

Priority Area 6

Mental Health and Mental Disorders

Health Status Objective: Suicide

PHS Agency Assignment: National Institute of Mental Health

6.1 Reduce suicides to no more than 10.5 per 100,000 people.
(7.2)

Suicides (per 100,000)	Baseline		1988	1989	1990	1991	1992	1993	1994	1995	1996 u	1997	2000
	Year	Baseline											Target
Total population (age-adjusted)	1987	11.7	11.5	11.3	11.5	11.4	11.1	11.3	11.2	11.2	10.8	10.3	10.5
Special Population Targets													
6.1a Youth aged 15-19	1987	10.2	11.1	11.1	11.1	11.0	10.8	10.9	11.1	10.5	9.7	9.5	8.2
6.1b Men aged 20-34	1987	25.2	25.2	24.9	25.1	25.1	24.5	25.5	26.5	26.3	24.2	22.7	21.4
6.1c White men aged 65 and older	1987	46.7	45.7	44.3	44.4	42.7	41.0	40.9	38.9	38.7	37.8	35.5	39.2
6.1d American Indian/Alaska Native men (age-adjusted)	1987	20.1	20.2	19.6	21.0	19.2	17.9	18.7	23.8	20.1	20.0	- - -	17.0

u Preliminary data.

ICD-9 codes: E950-959.

Data Source: National Vital Statistics System, CDC, NCHS.

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Health Status Objective: Suicide attempts among adolescents

PHS Agency Assignment: National Institute of Mental Health

**6.2 Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.
(7.8)**

<u>Injurious suicide attempts</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1991</u>	<u>1993</u>	<u>1995</u>	<u>1997</u>	<u>2000 Target</u>
Adolescents aged 14 through 17	1990	2.1%	1.7%	2.7%	2.8%	2.6%	1.8%
6.2a Female adolescents 14 through 17	1991	2.5%	---	3.8%	3.4%	3.3%	2.0%

Data Sources: National School - based Youth Risk Behavior Survey, CDC, NCCDPHP(1990). Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP (1991, 1993, 1995, 1997).

Health Status Objective: Mental disorders among children and adolescents**PHS Agency Assignment: National Institute of Mental Health**

6.3 Reduce to less than 17 ua percent the prevalence of mental disorders among children and adolescents.

<u>Prevalence of mental disorders</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>2000 Target</u>
Youth aged less than 18	1988	20% ua	17%

u Data from the 1988 National Health Interview Survey on Child Health indicate that among U.S. children ages 6-17 years: 16% had an emotional or behavioral problem that lasted 3 months or longer or required psychological help, 4% had ever had a delay in growth or development, and 8% had ever had a learning disability. Overall, 22% of U.S. children ages 6-17 years had one or more of these problems during their lifetime. (Data are based on parental report and involve not precise diagnostic criteria.)

Data Sources: Bird, HR. Estimates of the prevalence of childhood maladjustment in a community survey in Puerto Rico. Archives of General Psychiatry 45:1120-26, 1988. Costello, ET et al, Psychiatric disorders in pediatric Primary Care: Prevalence Risk Factors, Archives of General Psychiatry 45:1107-16, 1988.

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Health Status Objective: Mental disorders among adults

PHS Agency Assignment: National Institute of Mental Health

6.4 Reduce the prevalence of mental disorders (exclusive of substance abuse) among adults living in the community to less than 10.7 percent.

<u>Prevalence of mental disorder</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1981-85</u>	<u>1990-92</u>	<u>2000 Target</u>
Persons aged 18 and older (one month prevalence)	1981-85	12.6%	---	---	10.7%
Persons aged 18 and older (one year prevalence)	...	---	20.4%	16.0% ua	...

u Update is for Non-institutionalized, Non-rural, White, Black or Hispanic persons ages 18-54.

Data Sources: Baseline data from the Epidemiologic Catchment Area Study, NIH, NIMH, 1981-1985. Update: National Comorbidity Survey, conducted by the University of Michigan and funded by NIH, NIMH, 1990-92.

Health Status Objective: Adverse health effects from stress

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.5

Reduce to less than 35 percent the proportion of people aged 18 and older who experienced adverse health effects from stress within the past year.

<u>Adverse health effects from stress</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1990</u>	<u>1993</u>	<u>1995</u>	<u>2000 Target</u>
People aged 18 and older	1985	44.2%	40.6%	39.2%	33.9%	35%
Special Population Target						
6.5a People with disabilities	1985	53.5%	54.2%	54.9%	49.1%	40%

Note: For this objective, people who reported experiencing "a lot or some adverse health effects during the past year" were included. People who did not know what stress is and missing values were excluded. People with disabilities are people who report any limitation in activity due to chronic conditions.

