

The NHSDA Report

July 21, 2003

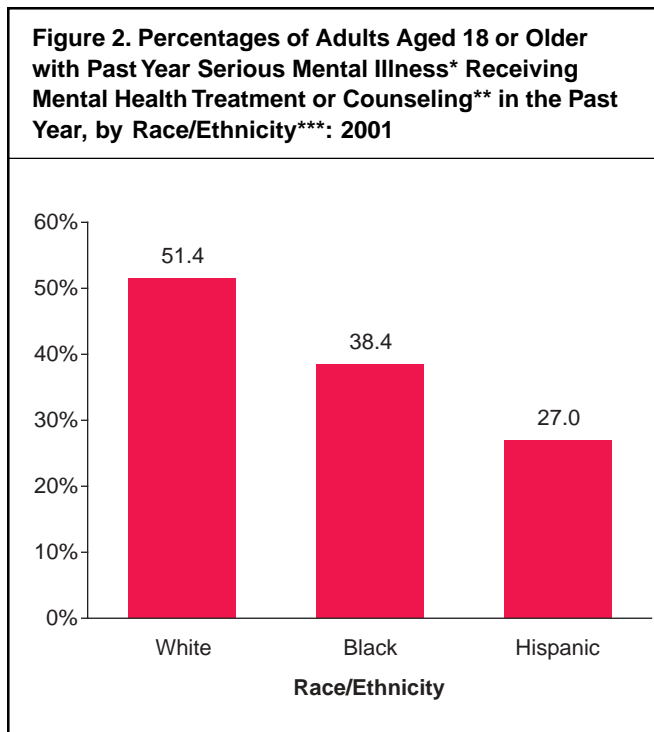
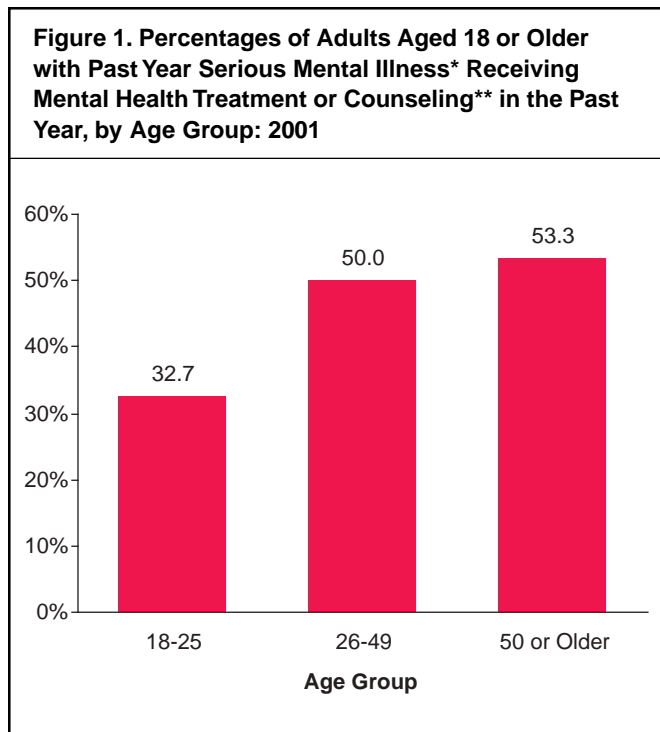
Treatment among Adults with Serious Mental Illness

In Brief

- Fewer than half of adults with a serious mental illness (SMI) received treatment or counseling for a mental health problem during the past year
- Among adults with SMI, whites were more likely than blacks or Hispanics to have received treatment or counseling during the past year
- Among adults with SMI, college graduates were more likely to have received treatment than those with lower levels of education

The 2001 National Household Survey on Drug Abuse (NHSDA) included questions for adults aged 18 or older to assess serious mental illness (SMI) during the year prior to the survey interview. For these estimates, SMI is defined as having a diagnosable mental, behavioral, or emotional disorder that met criteria in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV)¹ and that resulted in functional impairment that substantially interfered with or limited one or more major life activities.^{2,3}

Adults also were asked about their experiences with mental health treatment. Treatment is defined as the receipt of treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to interview in any 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. In addition, adults were asked whether there was any time during past 12 months when they needed mental health treatment or counseling for themselves but did not receive it, hereinafter referred to as



“unmet treatment need.”⁴ In this report we will be presenting unmet treatment need separately for persons who received treatment in the past year and those who did not receive treatment. Respondents also were asked about the highest grade or year of school they had completed, as well as their employment status.

Prevalence of Serious Mental Illness

In 2001, there were an estimated 15 million adults aged 18 or older with SMI during the past year. This represents 7 percent of all adults aged 18 or older. The rate of past year SMI was higher among young adults aged 18 to 25 (12 percent) than among adults aged 26 to 49 (8 percent) or 50 or older (5 percent).

Demographic Differences in Receipt of Treatment

Less than half (47 percent) of the 15 million adults with SMI received

treatment or counseling for a mental health problem during the past year. Among adults with SMI, adults aged 26 or older were more likely than young adults aged 18 to 25 to have received treatment during the past year (Figure 1). Adult females with SMI (52 percent) were more likely than adult males with SMI (38 percent) to have received mental health treatment or counseling in the past year. Among those with SMI, white adults were more likely than black or Hispanic adults to have received treatment or counseling during the past year (Figure 2).

