

# The NSDUH Report

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## Service Utilization for Mental Health Problems among Adults

Despite the impairment and distress resulting from their illness, a large proportion of adults in the United States with mental health problems delay treatment or do not receive treatment for their mental disorders.<sup>1</sup> The National Survey on Drug Use and Health (NSDUH)

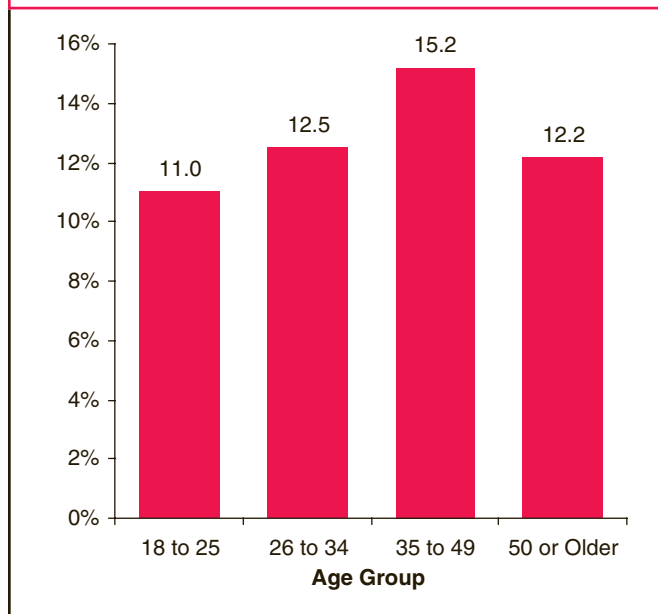
includes questions for adults aged 18 or older about their experiences with treatment for mental health problems. In this report, *treatment for mental health problems* among adults aged 18 or older is defined as “treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for a mental or emotional condition.”<sup>2,3</sup> In addition, adults are asked if there was any time during the past 12 months when they needed treatment or counseling for mental health problems for themselves but did not receive it; for the purposes of this report, this is referred to as *perceived unmet need for treatment for mental health problems*.<sup>4</sup> Adults reporting unmet need for treatment for such problems are asked to identify the reason(s) that they did not get the treatment or counseling they needed.<sup>5</sup>

This report focuses on adults aged 18 or older and examines the receipt of treatment for mental health problems, the perceived unmet need for treatment for such problems, and the reasons for not receiving treatment for mental health problems among those with an unmet need for treatment. Estimates of unmet need for treatment are presented for all adults. Additionally, estimates of unmet need are presented for the subset of adults who received treatment in the past year, thus providing estimates of unmet need among individuals whose treatment was delayed or insufficient to meet their needs.

### In Brief

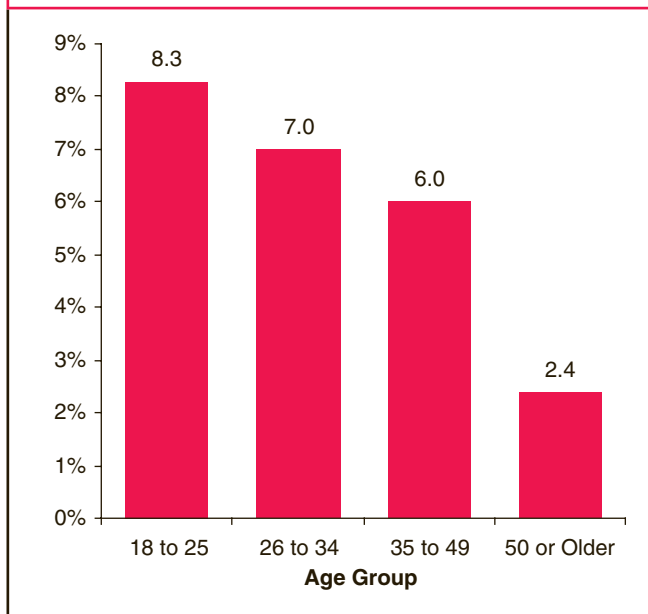
- In 2003-2005, 13.0 percent of persons aged 18 or older (27.9 million adults) received treatment or counseling for mental health problems in the past 12 months
- About 5.1 percent of all adults and 19.2 percent of adults who received treatment for mental health problems in the past year perceived an unmet need for treatment or counseling for mental health problems in the past year
- Nearly half (48.1 percent) of the adults who perceived an unmet need for treatment for mental health problems in the past year reported cost or insurance issues as a barrier to treatment receipt

**Figure 1. Percentages of Adults Aged 18 or Older Who Received Treatment or Counseling for Mental Health Problems in the Past Year, by Age Group: 2003, 2004, and 2005**



Source: SAMHSA, 2003, 2004, and 2005 NSDUHs.

