Behavioral Health Barometer

Montana, 2015

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by RTI International under contract No. 283–12–0605 with SAMHSA, U.S. Department of Health and Human Services (HHS).

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Printed Copies

This publication may be downloaded or ordered at http://store.samhsa.gov. Or call SAMHSA at 1–877–SAMHSA–7 (1–877–726–4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Montana, 2015*. HHS Publication No. SMA–16–Baro–2015–MT. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Originating Office

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

CONTENTS

FOREWORD iii

YOUTH SUBSTANCE USE 1
- Illicit Drug Use 1
- Cigarette Use 2
- Binge Alcohol Use 3
- Substance Use Initiation and Risk Perceptions 4
- Nonmedical Use of Pain Relievers 6

YOUTH MENTAL HEALTH AND TREATMENT 7
- Depression 7
- Treatment for Depression 8

MENTAL HEALTH AND TREATMENT 9
- Thoughts of Suicide 9
- Serious Mental Illness 10
- Treatment for Any Mental Illness 11
- Mental Health Consumers 12

SUBSTANCE USE 13
- Alcohol Dependence or Abuse 13
- Illicit Drug Dependence or Abuse 14
- Heavy Alcohol Use 15

SUBSTANCE USE TREATMENT 16
- Alcohol 16
- Illicit Drugs 17

FIGURE NOTES 18

DEFINITIONS 19

SOURCES 20

FOREWORD

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division 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. SAMHSA is pursuing this mission at a time of significant change. Health care reform has been enacted, bringing sweeping changes to how the United States delivers, pays for, and monitors health care. Simultaneously, state budgets are shrinking, and fiscal restraint is a top priority.

This is the third edition of the *Behavioral Health Barometer: Montana*, one of a series of national and state reports that provide a snapshot of behavioral health in the United States. The reports present a set of substance use and mental health indicators as measured through data collection efforts sponsored by SAMHSA, including the National Survey on Drug Use and Health and the Uniform Reporting System. This array of indicators provides a unique overview of the nation's behavioral health at a point in time as well as a mechanism for tracking change and trends over time. As new data become available, indicators highlighted in these reports will be updated to reflect the current state of the science and incorporate new measures of interest. The Behavioral Health Barometers will provide critical information to a variety of audiences in support of SAMHSA's mission of reducing the impact of substance abuse and mental illness on America's communities.

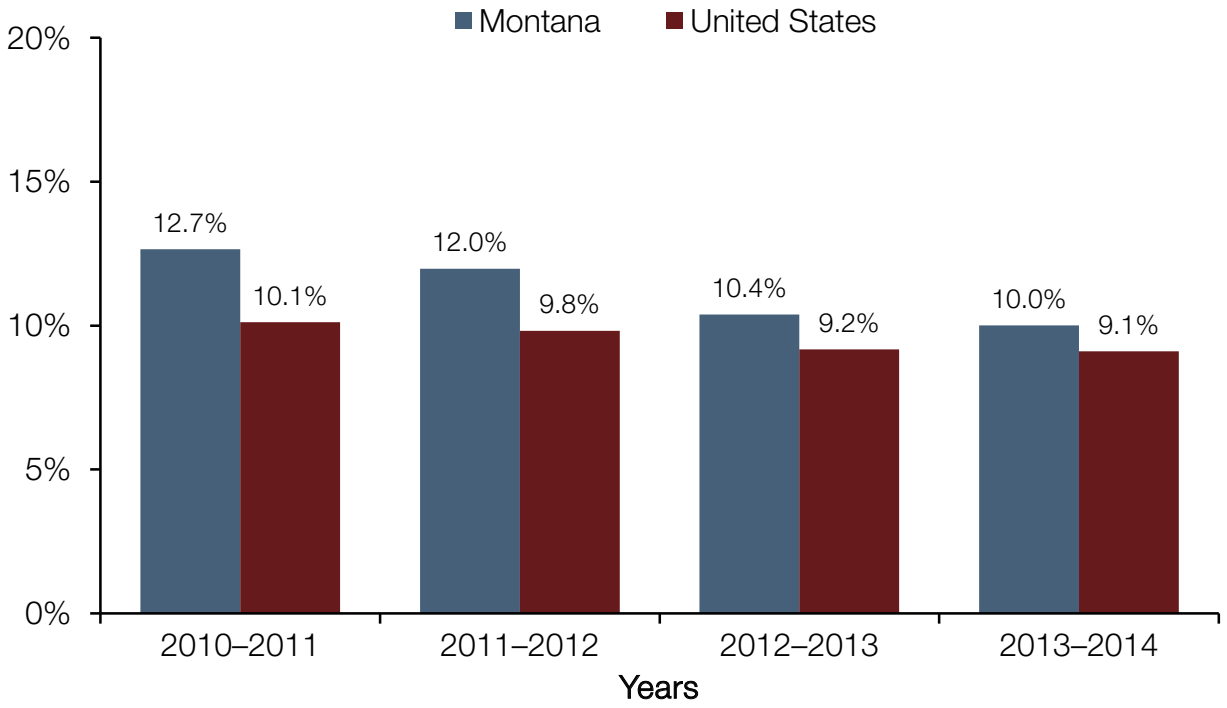
Behavioral Health Barometers for the nation and for all 50 states and the District of Columbia are published on a regular basis as part of SAMHSA's larger behavioral health quality improvement approach.

Kana Enomoto, Acting Administrator
Substance Abuse and Mental Health Services Administration

YOUTH SUBSTANCE USE
ILLICIT DRUG USE

Past Month Illicit Drug Use Among Adolescents Aged 12–17 in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of illicit drug use among adolescents aged 12–17 was similar to the national percentage in 2013–2014.



10.0%

In Montana, about 7,000 adolescents aged 12–17 (10.0% of all adolescents) per year in 2013–2014 reported using illicit drugs within the month prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.

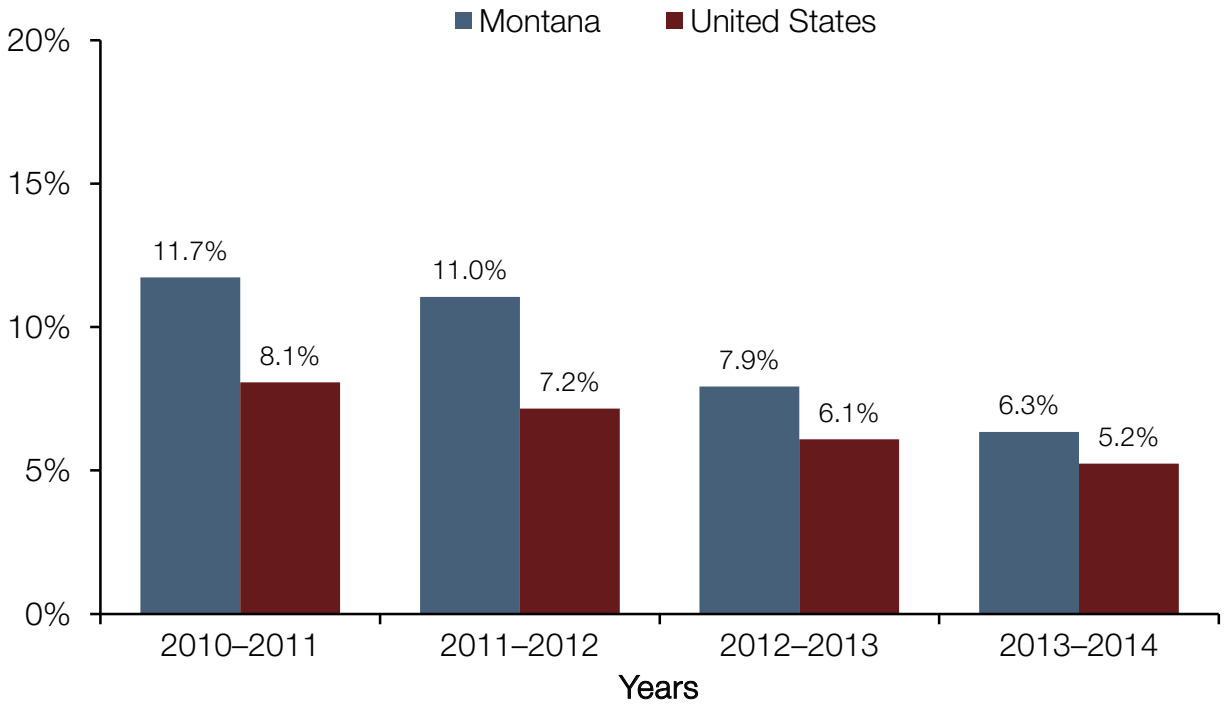
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. 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 in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of cigarette use among adolescents aged 12–17 was similar to the national percentage in 2013–2014.