Data Source: National Health Interview Survey, CDC, NCHS.
Next available data: 1999

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Risk Reduction Objective: Use of community support programs

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

6.6 Increase to at least 30 percent the proportion of people aged 18 and older with severe, persistent mental disorders who use community support programs

<u>Use of community support programs by people with mental disorders</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1994 ua</u>	<u>2000 Target</u>
People aged 18 and older	1986	15%	34.6%	30%

a Estimate represents the proportion of people with mental disorders (excluding substance disorders only) in the past year which interfered with their ability to work or find work and who sought help from community mental health services.

Data Source: National Institute of Mental Health Community Support Program Client Follow-up Study, SAMHSA. Update: National Health Interview Survey - Disability Supplement.

Risk Reduction Objective: Depression

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.7 Increase to at least 54 percent the proportion of people with major depressive disorders who obtain treatment.

<u>People with major depressive disorder</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1981-85</u>	<u>1990-92</u>	<u>2000 Target</u>
People who obtain treatment (six month services)	1981-85	31%	...	---	54%
People who obtain treatment (one year services)	...	---	34.7% ua	34.2% ua	...

u Data are for Non-institutionalized, Non-rural, White, Black or Hispanic persons aged 18-54.

Data Sources: Baseline data are from Epidemiologic Catchment Area Study, NIH, NIMH, 1981-1985.

Updates: National Comorbidity Survey conducted by the University of Michigan and funded by NIH, NIMH, 1990-1992.

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Risk Reduction Objective: Seeking help with problems

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.8 Increase to at least 20 percent the proportion of people aged 18 and older who seek help in coping with personal and emotional problems.

<u>Seeking help with personal and emotional problems</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1990</u>	<u>1993</u>	<u>1995a</u>	<u>2000 Target</u>
People aged 18 and older	1985	11.1%	12.5%	14.3%	18.9%	20%
Special Population Target						
6.8a People with disabilities	1985	14.7%	17.0%	19.8%	26.6%	30%

a In 1995, the structure of the questions on the NHIS was changed to include separate items for therapist, minister and family member. The column values reflect the proportion of people who sought help from a family member, minister (or rabbi) or therapist. The values for each of these sources of help were therapist, 6.8% (11.8% for people with disabilities), minister, 4.4% (6.9% for people with disabilities), and family member, 15.6% (21.0% for people with disabilities).

Note: For this objective, people who did not know what stress is were included in the denominator. Missing values were excluded. People with disabilities are those who report any limitation in activity of 3 months duration or a chronic condition. The percentages represent the proportion of the U.S. population, age 18 and older, who sought help for a problem.

Data Source: National Health Interview Survey, CDC, NCHS.
Next available data: 1999

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Risk Reduction Objective: Taking steps to control stress

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.9 Decrease to no more than 5 percent the proportion of people aged 18 older who report experiencing significant levels of stress who do not take the steps to reduce or control their stress.

<u>Not reducing or controlling stress</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1994</u>	<u>2000 Target</u>
People aged 18 and older with significant levels of stress	1985	24%	28%	34%	35%	35%	5%

Data Source: Prevention Index, Rodale Press, Inc.
Next available data: Rodale Index has been administered annually; if the stress questions are retained, an update will be available in 1997.

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Services and Protection Objective: Suicide prevention in jails

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

6.10 (7.18) Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent to preve

<u>Suicide prevention in jails</u>	Baseline <u>Year</u>	<u>Baseline ua</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	2000 <u>Target</u>
States meeting NCIA standards	1992	2	...	...	...	...	---	---	2	1	50 States
Proportion of jails with suicide policies ub	...	---	---	---	---	---	79.5%	---	---	...	...
Proportion of jails with ACA accreditation uc	...	---	1%	1%	1%	1%	2%	2%	2%	...	...

u Baseline was revised.

u 1993 data from Bureau of Justice Statistics; policies may include risk assessment, staff training and other approaches.

u ACA accreditation includes standards which dictate written plans and staff participation in risk assessment, suicide management , and other interventions.

Data Sources: National Study of Jails, National Center on Institutions and Alternatives, CDC, NCIPC; American Correctional Association; National Census of Jails, Department of Justice, Bureau of Justice Statistics.

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Services and Protection Objective: Worksite stress management programs

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

6.11 Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress.

<u>Worksite stress management programs</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1992</u>	<u>2000 Target</u>
Worksites with 50 or more employees	1985	26.6%	37.0%	40%

Data Source: National Survey of Worksite Health Promotion Activities, OPHS, ODPHP. Next available data: 1998

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Services and Protection Objective: Mutual help network

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

6.12 Establish a network to facilitate mutual self-help activities, resources, and information by people and their family members who are experiencing emotional distress resulting from mental or physical illness.

