

The NSDUH Report

September 8, 2011

Utilization of Mental Health Services by Adults with Suicidal Thoughts and Behavior

In Brief

- 8.4 million adults aged 18 or older (3.7 percent of the adult population) had serious thoughts of suicide in the past year, and 4.0 million (48.6 percent) of these received mental health services in the past year
- Young adults aged 18 to 25 were more likely than adults aged 26 or older to have had serious thoughts of suicide (6.4 vs. 3.3 percent), but young adults with suicidal thoughts and behavior were less likely than their older counterparts to have received mental health treatment (34.2 vs. 53.5 percent)
- Young adults aged 18 to 25 who attempted suicide also were less likely than their older counterparts to have received medical attention from a doctor or other health professional (37.2 vs. 74.4 percent)

Every year, millions of adults in the United States experience serious thoughts of suicide, and many of them attempt suicide. Mental health services—such as outpatient and inpatient care—are available to help these individuals address their suicidal thoughts and behavior and underlying mental health problems. However, relatively little is known about how many adults with suicidal thoughts and behavior utilize these types of services or how utilization may vary by age. Gaining a better understanding of the rates of suicidal thoughts and behavior among adults and the use of mental health services by those with suicidal thoughts and behavior can help service providers and policymakers develop public awareness campaigns and outreach efforts and ensure that effective services are available for those who need them.

The National Survey on Drug Use and Health (NSDUH) asks all adult respondents aged 18 or older if they seriously thought about trying to kill themselves at any time during the past 12 months. Those who reported that they had thought seriously about

killing themselves were asked if they made any plans to kill themselves and if they tried to kill themselves in the past 12 months. If respondents reported having made a suicide attempt, they were asked whether they had received medical attention from a doctor or other health professional for their suicide attempt; if they had received medical attention, they were asked whether they had stayed in a hospital overnight or longer for their suicide

attempt. Additionally, all adult respondents are asked if they received mental health services (i.e., inpatient care, outpatient care, or prescription medication for a mental health problem) in the past year.

This issue of *The NSDUH Report* focuses on utilization of mental health services among adults aged 18 or older with suicidal thoughts and behavior. All findings are based on annual averages from 2008 and 2009 NSDUH data.

Table 1. Number of Adults Aged 18 or Older (in Millions) with Suicidal Thoughts and Behavior in the Past Year: 2008 and 2009

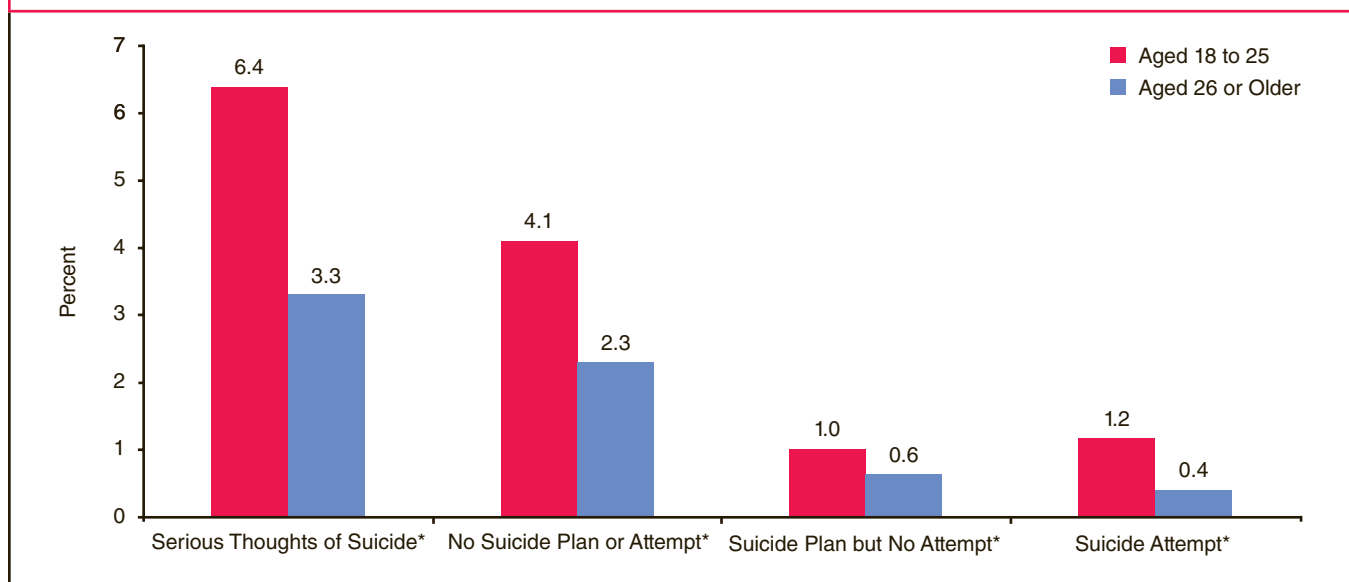
Suicidal Thoughts and Behavior	Number (in Millions)
Serious Thoughts of Suicide	8.4
Made No Suicide Plan or Attempt	5.9
Made a Suicide Plan, but No Suicide Attempt	1.4
Made a Suicide Attempt (with or without a Suicide Plan)	1.1

Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Suicidal Thoughts and Behavior

An estimated 8.4 million adults (3.7 percent of the adult population) had serious thoughts of suicide in the past year. Individuals with serious thoughts of suicide can be disaggregated into three groups: (1) those with no suicidal plan or attempt, (2) those with a suicidal plan but no suicide attempt, and (3) those with a suicide attempt (with or without a suicidal plan). Table 1 displays the numbers of adults with serious thoughts of suicide in each of these groups. Among the adults who had serious thoughts of suicide, most (5.9 million) had not made a suicide plan or suicide attempt.

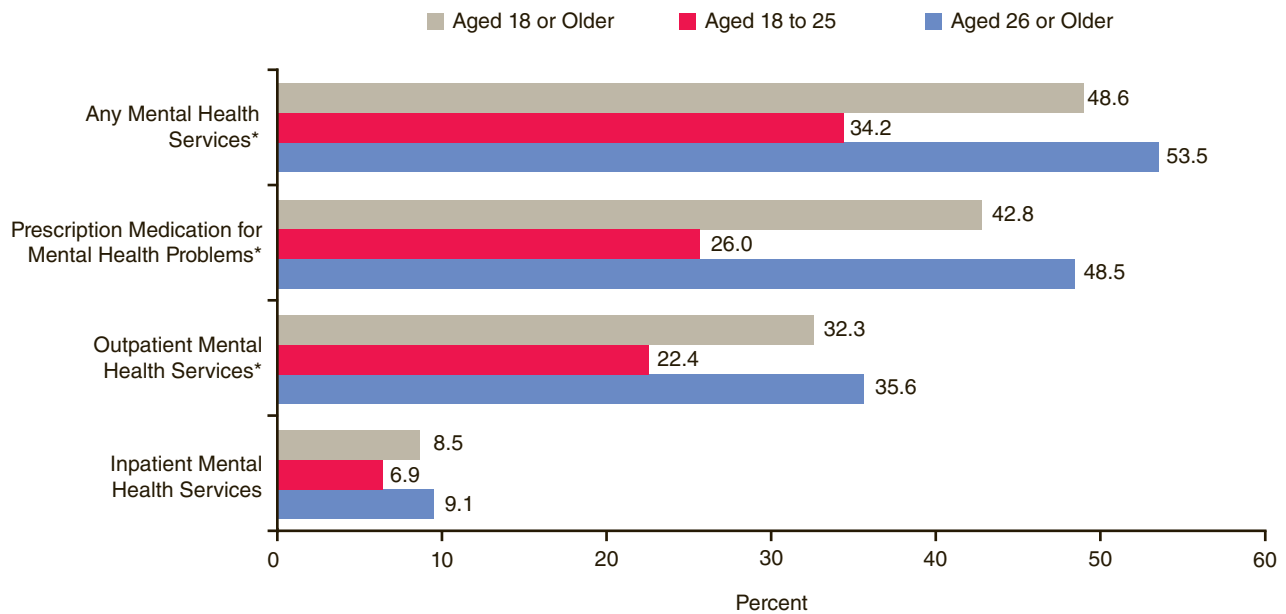
Figure 1. Suicidal Thoughts and Behavior in the Past Year among Adults Aged 18 or Older, by Age Group: 2008 and 2009



* Difference between age groups statistically significant at $p < .05$.

Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 2. Past Year Mental Health Services Received among Adults Aged 18 or Older with Serious Thoughts of Suicide in the Past Year, by Age Group: 2008 and 2009



* Difference between age groups statistically significant at $p < .05$.

Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Rates of serious thoughts of suicide were higher among young adults aged 18 to 25 than among adults aged 26 or older (6.4 vs. 3.3 percent) (Figure 1). This pattern held for each subgroup of individuals with suicidal thoughts. For example, 1.2 percent of adults aged 18 to 25 attempted suicide in the past year compared with 0.4 percent of adults aged 26 or older.

Receipt of Mental Health Services

Nearly half (48.6 percent) of adults with serious thoughts of suicide in the past year received mental health services (Figure 2). About two fifths (42.8 percent) of adults with serious thoughts of suicide received prescription medication for mental health problems, 32.3 percent received outpatient mental health services, and 8.5 percent received inpatient mental health services.

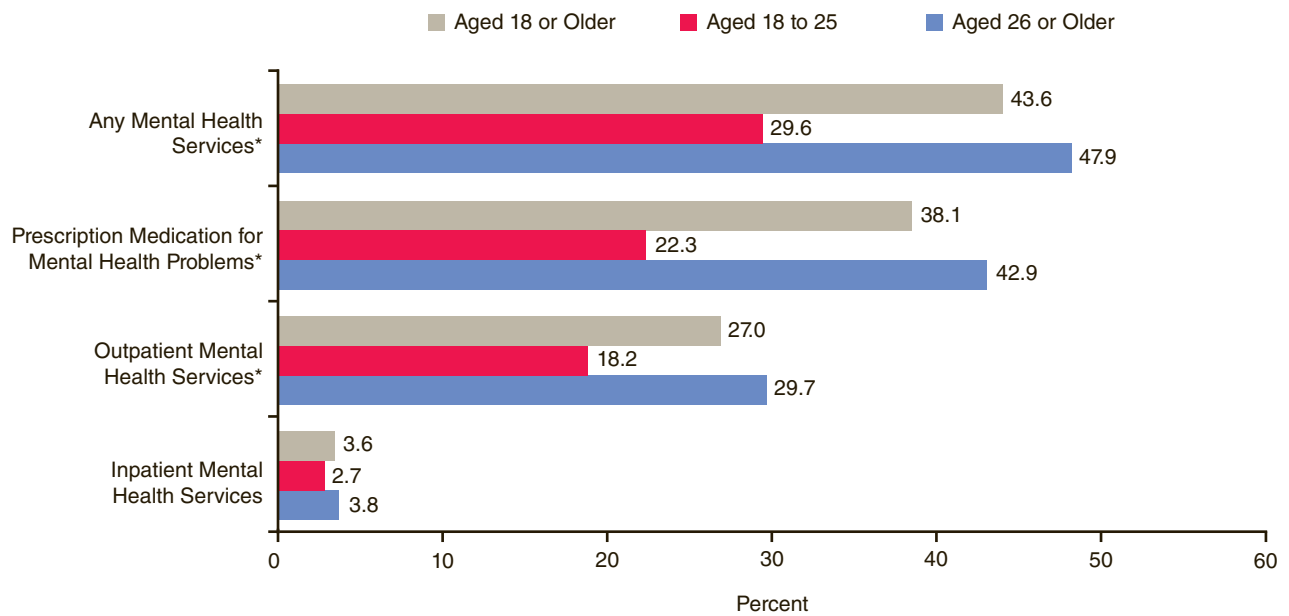
Rates of receipt of mental health services were generally higher among adults aged 26 or older with serious thoughts of suicide than their counterparts aged 18 to 25. For example, adults aged 26 or older were more likely to have received

mental health treatment than their younger counterparts (53.5 vs. 34.2 percent). Similar patterns were found among those who had suicidal thoughts but no plan or attempt, those who made a suicide plan but no suicide attempt, and those who made a suicide attempt (with or without a suicide plan) (Figures 3 to 5).

