Introduction to the National Mental Health Services Survey, 2010

The National Mental Health Services Survey (N-MHSS), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), is an annual1 survey of all known public and private mental health treatment facilities in the United States. The survey is the only source of national and state-level data on the mental health services reported by both publicly and privately operated specialty mental health care facilities.

N-MHSS is used to collect basic data on the number, location, and characteristics of specialty mental health treatment facilities and the persons they serve throughout the 50 states, the District of Columbia, and other U.S. jurisdictions.2 This issue of The N-MHSS Report provides an overview of the survey methodology.

Survey Coverage

The following types of mental health treatment facilities were included in the 2010 N-MHSS: psychiatric hospitals; nonfederal general hospitals with a separate psychiatric unit; Department of Veterans Affairs medical centers; outpatient or day treatment or partial hospitalization mental health facilities; residential treatment centers (RTCs) for children; RTCs for adults; and multisetting (nonhospital) mental health facilities.3 The 2010 N-MHSS universe excluded Department of Defense military treatment facilities; facilities administered by the Indian Health Service; tribally operated facilities; private practitioners and small group practices not licensed as mental health clinics or centers; and jails or prisons.

Survey Content

The 2010 N-MHSS instrument collected information on specific facility characteristics and the number of clients in treatment on the survey reference date. It included questions on topics such as facility type, operation, primary treatment focus, management characteristics, and client demographics. The questionnaire contained 36 numbered questions, which Table 1 summarizes.
Table 1. National Mental Health Services Survey Data Items: 2010

- **Facility Information**
  - Psychiatric hospital; separate inpatient psychiatric unit of a general hospital; residential treatment center for children; residential treatment center for adults; outpatient or day treatment or partial hospitalization mental health facility; multisetting (nonhospital) mental health facility; other
  - Location; intake telephone number; Web site
  - Licensing/certification/accreditation
  - Computerized functions
  - Quality assurance practices
  - Smoking policy
  - Use of seclusion or restraint practices

- **Facility Operation**
  - Private for-profit organization; private nonprofit organization; state mental health agency; other state government (e.g., department of health); regional or district authority (e.g., hospital district authority); local, county, or municipal government; U.S. Department of Veterans Affairs; other

- **Supportive Services Offered**
  - Assertive community treatment; case management; chronic disease/illness management (CDM); consumer-run services; education services; family psychoeducation; housing services; illness management and recovery (IMR); legal advocacy; psychiatric emergency walk-in services; psychosocial rehabilitation services; smoking cessation services; suicide prevention services; supported employment; supported housing; therapeutic foster care; vocational rehabilitation services; other

- **Mental Health Treatment Approaches**
  - Activity therapy; behavior modification; cognitive/behavioral therapy; couples/family therapy; electroconvulsive therapy; group therapy; individual psychotherapy; integrated dual disorders treatment; psychotropic medication therapy; telemedicine therapy; other

- **Special Programs or Groups**
  - Youth with serious emotional disturbance (SED); transition-aged young adults aged 18-25; adults with serious mental illness (SMI); individuals with Alzheimer’s disease or dementia; individuals with co-occurring mental health and substance abuse disorders; individuals with co-occurring mental health and nonsubstance abuse disorders; individuals with post-traumatic stress disorder (PTSD); veterans; individuals with traumatic brain injury (TBI); gay, lesbian, bisexual, or transgendered clients; forensic clients (referred from the court/judicial system); individuals with hearing impairment; crisis intervention; other special program

- **Age Categories Served**
  - Youths (aged 17 or younger); adults (aged 18-64); seniors (aged 65 or older)

- **Types of Services**
  - 24-hour hospital inpatient services; 24-hour residential services; outpatient or day treatment or partial hospitalization services

- **Types of Payment/Funding Accepted**
  - Medicaid; Medicare; state mental health agency (or equivalent) funds; state welfare or child or family services agency funds; state corrections or juvenile justice agency funds; state education agency funds; local government funds; U.S. Department of Veterans Affairs funds; community service block grants; community mental health block grants; client/patient fees (i.e., out of pocket); private insurance; other public funds; other private funds

- **Sliding Fee Scale or Other Type of Payment Assistance**

- **Languages in which Treatment Is Provided**

- **One-Day Client/Patient Census, by Type of Services**
  - Totals
  - Client characteristics (e.g., gender group, age group, race/ethnicity, legal status)
  - Number of inpatient/residential beds designated for mental health treatment services
  - Percentage of patients/clients with co-occurring mental and substance abuse disorders
  - Number of admissions in past year
**Data Collection**

Three data collection modes were used during the data collection period: a Web-based questionnaire, a mailed paper questionnaire, and computer-assisted telephone interviewing (CATI). The data collection for the 2010 N-MHSS was conducted from June 2010 through January 2011, with a reference date of April 30, 2010. In June 2010, the data collection packets were mailed to each facility, and the Web-based survey also became available. Each facility had the option of completing the paper questionnaire and returning it by mail or completing the questionnaire via the secure survey Web site. During the data collection phase, contract personnel were available by telephone to answer facilities’ questions concerning the survey. Web-based support was available for facilities completing the questionnaire on the Web. CATI was used to follow up with nonrespondents from late September 2010 to late December.