	<u>Baseline Year</u>	<u>Baseline</u>	<u>2000 Target</u>
Federal clearinghouses	1995	2	... /a
State clearinghouses	1995	8	... /a

a Clearinghouses provide coverage for all 50 States establishing the required network.

Data Sources: SAMHSA

Services and Protection Objective: Clinician review of patients' mental functioning

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.13 Increase to at least 60 percent the proportion of primary care providers who routinely review with patients their patients' cognitive, emotional and behavioral functioning and the resources available to deal with any problems that are identified.

<u>Review of patients' mental functioning and resources available</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1997-98</u>	<u>2000 Target</u>
Proportion of primary care providers	...	---	---	60%
<u>Percent of clinicians routinely providing service to 81-100% of patients</u>				
<u>Inquiry about cognitive function</u>				
Obstetrician/Gynecologists	1992	9%	---	60%
Nurse Practitioners	1992	35%	19%	60%
Family Physicians	1992	7%	---	60%
Internists	1992	18%	---	60%
<u>Inquiry about emotional/behavioral functions</u>				
Obstetrician/Gynecologists	1992	12%	---	60%
Nurse Practitioners	1992	40%	26%	60%
Family Physicians	1992	13%	---	60%
Internists	1992	25%	---	60%
<u>Treatment/referral for cognitive problems</u>				
Obstetrician/Gynecologists	1992	20%	---	60%
Nurse Practitioners	1992	20%	24%	60%
Family Physicians	1992	21%	---	60%
Internists	1992	27%	---	60%
<u>Treatment for emotional/behavioral functions</u>				
Obstetrician/Gynecologists	1992	23%	---	60%
Nurse Practitioners	1992	23%	33%	60%
Family Physicians	1992	27%	---	60%
Internists	1992	35%	---	60%

Note: Response rates to the Primary Care Providers Survey were Family Physicians 50%, Nurse Practitioners 70%, Obstetrician/Gynecologist 71%, and Internist 80%. Response rates for 1997-98 survey were too low to provide updates for any group except Nurse Practitioners.

Data Source: Baseline: Primary Care Provider Surveys, OPHS, ODPHP Update: Prevention in Primary Care Study, ACPM

Services and Protection Objective: Clinician review of childrens' mental functioning

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.14

increase to at least 75 percent the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent-child functioning, with appropriate counseling, referral, and follow-up, in their clinical practices.

<u>Review of children's mental functioning with referral and follow-up</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1997-98</u>	<u>2000 Target</u>
Proportion of primary care providers	...	---	---	75%
<u>Percent of clinicians routinely providing service to 81-100% of patients</u>				
<u>Inquiry about parent-child relationship</u>				
Pediatricians	1992	55%	---	75%
Nurse Practitioners	1992	55%	51%	75%
Family Physicians	1992	36%	---	75%
<u>Treatment/referral for parent-child interaction problems</u>				
Pediatricians	1992	34%	---	75%
Nurse Practitioners	1992	24%	---	75%
Family Physicians	1992	29%	---	75%
<u>Inquiry about cognitive functioning</u>				
Pediatricians	1992	62%	---	75%
<u>Inquiry about emotional/behavioral functioning</u>				
Pediatricians	1992	47%	---	75%
<u>Treatment/referral for cognitive problems</u>				
Pediatricians	1992	51%	---	75%
<u>Treatment/referral for emotional/behavioral problems</u>				
Pediatricians	1992	45%	---	75%

Note: Response rates for Primary Care Provider Surveys were: Family Physicians, 50%; Nurse Practitioners, 70%, and Pediatricians, 80%. Response rates for 1997-98 survey were too low to provide updates for any group except Nurse Practitioners.

Data Source: Primary Care Provider Surveys, OPHS, ODPHP. Update: Prevention in Primary Care Study, ACPM

Health Status Objective: Prevalence of Depressive Disorders

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.15 Reduce to prevalence of depressive (affective) disorders among adults living in the community to less than 4.3 percent.

<u>Prevalence of depressive disorders</u>	<u>Baseline Year</u>	<u>Baseline</u>	<u>1981-85</u>	<u>1990-92</u>	<u>2000 Target</u>
People aged 18 and older (one-month prevalence)	1981-85	5.1%	...	---	4.3%
People aged 18 and older (one-year prevalence)	...	---	10.9% ua	11.1% ua	...
6.15a Women (one-month prevalence)	1981-85	6.6%	...	---	5.5%
Women (one-year prevalence)	...	---	14.2% ua	13.1% ua	...

u Data are for Non-institutionalized, Non-rural, White, Black or Hispanic persons aged 18-54.

Data Sources: Baseline data from the Epidemiologic Catchment Area Study, NIH, NIMH, 1981-1985. Update: National Comorbidity Survey, conducted by the University of Michigan and funded by NIH, NIMH, 1990-1992.