6.3%

In Montana, about 5,000 adolescents aged 12–17 (6.3% of all adolescents) per year in 2013–2014 reported using cigarettes within the month prior to being surveyed. The percentage decreased from 2010–2011 to 2013–2014.

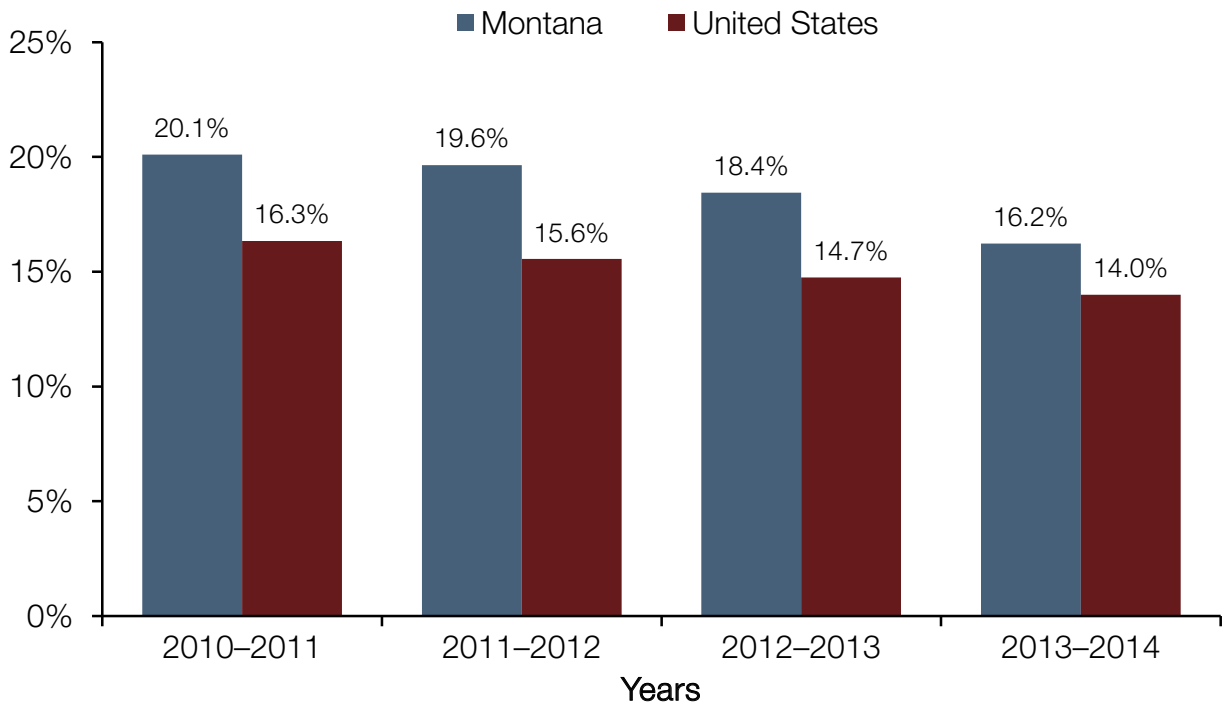
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

YOUTH SUBSTANCE USE
BINGE ALCOHOL USE

Past Month Binge Alcohol Use Among Individuals Aged 12–20 in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of binge alcohol use among individuals aged 12–20 was higher than the national percentage in 2013–2014.



16.2%

In Montana, about 19,000 individuals aged 12–20 (16.2% of all individuals in this age group) per year in 2013–2014 reported binge alcohol use within the month prior to being surveyed. The percentage decreased from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

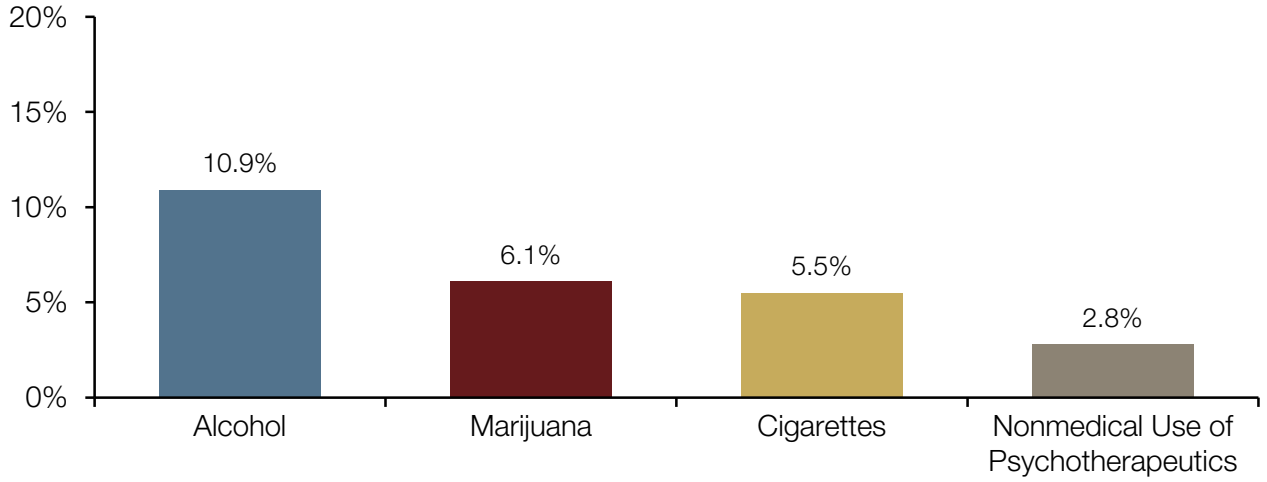
Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe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

YOUTH SUBSTANCE USE

SUBSTANCE USE INITIATION AND RISK PERCEPTIONS

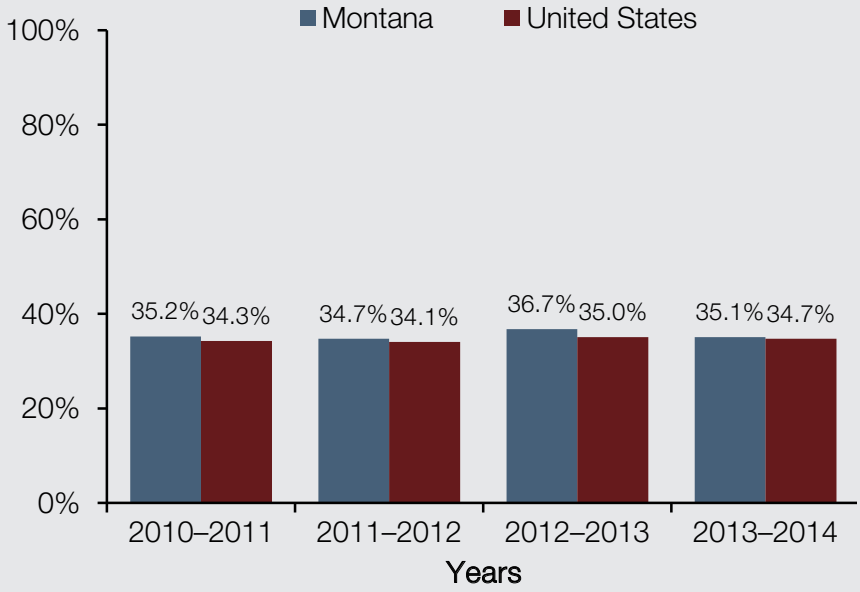
Past Year Initiation (First Use) of Selected Substances Among Adolescents Aged 12–17 in Montana, by Substance Type (Annual Averages, 2010–2014)[2]