**Figure 2. Percentages of Adults Aged 18 or Older Who Perceived an Unmet Need for Treatment or Counseling for Mental Health Problems in the Past Year, by Age Group: 2003, 2004, and 2005**



Source: SAMHSA, 2003, 2004, and 2005 NSDUHs.

All findings presented in this report are annual averages based on combined 2003, 2004, and 2005 NSDUH data.

## Treatment for Mental Health Problems among Adults

In 2003-2005, 13.0 percent of persons aged 18 or older (27.9 million adults) received treatment for mental health problems in the past 12 months. Women were almost twice as likely as men to receive such treatment in the past year (16.9 vs. 8.7 percent). Rates of treatment for mental health problems varied by age, ranging from 11.0 percent for adults aged 18 to 25 to 15.2 percent for adults aged 35 to 49 (Figure 1).

## Perceived Unmet Need for Treatment for Mental Health Problems

In 2003-2005, 5.1 percent of persons aged 18 or older (11.0 million adults) perceived an unmet need for treatment or counseling for mental health problems in the past year. Females were almost twice as likely as males to perceive an unmet need (6.5 vs. 3.6 percent). The rate of perceived unmet need for treatment for mental

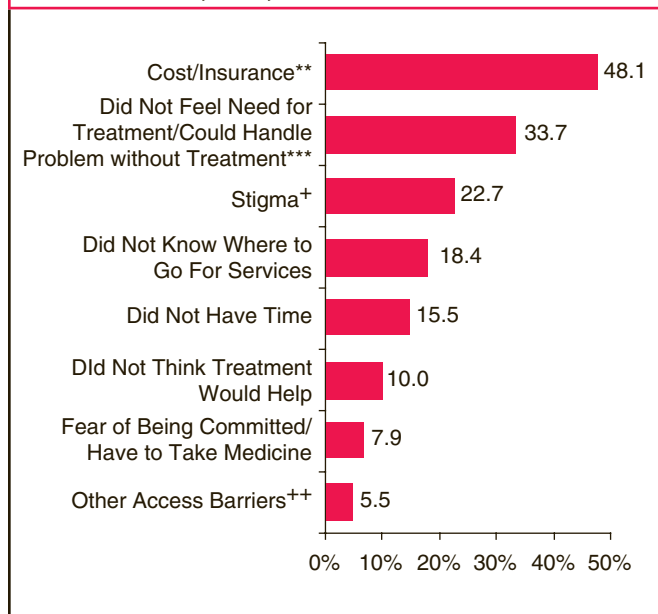
health problems decreased with age, ranging from 8.3 percent for 18 to 25 year olds to 2.4 percent for adults aged 50 or older (Figure 2).

Among the 27.9 million adults who received treatment for mental health problems in the past year, 19.2 percent perceived an unmet need for treatment for such problems in the past year. Approximately 20 percent of females aged 18 or older who received treatment for mental health problems in the past year perceived an unmet need for treatment compared with 17.2 percent of their male counterparts. The rate of unmet need for treatment among adults who received treatment for mental health problems in the past year decreased with advancing age. Young adults aged 18 to 25 had the highest rate (30.7 percent), followed by those aged 26 to 34 (24.6 percent), those aged 35 to 49 (21.0 percent), and those aged 50 or older (11.1 percent).

## Reasons for Not Receiving Treatment among Adults with Unmet Need for Treatment

Among the 11.0 million adults who perceived an unmet need for treatment for mental health problems, nearly half (48.1 percent) reported cost or insurance issues as a

**Figure 3. Reasons for Not Getting Treatment or Counseling\* for Mental Health Problems in the Past Year among Adults Aged 18 or Older Who Perceived an Unmet Need for Treatment for Mental Health Problems: 2003, 2004, and 2005**



Source: SAMHSA, 2003, 2004, and 2005 NSDUHs.

barrier to treatment receipt (Figure 3). Other common reasons for not getting treatment included not feeling a need for treatment at the time or thinking that they could handle the problem on their own, as well as concerns about stigma (e.g., confidentiality issues and the opinions of neighbors and the community).

