

# Introduction

*Results from the 2010 National Survey on Drug Use and Health: Mental Health Detailed Tables* is a collection of tables presenting national estimates from the National Survey on Drug Use and Health (NSDUH). These tables present information on past year mental health measures and past year mental health service utilization for youths aged 12 to 17 and adults aged 18 or older. Adult tables include measures on any mental illness, serious mental illness (SMI), moderate mental illness, low (mild) mental illness, mental health service utilization (i.e., mental health treatment or counseling), suicidal thoughts and behaviors, major depressive episode (MDE), treatment for depression (among adults with MDE), and serious psychological distress (SPD). Youth tables include measures on mental health service utilization, MDE, and treatment for depression (among youths with MDE). Measures related to the co-occurrence of mental disorders with substance use or with substance use disorders also are presented for both adults and youths. Measures of these characteristics and behaviors are presented by a variety of demographic, geographic, and other variables. The estimates in the tables include rates of persons having the characteristics, numbers of persons with these characteristics, and corresponding standard errors.

The majority of these tables are trend tables presenting estimates from the 2009 and 2010 NSDUHs. Also included are five tables that present data from earlier surveys in the series, including two tables with data from 2002 to 2010, two tables with data from 2005 to 2010, and one table with data from 2004 to 2010.

Throughout the survey series, the NSDUH questionnaire has been used to collect data on special topics, such as mental health. Questions on mental health for youths aged 12 to 17 and adults aged 18 or older were first introduced in the 1994 NSDUH and continued through the 1997 NSDUH. Mental health questions were reintroduced beginning in the 2000 NSDUH and continued through the 2010 NSDUH. Because of survey improvements in the 2002 NSDUH, the 2002 data constitute a new baseline for tracking trends in substance use and mental health measures. Therefore, estimates beginning with the 2002 survey should not be compared with estimates from the 2001 or earlier surveys to examine changes over time. Because of further survey improvements and questionnaire changes between 2002 and 2010, it is not possible to assess long-term trends for all of the mental health issues.

Revisions made to the mental health module in the 2008 NSDUH questionnaire resulted in new estimates for adults aged 18 or older for measures such as AMI, SMI, 30-day SPD, and suicidal thoughts and behavior. SMI estimates produced from 2008 or later years of NSDUH data are not comparable with SMI estimates produced from NSDUH data prior to 2004, and SMI estimates were not produced from 2004 through 2007. Thus, long-term trend estimates are not available for SMI. Because of the 2008 questionnaire revisions, several estimates (MDE and 12-month SPD) were affected by context effects. However, an adjustment for the questionnaire changes was applied to estimates of MDE for 2005 to 2007. For more detailed information, see Section B.4.4 in Appendix B of the *Results from the 2010 National Survey on Drug Use and*

*Health: Mental Health Findings*.<sup>1</sup> Therefore, long-term trend estimates for these two measures are available from 2005 through 2010. There were no additional questionnaire changes in 2009 or 2010 that led to changes in these adult measures. No questionnaire changes have been implemented that affected the adult mental health service utilization questions; therefore, estimates of mental health service utilization presented in these mental health detailed tables reflect trends from 2002 to 2010.

There were no questionnaire revisions that affected MDE for youths aged 12 to 17; thus, long-term trend estimates are available from 2004 through 2010. However, revisions to the youth mental health service utilization module of the 2009 NSDUH questionnaire resulted in new estimates and a discontinuation of trends for several items on the source of mental health services. New questions regarding the receipt of mental health services from juvenile justice sources were added, and questions regarding services from educational sources were revised and are not comparable with estimates prior to 2009.

For detailed information on revisions to both the adult and the youth mental health items, see Sections B.4.2 to B.4.4 in Appendix B of the *Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings*.<sup>2</sup>

A description of the survey measurement issues and the sample design and estimation procedures used in the 2010 NSDUH can be found in technical appendices within that same report. Definitions for many of the measures and terms used in these mental health detailed tables and in the mental health national findings report can be located in the Key Definitions for the 2010 Mental Health Detailed Tables and Mental Health Findings Report (i.e., the glossary) that is provided with these mental health detailed tables.<sup>3</sup> Where relevant, the glossary provides cross-references between terms and specific question wording for clarity.

