Behavioral Health Equity Barometer

United States, 2014

Substance Abuse and Mental Health Services Administration
SAMHSA
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Acknowledgments

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Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

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FOREWORD

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. As these communities undergo rapid changes in their ethnic and racial composition, it becomes imperative to monitor variations in mental and substance use disorders among these diverse populations. Differences in prevalence of disorders, perceptions of risk, and access to treatment contribute to the variations in burden of care. In addition, other factors such as income level, geographic location, and insurance status are key determinants of disparities in behavioral health across populations. Examining this data is critical to providing the most appropriate and highest quality behavioral health care.

SAMHSA has issued two editions of its ***Behavioral Health Barometer: United States***, the most recent one in 2014. These reports provide a snapshot of behavioral health in the United States, based on a set of substance use and mental health indicators measured by the SAMHSA National Survey on Drug Use and Health.

This report, ***The Behavioral Health Equity Barometer 2014*** disaggregates the behavioral health indicators by selected determinants of health: race and ethnicity (white, African American, Asian American/Native Hawaiian and Pacific Islander, Latino, and Native American), income level, geographic location, and health insurance status. For some of the indicators, the lack of sufficient sample size precluded reporting for smaller race/ethnicity population groups. In these cases, only white, African American and Latino data are reported. Despite oversampling, the data for Native Hawaiian and Pacific Islanders and Native Americans were insufficient for annual reporting on all of the indicators.

In this report, the array of indicators presented across race and ethnic groups and other selected determinants provides a unique overview of population-based variations in behavioral health at a point in time. This effort—although a beginning step in addressing the complexity of behavioral health issues and social determinants of health—provides a mechanism for systematically tracking changes, trends, and disparities over time.

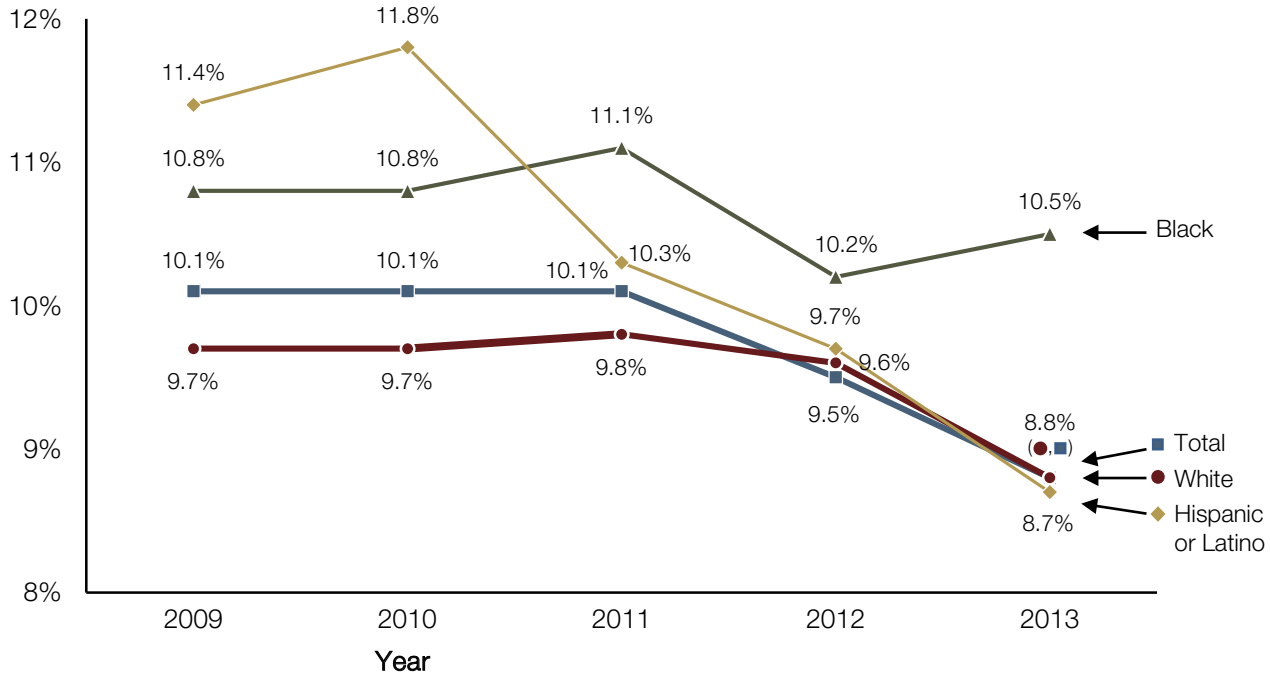
Larke Nahme Huang, Ph.D.
Director
Office of Behavioral Health Equity

Peter J. Delany, Ph.D., LCSW-C
RADM, U.S. Public Health Service
Director, Center for Behavioral Health Statistics and Quality

YOUTH SUBSTANCE USE
ILLICIT DRUG USE

Past-Month Illicit Drug Use Among Adolescents Aged 12–17, by Race/Ethnicity (2009–2013)[1]

The percentage of U.S. adolescents using illicit drugs decreased from 10.1% in 2009 to 8.8% in 2013. During this time there were significant decreases for white and Hispanic adolescents but not for black adolescents.