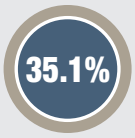
Among adolescents aged 12–17 in Montana from 2010 to 2014, an annual average of 10.9% initiated alcohol use (i.e., used it for the first time) within the year prior to being surveyed, and an annual average of 6.1% initiated marijuana use within the year prior to being surveyed.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

Adolescents Aged 12–17 in Montana and the United States Who Perceived No Great Risk from Smoking One or More Packs of Cigarettes a Day (2010–2011 to 2013–2014)[1,3]





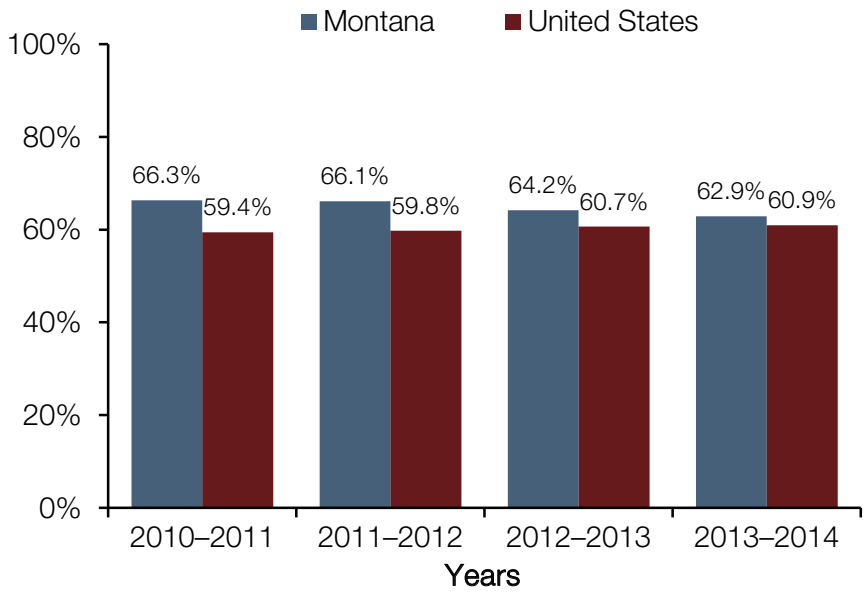
In Montana, about 1 in 3 (35.1%) adolescents aged 12–17 in 2013–2014 perceived no great risk from smoking one or more packs of cigarettes a day—a percentage similar to the national percentage.

The percentage of adolescents aged 12–17 in Montana who perceived no great risk from smoking one or more packs of cigarettes a day did not change significantly from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Adolescents Aged 12–17 in Montana and the United States Who Perceived No Great Risk from Having Five or More Drinks Once or Twice a Week (2010–2011 to 2013–2014)[1,3]



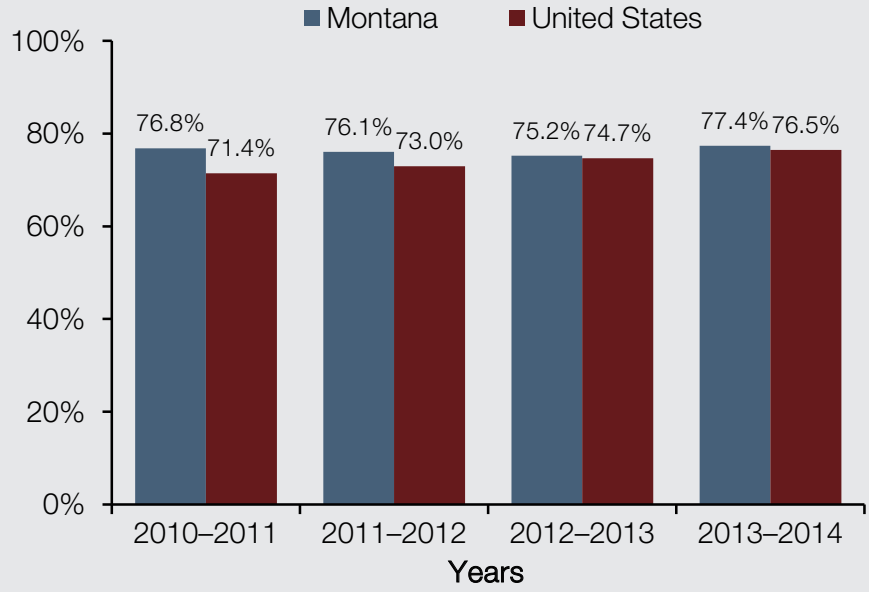
62.9%

In Montana, about 6 in 10 (62.9%) adolescents aged 12–17 in 2013–2014 perceived no great risk from having five or more drinks once or twice a week—a percentage similar to the national percentage.

The percentage of adolescents aged 12–17 in Montana who perceived no great risk from having five or more drinks once or twice a week did not change significantly from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

Adolescents Aged 12–17 in Montana and the United States Who Perceived No Great Risk from Smoking Marijuana Once a Month (2010–2011 to 2013–2014)[1,3]



77.4%

In Montana, about 8 in 10 (77.4%) adolescents aged 12–17 in 2013–2014 perceived no great risk from smoking marijuana once a month—a percentage similar to the national percentage.

The percentage of adolescents aged 12–17 in Montana who perceived no great risk from smoking marijuana once a month did not change significantly from 2010–2011 to 2013–2014.

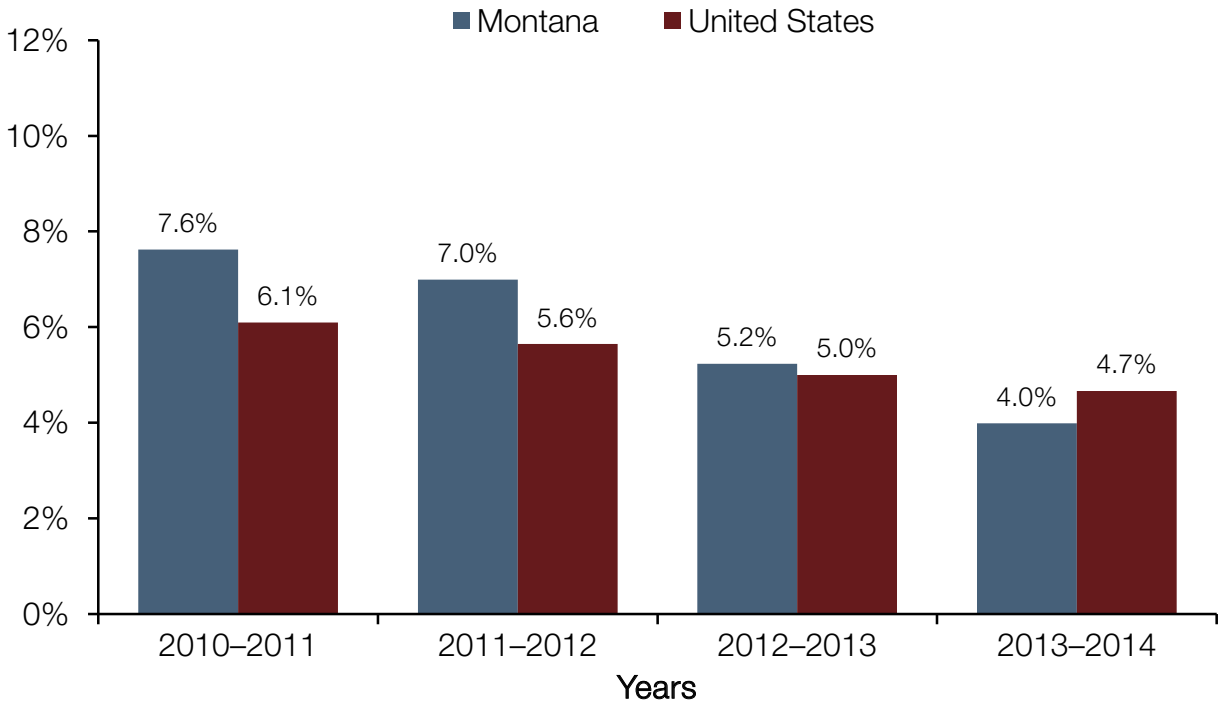
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

YOUTH SUBSTANCE USE
NONMEDICAL USE OF PAIN RELIEVERS

Past Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12–17 in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of nonmedical use of pain relievers among adolescents aged 12–17 was similar to the national percentage in 2013–2014.