## **Table Revisions (Revised Estimates for 2006 to 2010)**

As of May 2012, data errors were identified that impacted estimates for the mid-Atlantic division and the Northeast region. Estimates for the mid-Atlantic division and the Northeast region were not corrected in the original versions of the 2010 Mental Health Detailed Tables; however, the erroneous data has been removed from all data files, thus any subsequent revisions to these tables (that occurred after May 2012) will exclude the erroneous data.

More specifically, during regular data collection and processing checks for the 2011 NSDUH, data errors were identified. These errors affected the data for Pennsylvania (2006 to 2010) and Maryland (2008 and 2009). Cases with erroneous data were removed from the data files, and the remaining cases were reweighted to provide representative estimates. The errors had minimal impact on the national estimates and no effect on direct estimates for the other 48 States and the District of Columbia. In reports where model-based small area estimation

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<sup>1</sup> Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2010 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 11-4667, NSDUH Series H-42). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>2</sup> See footnote 1.

<sup>3</sup> Prior to the 2010 NSDUH, a glossary of key definitions appeared as an appendix in each year's national findings report.

techniques are used, estimates for all States may be affected, even though the errors were concentrated in only two States. In reports that do not use model-based estimates, the only estimates appreciably affected are estimates for Pennsylvania, Maryland, the mid-Atlantic division, and the Northeast region. The 2010 mental health detailed tables and 2010 mental health findings report do not include division-level, State-level, or model-based estimates. However, they do show region-level estimates, including the Northeast region.

Caution is advised when comparing data from older reports with data from more recent reports that are based on corrected data files. As discussed above, comparisons of estimates for Pennsylvania, Maryland, the mid-Atlantic division, and the Northeast region are of most concern, while comparisons of national data or data for other States and regions are essentially still valid. The Center for Behavioral Health Statistics and Quality within SAMHSA does not recommend making comparisons between unrevised 2006-2010 estimates and estimates based on data for 2011 and subsequent years for the areas of greatest concern.

### **Table Revisions (Revised Adult Mental Illness Estimates for 2008 to 2011)**

As of October 2013, tables containing estimates for past year AMI and SMI for adults have been revised. These tables have been denoted with the word "(REVISED)" placed between the table's number and title. A note also appears with each revised table to briefly explain that the revision is due to revised estimation procedures. Additionally, in previous versions of the mental illness tables, Table 1.49 contained estimates for adults of past year suicidal thoughts, suicide plans, and suicide attempts by past year level of mental illness. This table was removed from the revised mental illness tables, and the subsequent tables were renumbered. This table was removed because of analysis limitations resulting from the revised estimation procedures. Lastly, as noted above in the Table Revisions (Revised Estimates for 2006 to 2010) section, these revised estimates are also based on a corrected data file that excludes cases with data errors. The revised tables contain a note to indicate this to the user. Tables that do not contain AMI or SMI estimates are still based on the uncorrected data.

In regard to the revisions to AMI and SMI, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been publishing estimates of the prevalence of past year AMI and SMI among adults aged 18 or older since the release of the 2008 NSDUH national findings report.<sup>4</sup> Estimates were based on a model developed in 2008. In 2013, SAMHSA developed a more accurate model for the 2012 data. This revised model incorporates the NSDUH respondent's age and indicators of past year suicide thoughts and depression, along with the variables that were specified in the 2008 model (Kessler-6 [K6] questions on psychological distress and an abbreviated set of questions on impairment in carrying out activities from the World Health Organization Disability Assessment Schedule [WHODAS]), leading to more accurate estimates of AMI and SMI. Other mental health measures, such as MDE, SPD, and serious thoughts of suicide, were not affected. It is recommended that the mental illness variables derived from the 2012 model not be used when analyzing variables for past year suicidal thoughts, past year MDE, the K6, or the WHODAS, and it is also recommended that the mental

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<sup>4</sup> Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration.

illness variables derived from the 2012 model not be used when analyzing other closely linked variables (including, past year suicide attempts, past year suicide plans, medical treatment for suicide attempts, lifetime MDE, SPD, or components used in the K6 or WHODAS scales). For these revised tables, estimates are based on the 2012 model. For further information on the revised model, see the NSDUH short report titled *Revised Estimates of Mental Illness from the National Survey on Drug Use and Health* at <http://samhsa.gov/data/default.aspx>.