8.8%

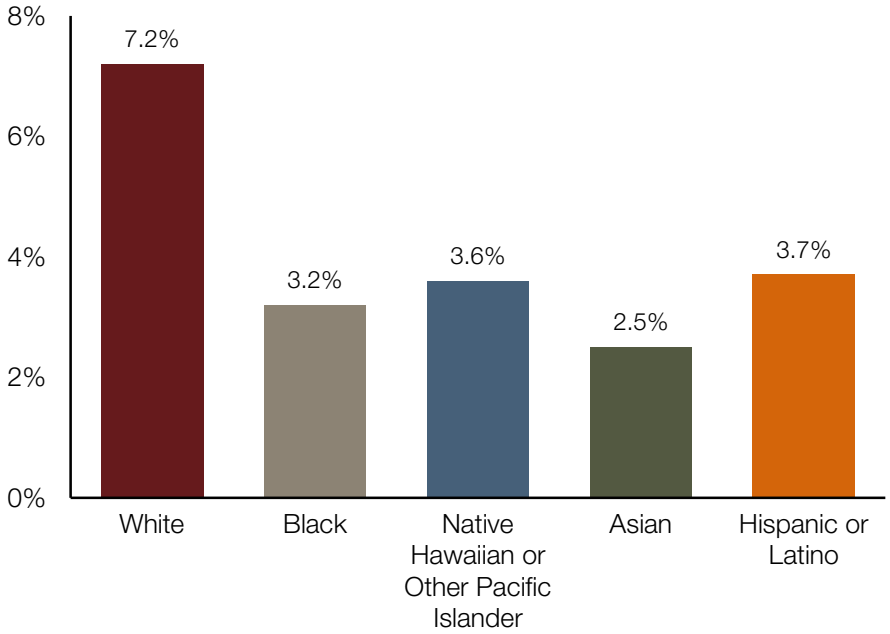
In the United States, 8.8% of adolescents aged 12–17 (an estimated 2.2 million adolescents) in 2013 reported using illicit drugs within the month prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

YOUTH SUBSTANCE USE
CIGARETTE USE

Past-Month Cigarette Use Among Adolescents Aged 12–17, by Race/Ethnicity (2013)[2]



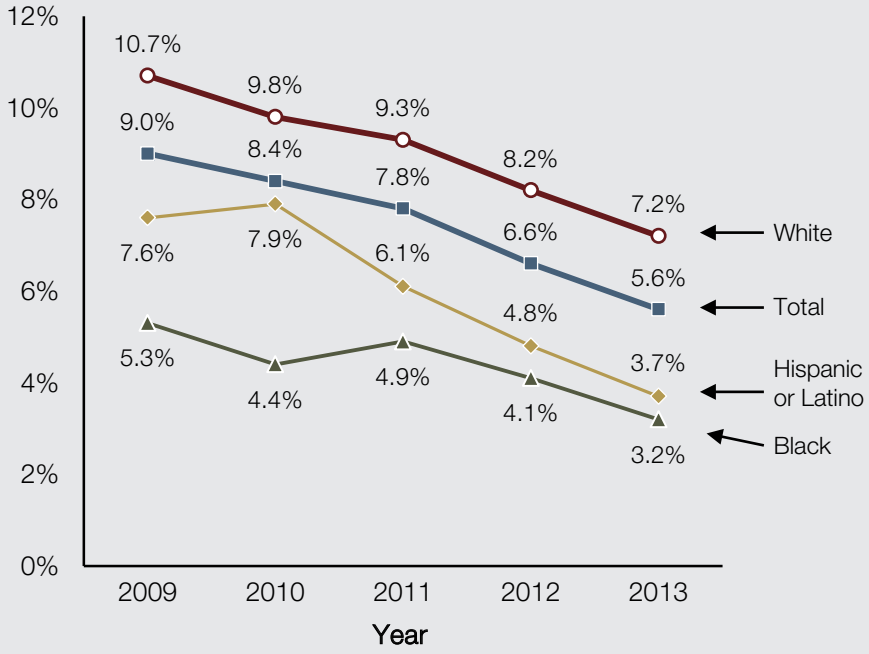
5.6%

In the United States, 5.6% of adolescents aged 12–17 (an estimated 1.4 million adolescents) in 2013 reported using cigarettes within the month prior to being surveyed.

In 2013, white adolescents had a higher percentage of cigarette use (7.2%) than blacks, Native Hawaiian or other Pacific Islanders, Asians, or Hispanics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Past-Month Cigarette Use Among Adolescents Aged 12–17, by Race/Ethnicity (2009–2013)[1]



In 2013, the percentage of cigarette use was higher among adolescents who lived in nonmetropolitan areas (8.4%) than adolescents who lived in metropolitan areas (5.1%).

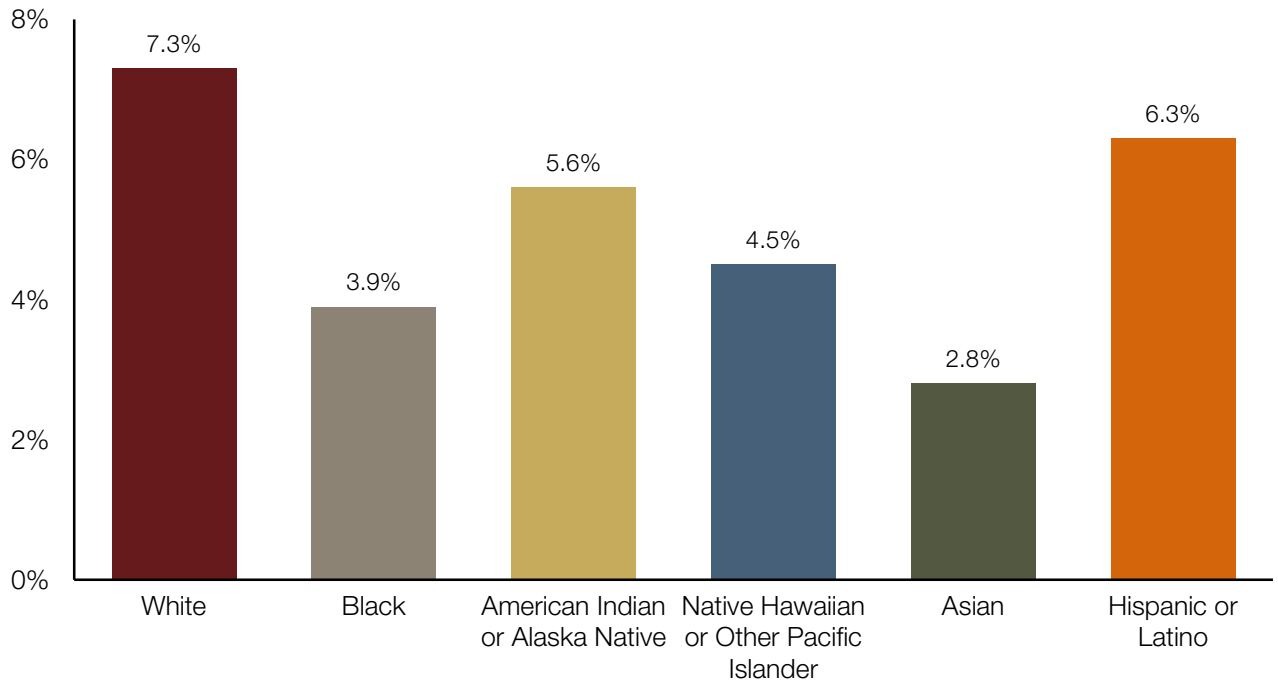
From 2009 to 2013, the percentage of U.S. adolescents using cigarettes decreased from 9.0% to 5.6%. There were significant decreases for whites, blacks, and Hispanics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Month Binge Alcohol Use Among Adolescents Aged 12–17, by Race/Ethnicity (2013)

