05.05.2016 | METHODS

What are the current costs and outcomes related to mental health and substance abuse disorders?

The percent of adults with depression who received mental health care and prevalence data for past-year mental disorders and major depressive episode among adults were obtained from the National Institute of Mental Health's Health and Education Statistics. Data were accessed on March 21, 2016.

12-month prevalence data for any mental illness among adults by age group are from a Substance Abuse and Mental Health Services Administration (SAMHSA) report on "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health."

12-month prevalence data for serious mental illness among adults by insurance status and poverty status and for 12-month prevalence of alcohol and illicit drug dependence or abuse among those age 12 and older are from SAMHSA's "Behavioral Health Barometer: United States, 2015."

Data indicating 12-month prevalence of mental disorders among children ages 8 to 15 were obtained from the National Institute of Mental Health's Health and Education Statistics and are found in: Merikangas, Kathleen Ries et al. "Prevalence and Treatment of Mental Disorders Among US Children in the 2001–2004 NHANES." *Pediatrics* 125.1 (2010): 75–81. *PMC*. Web. 5 May 2016. (doi: 10.1542/peds.2008-2598).

The number of people age 12 and older with substance use disorders are from SAMHSA's "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health."

Historical data for the U.S. suicide rate are from: Curtin SC, Warner M, Hedegaard H. Increase in suicide in the United States, 1999–2014. NCHS data brief, no 241. Hyattsville, MD: National Center for Health Statistics. 2016.

The percent of adults reporting use of illicit drugs and suicidal thoughts in the past year, and the percent with and without substance dependence or abuse reporting suicidal thoughts or behavior are from SAMHSA's "Suicidal Thoughts and Behavior among Adults: Results from the 2014 National Survey on Drug Use and Health."

Prescription opioid painkiller overdose deaths were obtained from the National Institute on Drug Abuse "Trends and Statistics: Overdose Death Rates" [overdose_data1999-2014.xls]. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates on May 4, 2016.

Public opinion poll findings on prescription painkiller abuse and receipt of mental health services are from an April 2016 Kaiser Family Foundation Health Tracking Poll.

The age distribution of total deaths due to mental and behavioral disorders caused by opioid use was obtained from the Centers for Disease Control and Prevention CDC WONDER Online Database. Data were accessed on March 29, 2016.

Point-in-time prevalence data of mental illness and/or substance abuse among adults in shelters are from the U.S. Department of Housing and Urban Development's "The 2010 Annual Homeless Assessment Report to Congress."

Data on the 12-month prevalence of mental health problems among inmates are from a September 2006 Bureau of Justice Special Report on "Mental Health Problems of Prison and Jail Inmates."

The percentages of adults aged 18–64 with and without serious psychological distress who have seen or talked to a mental health professional in the past 30 days are from a National Health Interview Survey Early Release Program report: "Access to Care Among Adults Aged 18–64 With Serious Psychological Distress: Early Release of Estimates From the National Health Interview Survey, 2012–September 2015."

The percentages of adults needing care for mental illness, illicit drug use, and alcohol use are from SAMHSA's "Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health."

Data on the utilization of mental health services among adults by race/ethnicity and poverty status are from SAMHSA's report on "Racial/Ethnic Differences in Mental Health Service Use among Adults."

Total U.S. hospital discharges by mental health diagnosis and the percent of index stays with at least one readmission within 30 days of discharge were obtained from the Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample. Data were accessed on March 16, 2016.

Disease specific health spending data were obtained from the Bureau of Economic Analysis Health Care Satellite Account (Blended Account). Expenditures on nursing home and dental care are not included in all slides.

Data for the average annual growth in per capita mental illness spending are from a Kaiser Family Foundation analysis of data from the Blended Account of the Bureau of Economic Analysis (BEA), which combines data from the Medical Expenditure Panel Survey and large claims databases. See http://www.healthsystemtracker.org/insight/a-new-way-of-measuring-health-costs-sheds-light-on-recent-health-spending-trends/.

All data for DALYs, as well as the comparable country data for age standardized death rate due to mental health and substance use disorders, were obtained from the Institute for Health Metrics and Evaluation Global Burden of Disease Study.

Comparable country accidental poisonings mortality rates were obtained from the Organization for Economic Co-operation and Development (OECD) Health Statistics database. Data were accessed on December 15, 2015.

Comparable countries for comparison were identified based on economic similarity because national health spending strongly correlates with GDP. Comparable countries met the following criteria for at least 1 of the past 10 years:

- Above median total GDP among all OECD countries
- Above median GDP per capita among all OECD countries

The comparable country averages were calculated using the simple (unweighted) average of comparable OECD countries (not including the U.S.), for which data are available. When data for a given year were not available in a given country, the next closest year was used.