Medical Attention for Suicide Attempts

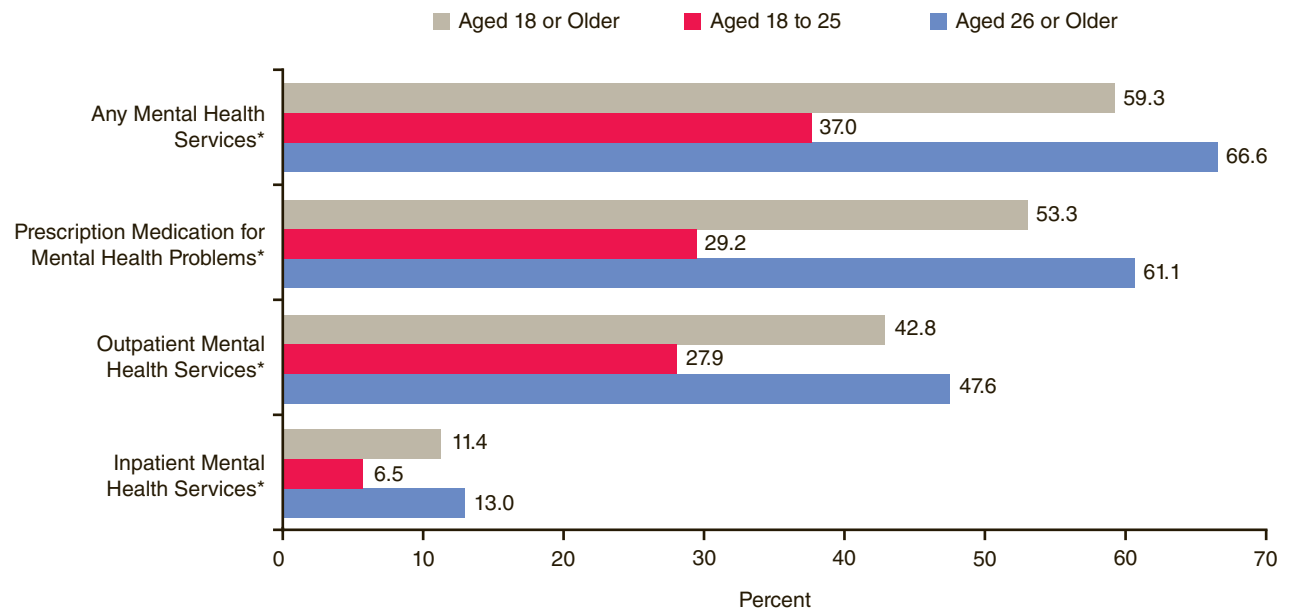
Of the 1.1 million adults who attempted suicide in the past year, 61.2 percent (an estimated 647,000 persons) received medical attention for their suicide attempt from a doctor or other health professional, and 43.9 percent (an estimated 464,000 persons) stayed overnight or longer in a hospital for their suicide attempt. Among those who attempted suicide, adults aged 26 or older were more likely than those aged 18 to 25 to have received medical attention from a doctor or other health professional (74.4 vs. 37.2 percent) and to have stayed in a hospital for their suicide attempt (54.3 vs. 25.4 percent).

Figure 3. Past Year Mental Health Services Received among Adults Aged 18 or Older with Serious Thoughts of Suicide but No Suicide Plan or Attempt in the Past Year, by Age Group: 2008 and 2009