Among U.S. adolescents, higher percentages of whites and Hispanics engaged in past-month binge drinking than did blacks or Asians.

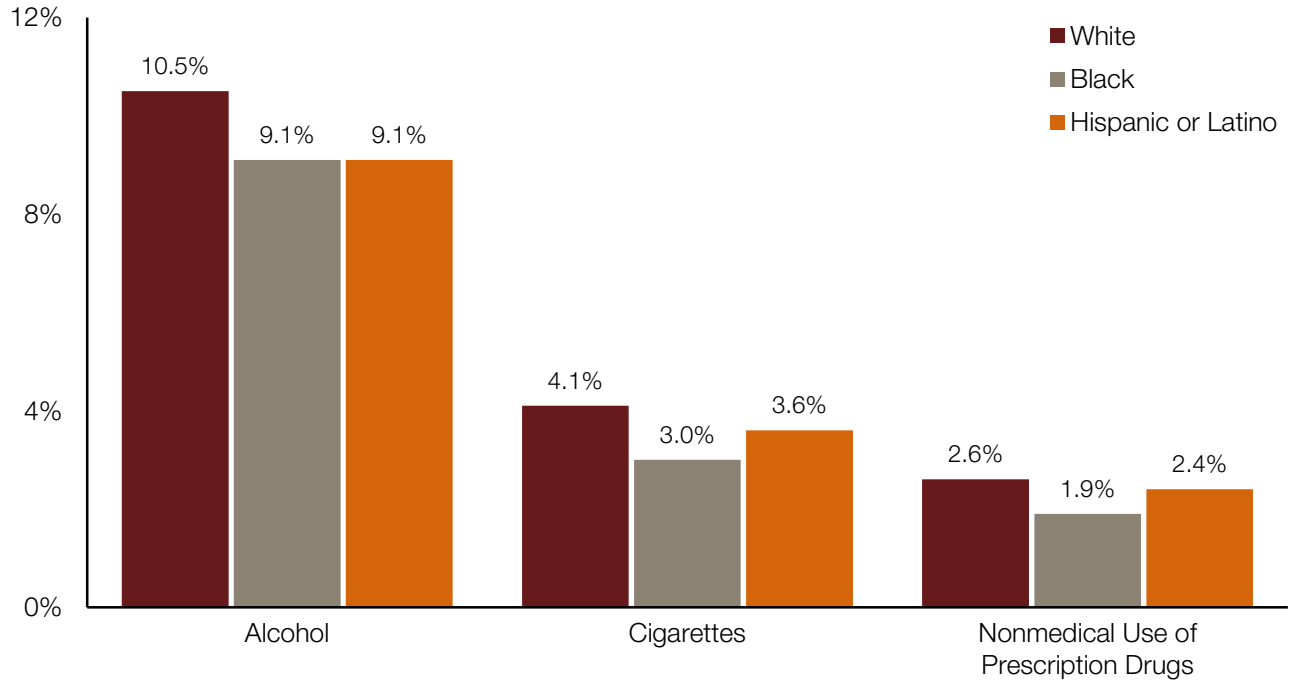


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Initiation of Selected Substances Among Adolescents Aged 12–17, by Race/Ethnicity (2013)[1]

Among U.S. adolescents in 2013, whites were more likely than Hispanics to have initiated alcohol use in the past year and were more likely than blacks to have initiated cigarette use or nonmedical use of psychotherapeutics in the past year. There were no differences between racial/ethnic groups in past-year initiation of marijuana use.



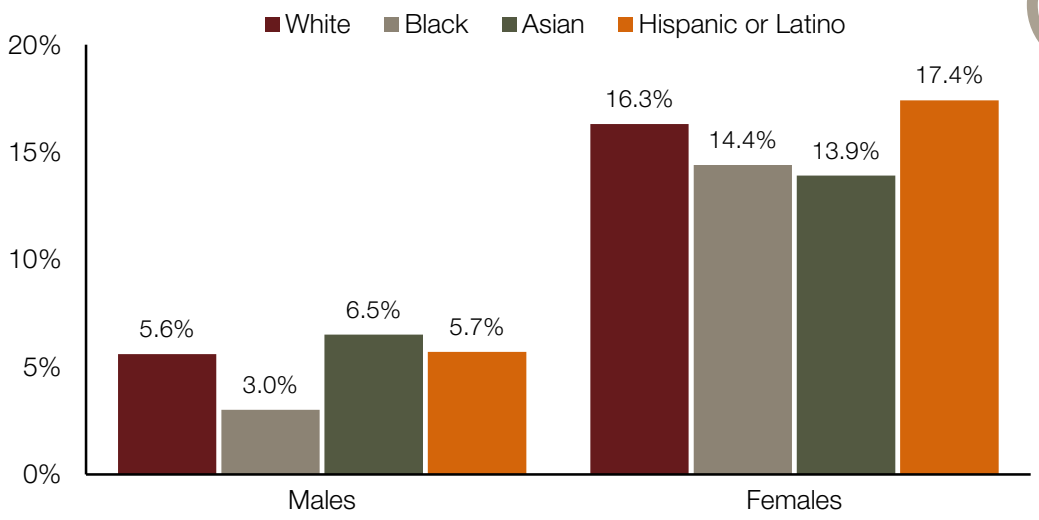
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