4.0%

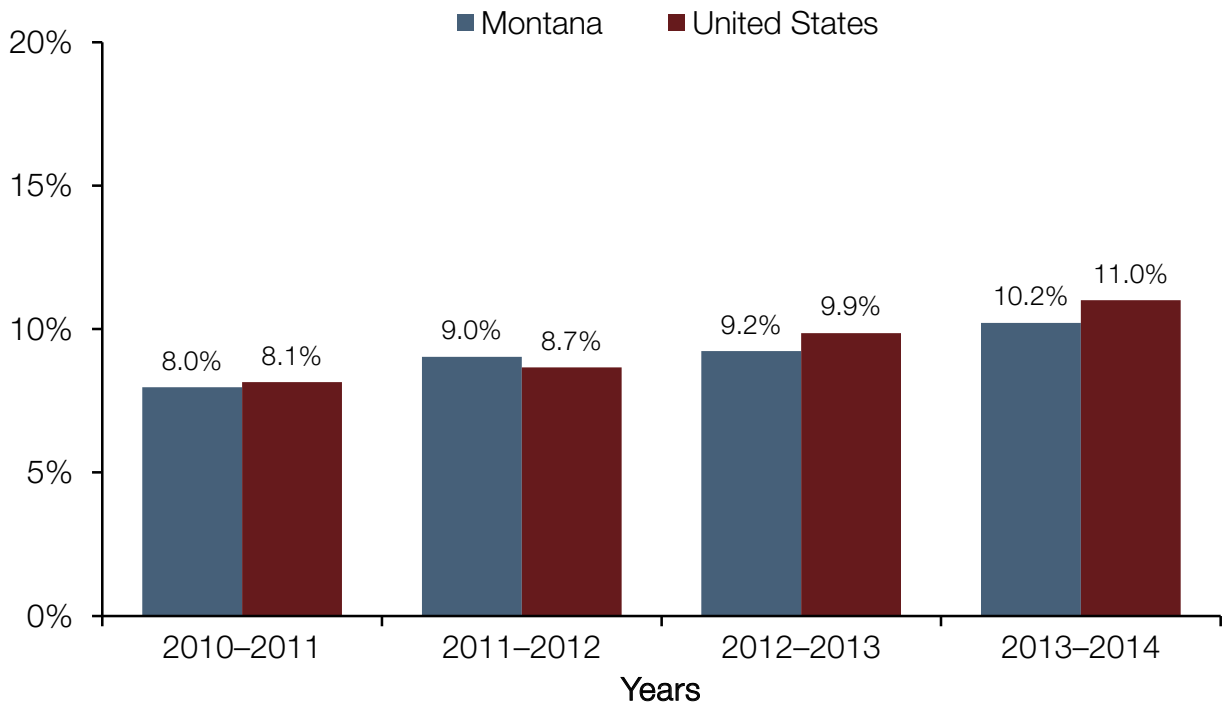
In Montana, about 3,000 adolescents aged 12–17 (4.0% of all adolescents) per year in 2013–2014 reported nonmedical use of pain relievers within the year prior to being surveyed. The percentage decreased from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Montana and the United States (2010–2011 to 2013–2014)[1,4]

Montana's percentage of major depressive episode (MDE) among adolescents aged 12–17 was similar to the national percentage in 2013–2014.



10.2%

In Montana, about 8,000 adolescents aged 12–17 (10.2% of all adolescents) per year in 2013–2014 had at least one MDE within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

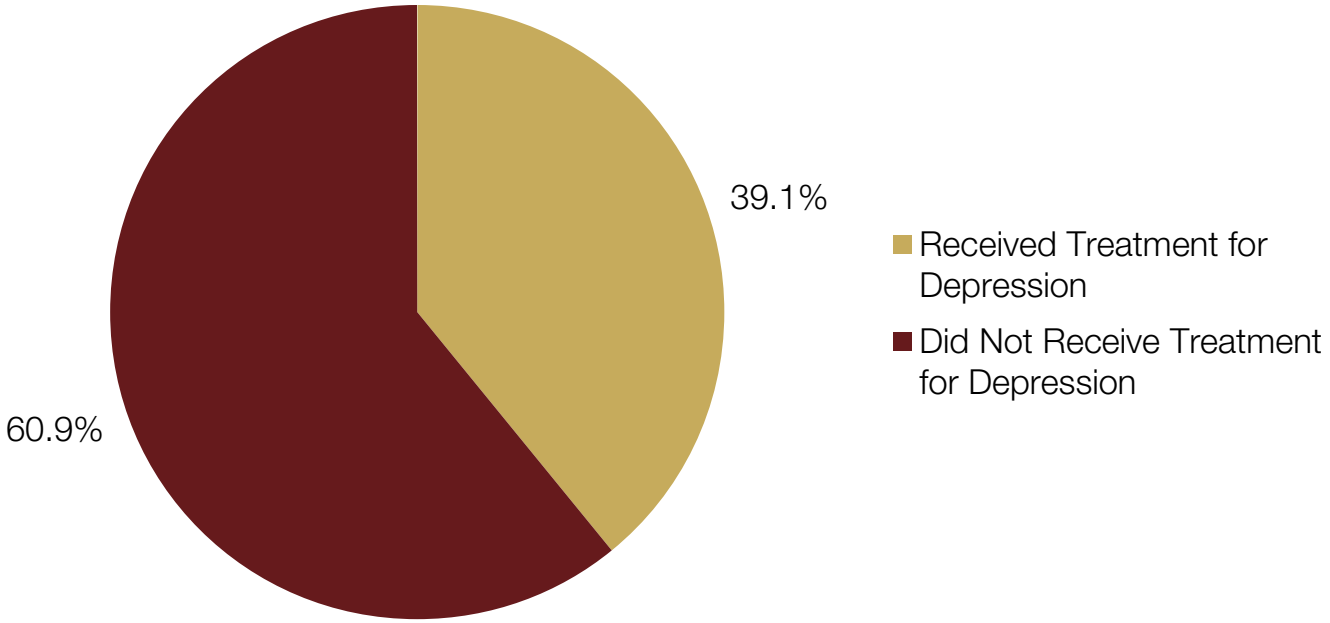
Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe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

YOUTH MENTAL HEALTH AND TREATMENT

TREATMENT FOR DEPRESSION

Past Year Treatment for Depression Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in Montana (Annual Average, 2010–2014)[2,5]

Montana's annual average of treatment for depression among adolescents aged 12–17 with MDE was similar to the annual average for the nation (38.6%) from 2010 to 2014.



