

The NSDUH Report

October 3, 2003

Reasons for Not Receiving Treatment among Adults with Serious Mental Illness

In Brief

- Fewer than half of adults with past year serious mental illness (SMI) received treatment for a mental health problem in the past year
- More than 2 million adults with SMI who did not receive mental health treatment in the past year reported that they needed it during this time period
- About half of adults with SMI who did not receive mental health treatment and reported unmet treatment need reported cost-related reasons for not receiving treatment

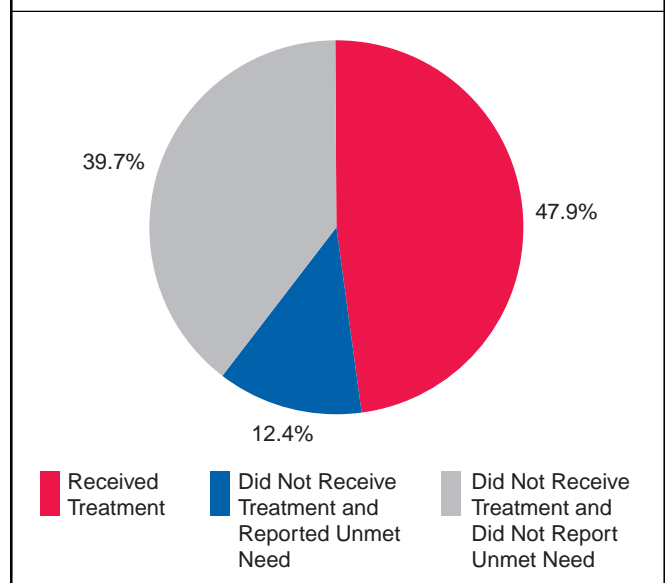
Mental disorders account for 4 of the 10 leading causes of disability in the United States.¹ The National Survey on Drug Use and Health (NSDUH) includes questions for adults aged 18 or older to assess serious mental illness (SMI) during the year prior to the survey interview. For this report, SMI is defined as having at some time during the past 12 months a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*² and resulted in functional impairment that substantially interfered with or limited one or more major life activities.^{3,4}

Adults also were asked about their experiences with mental health treatment. Treatment is defined as the receipt of services or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to the interview in an inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. Treatment for only a substance abuse problem is not included. Unmet need is defined as a perceived need for mental health treatment that was not received in the past 12 months. Adults

Table 1. Past Year Serious Mental Illness among Adults Aged 18 or Older, by Demographic Characteristics: 2002

	Percent	Standard Error
Total	8.3	0.21
Gender		
Male	6.0	0.25
Female	10.5	0.30
Age Group		
18 to 25	13.2	0.30
26 to 49	9.5	0.29
50 or Older	4.9	0.37
Race/Ethnicity*		
American Indian or Alaska Native	12.5	2.60
Black	8.8	0.67
White	8.4	0.25
Asian	7.5	1.39
Hispanic	6.9	0.58
Native Hawaiian or Other Pacific Islander	5.4	1.97

Figure 1. Adults Aged 18 or Older with Past Year Serious Mental Illness Reporting Receipt and Need for Treatment: 2002**



reporting unmet need were asked to identify the reason(s) why they did not receive the mental health treatment or counseling they needed.⁵

Prevalence of Serious Mental Illness

In 2002, more than 8 percent of adults aged 18 or older (17.5 million) were estimated to have SMI in the past year (Table 1). Females (11 percent) were more likely than males (6 percent) to have SMI in the past year. The rate of past year SMI was higher among young adults aged 18 to 25 (13 percent) than among adults aged 26 to 49 (10 percent) or those aged 50 or older (5 percent). The rate of SMI was highest among American Indians or Alaska Natives and lowest among Native Hawaiians or other Pacific Islanders.

Prevalence of Mental Health Treatment

Less than half (48 percent) of adults with past year SMI received treat-

ment for a mental health problem in the past year (Figure 1). Females with SMI (52 percent) were more likely than males with SMI (40 percent) to have received mental health treatment. Among adults with SMI, those aged 26 to 49 (54 percent) were more likely than young adults aged 18 to 25 (34 percent) or adults aged 50 or older (46 percent) to have received mental health treatment in the past year. Whites with SMI (52 percent) were more likely than blacks (37 percent) or Hispanics with SMI (38 percent) to have received mental health treatment in the past year.

Among adults with past year SMI, 12 percent (over 2 million adults) did not receive mental health treatment in the past year and perceived an unmet need for mental health treatment. The rate of perceived unmet need was similar among males (14 percent) and females (12 percent). The rate of perceived unmet need decreased with increasing age (Figure 2). The rate of unmet need was similar among whites (13 percent), blacks (13 percent), and Hispanics (11 percent).

Reasons for Not Receiving Mental Health Treatment

Among the over 2 million adults with SMI who did not receive mental health treatment in the past year but felt they needed it, about half reported cost as the reason they did not get treatment (Table 2). Other common reasons included concerns about stigma, including confidentiality and the opinions of neighbors and community, and not knowing where to go for services.

End Notes

1. National Institute of Mental Health. (2001 January, revised 2003, May). *The numbers count: Mental disorders in America* (NIMH Publication No. 01-4584). Retrieved September 10, 2003, from <http://www.nimh.nih.gov/publicat/numbers.cfm>
2. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
3. Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.-L.T., Manderscheid, R.W., Walters, E.E., & Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60, 184-189.

