National Survey on Drug Use and Health

The NSDUH Report

September 25, 2008

Mental Health Service Use among Youths Aged 12 to 17: 2005 and 2006

In Brief

- Combined 2005 and 2006 data indicate that an annual average of 3.3 million youths aged 12 to 17 (13.3 percent) received services for emotional or behavioral problems in a specialty mental health setting in the past year
- About 3.0 million youths (12.0 percent) received services for emotional or behavioral problems in a school-based setting, and around 752,000 (3.0 percent) received such services in a general medical setting
- Female youths were more likely than their male counterparts to receive services for emotional or behavioral problems in a specialty mental health or educational setting

ental health services for children and youths are provided in a variety of settings, including specialty mental health service settings, such as community mental health centers, as well as nonspecialty settings, such as schools1 and general medical practice settings.² For youths, nonspecialty settings, particularly schools, may be especially important in accessing mental health services. As a result, many leading youth mental health service delivery models call for the coordination of care provided in specialty and nonspecialty settings^{2,3} and adopting a "no wrong door" approach to accessing mental health services. This report examines data on youth mental health service utilization from the 2005 and 2006 National Surveys on Drug Use and Health (NSDUH), applying the categories for specialty and nonspecialty settings commonly used in the youth mental health services literature.^{4,5}

NSDUH includes questions for youths aged 12 to 17 about mental health treatment or counseling received in the past 12 months for

emotional or behavioral problems not caused by alcohol or drugs.⁶ In NSDUH, settings for services related to emotional or behavioral problems among youths include the following: (1) specialty mental health services delivered in outpatient settings, including a private therapist, psychologist, psychiatrist, social worker, or counselor; a mental health clinic or center; a partial day hospital or day treatment program; or an in-home therapist, counselor, or family preservation worker; (2) specialty mental health services delivered in inpatient or residential settings during an overnight or longer stay in a hospital, a residential treatment center, or a foster care or therapeutic foster care home; (3) mental health services delivered in school-based settings, including those provided by a school counselor, school psychologist, or in regular meetings with a teacher about emotional or behavioral problems; special education services provided in a regular classroom or in a special classroom or placement in a special program or special school for emotional or behavioral problems; and (4) services delivered in a general medical setting by a pediatrician or other family doctor.

This issue of *The NSDUH* Report examines the numbers and percentages of youths aged 12 to 17 receiving mental health services (one or more contacts) in the past year for emotional or behavioral problems by setting. All findings presented in this report are annual averages based on combined 2005 and 2006 NSDUH data.

Youth Mental Health Services, by Setting

Combined 2005 and 2006 data indicate that an annual average of 13.3 percent of youths aged 12 to 17 (an estimated 3.3 million persons annually) received specialty mental health services for emotional or

Table 1. Estimated Numbers (in Thousands) and Percentages of Youths Aged 12 to 17 Receiving Mental Health Services for Emotional or Behavioral Problems in the Past Year, by Setting: 2005 and 2006

	Estimated Number	
Setting*	(in 1,000s)	%
Specialty Mental Health (Combined Inpatient and Outpatient)	3,344	13.3
Outpatient	2,991	11.9
Private Therapist, Psychologist, Psychiatrist, Social Worker, or Counselor	2,495	9.9
Mental Health Clinic or Center	623	2.5
Partial Day Hospital or Day Treatment Program	461	1.8
In-Home Therapist, Counselor, or Family Preservation Worker	724	2.9
Inpatient or Residential	683	2.7
Overnight or Longer Stay in Any Type of Hospital	523	2.1
Overnight or Longer Stay in a Residential Treatment Center	227	0.9
Overnight or Longer Stay in Foster Care or in a Therapeutic Foster Care Home	136	0.5
Education**	3,012	12.0
School Counselor, School Psychologist, or Having Regular Meetings with a Teacher	2,485	9.9
Special Education Services While in a Regular Classroom or in a Special Classroom or Placement in a Special Program or Special School	977	3.9
General Medical	752	3.0
Pediatrician or Other Family Doctor	752	3.0

Source: SAMHSA, 2005 and 2006 NSDUHs.

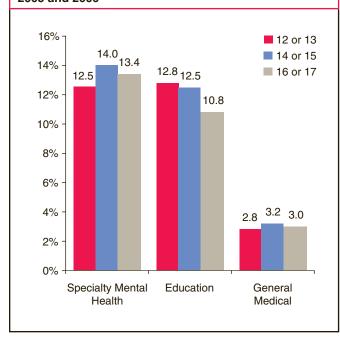
behavioral problems in the 12 months prior to the survey (Table 1). Almost one in eight (11.9 percent) received outpatient mental health services. The most commonly used outpatient services were those provided by private therapists, psychologists, psychiatrists, social workers, or counselors (9.9 percent of youths). An estimated 2.7 percent of persons in this age group received inpatient mental health services. The most commonly used inpatient service for emotional or behavioral problems was staying overnight or longer in a hospital (2.1 percent).