39.1%

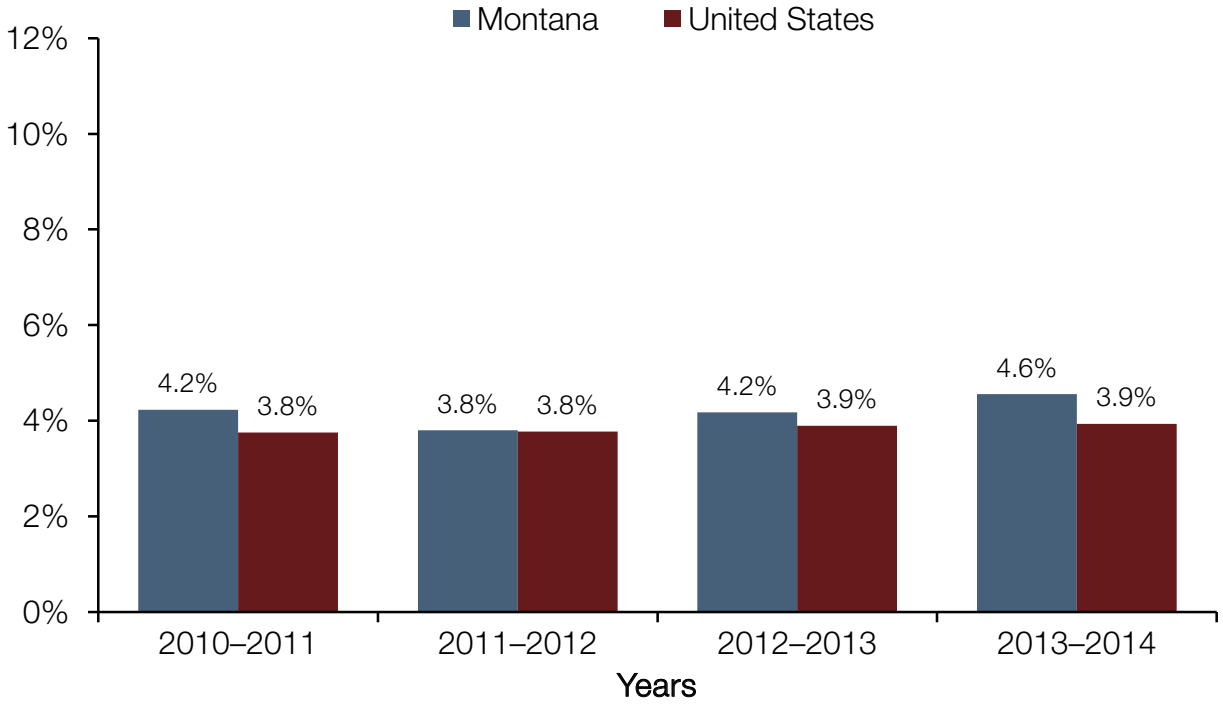
In Montana, about 2,000 adolescents aged 12–17 with MDE (39.1% of all adolescents with MDE) per year from 2010 to 2014 received treatment for their depression within the year prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

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 between the state and the nation as a whole. 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 in Montana and the United States (2010–2011 to 2013–2014)[1,6]

Montana's percentage of adults aged 18 or older with suicidal thoughts was similar to the national percentage in 2013–2014.



4.6%

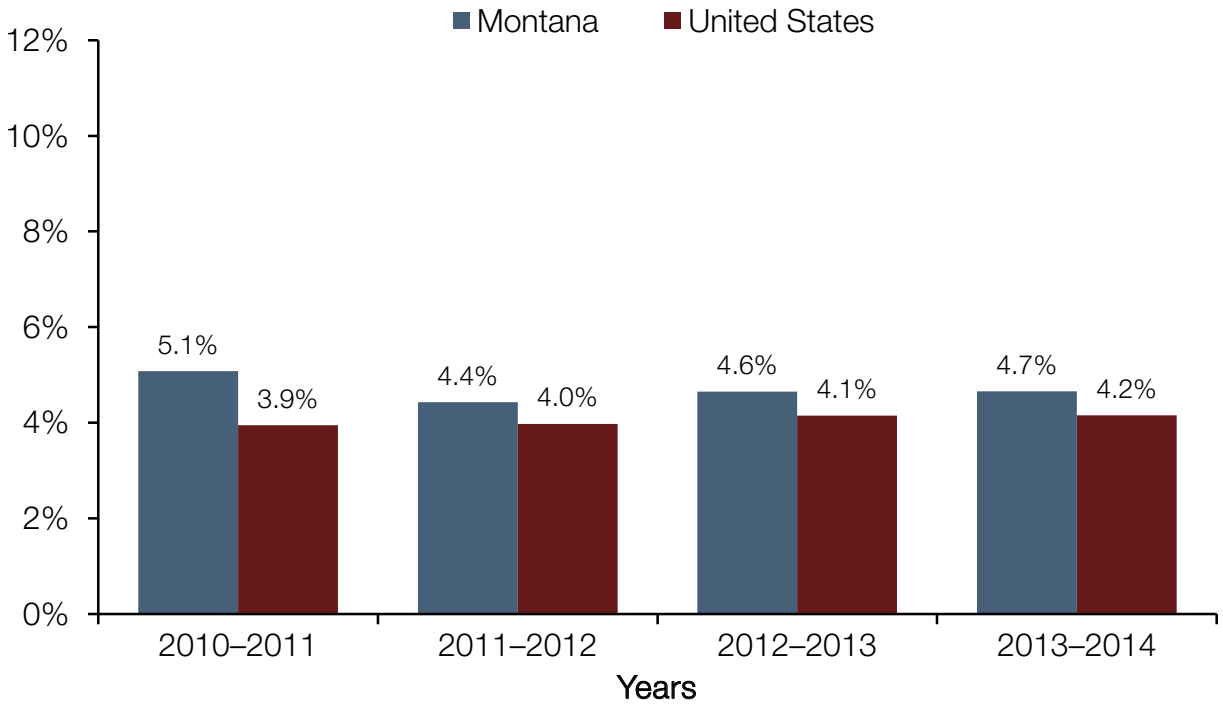
In Montana, about 36,000 adults aged 18 or older (4.6% of all adults) per year in 2013–2014 had serious thoughts of suicide within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. 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 in Montana and the United States (2010–2011 to 2013–2014)[1,7]

Montana's percentage of serious mental illness (SMI) among adults aged 18 or older was similar to the national percentage in 2013–2014.



In Montana, about 36,000 adults aged 18 or older (4.7% of all adults) per year in 2013–2014 had SMI within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

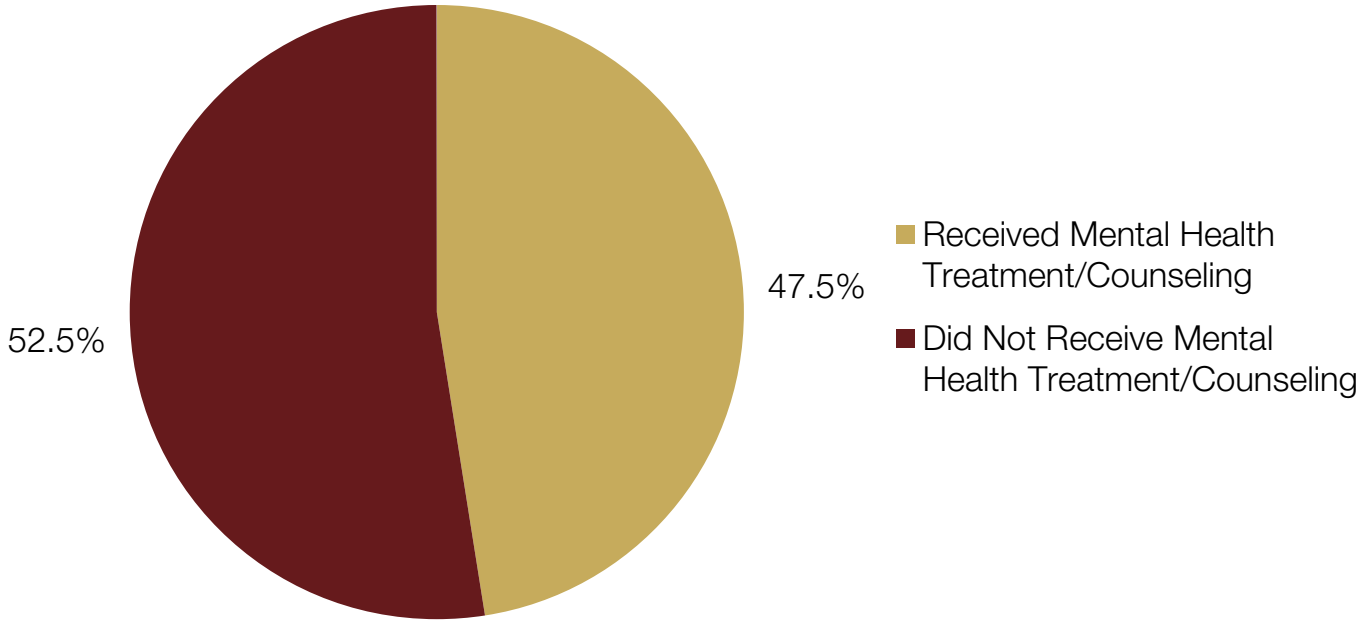
Statistical tests (t-tests) have been conducted for all statements appearing in the text on this page of the report that compare estimates between years or between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe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

MENTAL HEALTH AND TREATMENT

TREATMENT FOR ANY MENTAL ILLNESS

Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Montana (Annual Average, 2010–2014)[2,8]

Montana's annual average of mental health treatment/counseling among adults aged 18 or older with any mental illness (AMI) was similar to the annual average for the nation (42.7%) from 2010 to 2014.