Among adults with SMI, college graduates were more likely than those with lower levels of education to have received treatment or counseling during the past year. Among those with SMI, part-time workers (48 percent) or adults not in the labor force (57 percent) were more likely to have received treatment or counseling during the past year than full-time workers or unemployed adults (40 percent each).⁵

Unmet Treatment Need

Among adults with SMI who did not receive mental health treatment or counseling in the past year, 21 percent reported there was a time during the past 12 months when they needed mental health treatment or counseling. The rate of unmet treatment need among those who did not receive mental health treatment or counseling in the past year was higher among persons aged 18 to 49 than those aged 50 or older (Figure 3). The rate of unmet treatment need for adults with SMI who did not receive mental health treatment or counseling in the past year was higher for females (24 percent) than for males (16 percent).

Among adults with SMI who received mental health treatment or counseling in the past year, 34 percent reported there was a time during the past 12 months when they needed mental health treatment or counseling and did not receive it. These individuals represent an additional portion of the “treatment

Figure 3. Percentages of Adults Aged 18 or Older Reporting Unmet Need** for Mental Health Treatment or Counseling** among Those with Past Year Serious Mental Illness* Who Did Not Receive Treatment or Counseling in the Past Year, by Age Group: 2001**

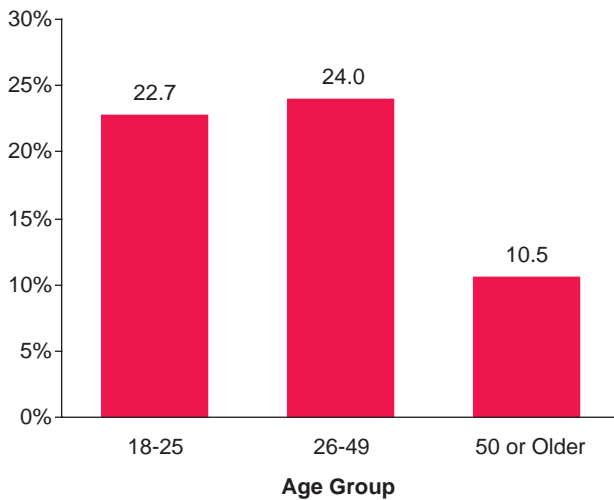
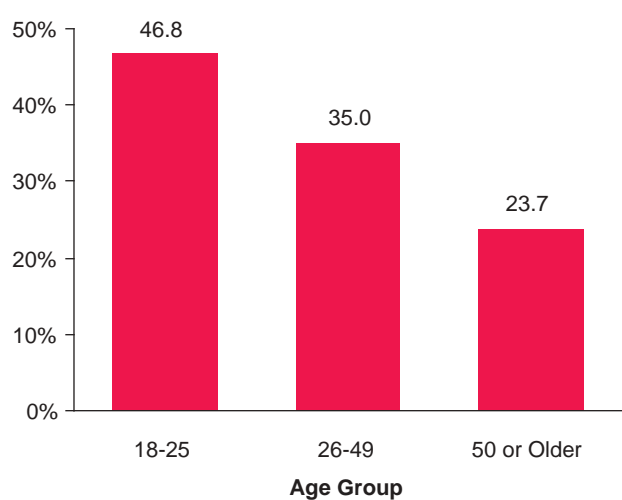


Figure 4. Percentages of Adults Aged 18 or Older Reporting Unmet Need** for Mental Health Treatment or Counseling** among Those with Past Year Serious Mental Illness* Who Received Treatment or Counseling in the Past Year, by Age Group: 2001**



gap” in that their treatment was either delayed or insufficient to meet their needs. Females with SMI who received mental health treatment or counseling in the past year (37 percent) were more likely than their male counterparts (27 percent) to report unmet treatment need. The rate of unmet treatment need for adults with SMI who received mental health treatment or counseling in the past year decreased by age (Figure 4).

** Mental health treatment/counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for alcohol or drug use. Respondents with missing treatment/counseling data are excluded.

***Small sample sizes prevented analyses of American Indians /Alaska Natives and Asians.

**** Unmet need for mental health treatment/counseling is defined as a perceived need for treatment that was not received in the past year. Respondents with missing unmet need data are excluded.

End Notes

1. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
2. Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hirpi, 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.
3. A discussion of the methodology used to generate SMI estimates can be found in Appendix B of the following document: Office of Applied Studies. (2002). *Results from the 2001 National Household Survey on Drug Abuse: Volume II* (DHHS Publication No. SMA 02-3759, NHSDA Series H-18). Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Respondents were asked: “During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn’t get it?”
5. Respondents considered not in the labor force were those who indicated they were retired, disabled, a homemaker, a student, or “other” when asked about their employment status.

Figure Notes

* Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the DSM-IV criteria and resulted in functional impairment that substantially interfered with or limited one or more major life activities.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to a representative sample of the population age 12 or older through face-to-face interviews at their place of residence. The 2001 survey interviewed 68,929 persons, including 45,796 persons aged 18 or older.

The NHSDA 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. (2002). *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of national findings* (DHHS Publication No. SMA 02-3758, NHSDA Series H-17). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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

Additional tables available upon request.



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