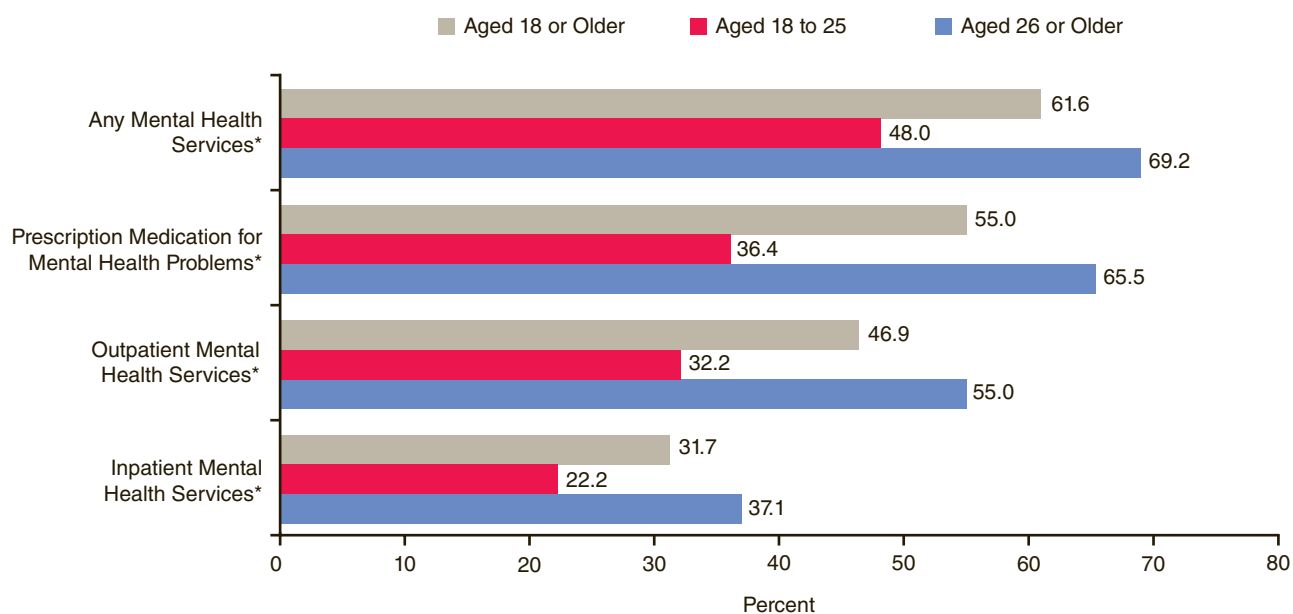
* Difference between age groups statistically significant at $p < .05$.
 Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 4. Past Year Mental Health Services Received among Adults Aged 18 or Older with a Suicide Plan but No Suicide Attempt in the Past Year, by Age Group: 2008 and 2009



* Difference between age groups statistically significant at $p < .05$.
 Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 5. Past Year Mental Health Services Received among Adults Aged 18 or Older with a Suicide Attempt (with or without a Suicide Plan) in the Past Year, by Age Group: 2008 and 2009



* Difference between age groups statistically significant at $p < .05$.

Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Discussion

Addressing the health service needs of adults with suicidal thoughts and behavior can be critical in improving the lives of these individuals and reducing the chances they will make, and possibly complete, a suicide attempt. Yet, as shown in this report, nearly half of individuals with suicidal thoughts and behavior in the past year had not received mental health services during this time frame. It should be noted that it is not possible to determine from NSDUH data whether mental health services were received before or after the suicidal thoughts and behavior; it is possible only to determine if they occurred within the same 12-month period.

Receipt of mental health services was lowest among the subgroup with the highest rates of suicidal thoughts and behavior—young adults aged 18 to 25. The new health care reform law currently includes a provision permitting young adults up to age 26 to remain on their parent's insurance policy; this provision may improve young adults'

ability to access mental health services when necessary.^{1,2} Overall, the data in this report suggest the need to increase the public's awareness that effective mental health services are available, to ensure that individuals in need of mental health services have access to such services, to continue efforts to reduce the stigma associated with mental health problems and receipt of services, and to increase screening for suicidal thoughts and behavior (followed by appropriate referrals) in multiple health care settings, such as emergency rooms and primary care settings.

End Notes

¹ The Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010, March 23). [Available as a PDF at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>]

² U.S. Department of Health and Human Services, HealthCare.gov. (2010, September 23). *Understanding the Affordable Care Act: Provisions: Young adult coverage until age 26*. Retrieved August 29, 2011, from <http://www.healthcare.gov/law/provisions/youngadult/index.html>

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Findings from SAMHSA's 2008 and 2009 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 2008 and 2009 data used in this report are based on information obtained from 92,264 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 Center for Behavioral Health Statistics and Quality (CBHSQ, formerly the Office of Applied Studies), 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 publications:

Office of Applied Statistics. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 10-4609, NSDUH Series H-39). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.



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