47.5%

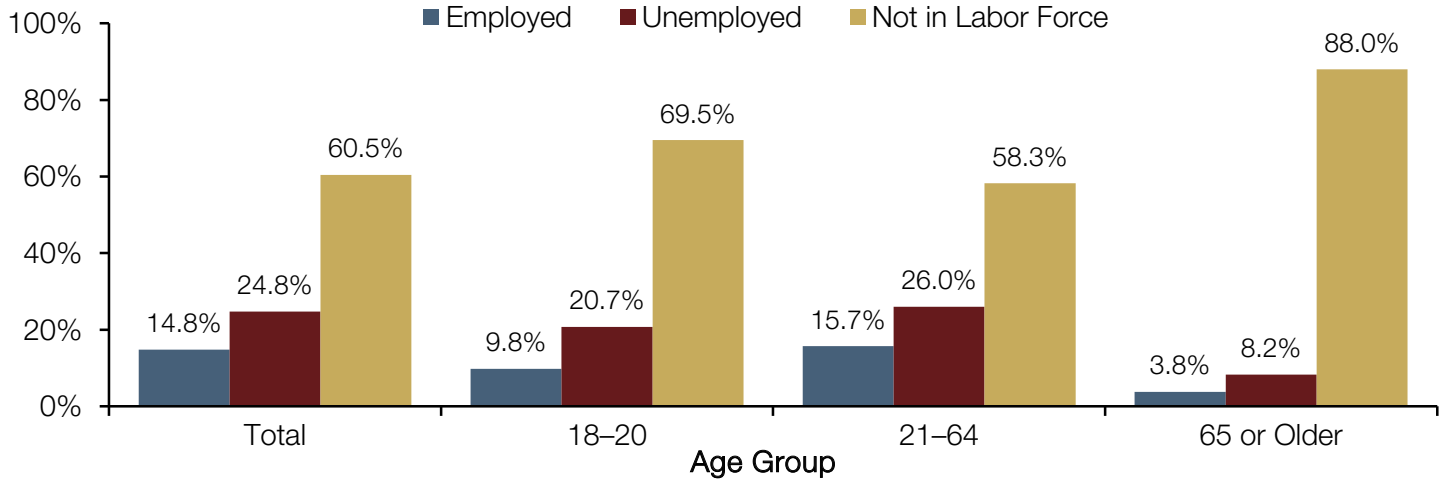
In Montana, about 71,000 adults aged 18 or older with AMI (47.5% of all adults with AMI) per year from 2010 to 2014 received mental health treatment/counseling within the year prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

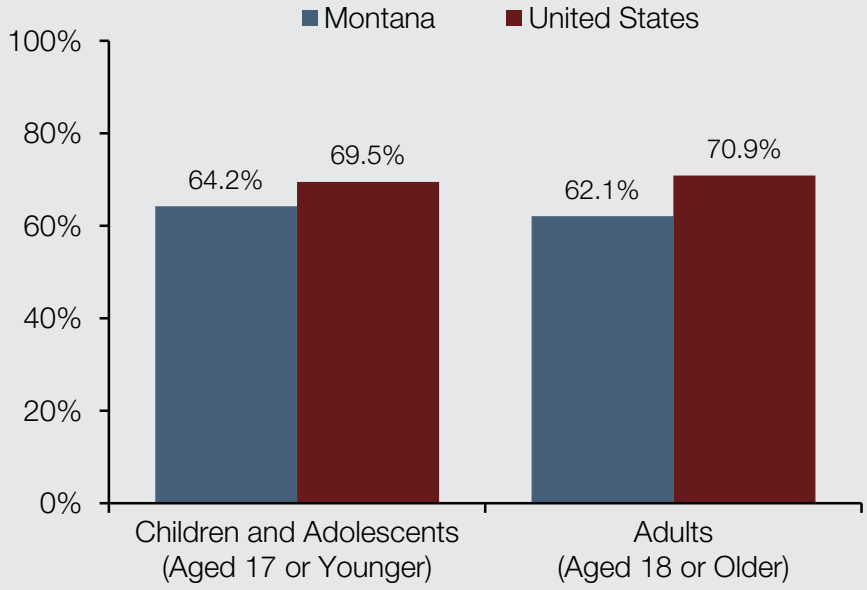
Adult Mental Health Consumers Served in the Public Mental Health System in Montana, by Age Group and Employment Status (2014)

Among adults served in Montana's public mental health system in 2014, 69.5% of those aged 18–20, 58.3% of those aged 21–64, and 88.0% of those aged 65 or older were not in the labor force.



Source: SAMHSA, Center for Mental Health Services, Uniform Reporting System, 2014.

Mental Health Consumers in Montana and the United States Reporting Improved Functioning from Treatment Received in the Public Mental Health System (2014)



In 2014, 17,994 children and adolescents (aged 17 or younger) were served in Montana's public mental health system.

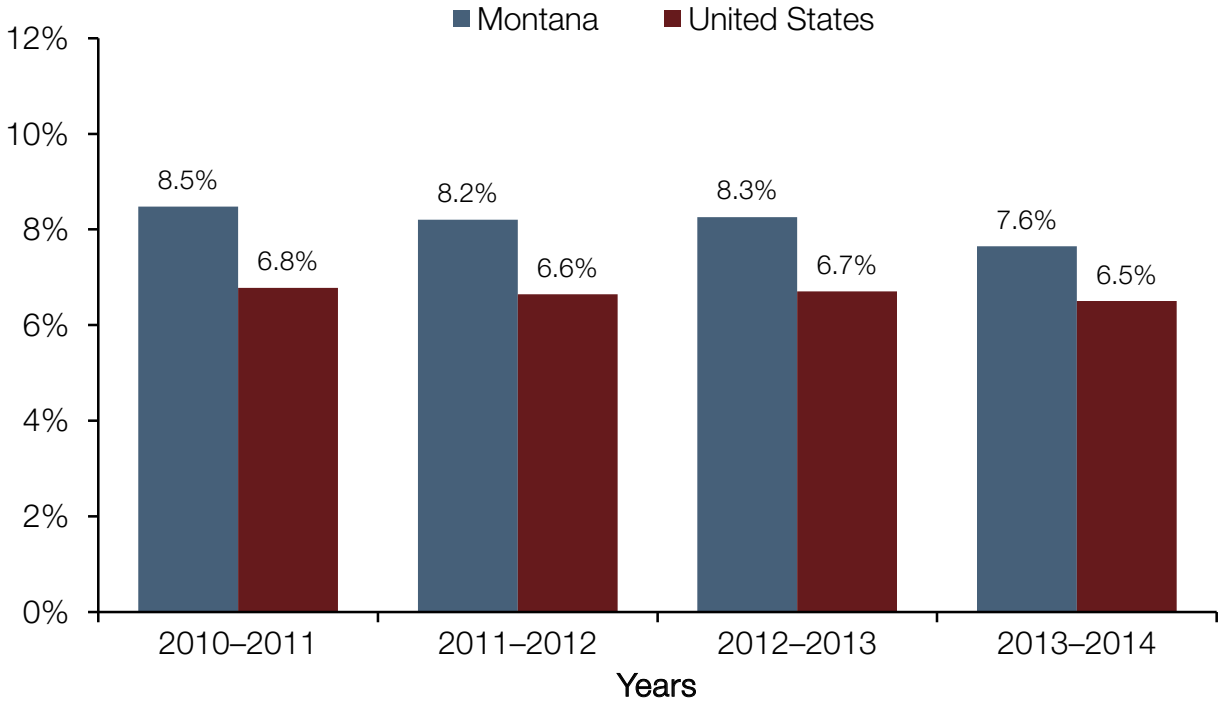
The percentage of children and adolescents (aged 17 or younger) reporting improved functioning from treatment received in the public mental health system was lower in Montana than in the nation as a whole. The percentage for adults (aged 18 or older) was lower in Montana than in the nation as a whole.