Twelve percent of youths aged 12 to 17 (3.0 million) received mental health services for emotional or

behavioral problems in a school-based setting. Among these youths, 9.9 percent received mental health services from a school counselor, school psychologist, or through regular meetings with a teacher for emotional or behavior problems in the past 12 months, and 3.9 percent received special educational services for emotional or behavior problems while in a regular classroom or when placed in a special classroom or school.

Three percent of youths (an estimated 752,000) received services for emotional or behavioral problems from a pediatrician or other family doctor.

Figure 1. Percentages of Youths Aged 12 to 17 Who Received Services for Emotional or Behavioral Problems in the Past Year, by Setting and Age Group: 2005 and 2006



Source: SAMHSA, 2005 and 2006 NSDUHs.

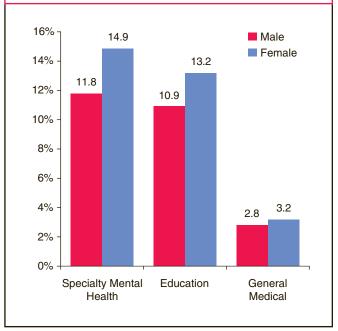
Youth Mental Health Services, by Age

The percentages of youths aged 12 to 17 receiving services for emotional or behavioral problems in the past year in the specialty mental health and education settings varied by age. Youths aged 14 or 15 were more likely to receive specialty mental health services than were youths aged 12 or 13 (14.0 vs. 12.5 percent). Services in an education setting were more common among 12 or 13 year olds (12.8 percent) and 14 or 15 year olds (12.5 percent) than among 16 or 17 year olds (10.8 percent) (Figure 1). The percentage of youths who received services for emotional or behavioral problems in a general medical setting did not vary by age.

Youth Mental Health Services, by Gender

Female youths aged 12 to 17 were more likely than their male

Figure 2. Percentages of Youths Aged 12 to 17 Who Received Services for Emotional or Behavioral Problems in the Past Year, by Setting and Gender: 2005 and 2006



Source: SAMHSA, 2005 and 2006 NSDUHs.

counterparts to receive specialty mental health services in the past year (14.9 vs. 11.8 percent) and more likely to receive school-based services for emotional or behavioral problems in the past year (13.2 vs. 10.9 percent) (Figure 2). There was no difference between male and female youths in their use of general medical services for emotional or behavioral problems.

End Notes

- ¹ Teich, J. L., Robinson, G., & Weist, M. D. (2007, October). What kinds of mental health services do public schools in the United States provide? Advances in school mental health promotion, pp. 13-27. [Inaugural unnumbered volume and issue, available at http://www.schoolmentalhealth.co.uk/]
- ² Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. *Health Affairs*, 14(3), 147-159.
- Stroul, B. A., & Friedman, R. E. (1994, June). System of care for children and youth with severe emotional disturbance (Report SOC2, reprint of July 1986 rev. ed.). Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

- ⁴ Horwitz, S. M., Hoagwood, K., Stiffman, A. R., Summerfeld, T., Weisz, J. R., Costello, E. J., Rost, K., Bean, D. L., Cottler, L., Leaf, P. J., Roper, M., & Norquist, G. (2001). Reliability of the services assessment for children and adolescents. *Psychiatric Services*, *52*, 1088-1094.
- ⁵ Garland, A. F., Lau, A. S., Yeh, M., McCabe, K. M., Hough, R. L., & Landsverk, J. A. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths. American Journal of Psychiatry, 162, 1336-1343.
- ⁶ Questions regarding services for emotional or behavioral problems specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview.

Table Notes

- Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive and do not add to 100 percent.
- ** Respondents who did not report their school enrollment status or who reported not being enrolled in school in the past 12 months were not asked about receipt of mental health treatment or counseling from this source.

Suggested Citation

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Research findings from the SAMHSA 2005 and 2006 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2005 and 2006 data used in this report are based on information obtained from 45,405 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2007). Results from the 2006 National Survey on Drug Use and Health: National findings (DHHS Publication No. SMA 07-4293, NSDUH Series H-32). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Information for earlier NSDUHs is available in the following publication:

2005 NSDUH: (DHHS Publication No. SMA 06-4194, NSDUH Series H-30)

Also available online: http://oas.samhsa.gov.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002 through 2006 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.

