



March 16, 2022

Honorable Mary Whiteford, Chair and Members of the Health and Human Services Appropriations Subcommittee

RE: Comments regarding the Executive Budget Recommendations for FY 22-23

Rep. Whiteford and Members of the Health and Human Services Subcommittee:

Thank you for the opportunity to provide commentary regarding recommendations in the FY 22-23 executive budget that are focused on increasing the availability of mental health services for adults and children with mental health conditions and addictions. An additional purpose of this testimony is to urge the members of this subcommittee to consider the importance of allocating sufficient resources for a full continuum of services for children, youth and families who struggle with serious emotional disturbance (SED).

The Mental Health Association in Michigan (MHAM) is the oldest advocacy organization in Michigan that is concerned with individuals with psychiatric conditions across all age groups. MHAM is pleased that the Executive budget recommendations include funding for an expansion in the availability of mental health services for children, youth, families, and adults. We unequivocally support the expansion of inpatient services at Hawthorn Center and the development of a new facility at the Walter Reuther state hospital. We support funding for crisis stabilization units and psychiatric residential treatment facilities. We also support the expansion of the availability of inpatient psychiatric beds for adults as well as for children.

At the same time, MHAM is deeply concerned about the lack of appropriate mental health services for children, youth, and families. Despite the fact that a lawsuit that was filed against the state in 2018 for "... failing to create, provide, and support Medicaid services in children's homes and communities, and only offering minimal, if any, mental health services in restrictive institutional settings, ... placing Plaintiffs and the members of the Plaintiff class at risk of (and in many cases ensuring) avoidable psychiatric hospitalizations or commitment to the juvenile delinquency system and permanent damage to their lives," (K.B., et. al. v. Lyon), many children, youth and families experiencing psychiatric crises and conditions remain without vital mental health services.

The pandemic has brought the need for a wide array of mental health supports and services for children, youth, and families into the light, but the lack of available supports and services has reached a tipping point. If we do not act swiftly and expeditiously, we will be adding to the personal and collective burdens and traumas that families have been negotiating for years. Unfortunately, in comparison with other states across the nation, our state is not rated favorably regarding the prevalence of mental health conditions in our children and youth and in access to mental health services and supports for them.

Every year, Mental Health America, our parent organization, issues a report on the status of mental health services in the United States. In the fall of 2021, Mental Health America issued its annual report for 2022. For two consecutive years, 2021 and in 2022, Michigan ranks 27<sup>th</sup> in the United States for children and youth services. This number indicates that Michigan has a higher prevalence of mental health conditions among its youth/children with a lower access to mental health services. In 2020, Michigan ranked sixth in the nation for overall access to services for adults and for the prevalence of mental health conditions among adults. In 2020, Michigan ranked 15<sup>th</sup> for access to care across all population groups. In 2022, for overall access to services, Michigan ranks twenty-five which means that our state has a higher prevalence of mental illness across all population groups with lower access to treatment. For youth with one major depressive episode who did not get treatment, Michigan ranks 32<sup>nd</sup> with 59.7 percent. I am providing the committee members with a copy of the 2022 report from Mental Health America.

MHAM has been contacted by many parents/families across the state who have been experiencing problems in accessing medically necessary supports and services from the community mental health system. Many of these parents have submitted their stories to the members of this committee. We believe that there must be a full array of services available to children, youth and families who experience mental health conditions and addictions. A full array includes outpatient services that range from therapy and psychiatry to home-based care and wraparound services to community living supports, parent support partners, youth peer supports and respite. This also includes progressively more intensive levels of care such as community inpatient treatment, psychiatric residential treatment facilities (PRTFs), crisis stabilization units (CSUs) for children and youth, crisis residential and crisis respite and longer-term care that includes PRTFs and Hawthorn Center.

There are some kids and youth who must have enormous amounts of structure in their daily lives to function and to learn how to self-regulate. Parents are not always equipped to effectively deal with their children(s) difficult or threatening behaviors. MHAM believes that any human being with a mental health condition should live in the least restrictive setting. Not everyone with a behavioral health condition can live successfully with family in the community. The goal is always for children, youth, and families to have the opportunity to remain together in the home setting. Unfortunately, there are times that behaviors and psychiatric symptoms create a lack of safety for families and a more restrictive setting is necessary.