Source: SAMHSA, Center for Mental Health Services, Uniform Reporting System, 2014.

SUBSTANCE USE
ALCOHOL DEPENDENCE OR ABUSE

Past Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of alcohol dependence or abuse among individuals aged 12 or older was higher than the national percentage in 2013–2014.



7.6%

In Montana, about 65,000 individuals aged 12 or older (7.6% of all individuals in this age group) per year in 2013–2014 were dependent on or abused alcohol within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.

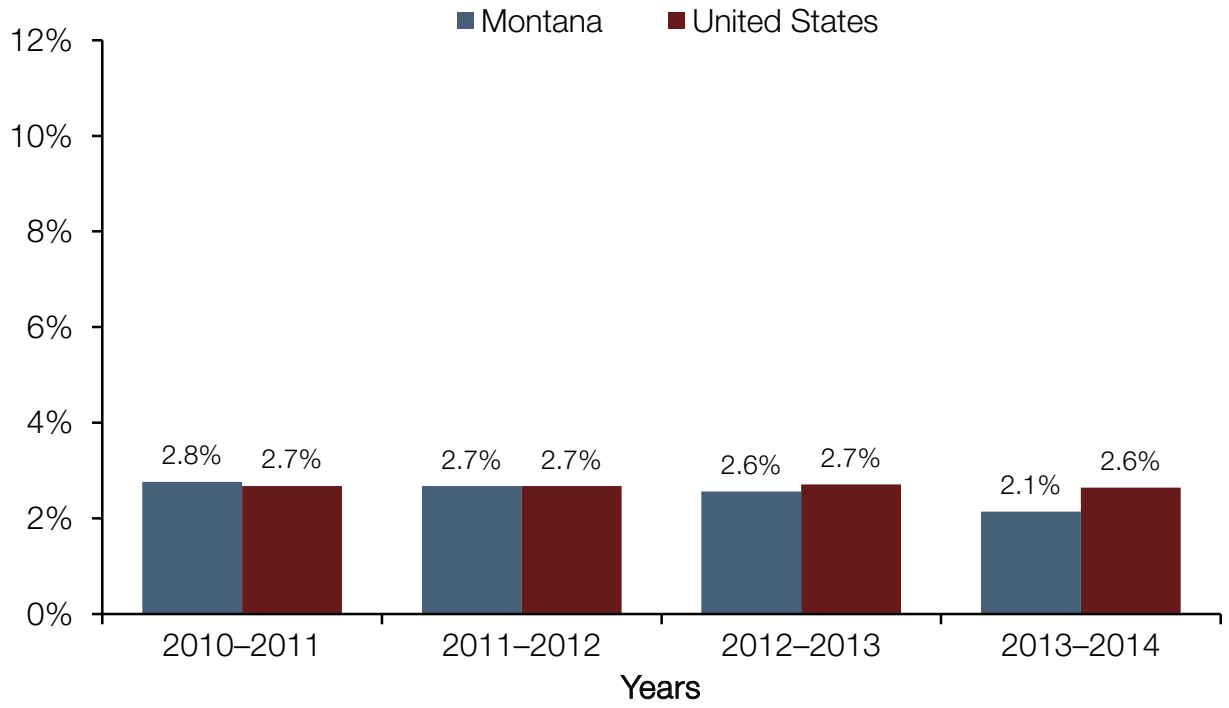
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

SUBSTANCE USE
ILLICIT DRUG DEPENDENCE OR ABUSE

Past Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in Montana and the United States (2010–2011 to 2013–2014)[1]

Montana's percentage of illicit drug dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2013–2014.



2.1%

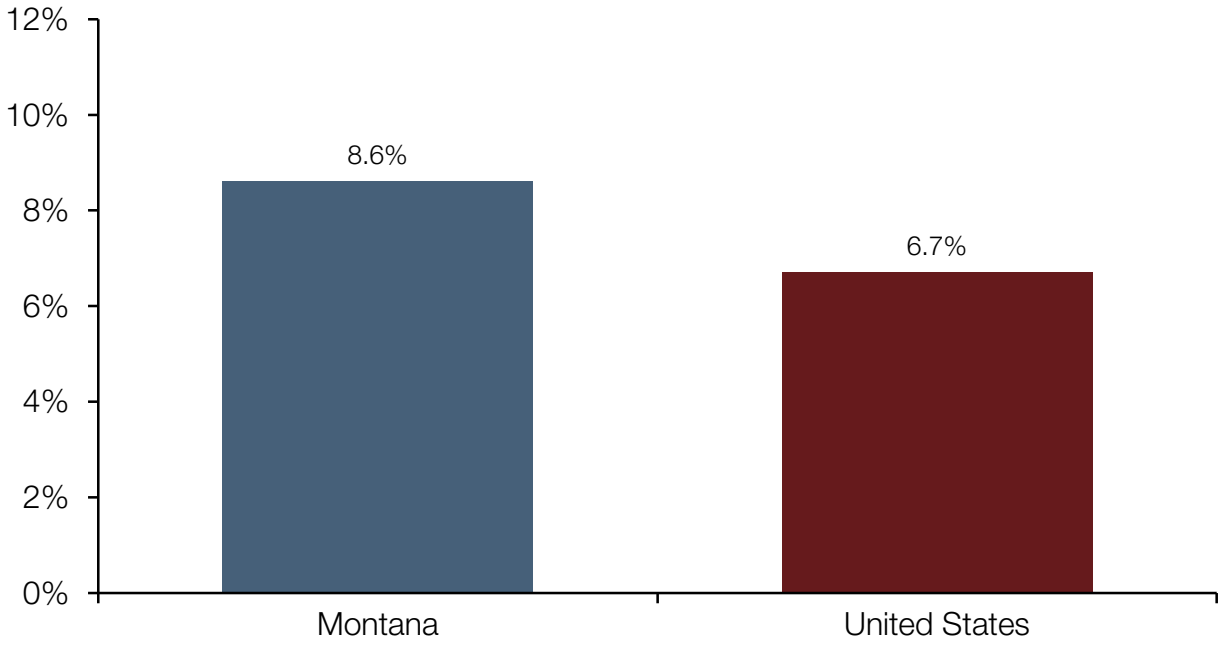
In Montana, about 18,000 individuals aged 12 or older (2.1% of all individuals in this age group) per year in 2013–2014 were dependent on or abused illicit drugs within the year prior to being surveyed. The percentage decreased from 2010–2011 to 2013–2014.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

Past Month Heavy Alcohol Use Among Adults Aged 21 or Older in Montana and the United States (Annual Averages, 2010–2014)[2]

Montana's annual average of heavy alcohol use among adults aged 21 or older was higher than the annual average for the nation from 2010 to 2014.



8.6%

In Montana, about 62,000 adults aged 21 or older (8.6% of all adults in this age group) per year from 2010 to 2014 reported heavy alcohol use within the month prior to being surveyed.

