.3)	10.0 (0.3)	≤.05	12.4 (2.1)	20.9 (2.8)	17.3 (3.3)	9.8 (0.3)	≤.01
Generalized anxiety disorder	16.9 (3.5)	11.5 (4.2)	10.1 (4.4)	4.8 (0.2)	≤.01	8.9 (2.2)	23.6 (5.4)	8.6 (2.9)	7.7 (1.7)	4.7 (0.3)	≤.01	7.2 (1.7)	14.4 (2.6)	4.0 (1.3)	4.8 (0.2)	≤.01

¹ Based on c² test of association.

NOTES: DSM-IV = *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*.

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At the request of the publisher, Table D-1 is the original published form of the table.

SOURCE: Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*, 100(3), 468–475. doi:10.2105/AJPH.2008.152942

Table D-2. Percentage of persons aged 8 to 15 with a 12-month mental disorder with or without severe impairment, United States, 2001–2004: Original exhibit

Original title: Prevalence of 12-month, DSM-IV-defined disorders according to gender and age in US children 8 to 15 years of age

DSM-IV-Defined Disorder	Prevalence, Estimate ± SE, %									
	Disorder Without Impairment					Disorder With Severe Impairment (Level D) ^a				
	Gender		Age		Total (N = 3,042)	Gender		Age		Total (N = 3,042)
	Male (N = 1,492)	Female (N = 1,550)	8–11 y (N = 1,148)	12–15 y (N = 1,894)		Male (N = 1,492)	Female (N = 1,550)	8–11 y (N = 1,148)	12–15 y (N = 1,894)	
ADHD, all	11.6 ± 1.0	5.4 ± 0.6	9.9 ± 1.0	7.4 ± 1.0	8.6 ± 0.7	10.8 ± 0.9	4.7 ± 0.7	9.1 ± 1.0	6.7 ± 0.8	7.8 ± 0.7
	$X^2 = 45.18, P < .001$		$X^2 = 3.23, P = .082$			$X^2 = 46.86, P < .001$		$X^2 = 4.29, P = .047$		
Attention deficit	5.4 ± 0.9	3.1 ± 0.5	4.6 ± 0.8	4.0 ± 0.8	4.3 ± 0.6					
	$X^2 = 5.59, P = .025$		$X^2 = 0.43, P = .517$							
Hyperactivity	2.8 ± 0.7	1.2 ± 0.3	2.8 ± 0.7	1.3 ± 0.3	2.0 ± 0.4					
	$X^2 = 4.56, P = .041$		$X^2 = 3.85, P = .059$							
Combined	3.4 ± 0.4	1.1 ± 0.2	2.4 ± 0.5	2.1 ± 0.3	2.2 ± 0.2					
	$X^2 = 20.99, P < .001$		$X^2 = 0.27, P = .610$							
Conduct disorder	2.3 ± 0.3	1.9 ± 0.5	1.5 ± 0.3	2.7 ± 0.5	2.1 ± 0.3	2.0 ± 0.3	1.4 ± 0.4	1.2 ± 0.2	2.2 ± 0.5	1.7 ± 0.3
	$X^2 = 0.71, P = .406$		$X^2 = 5.76, P = .023$			$X^2 = 1.26, P = .271$		$X^2 = 3.90, P = .058$		
Anxiety disorder	0.4 ± 0.2	0.9 ± 0.3	0.4 ± 0.2	0.8 ± 0.3	0.7 ± 0.2	0.4 ± 0.2	0.4 ± 0.2	0.3 ± 0.2	0.5 ± 0.2	0.4 ± 0.1
	$X^2 = 1.74, P = .197$		$X^2 = 1.04, P = .317$			$X^2 = 0.004, P = .948$		$X^2 = 0.20, P = .656$		
Generalized anxiety	0.3 ± 0.2	0.4 ± 0.2	0.1 ± 0.1	0.7 ± 0.3	0.3 ± 0.1	0.3 ± 0.2	0.1 ± 0.1	0.0 ± 0.0	0.4 ± 0.2	0.2 ± 0.1
	$X^2 = 0.33, P = .569$		$X^2 = 3.54, P = .070$			$X^2 = 0.33, P = .571$		$X^2 = 3.29, P = .081$		
Panic disorder	0.2 ± 0.1	0.6 ± 0.2	0.4 ± 0.2	0.4 ± 0.2	0.4 ± 0.1	0.2 ± 0.1	0.4 ± 0.2	0.3 ± 0.2	0.2 ± 0.1	0.3 ± 0.1
	$X^2 = 2.51, P = .124$		$X^2 = 0.003, P = .955$			$X^2 = 0.71, P = .406$		$X^2 = 0.172, P = .681$		
Eating disorder	0.1 ± 0.0	0.2 ± 0.1	0.1 ± 0.1	0.2 ± 0.1	0.1 ± 0.1	0.0 ± 0.0	0.1 ± 0.0	0.0 ± 0.0	0.1 ± 0.0	0.03 ± 0.01
	$X^2 = 2.01, P = .167$		$X^2 = 1.07, P = .309$			$X^2 = 2.86, P = .101$		$X^2 = 2.85, P = .102$		
Mood disorder	2.5 ± 0.7	4.9 ± 0.9	2.5 ± 0.7	4.8 ± 0.9	3.7 ± 0.6	1.7 ± 0.5	4.1 ± 0.8	1.8 ± 0.5	3.9 ± 0.8	2.9 ± 0.5
	$X^2 = 6.64, P = .015$		$X^2 = 7.08, P = .012$			$X^2 = 7.37, P = .011$		$X^2 = 7.26, P = .011$		
Major depression	1.8 ± 0.6	3.7 ± 0.8	1.6 ± 0.5	3.8 ± 0.8	2.7 ± 0.6	1.6 ± 0.5	3.2 ± 0.7	1.4 ± 0.4	3.2 ± 0.7	2.4 ± 0.5
	$X^2 = 4.65, P = .039$		$X^2 = 10.00, P = .004$			$X^2 = 3.90, P = .058$		$X^2 = 7.65, P = .010$		
Dysthymia	0.7 ± 0.3	1.2 ± 0.4	0.8 ± 0.4	1.1 ± 0.3	1.0 ± 0.3	0.1 ± 0.1	0.9 ± 0.4	0.4 ± 0.2	0.7 ± 0.3	0.5 ± 0.2
	$X^2 = 1.53, P = .225$		$X^2 = 0.28, P = .601$			$X^2 = 4.73, P = .038$		$X^2 = 0.91, P = .348$		
Any of above	14.5 ± 1.0	11.6 ± 1.1	12.8 ± 1.3	13.4 ± 1.2	13.1 ± 0.9	13.0 ± 0.9	9.4 ± 1.2	11.0 ± 1.1	11.5 ± 1.3	11.3 ± 0.9
	$X^2 = 6.47, P = .016$		$X^2 = 0.12, P = .731$			$X^2 = 9.73, P = .004$		$X^2 = 0.10, P = .758$		