YOUTH MENTAL HEALTH AND TREATMENT

DEPRESSION

Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17, by Race/Ethnicity and Gender (2013)[3,4]



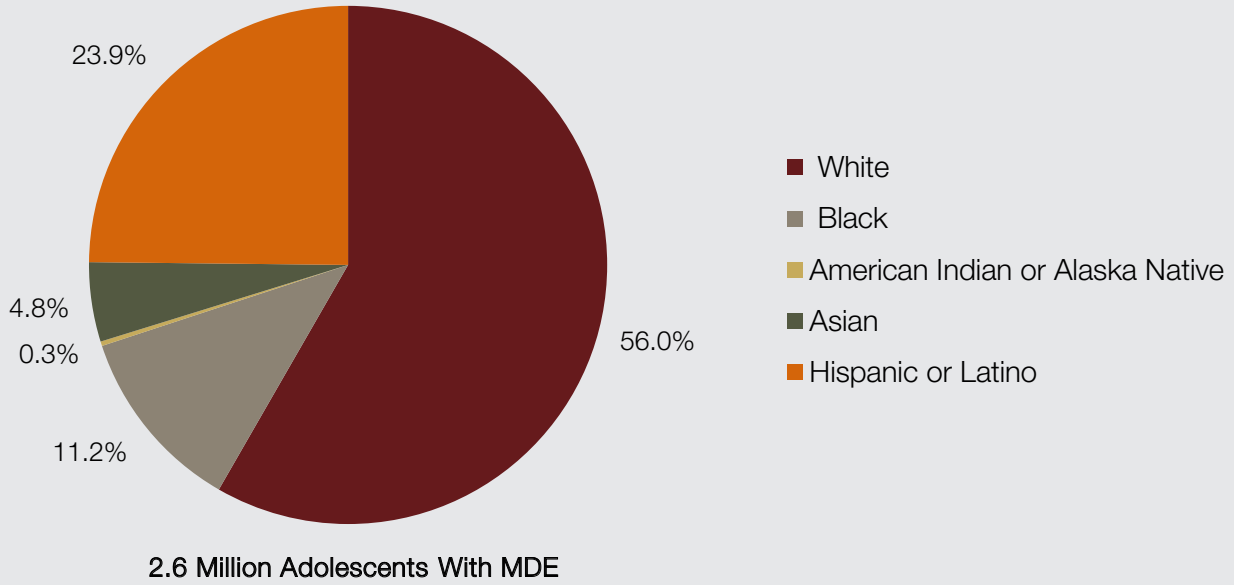
10.7%

In the United States, 10.7% of adolescents aged 12–17 (an estimated 2.6 million adolescents) in 2013 had at least one MDE within the year prior to being surveyed.

The percentage of MDE among U.S. adolescents in 2013 was about 3 times higher among females (16.2%) than among males (5.3%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

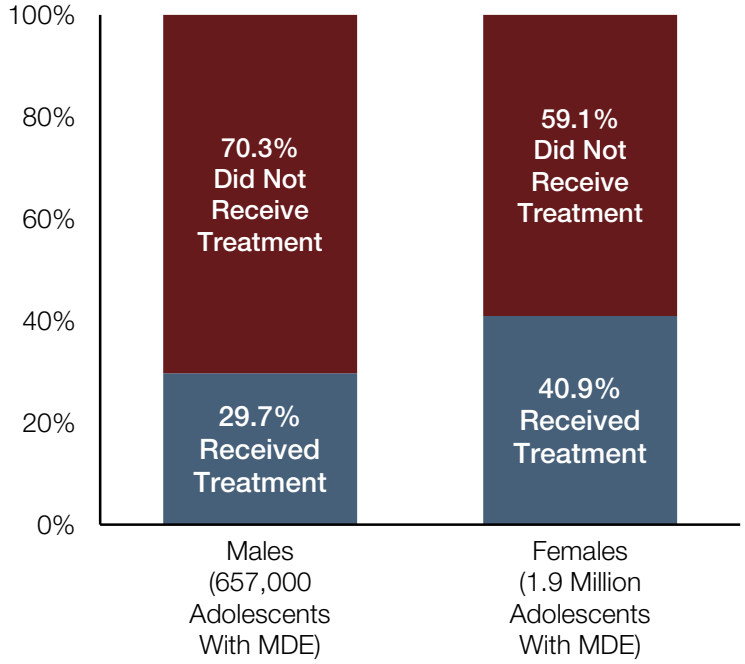
Race/Ethnicity of Adolescents Aged 12–17 With Past-Year Major Depressive Episode (MDE) (2013)[5,6]