## **Table Numbering**

The mental health detailed tables are numbered using a three-part numbering scheme (e.g., 1.21A). The first part of the table number (1.21A) is the subject matter section to which a particular table belongs. The second part (1.21A) is the number of the table within a particular section. The third part (1.21A) is a table type indicator, an alphabetic letter appended to the table number. Each table number, as explained below, has multiple table types. Tables are numbered sequentially within each subject matter section. To the extent possible, identical tables are assigned the same table number each year except in the case where specific tables are removed or added.

The three subject matter sections and the number of tables per section are as follows:

Section 1: Adult Mental Health Tables - 1.1 to 1.64

Section 2: Youth Mental Health Tables - 2.1 to 2.14

Section 3: Sample Size and Population Tables - 3.1 to 3.8

The table type indicators are defined as follows:

### **Table Type    Purpose of the Table**

- A:       Presents estimates of the numbers of persons exhibiting the specified behavior or characteristic (e.g., substance use) in the populations described by the column and row headings.
- B:       Presents estimates of the percentages of persons exhibiting the specified behavior or characteristic (e.g., substance use) in the populations described by the column and row headings.
- C:       Presents the standard error associated with each of the estimates in the "A" tables.
- D:       Presents the standard error associated with each of the estimates in the "B" tables.
- N:       Presents the number of cases in the specified NSDUH sample with the characteristics defined by the column and row headings.
- P:       Presents the *p* values from tests of the statistical significance of differences between columns in the "B" tables.

Section 1 and Section 2 tables within the mental health detailed tables contain five table types (A, B, C, D, and P) as defined above. Section 3 tables contain three table types (A, C, and N). Note that table type N is used exclusively within Section 3 to display the sample size counts.

## **Locating and Accessing a Table**

The mental health detailed tables consist of prevalence estimates (table types A and B), standard errors and  $p$  values (table types C, D, and P), and sample sizes (table type N). The tables (all types) are organized by subject matter sections. Three subject matter sections are available for 2010 and, and two methods can be used to locate and access a table of interest within the PDF version of the mental health detailed tables.

## **Subject Matter Sections**

If a user knows which of the three subject matter sections is of interest, then he or she can click directly on the bookmark for that subject matter section. This will take the user to the index of tables for that section. This index can be used to identify the group of tables in which the desired table is likely to be located. Clicking on the appropriate link will take the user directly to the first table in the specified group where he or she then can scroll through the tables to locate the table of interest. The group links will provide the user access to the prevalence estimate tables. To access the corresponding standard error and  $p$  value tables, a user must click on the "SE" link associated with that group link. The three subject matter sections are as follows:

Section 1: Adult Mental Health Tables

Section 2: Youth Mental Health Tables

Section 3: Sample Size and Population Tables

## **Reference Tools**

If a user needs more detailed information on which subject matter section to enter, he or she can click on the "Reference Tools" bookmark to learn about various other tools available for locating a specific table of interest. These tools include a key to selected variables, the Key Definitions for the 2010 Mental Health Detailed Tables and Mental Health Findings Report (i.e., the glossary), and a list of tables. The key to selected variables defines key topics (e.g., demographics) used throughout the 2010 mental health detailed tables. The glossary defines and cross-references key measures used in the 2010 mental health detailed tables and the 2010 mental health national findings report. Both the key and the glossary may be helpful when used in conjunction with the table index in identifying tables that contain information for selected measures. However, not all measures and terms listed in the key and the glossary are specifically mentioned in the table index. The list of tables can be used to identify a specific table for one of the subject matter sections. Once the desired table has been located using the reference tools, the user then should follow the directions provided earlier in the section on the "Subject Matter Sections" to access the table.

Note that once a link is used to access a table, only the tables within the same group as the one accessed will appear in the user's window. In addition, once a group of prevalence estimate tables is accessed, there is no direct link to the corresponding standard error and  $p$  value

tables (and vice versa). If the user wishes to see a table not included in the current group, or to see the corresponding prevalence estimate, standard error and  $p$  value, or sample size and population tables, it will be necessary first to click on the appropriate subject matter bookmark, then to select the new group that contains the table of interest.