Therefore, MHAM is asking that this committee consider support for the following:

- \$29.7 million gross for private inpatient community-based services (Psychiatric Residential Treatment Facilities, Crisis Stabilization Units, etc.) that includes residential treatment facilities for children/youth under the age of twenty-one along with promulgation of the rules to implement PRTFs.
- \$750,000 gross to hire an additional 5 FTEs to oversee community-based programs placement.
- \$10.5 million gross for two additional units at Hawthorn Center (28 additional beds; 82 FTEs) for children in need of psychiatric inpatient care.
- \$11.5 million gross to operate a new satellite facility for the Center for Forensic Psychiatry (28 additional beds; 82 FTEs) for adults in need of inpatient psychiatric care.
- \$350,000 to implement mediation services bill PA 55 of 2021 to provide mediation services to behavioral health services recipients experiencing disputes.
- \$16.8 million gross to expand Medicaid and Opioid Behavioral Health Homes in new counties:

- \$325 million gross in one-time funding for the design and construction of the new Hawthorn Center and the new Walter P. Reuther State Hospital.
- \$25 million gross in one-time funding to provide loan repayment assistance to eligible behavioral health practitioners working in federally designated health professional shortage areas.
- That CMHSPS be no longer be allowed to place children and youth who meet criteria for services on a waiting list if the child does not have Medicaid or if the child has private insurance.
- For the Michigan Department of Health and Human Services to monitor rates of reimbursement and utilization management practices by PIHPS/CMHSPS. Families and adults served by the public mental health system need as much support as do the children and youth who are experiencing significant behavioral health conditions. CMHSPS often reduce or terminate respite services that would allow parents to keep their children in the home.
- Ensure that rates of reimbursement to providers of respite, community living supports, youth peer support and parent support partners are not reduced by CMHSPS such that it is not possible to find a provider. That, to keep children and youth out of more restrictive settings and to ensure that the family is safe and healthy, MDHHS may want to consider additional requirements for CMHSPS/PIHPS regarding provider network adequacy and appropriate rates of reimbursement that should be monitored by the state. It would be extremely helpful if the state established the floor regarding rates of reimbursement so that the specialty supports that are to be provided are not arbitrarily and capriciously suspended, reduced, terminated, or denied because they are viewed as low hanging fruit when a CMHSP is experiencing a budget crisis.

Thank you for the opportunity to provide comments regarding the executive budget recommendations for FY 22-23. If you have questions, I can be reached at 313-641-1109 or via email at mhuffmham@gmail.com.

Respectfully submitted:

A handwritten signature in black ink that reads "Marianne E. Huff LMSW". The signature is written in a cursive style with a large, stylized "M" and "H".

Marianne E. Huff, LMSW

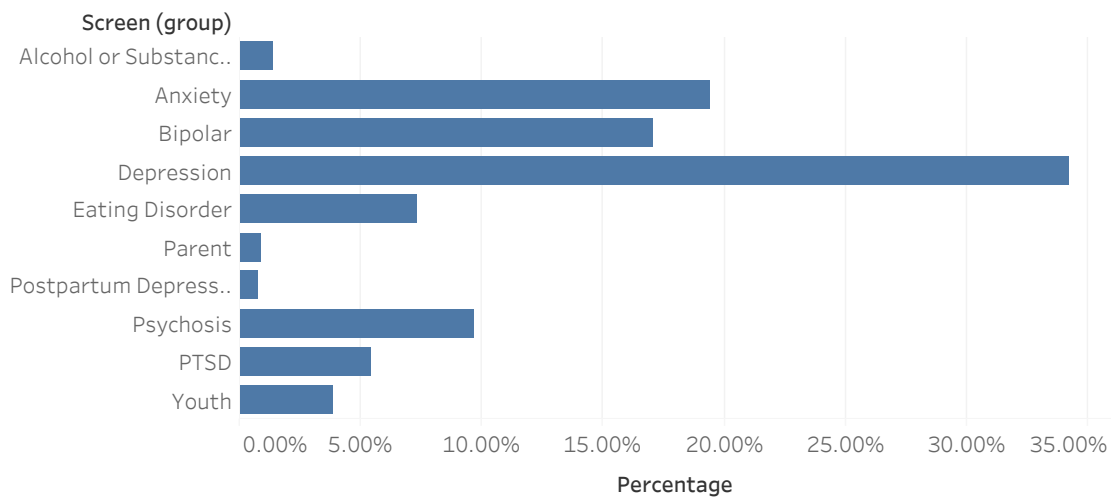
# MHA in Michigan Data

## Screens

| Screen (group)        | Count         | Percenta..     |
|-----------------------|---------------|----------------|
| Alcohol or Substanc.. | 1,232         | 1.39%          |
| Anxiety               | 17,139        | 19.41%         |
| Bipolar               | 15,040        | 17.03%         |
| Depression            | 30,235        | 34.23%         |
| Eating Disorder       | 6,447         | 7.30%          |
| Parent                | 770           | 0.87%          |
| Postpartum Depress..  | 705           | 0.80%          |
| Psychosis             | 8,540         | 9.67%          |
| PTSD                  | 4,786         | 5.42%          |
| Youth                 | 3,424         | 3.88%          |
| <b>Grand Total</b>    | <b>88,318</b> | <b>100.00%</b> |