See notes on page 379.

Table D-2 notes

^a Impairment level D indicates ≥ 2 intermediate or 1 severe rating on the 6 impairment questions regarding personal distress and social (at home or with peers) or academic difficulties.

NOTES: Reproduced with permission from *Pediatrics*, 125(1), 75–81, Copyright © 2010 by the American Academy of Pediatrics.

At the request of the publisher, Table D-2 is the original published form of the table.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics*, 125(1), 75–81.

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ADDITIONAL ACKNOWLEDGMENTS

The following people contributed to this edition of *Behavioral Health, United States*: Alexander Cowell (Project Director), Simone Akkari, Kathryn Batts, Mark Edlund, Adrienne Gilbert, Cristie Glasheen, Valerie Hoffman, David Kaiser, Rhonda Karg, Justin Landwehr, Lara Markovits, Stephen Orme, Heather Ringeisen, and Richard Van Dorn (RTI International); Dominic Hodgkin and Elizabeth Merrick (Brandeis University); Carla Linkous and Lindsey Stillman (Cloudburst Consulting Group); Natalie Hodges (North Carolina State University); Ted Lutterman (NRI Inc.); and Catherine Fullerton and Tami Mark (Truven Health Analytics).

Additionally, a number of individuals prepared and contributed data that were crucial to the completion of *Behavioral Health, United States, 2012*: Eric Burgess (U.S. Department of Veterans Affairs), Anita Chandra (RAND Corporation), Joseph Gfroerer (SAMHSA), Lauren Glaze (Bureau of Justice Statistics), Carolyn Hardin (National Association of Drug Court Professionals), Sarra Hedden (SAMHSA), Art Hughes (SAMHSA), Nancy Lapointe (VA), Colleen McKay (Center for Mental Health Services Research, University of Massachusetts Medical School), Kathleen Merikangas (National Institute of Mental Health), Laura Milazzo-Sayre (SAMHSA), Catherine Simile (Centers for Disease Control and Prevention), Mark Strong (U.S. Department of Veterans Affairs), Peter Tice (SAMHSA), and Rita Vandivort-Warren (Health Resources and Services Administration).

The following individuals served as external reviewers for the volume: Gary Blau (SAMHSA), Barbara Burns (Duke University), Lisa Colpe (National Institute of Mental Health), Sarah Duffy (National Institute on Drug Abuse), Beverlie Fallik (SAMHSA), Rachel Garfield (Kaiser Commission on Medicaid and the Uninsured), Kaitlyn Harrington (SAMHSA), Keith Humphreys (Stanford University), Andrea Kopstein (U.S. Department of Health and Human Services), Charlotte Mullican (Agency for Healthcare Research and Quality), Peggy Murray (National Institute on Alcohol Abuse and Alcoholism), Michael Schoenbaum (National Institute of Mental Health), Marvin Swartz (Duke University), Rita Vandivort-Warren (Health Resources and Services Administration), and Samuel Zuvekas (Agency for Healthcare Research and Quality).

Finally, particular recognition is due to Marceline Murawski, Susan Murchie, Pamela Prevatt, and E. Andrew Jessup, along with other members of the publications staff at RTI International, who provided expert editorial services.

BEHAVIORAL HEALTH, UNITED STATES, 2012 EXPERT ADVISORY PANEL

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HHS Pub. No. (SMA) 13-4797

Printed 2013