**Facility Reporting and Selection**

The final N-MHSS 2010 facility universe included 16,197 mental health treatment facilities, of which 12,186 were eligible for the survey.4 Of the 11,118 (91.2 percent) eligible facilities that responded to the 2010 N-MHSS, 10,374 were included in the N-MHSS main findings report and data files.5 The 10,374 facilities comprised 1,235 facilities that completed an abbreviated CATI follow-up questionnaire (basic facility information and client counts) and 9,139 facilities that completed all sections of the questionnaire, including basic facility information, services characteristics, and client counts.

**Uses of Survey Data**

In general, the N-MHSS data can be used to describe the nature and scope of mental health services provided in state-funded, state-operated, and other (e.g., federally funded, private for-profit, and nonprofit) mental health treatment facilities. The N-MHSS data can also be used to conduct comparative analyses and forecast future resource needs. Additionally, the N-MHSS data are used to update SAMHSA’s Inventory of Behavioral Health Services, an inventory of all known mental health and substance abuse treatment facilities in the United States, and to update the information in the mental health component of SAMHSA’s online Behavioral Health Treatment Services Locator (http://findtreatment.samhsa.gov/), a searchable database of licensed and accredited public and private mental health treatment facilities.

**Data Considerations and Limitations**

Certain procedural considerations and data limitations must be taken into account when interpreting data from N-MHSS. In general, N-MHSS is a voluntary survey. Facilities are not required to respond. Although no penalty is associated with nonresponse, facilities that do not respond are not included in the Behavioral Health Treatment Services Locator.

N-MHSS is designed to collect data from each physical location where treatment services are provided. Because state administrative systems differ, there are some variations in how facilities with more than one geographic location report to N-MHSS.

N-MHSS is a point-prevalence survey. It provides a “snapshot” of mental health treatment facilities and clients on a typical day. Thus, the number of clients/patients in treatment reported for a single day does not represent an annual total, nor does it necessarily represent the full capacity of a facility to deliver mental health treatment services. For specific considerations and limitations, please refer to the National Mental Health Services Survey (N-MHSS): 2010. Data on Mental Health Treatment Facilities, which is available at http://www.samhsa.gov/data/DASIS/NMHSS2010_Web.pdf.

**Reports and Data Availability**

The Center for Behavioral Health Statistics and Quality (CBHSQ) has published an overall 2010 N-MHSS report that contains tables, graphs, charts, and a narrative discussing topics of special interest.6
In addition, reports focusing on specific topics using N-MHSS data are published periodically by CBHSQ. Some examples of these reports include

- **N-MHSS Reports**: 4-to-6-page “short” reports that highlight a single issue and are directed to a general audience;
- **N-MHSS Report Data Spotlights**: 1-page reports that highlight a single finding and are directed to a general audience; and
- **CBHSQ Data Reviews**: analytic reports of varying length that focus on one or more issues; these reports sometimes explore specific topics in more depth than Data Spotlights or N-MHSS Reports and are often directed to professional audiences.

All reports are posted online on the SAMHSA Web site (http://www.samhsa.gov/data). The 2010 N-MHSS public use file is available through the Substance Abuse and Mental Health Data Archive and the archive’s online data analysis system (http://www.icpsr.umich.edu/icpsrweb/SAMHDA/).  

### End Notes

1. Previously, the N-MHSS was a biennial survey. Beginning in 2014, the N-MHSS will be conducted annually, alternating years between a full-scale questionnaire and an abbreviated locator questionnaire. In 2012, the abbreviated locator questionnaire was administered. In 2014, the full-scale N-MHSS will be conducted and the abbreviated N-MHSS–Locator Survey will be conducted in 2015. The abbreviated N-MHSS–Locator Survey includes only basic facility information needed to update SAMHSA's online Behavioral Health Treatment Services Locator (http://findtreatment.samhsa.gov/).

2. The other U.S. jurisdictions include: the territory of Guam, the Federated States of Micronesia, the Republic of Palau, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

3. Entities responding to N-MHSS are referred to as “facilities.” A facility may be a program, clinic, hospital, or nonhospital multisetting respondent (nonhospital multisetting facilities provide residential and outpatient mental health services and are not classified as psychiatric or general hospitals with a separate psychiatric unit or as RTCs). Counts of facilities are unduplicated.

4. Of the 16,197 mental health treatment facilities in the survey, 4,011 were found to be ineligible for the survey because they did not provide mental health treatment services, had a primary treatment focus of substance abuse treatment or general health care, provided treatment for incarcerated persons only (i.e., in jails or prisons), or were an individual or small group mental health practice not licensed or certified as a mental health center or clinic. Removal of the ineligible facilities left 12,186 facilities in the survey.

5. Of the 11,118 eligible facilities that responded to the 2010 N-MHSS, 692 provided only administrative services and were deemed out of scope, 1 reported a facility type as “other” and was deemed out of scope, and 51 had client counts that had been included in other facilities’ counts. After the exclusion of the 693 out-of-scope facilities and the 51 facilities whose clients had been included in the counts of other facilities, data from 10,374 facilities were included in the data file and 2010 N-MHSS reports.


7. The archive is supported by CBHSQ at SAMHSA and is based at the Inter-University Consortium for Political and Social Research through a contract with The University of Michigan.

### Suggested Citation