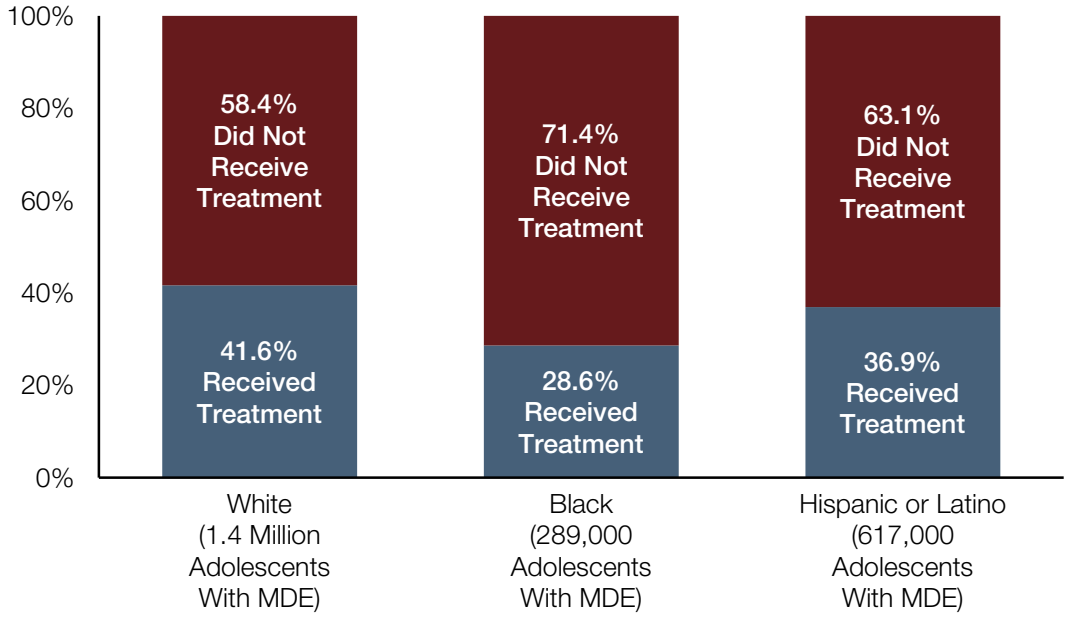
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Depression Treatment Among Adolescents Aged 12–17 With MDE, by Demographic Characteristics (2013)[1,7]



In 2013, among U.S. adolescents who reported having an MDE within the year prior to being surveyed, a higher percentage of females (40.9%) than males (29.7%) received treatment for their depression.

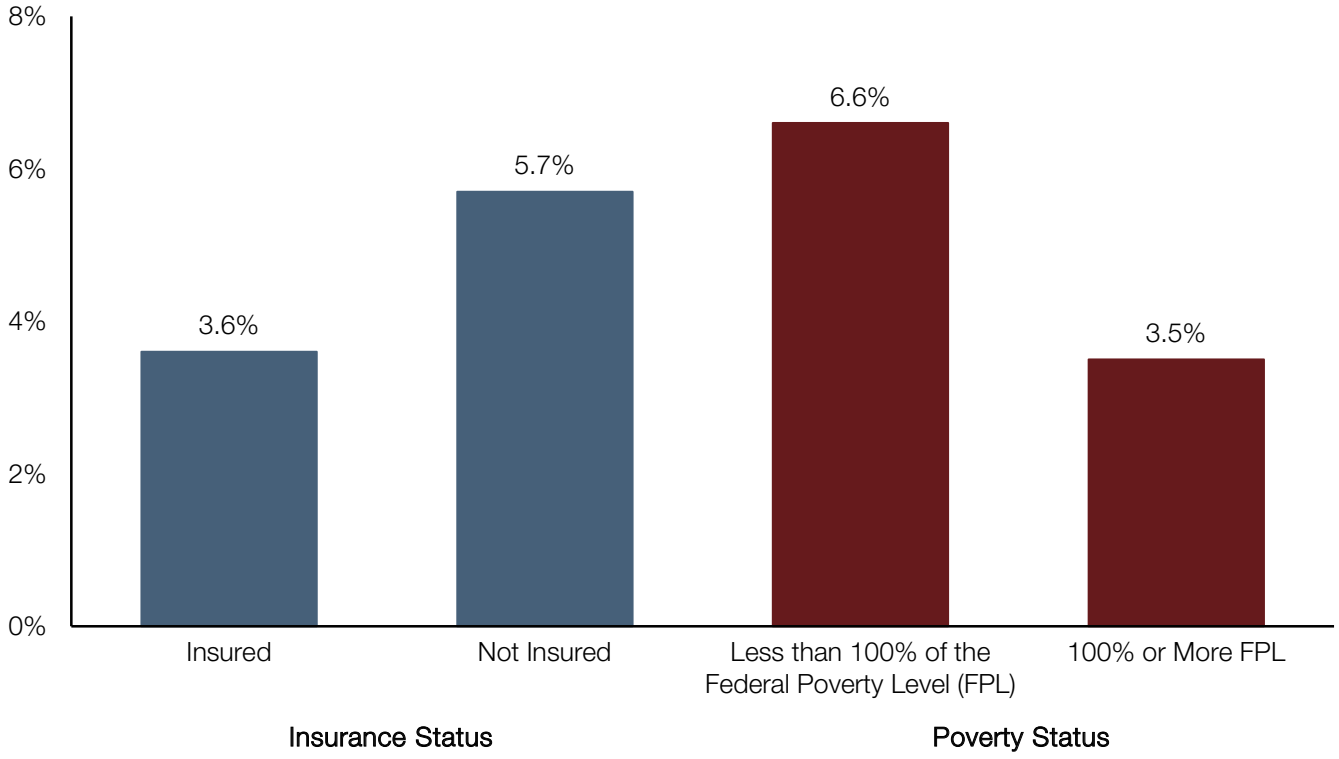


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older, by Health Insurance Status and Poverty Status (2013)[8,9]

In 2013, the percentage of adults who had serious thoughts of suicide was higher among those without health insurance and among those living in households whose income was less than 100% of the Federal Poverty Level (FPL). There were no differences in suicidal thoughts between adults who lived in metropolitan areas and those who lived in nonmetropolitan areas.