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 Other



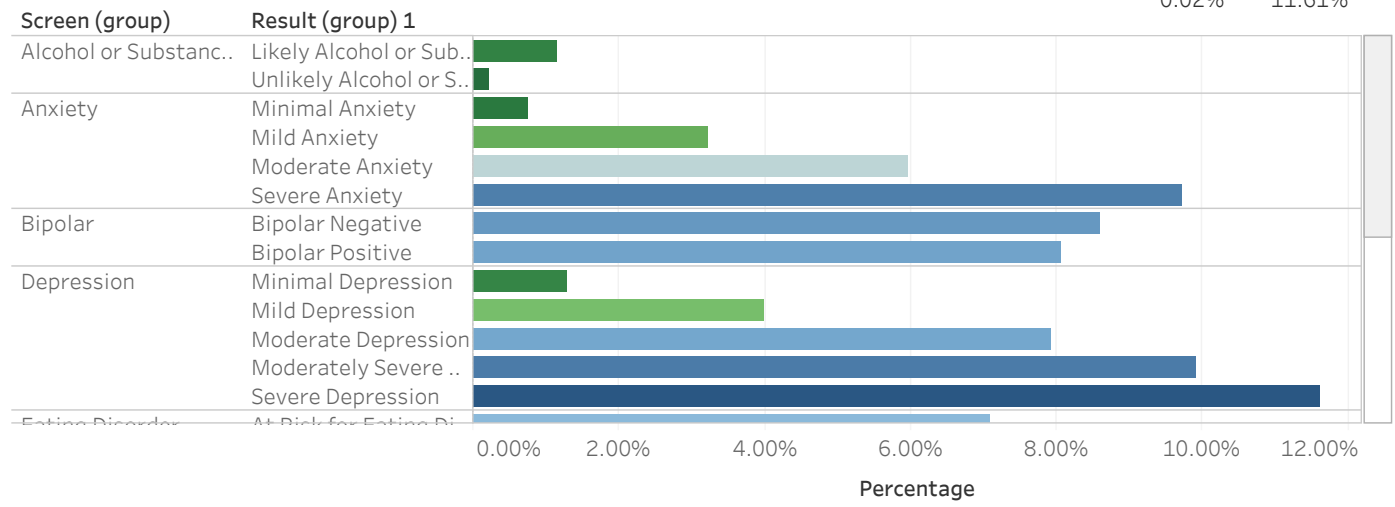
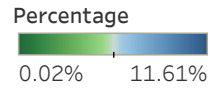
# Screen Results

| Screen (group)           | Result (group) 1        | Count  | Percentage |
|--------------------------|-------------------------|--------|------------|
| Alcohol or Substance Use | Likely Alcohol or Sub.. | 1,005  | 1.15%      |
|                          | Unlikely Alcohol or S.. | 191    | 0.22%      |
| Anxiety                  | Minimal Anxiety         | 662    | 0.76%      |
|                          | Mild Anxiety            | 2,811  | 3.23%      |
|                          | Moderate Anxiety        | 5,200  | 5.97%      |
|                          | Severe Anxiety          | 8,466  | 9.72%      |
| Bipolar                  | Bipolar Negative        | 7,477  | 8.58%      |
|                          | Bipolar Positive        | 7,016  | 8.06%      |
| Depression               | Minimal Depression      | 1,119  | 1.28%      |
|                          | Mild Depression         | 3,477  | 3.99%      |
|                          | Moderate Depression     | 6,891  | 7.91%      |
|                          | Moderately Severe ..    | 8,640  | 9.92%      |
|                          | Severe Depression       | 10,108 | 11.61%     |
| Eating Disorder          | At Risk for Eating Di.. | 6,169  | 7.08%      |
|                          | Low Risk for Eating ..  | 57     | 0.07%      |
| Parent                   | At Risk for Emotiona..  | 531    | 0.61%      |