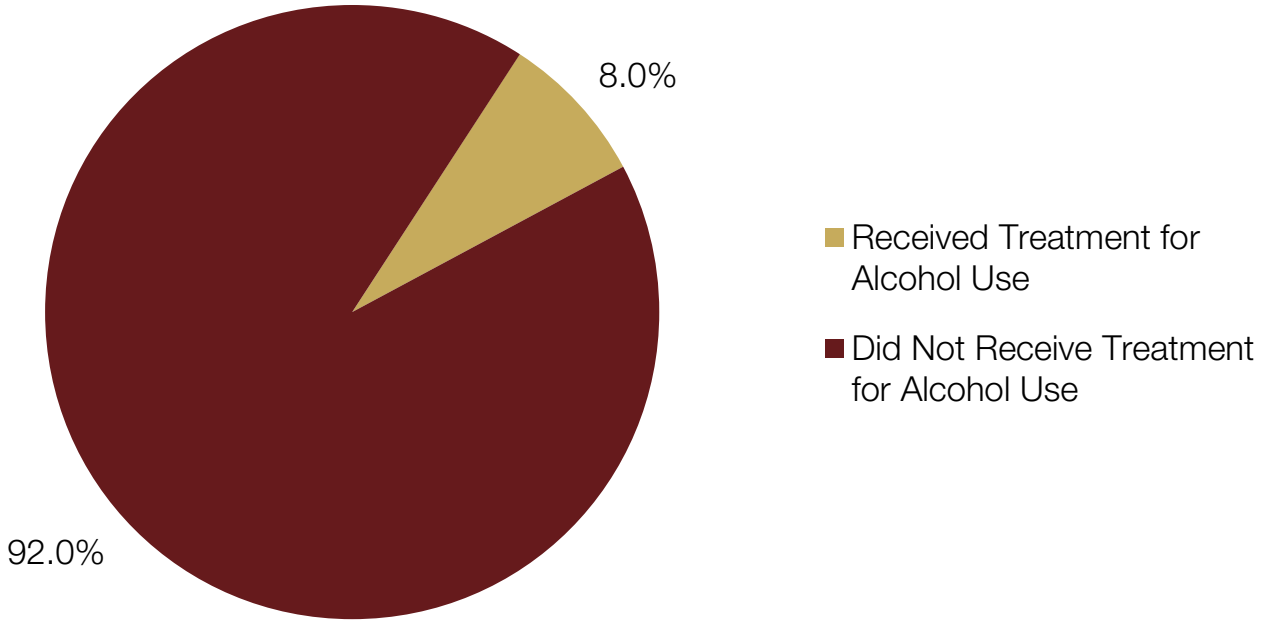
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

SUBSTANCE USE TREATMENT
ALCOHOL

Past Year Treatment for Alcohol Use Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in Montana (Annual Average, 2010–2014)[2]

Montana's annual average of treatment for alcohol use among individuals aged 12 or older with alcohol dependence or abuse was similar to the annual average for the nation (7.3%) from 2010 to 2014.



8.0%

In Montana, among individuals aged 12 or older with alcohol dependence or abuse, about 6,000 individuals (8.0%) per year from 2010 to 2014 received treatment for their alcohol use within the year prior to being surveyed.

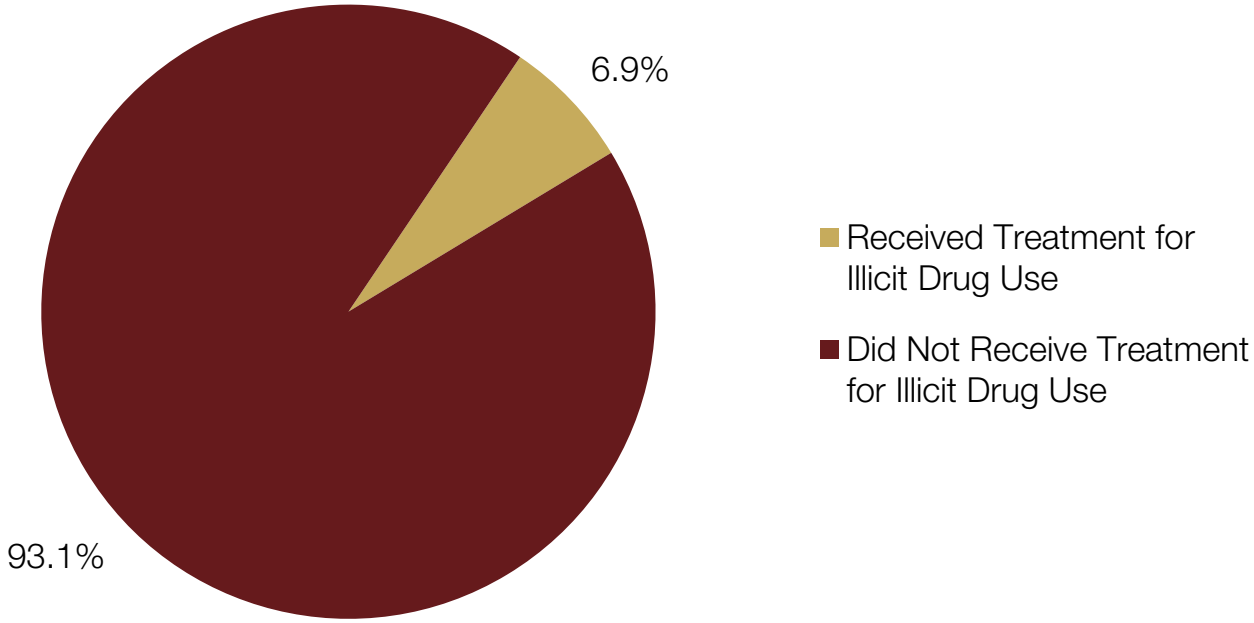
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

SUBSTANCE USE TREATMENT
ILLICIT DRUGS

Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Montana (Annual Average, 2010–2014)[2]

Montana's annual average of treatment for illicit drug use among individuals aged 12 or older with drug dependence or abuse was lower than the annual average for the nation (14.1%) from 2010 to 2014.



6.9%

In Montana, among individuals aged 12 or older with illicit drug dependence or abuse, about 1,000 individuals (6.9%) per year from 2010 to 2014 received treatment for their illicit drug use within the year prior to being surveyed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2014.

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 between the state and the nation as a whole. Unless explicitly stated that a difference is not statistically significant, all statements that describe differences are significant at the .05 level.

FIGURE NOTES

[1] State estimates are based on a small area estimation procedure in which state-level National Survey on Drug Use and Health (NSDUH) data from 2 consecutive survey years are combined with local-area county and census block group/tract-level data from the state. This model-based methodology provides more precise estimates at the state level than those based solely on the sample, particularly for states with smaller sample sizes.

[2] Estimates are annual averages based on combined 2010–2014 NSDUH data or combined 2007–2014 NSDUH data where indicated. These estimates are based solely on the sample, unlike estimates based on the small area estimation procedure as stated above.

[3] Risk perceptions were measured by asking respondents to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes, with various levels of frequency. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Respondents with unknown risk perception data were excluded.

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

[5] Respondents with unknown past year MDE or unknown treatment data were excluded.

[6] Estimates were based only on responses to suicide items in the NSDUH Mental Health module. Respondents with unknown suicide information were excluded.

[7] Estimates of serious mental illness (SMI) and any mental illness (AMI) 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 2012. Other NSDUH mental health measures presented were not affected. The 2013 and 2014 Barometer reports include the revised SMI and AMI estimates. For further information, see *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/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.pdf.

[8] 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, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Adults who had a diagnosable mental, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having AMI.

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.

Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Illicit drugs is defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, based on data from original National Survey on Drug Use and Health (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 in the past year when an individual 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.

Nonmedical use of 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 by SAMHSA as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.

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.

SOURCES

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.

Center for Mental Health Services. (2015). *2014 CMHS Uniform Reporting System Output Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Retrieved from http://www.samhsa.gov/data/us_map

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 survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized population of the United States aged 12 years old or older, and also includes mental health issues and mental health service utilization for adolescents aged 12 to 17 and adults aged 18 or older. Conducted by the Federal Government since 1971, 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 data used in this report are based on information obtained from approximately 67,500 individuals aged 12 or older per year in the United States. Additional information about NSDUH is available at http://www.samhsa.gov/data/population-data-nsduh.

HHS Publication No. SMA–16–Baro–2015–MT
2015

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
www.samhsa.gov