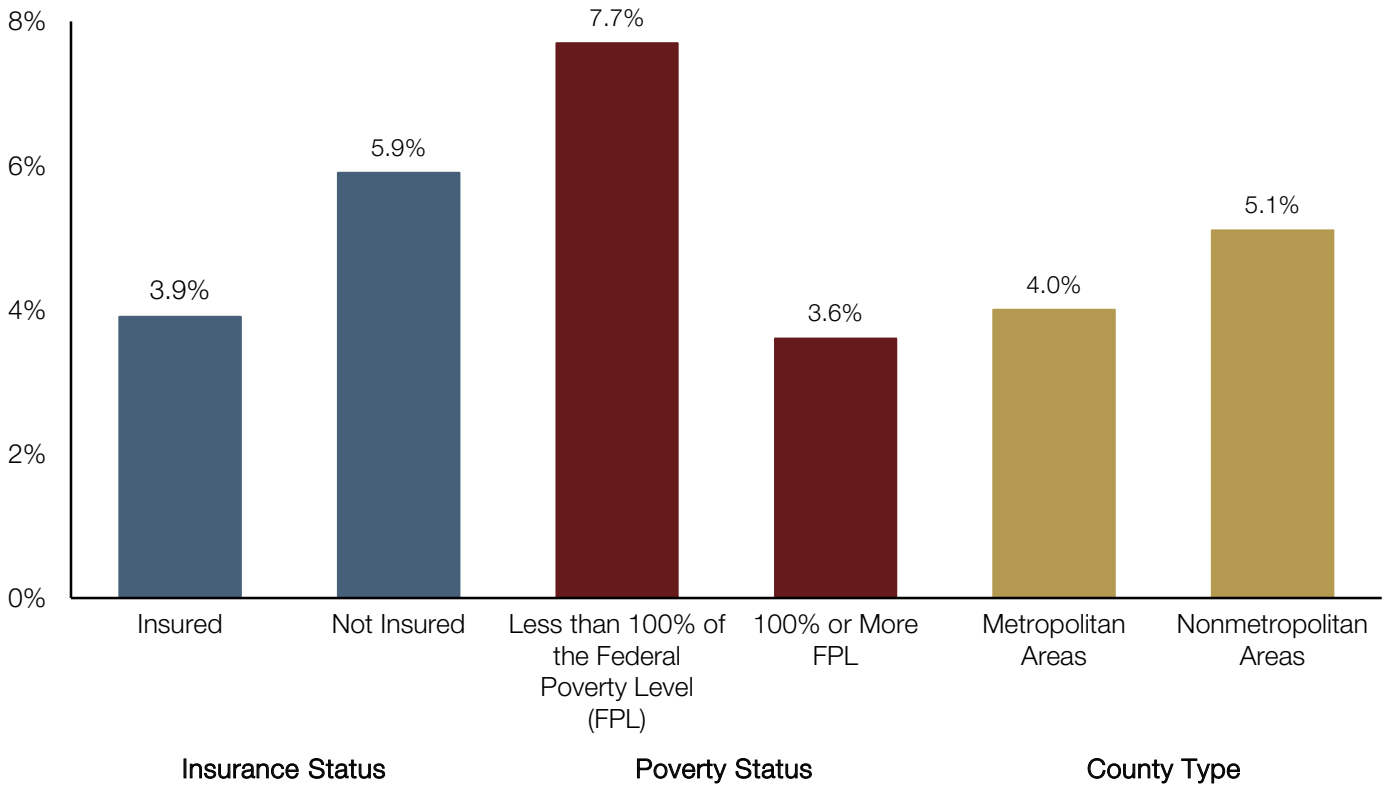
The percentage of U.S. adults reporting suicidal thoughts did not change significantly from 2009 to 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Serious Mental Illness (SMI) Among Adults Aged 18 or Older, by Health Insurance Status, Poverty Status, and County Type (2013)[9]

Among U.S. adults, the percentages of past year SMI were higher among those without health insurance, those living in houses with income that was less than 100% of the FPL, and those living in nonmetropolitan areas.

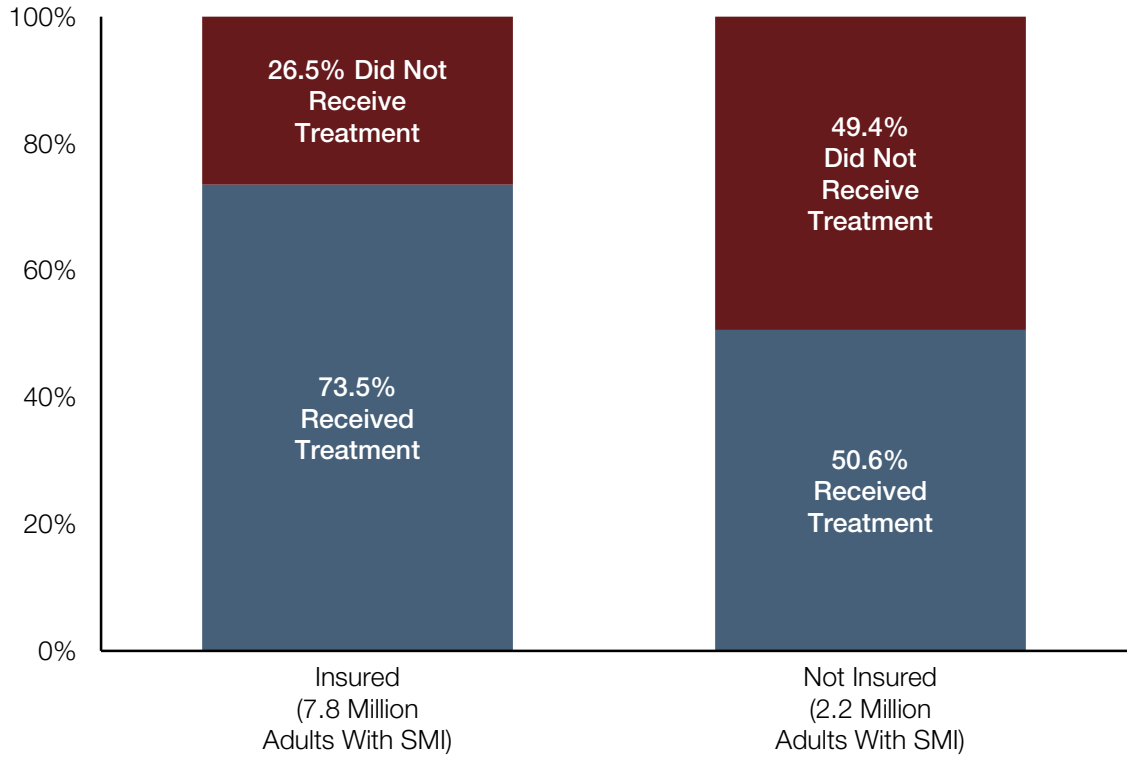


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older With SMI, by Health Insurance Status (2013)[10,11]

In the U.S., adults with SMI were less likely to receive mental health treatment if they did not have health insurance.