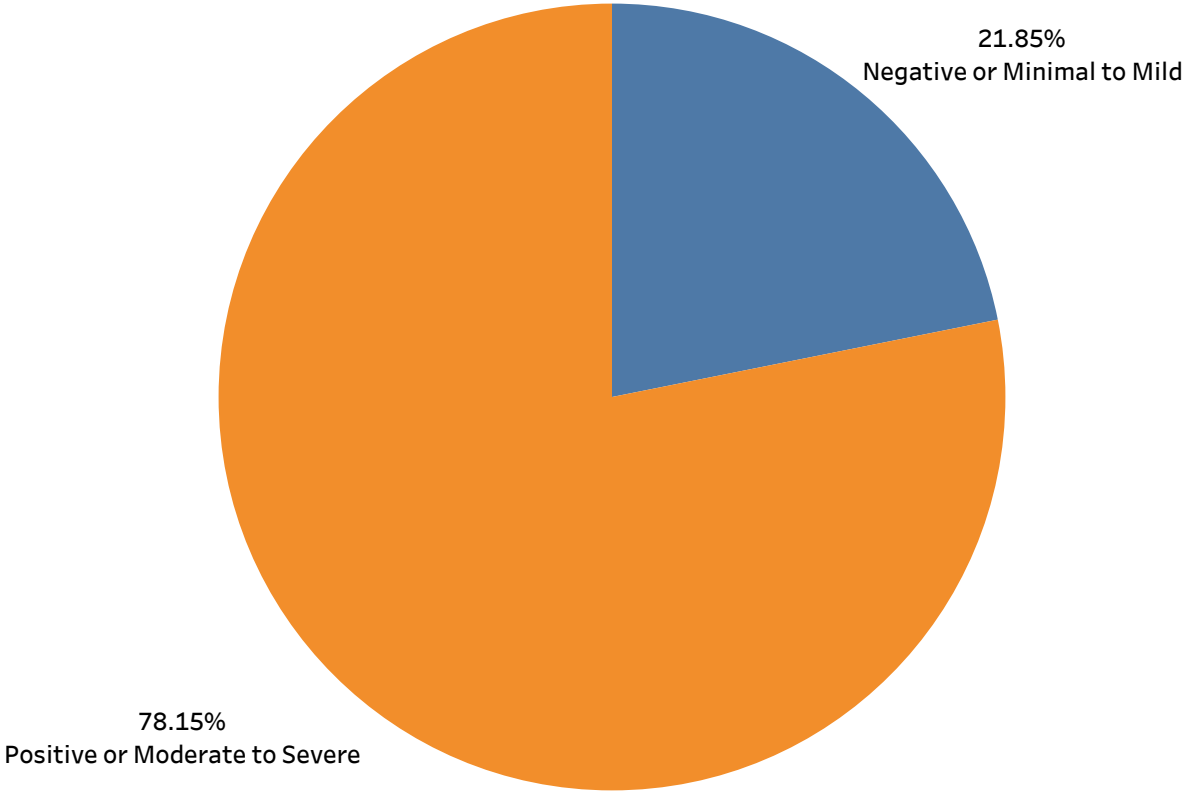
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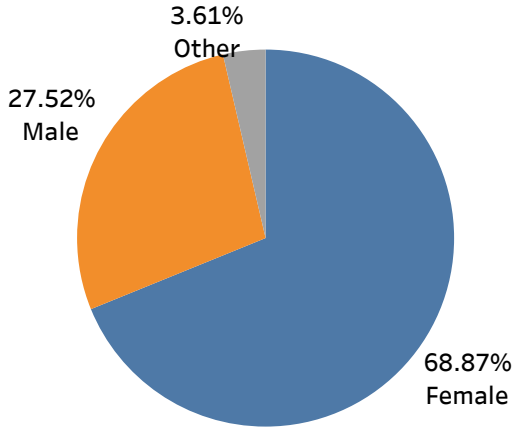
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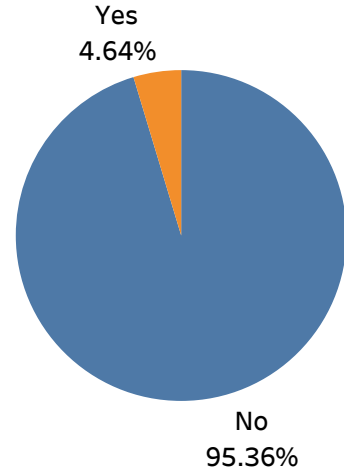
# Screen Result Severity