Figure 2. Percentages Reporting Unmet Need for Mental Health Treatment among Adults Aged 18 or Older with Past Year Serious Mental Illness Who Did Not Receive Mental Health Treatment, by Age Group: 2002

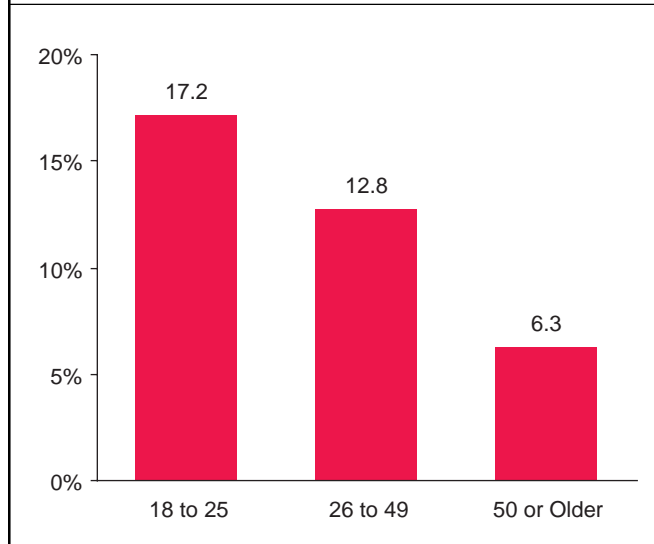


Table 2. Reasons for Not Receiving Mental Health Treatment among Adults Aged 18 or Older with Past Year Serious Mental Illness Who Did Not Receive Mental Health Treatment in the Past Year and Who Perceived an Unmet Need for Mental Health Treatment: 2002

Reasons Did Not Receive Treatment or Counseling***	Percent	Standard Error
Cost****	50.4	3.18
Stigma*****	28.2	2.58
Did not know where to go for services	25.8	2.80
Did not feel a need for treatment, Could handle problems without treatment, Worked on problems with family/friends, Worked on problems through religion/spirituality*****	10.4	1.90
Fear of being committed/ Have to take medicine	9.2	1.66
Did not have time or No transportation/Inconvenient*****	8.1	2.13

4. A discussion of the methodology used to generate SMI estimates can be found in Appendix B of the following document: Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NHSDA Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.
5. Response options were (1) you couldn't afford the cost, (2) you were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you, (3) you were concerned that getting mental health treatment or counseling might have a negative effect on your job, (4) your health insurance does not cover **any** mental health treatment or counseling, (5) your health insurance does not pay **enough** for mental health treatment or counseling, (6) you did not know where to go to get services, (7) you were concerned that the information you gave the counselor might not be kept confidential, (8) you were concerned that you might be committed to a psychiatric hospital or might have to take medicine, (9) some other reason or reasons. Respondents who indicated that they did not receive the mental health treatment or counseling they needed for some reason other than those listed were asked to report the **most important** other reason they did not receive the treatment they needed. The responses then were grouped into broader categories.

Table and Figure Notes

Source (all tables and figures): SAMHSA 2002 NSDUH.

*Individuals reporting two or more races were not included in this analysis.

**Persons with missing data were not included in these analyses.

***Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

****Reasons were (1) couldn't afford cost, (2) health insurance does not cover **any** mental health treatment or counseling, (3) health insurance does not pay **enough** for mental health treatment or counseling, and (4) do not have health insurance.

*****Reasons were (1) might cause neighbors or community to have negative opinion (includes responses of "did not want others to find out you needed treatment" that were "other reasons" specified by respondents), (2) might have negative effect on job, (3) concerned about confidentiality, and (4) ashamed/embarrassed/afraid (this was a response specified as an "other reason" by respondents).

*****Respondents were permitted to select "other reasons" for not receiving mental health treatment or counseling. These reasons are among the commonly reported "other reasons" for not receiving treatment or counseling.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2002 data are based on information obtained from 68,216 persons aged 12 or older, including 44,481 persons aged 18 or older. 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 in Research Triangle Park, North Carolina.

Information and data for this issue are based on the following publication and statistics:

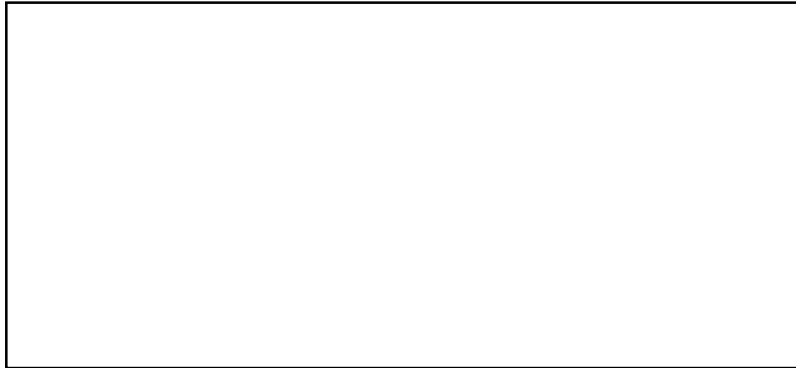
Office of Applied Studies. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NHSDA Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available on-line: <http://www.DrugAbuseStatistics.samhsa.gov>.

Additional tables available on request.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 Substance Abuse & Mental Health Services Administration
 Office of Applied Studies
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Research findings from the SAMHSA 2002 National Survey on Drug Use and Health (NSDUH)

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