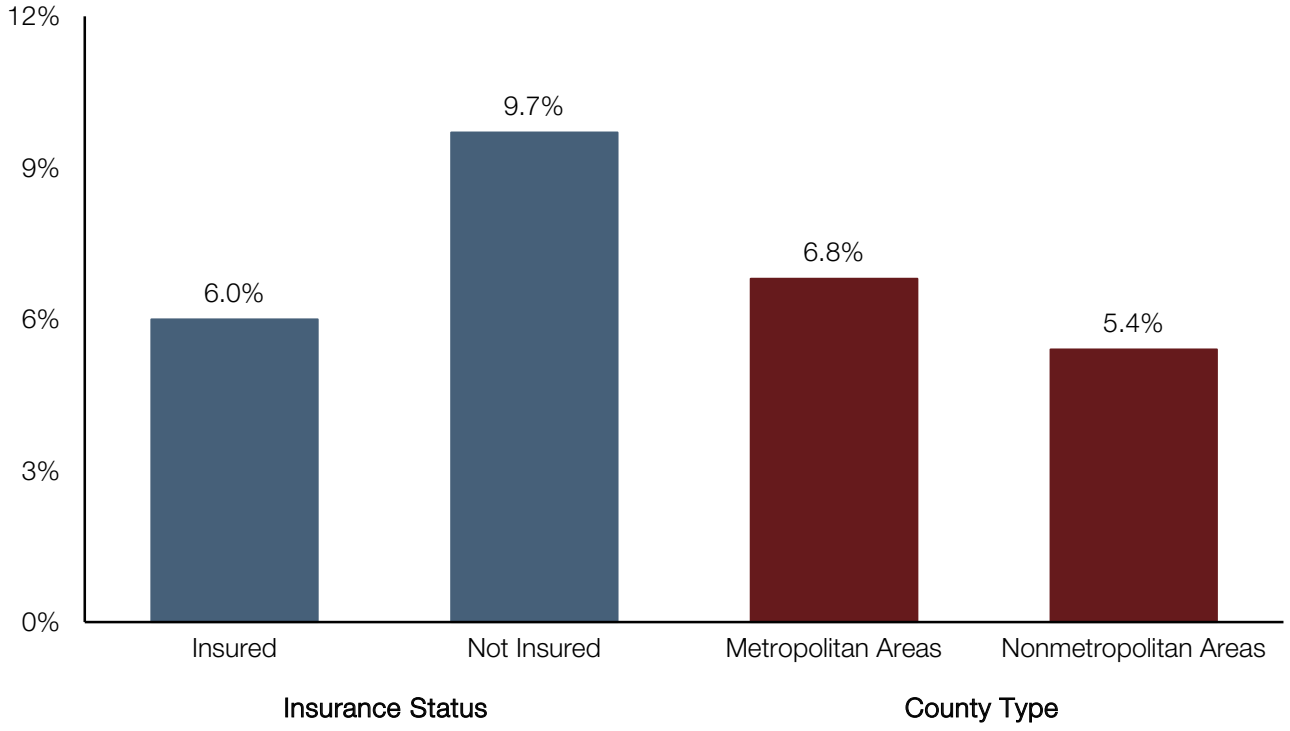


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older, by County Type and Health Insurance Status (2013)

In 2013, percentages of alcohol dependence or abuse were higher among those who lived in metropolitan areas and among those without health insurance.

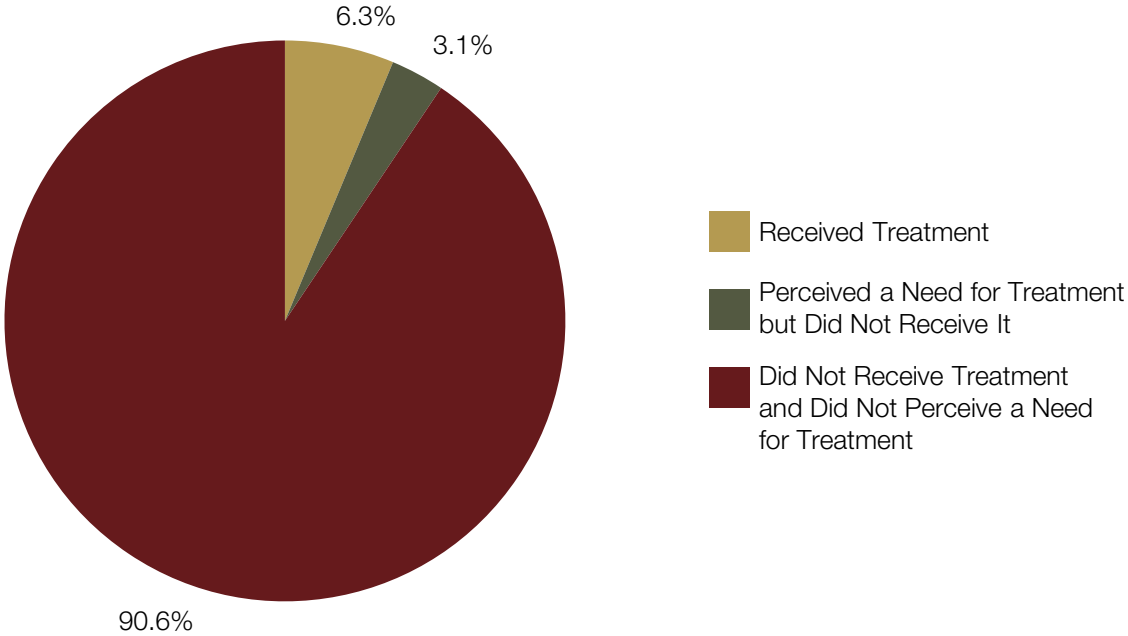


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Treatment for Alcohol Use and Perception of Treatment Need Among Individuals Aged 12 or Older With Alcohol Dependence or Abuse (2013)

There were no significant differences in the receipt of alcohol treatment by health insurance status, poverty status, or metropolitan versus nonmetropolitan areas.



