

The NSDUH Report

February 19, 2009

Adolescent Mental Health: Service Settings and Reasons for Receiving Care

In Brief

- In the past year, one in eight (12.5 percent) adolescents (i.e., youths aged 12 to 17) received treatment or counseling in a specialty mental health setting for problems with behavior or emotions, 11.5 percent received services in an educational setting, and 2.8 percent received services in a general medical setting
- One in twenty (5.1 percent) adolescents received services in both a specialty mental health setting and an educational or general medical setting in the past year
- Feeling depressed was the most common reason for receiving mental health services in a specialty mental health setting (50.0 percent), a general medical setting (44.3 percent), or an educational setting (38.0 percent)

Mental health services are available to adolescents in three major settings: a specialty mental health setting (inpatient and outpatient services); a school-based educational setting (services received from school counselors, school psychologists, or special education teachers); and a general medical setting (services received from pediatricians or family practice providers). Although help-seeking typically may focus on settings that are familiar and easily accessible, different problems may tend to cluster in different settings, depending on the type of problem experienced. It is important for mental health service planners and providers to be aware of the reasons for which adolescents are receiving services in various settings in order to address the mental health care needs of adolescents.

This issue of *The NSDUH Report* provides data on mental health treatment or counseling for emotional or behavioral problems received by adolescents (i.e., youths aged 12 to 17) in the past year, including the service settings and the reasons for receiving care the last time.¹

All findings presented in this report are based on data from the 2007 National Survey on Drug Use and Health (NSDUH).

Mental Health Service Settings

One in eight adolescents (12.5 percent) received specialty mental health services (inpatient or outpatient) for emotional or behavioral problems in the 12 months prior to the survey (Table 1). Over one tenth (11.1 percent) received outpatient specialty mental health services, with private therapists, psychologists, psychiatrists, social workers, or counselors providing these services to 9.4 percent of adolescents. Inpatient or residential specialty care was received by 2.5 percent of adolescents, with 2.0 percent indicating they were hospitalized to receive treatment for emotional or behavioral problems.

Over one tenth (11.5 percent) of adolescents received mental health services in an educational setting, with 9.7 percent indicating that they had received services from a school counselor or school psychologist or through regular meetings with a teacher. Receiving mental health services from a pediatrician or other family doctor in a general medical setting was mentioned by 2.8 percent of adolescents. One in twenty (5.1 percent) adolescents received services in both a specialty mental health setting and an educational or general medical setting in the past year.

Mental Health Service Settings, by Gender

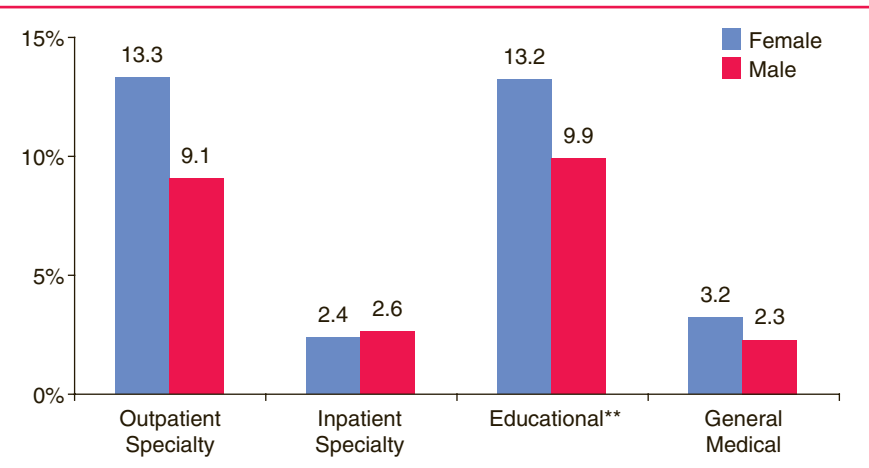
Female adolescents were more likely than their male counterparts to have received mental health services in the past year in outpatient specialty settings (13.3 vs. 9.1 percent), educational settings (13.2 vs. 9.9 percent), or general medical settings (3.2 vs. 2.3 percent), but there was no gender difference in the receipt of care in inpatient specialty settings (Figure 1).

