**Mental Health and Substance Use Disorders**

**CSPH Priority Overview**

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| **Indicator** | **Value** | **Notes** |
| Prevalence | Mental health:  -26.2% of U.S. adults are affected by mental illness annually.  -46.4% of adults experience a mental illness in their lifetime  -Adults – almost 5% of US adults with serious mental illness (2008)[[1]](#endnote-1)  -8.5% of Texas’ adults reported current depression & 15.4% were clinically diagnosed with depression (2006 BRFSS)  -5.2% of Texas’ adults reported serious psychological distress (2007)  In Texas, 20 percent of adults had 5 or more days per month of mentally unhealthy days  Children – 7.5 million U.S. children have mental, developmental, or behavioral disorders. About 1 in 5 children and adolescents are affected by a mental health disorder in their lifetime[[2]](#endnote-2)  2011 Texas YRBS – high school students  Felt sad or hopeless (almost every day for 2 weeks or more) -29.2%  Considered attempting suicide – 15.8%  Made a plan about suicide – 13.2%  Attempted suicide 1 or more times – 10.8%  Substance abuse:  -There were 66,035 persons admitted to DSHS-funded substance abuse treatment programs in Texas in 2010.[[3]](#endnote-3)  -Binge drinking: BRFSS 2010-Male 21.2%, Female 8.3%, 14% overall. NSDUH 2008-2009-39% 18-25 yrs, 23.7% 26+ yrs.  -YRBS substance use:  -2010 – 62% of Tx students (grades 7-12) had used alcohol  -17.2% of students reported lifetime inhalant use; 6% in prior month (2008) to 29 percent in 2010.  -marijuana most commonly used illegal drug by youth (26.2%) followed by cocaine or crack; ecstasy and methamphetamines  -5.4% of youths used OTC drugs for non-medical purposes (lifetime)  -12.3% used prescription drugs for nonmedical reasons[[4]](#endnote-4)  Alcohol-impaired driving fatalities: In 2007, alcohol-impaired driving fatalities accounted for 38.4% of Texas’ 3,363 driving fatalities.  The prevalence of comorbid drug abuse and mental disorders varies by specific disorders, but 6 out of 10 people with a substance use disorder also is diagnosed with a mental illness.[[5]](#endnote-5) | Mental illness includes serious and persistent mental disorders that alter thinking, mood or behavior; also situational mental conditions.  Serious mental illness – (major depression, bipolar disorder,  obsessive compulsive disorder, substance use disorder, schizophrenia)  The most common mental illnesses in adults are anxiety and mood disorders.  Children - ADHD, eating disorders, autism spectrum disorders, anxiety disorders, depression  NSDUH: National Survey on Drug Use and Health differs from BRFSS in that in provides incentives to increase the response rate and is done face-to-face at the place of residence. The response rate is about 67% compared to about 40% for the BRFSS. While it probably provides results that are more representative of the state, it does not allow for sub-state estimates nor does it provide yearly results. |
| Prevalence Trend |  |  |
| Disparity | Suicide:  -Highest U.S. rates – per 100,000 (2007):  American Indian and Alaska Natives — 14.3  Non-Hispanic Whites — 13.5  -Lowest rates (2007):  Hispanics — 6.0  Non-Hispanic Blacks — 5.1  Asian and Pacific Islanders — 6.2  -Males more likely to die from suicide; young females 3 times more likely to attempt suicide than young males  Inmate mental health with clinical diagnosis of treatment by mental health professional:[[6]](#endnote-6)  -56.2% of state prison inmates;  -44.8% of federal prison inmates  -64.2% of local jail inmates  In 2009, 112,581 or 19% of adult consumers at DSHS-funded community mental health centers had been involved in the criminal justice system during 2007 – 2009; and 140,959 or 23% of adults offenders in a Texas state prison, on parole, or on probation were current or former consumers of the Texas public mental health system[[7]](#endnote-7) | NIMH – Suicide in the U.S.: Statistics & prevention, Are Some Ethnic Groups or Races at Higher Risk?  http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml#races |
| Premature Mortality | -Adults with serious mental illness lost 14.5 YPLL[[8]](#endnote-8) compared to 10.6 YPLL for the general population  -Young adults age 20-24 have the highest suicide rates. Suicide was the 3rd leading cause of death among Texans age 15-24 (2008), representing 14.2% of the deaths in this age group. It was the 2nd leading cause of death in Texans age 25-34.  –2,618 deaths from suicide (intentional harm) in Tx in 2008. Suicide is the 9th leading cause of death among whites/other[[9]](#endnote-9)  - Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year  Texas - 5th highest YPLL is from Intentional Self-Harm (Suicide)[[10]](#endnote-10)54,649 YPPL, rate = 2.49 per 1000  White - 40,762 YPLL = 3.83  Black - 2,918 YPLL = 1.12  Hispanic - 10,969 YPLL = 1.27  Males – 43,713 YPLL = 3.92 YPLL from suicide is 4th highest for males | Mortality from suicide (or intentional harm)  <http://www.nimh.nih.gov/statistics/2YEARS_STATE.shtml>  Mean number of years of life lost among public mental health clients by state; 29.3 Texas  <http://www.dshs.state.tx.us/chs/vstat/latest/t17.shtm> |
| **Other Indicators** | | |