17.3 Million People Aged 12 or Older With Past-Year Alcohol Dependence or Abuse

6.3%

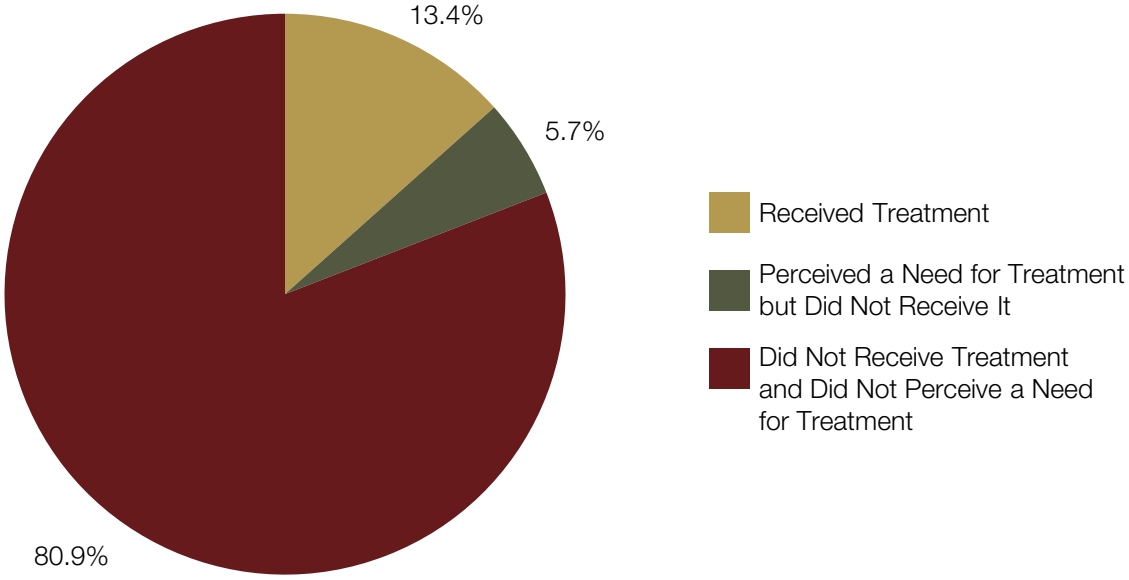
In the United States, only 6.3% of individuals aged 12 or older with alcohol dependence or abuse (an estimated 1.1 million individuals) in 2013 received treatment for their alcohol use within the year prior to being surveyed. More than 9 out of 10 individuals with alcohol dependence or abuse did not perceive a need for treatment for their alcohol use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past-Year Treatment for Illicit Drug Use and Perception of Treatment Need Among Individuals Aged 12 or Older With Illicit Drug Dependence or Abuse (2013)

There were no significant differences in the receipt of treatment for illicit drug use by health insurance status, poverty status, or metropolitan versus nonmetropolitan areas.



6.9 Million People Aged 12 or Older With Past-Year Illicit Drug Dependence or Abuse

13.4%

In the United States, 13.4% of persons aged 12 or older with illicit drug dependence or abuse (an estimated 917,000 individuals) in 2013 received treatment for their illicit drug use within the year prior to being surveyed. More than 8 out of 10 persons with illicit drug dependence or abuse did not perceive a need for treatment for their illicit drug use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or subgroups of the population. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

FIGURE NOTES

[1] The categories of American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Asian were omitted due to low precision of data.

[2] The category of American Indian or Alaska Native was omitted due to low precision of data.

[3] Respondents with unknown past-year major depressive episode (MDE) data were excluded.

[4] The categories of Native Hawaiian or other Pacific Islander and American Indian or Alaska Native were omitted due to low precision of data.

[5] The category of Native Hawaiian or other Pacific Islander was omitted due to low precision of data.

[6] The percentages in this chart do not sum to 100% because of the exclusion of Native Hawaiian or other Pacific Islanders as well as those who reported 2 or more races.

[7] Respondents with unknown past-year MDE and treatment data were excluded.

[8] Estimates were based only on responses to suicide items in the NSDUH mental health module. Respondents with unknown suicide information were excluded.

[9] Estimates based on poverty status are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18–22 who were living in a college dormitory were excluded.

[10] Estimates of serious mental illness (SMI) presented in this publication may differ from estimates in other publications as a result of revisions made to the NSDUH mental illness estimation models in 2013. Other NSDUH mental illness measures presented were not affected. For further information, see *NSDUH Short Report: Revised Estimates of Mental Illness From the National Survey on Drug Use and Health*, which is available on the SAMHSA Web site at http://www.samhsa.gov/data/population-data-nsduh.

[11] Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.

DEFINITIONS

Any mental illness (AMI) among adults aged 18 or older is defined as currently or at any time in the past year having had a diagnosable mental health, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Adults who had a diagnosable mental health, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having any mental illness.

Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Dependence on or abuse of alcohol or illicit drugs is defined using DSM-IV criteria.

Health insurance coverage is defined as having any type of coverage, including private insurance, Medicare, Medicaid, military health care coverage, or any other type of coverage.

Illicit drugs is defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, based on data from original NSDUH questions, not including methamphetamine use items added in 2005 and 2006.

Illicit drug use treatment and ***alcohol use treatment*** refer to treatment received in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. They include treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Major depressive episode (MDE) is defined as in the DSM-IV, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Mental health treatment/counseling is defined as having received inpatient or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

Metropolitan areas refer to counties that are part of a Metropolitan Statistical Area (MSA). ***Nonmetropolitan areas*** refer to counties that are outside of MSAs.

Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Serious mental illness (SMI) is defined as having a diagnosable mental health, behavioral, or emotional disorder, other than a substance use disorder, that met DSM-IV criteria and resulted in serious functional impairment.

Treatment for depression is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year.

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Center for Behavioral Health Statistics and Quality
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