Table 1. Estimated Numbers (in 1,000s) and Percentages of Adolescents Receiving Mental Health Services for Emotional or Behavioral Problems in the Past Year, by Service Setting*: 2007

Service Setting	Estimated Number (in 1,000s)	%
Specialty Mental Health (Inpatient or Outpatient)	3,113	12.5
<i>Outpatient</i>	2,781	11.1
Private Therapist, Psychologist, Psychiatrist, Social Worker, or Counselor	2,362	9.4
Mental Health Clinic or Center	579	2.3
Partial Day Hospital or Day Treatment Program	416	1.7
In-Home Therapist, Counselor, or Family Preservation Worker	703	2.8
<i>Inpatient or Residential</i>	628	2.5
Overnight or Longer Stay in Any Type of Hospital	510	2.0
Overnight or Longer Stay in a Residential Treatment Center	199	0.8
Overnight or Longer Stay in Foster Care or in a Therapeutic Foster Care Home	112	0.4
Educational**	2,862	11.5
School Counselor, School Psychologist, or Having Regular Meetings with a Teacher	2,428	9.7
Special Education Services While in a Regular Classroom or in a Special Classroom or Placement in a Special Program or Special School	811	3.3
General Medical	692	2.8
Pediatrician or Other Family Doctor	692	2.8
Specialty Mental Health and Educational or General Medical	1,278	5.1

Source: SAMHSA, 2007 NSDUH.

Figure 1. Percentages Receiving Mental Health Services in the Past Year among Adolescents, by Service Setting* and Gender: 2007



Source: SAMHSA, 2007 NSDUH.

Table 2. Percentages Reporting Reasons for Receiving Most Recent Mental Health Service in the Past Year among Adolescents Who Received Mental Health Services in the Past Year, by Service Setting*: 2007

Reasons for Receiving Services	Specialty Mental Health				General Medical
	Total	Outpatient	Inpatient	Educational**	
Felt Depressed	50.0	50.4	44.8	38.0	44.3
Problems at Home/Family	28.8	29.0	14.9	17.0	10.2
Breaking Rules or "Acting Out"	25.1	24.7	24.8	23.5	17.7
Thought about Killing Self or Tried to Kill Self	20.2	18.5	44.9	9.3	11.6
Felt Very Afraid or Tense	17.9	17.1	17.9	15.8	12.2
Trouble Controlling Anger	16.8	16.7	12.5	10.9	8.2
Got into Physical Fights	5.4	5.1	5.2	6.2	2.4
Problems at School	17.2	17.0	9.7	23.6	13.2
Problems with Friends	12.1	12.1	5.3	19.8	3.4
Problems with People Other than Family/Friends	8.9	8.8	6.0	12.2	6.0
Eating Problems	9.7	9.3	9.2	5.7	14.5
Other Diagnosed Mental/Neurological Disorder	2.3	2.1	2.1	0.2	3.0
Some Other Reason	10.7	10.1	9.6	7.1	14.0

Source: SAMHSA, 2007 NSDUH.

Reasons for Receiving Mental Health Services

Adolescents who received services in the past 12 months were asked to indicate the reasons for receiving care at their last visit. Among adolescents who received specialty outpatient mental health services, feeling depressed was the most commonly mentioned reason for receiving care at the last visit (50.4 percent) (Table 2). Feeling depressed was also the most commonly mentioned reason among those who received care through general medical and educational settings at the last visit (44.3 and 38.0 percent, respectively). Among those who received specialty inpatient care, thinking about or attempting suicide was mentioned as often as feeling depressed (44.9 and 44.8 percent, respectively). In comparison, suicidal thoughts or attempts were mentioned by less than 20 percent of adolescents receiving services in settings other

than inpatient specialty care. Among adolescents who reported specialty mental health services and educational or general medical services, feeling depressed was the most common reason for receiving care at the last visit.

Problems at home or with the family also were commonly mentioned as reasons for receiving services at the last visit among adolescents receiving outpatient specialty care (29.0 percent). Breaking rules or "acting out" was mentioned by about a quarter of all adolescents receiving services across most settings. Problems at school were mentioned by about a quarter (23.6 percent) of those receiving services through an educational setting.

Females were generally more likely than males to mention each reason for receiving services in each setting (data not shown). One notable exception was that breaking rules or "acting out" was more likely to be mentioned by males than females receiving services through an educational setting (31.9 vs. 18.3 percent).

Discussion

Adolescents receive mental health services in a variety of settings, with the outpatient specialty and educational settings being the most frequently mentioned. Feeling depressed was the most commonly cited reason for receiving services across settings. Services for suicidal thoughts and attempts were mentioned most commonly by adolescents who received care in a specialty mental health setting, particularly inpatient care. Educators and health care providers may be among the first to be contacted about mental health issues among adolescents. Therefore, it is important to ensure that these professionals are equipped to recognize mental health problems and to direct adolescents toward appropriate services. This also underscores the importance of ensuring that adolescents with mental, emotional, or behavioral problems and their families have access to needed services.

End Note

¹ Questions regarding services for emotional or behavioral problems specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview. Respondents could report receiving mental health services in multiple settings and report multiple reasons for seeking care; thus, the response categories are not mutually exclusive and do not sum to 100 percent.

Table and Figure Notes

* See End Note 1.

** 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 at this service setting.

Suggested Citation

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Research findings from the SAMHSA 2007 National Survey on Drug Use and Health (NSDUH)

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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 data used in this report are from the 2007 NSDUH. 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. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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