| Health Costs | -AHRQ estimated $57.5 billion in 2006 for mental health care (similar to cancer care). Cost of mental health care is primarily for support, unemployment, indirect costs of disability[[11]](#endnote-11)  -With a cost (2006) of $8.9 billion, mental disorders were 1 of the top 5 most costly conditions for non-institutionalized children; Medicaid paid for more than 1/3 of these costs.  -2007 health care expenditures for mental health or substance abuse expenses of adults age 18-64 = $36.5 billion.[[12]](#endnote-12)  -In 2008, mental disorders were the 3rd most costly conditions for females[[13]](#endnote-13) | Texas ranks 50th in state public per capita mental health funding.  NAMI, Honberg, R., Diehl, S., et al, March, 2011, State Mental Health Cuts: A National Crisis. Accessed: www.nami.org/budgetcuts. |
| Productivity Costs | There are spillover effects in the economy including lost  earning potential, coexisting condition costs, disability  payments, homelessness, and incarceration.  Lost U.S. worker productivity from depression estimated to be >$31 billion/yr[[14]](#endnote-14)  -Texas loses $269.343 billion in total spending/yr  -1.6 million permanent jobs from mental illness and substance abuse.  -State dollars and spending (net of federal matching and reimbursement) = $13.099 billion each year.[[15]](#endnote-15) | Mental illness is a leading cause of disability in the U.S. NIMH estimates that in any given year, 13 million adults (1 in 17) have a debilitating mental illness, accounting for 25 percent of all years of life lost to disability and premature mortality. |
| Health-Related Quality of Life (QALY) | Yes, varies greatly by tx and dx | QALY in mental health care is debated; |
| Quality of Care Problem | HEDIS 2010 TX:  Anti-depressant medication management, acute phase treatment: 58.2% vs 62.9% US |  |
| Downstream Impact | Yes | Mental illness is strongly associated with high risk behaviors (obesity, tobacco use, alcohol and illicit drug use) and chronic conditions and diseases (certain cancers, diabetes, HBP, heart disease, stroke). This can greatly complicate care and management of the patient.  Substance abuse is associated with multiple health conditions including: cardiovascular problems, pregnancy complications, HIV/AIDS, STDs,  Also greater domestic violence, child abuse, MVAs, suicides and homicides  Use of drugs in adolescence can affect the brain development and increase the risk for mental illness. |
| Leading Health Indicator, Healthy People | Yes | HP 2020 LHI:  -Reduce the suicide rate (MHMD-1)  -Reduce the proportion of adolescents who experience major depressive episodes (MDE) (MHMD-4.1)  Mental health:  -Mental health status improvement (e.g. reduce suicide rate; reduce major depressive episodes)  -Treatment expansion (e.g. increase primary care facilities provide tx onsite; increase tx; increase screening)  Substance Abuse:  -Adolescents using alcohol or any illicit drugs during the past 30 days  -Adults engaging in binge drinking in the past 30 days |
| Meaningful Use Requirement | Not MU Stage I core requirement for all  MU clinical quality measures: none are core or alternate core measures, but there are additional measures | Additional measures:  PQRS: Screening for Clinical Depression and Follow-Up Plan (134)  Major Depressive Disorder (MDD): Diagnostic Evaluation (106)  Major Depressive Disorder (MDD): Suicide Risk Assessment (107)  Anti-depressant medication management: effective acute phase tx (9)  NQF 0004: Initiation and engagement of alcohol & other drug dependence tx -  % of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate tx thru an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization w/in 14 days of the dx & who initiated tx and who had 2 or > additional services with an AOD diagnosis within 30 days of the initiation visit.  NQF 0105 & PQRS 9: Anti-depressant medication management: effective acute phase tx & effective continuation tx - % of patients 18 years of age and > who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication tx |
| Texas Legislation | Dozens of bills filed each session although many on criminal justice proceedings for mental health patients. 2009 legislation passed on teen suicide; 2011 - many bills on sale of OTC substances used as stimulants. State appropriations for community mental health services also a significant issue (privatizing a mental health hospital, mental health crisis, disproportionality) |  |
| TMA Activities | TMA has extensive policy on multiple mental health issues including substance abuse and support for strong public health systems.  TMA advocacy has primarily focused on public funding of mental health and substance abuse services, particularly community-based care. Strong relationship with Texas Society of Psychiatric Physicians. |  |

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4. DSHS, Texas Drug Facts among Youth, 2010, accessed November 28, 2011, Texas Drug Facts Among Youth2010\_041811(1)pdf. [↑](#endnote-ref-4)
5. National Institute on Drug Abuse, Comorbid Drug Abuse and Mental Illness, What is Comorbidity and What are its Causes, October 2007, accessed November 30, 2011. [↑](#endnote-ref-5)
6. Department of Justice Survey of Inmates in State & Federal Correction Facilities (2004) and Survey of Inmates in Local Jails (2002) with a clinical diagnosis of treatment by a mental health professional. [↑](#endnote-ref-6)
7. DSHS, Another Look at Mental Illness and Criminal Justice Involvement in Texas: Correlates and Costs. [↑](#endnote-ref-7)
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15. Costs, Consequences, and Cures! An assessment of the impact of severe mental health & substance abuse disorders on business activity in Texas, The Perryman Group, May 2009, accessed November 28, 2011: www.gulfbend.org/images/clientid\_199perrymanmentalhealthreport.pdf. [↑](#endnote-ref-15)