There were some gender differences in the reasons for not receiving treatment for mental health problems. Females were more likely than males to have reported that they did not feel that they needed treatment at the time or that they could handle the problem on their own (35.1 vs. 30.7 percent) as reasons for not getting treatment. Females also were more likely than males to indicate lack of time (18.2 vs. 10.0 percent) and other access barriers (6.2 vs. 4.2 percent) as reasons for not getting treatment. Males were more likely than females to have reported concerns about being committed to a psychiatric hospital or having to take medicine (9.8 vs. 7.0 percent). Additionally, there were some differences by age group in the reasons for not getting treatment. For example, 29.7 percent of adults aged 18 to 25 reported stigma as a barrier to treatment compared with 24.8 percent of those aged 26 to 34, 21.8 percent of those aged 35 to 49, and 12.0 percent of those aged 50 or older.

## End Notes

<sup>1</sup> Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 629–640.

<sup>2</sup> Questions on treatment for mental health problems specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview.

<sup>3</sup> Office of Applied Studies. (2006). Prevalence and treatment of mental health problems. In *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30, pp. 81–94). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>4</sup> Unmet need for treatment for mental health problems is defined as a perceived need for treatment for mental health problems in the past 12 months that was not received. This measure also includes persons who received some treatment for mental health problems in the past 12 months but also reported that they perceived a need for treatment that they did not receive. Unmet need among those who received treatment may be interpreted as delayed or insufficient treatment in the past 12 months.

<sup>5</sup> Response options were (1) couldn't afford the cost, (2) concerned that getting mental health treatment or counseling might cause neighbors or community to have a negative opinion, (3) concerned that getting mental health treatment or counseling might have a negative effect on job, (4) health insurance does not cover any mental health treatment or counseling, (5) health insurance does not pay enough for mental health treatment or counseling, (6) did not know where to go to get services, (7) concerned that the information given to the counselor might not be kept confidential, (8) concerned about being committed to a psychiatric hospital or having to take medicine, and (9) some other reason or reasons. Respondents who indicated that they did not receive the treatment or counseling they needed for "some other reason or reasons" then were asked to indicate if any of the following were reasons for not getting treatment: (1) didn't think needed treatment at the time, (2) thought the problem could be handled without treatment, (3) didn't think treatment would help, (4) didn't have time because of job, childcare, or other commitments, (5) didn't want others to find out about needing treatment, (6) no transportation, treatment too far away, or hours were not convenient, or (7) some other reason or reasons. Individuals who again indicated "some other reason or reasons" were asked to specify the most important reason that they did not receive treatment. Responses from these questions were collapsed and grouped into broad categories.

## Figure Notes

\* Respondents could indicate multiple responses; thus, these response categories are not mutually exclusive and do not add to 100 percent.

\*\* Reasons included (1) couldn't afford the 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) other specify response of no health insurance.

\*\*\* Reasons included (1) didn't feel need for treatment at the time, (2) problem could be handled without treatment, and (3) other specify responses of work on problems with family/friends and work on problems through religion/spirituality.

+ Reasons included (1) might cause neighbors or community to have negative opinion, (2) might have negative effect on job, (3) concerned about confidentiality, (4) didn't want others to find out, and (5) other specify responses of ashamed/embarassed/afraid, concerned how court system would react, and concerned how it would affect future insurability.

++ Reasons included (1) no transportation, treatment was too far away, or the hours were not convenient and (2) other specify responses of too much red tape/hassle to get services, no openings/long waiting lists/delays, services unavailable/limited in area, attempted to get treatment but unsuccessful in finding help, and could not find program/counselor comfortable with.

For change of address, corrections, or to be removed from this list, please e-mail: [shortreports@samhsa.hhs.gov](mailto:shortreports@samhsa.hhs.gov).

Research findings from the SAMHSA 2003, 2004, and 2005 National Surveys on Drug Use and Health (NSDUHs)

## Service Utilization for Mental Health Problems among Adults

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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). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2003, 2004, and 2005 data are based on information obtained from 135,926 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 International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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