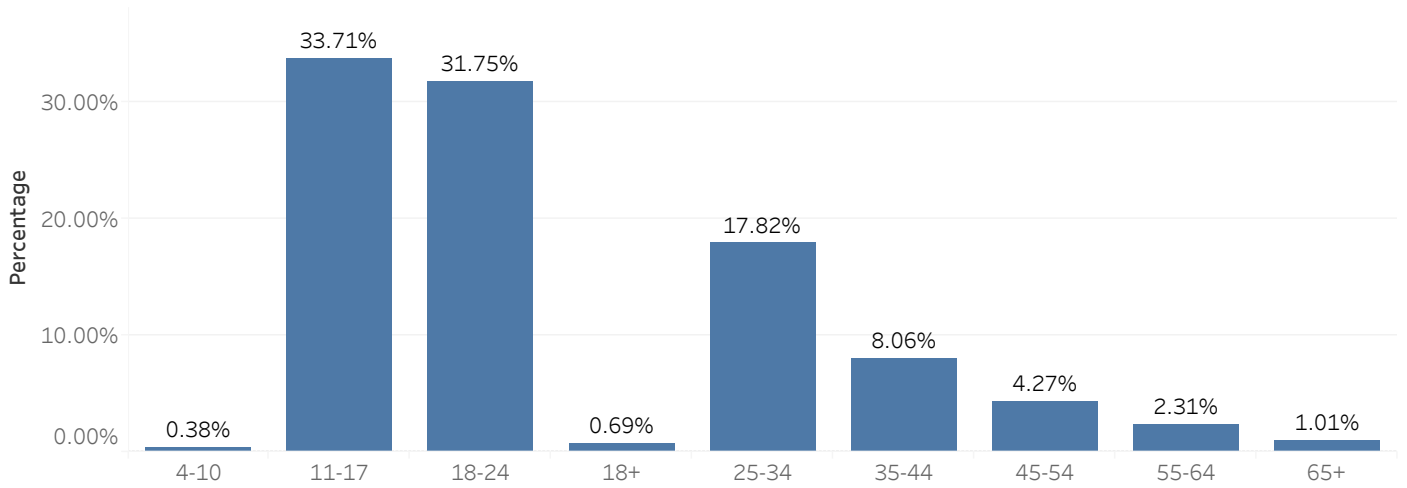
### Gender



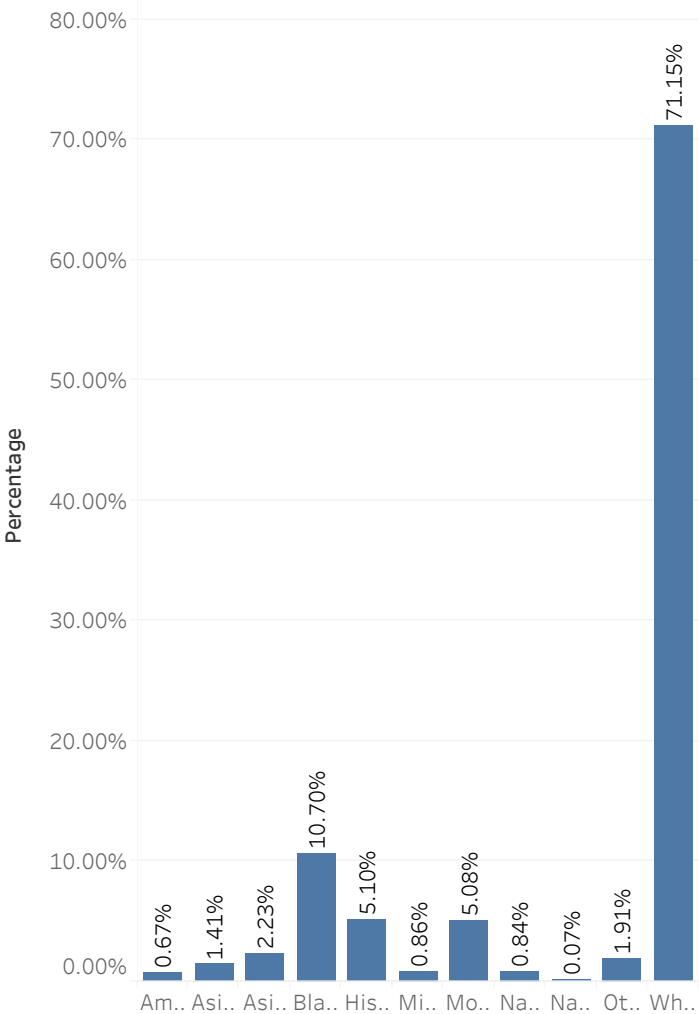
### Do you identify as transgender?



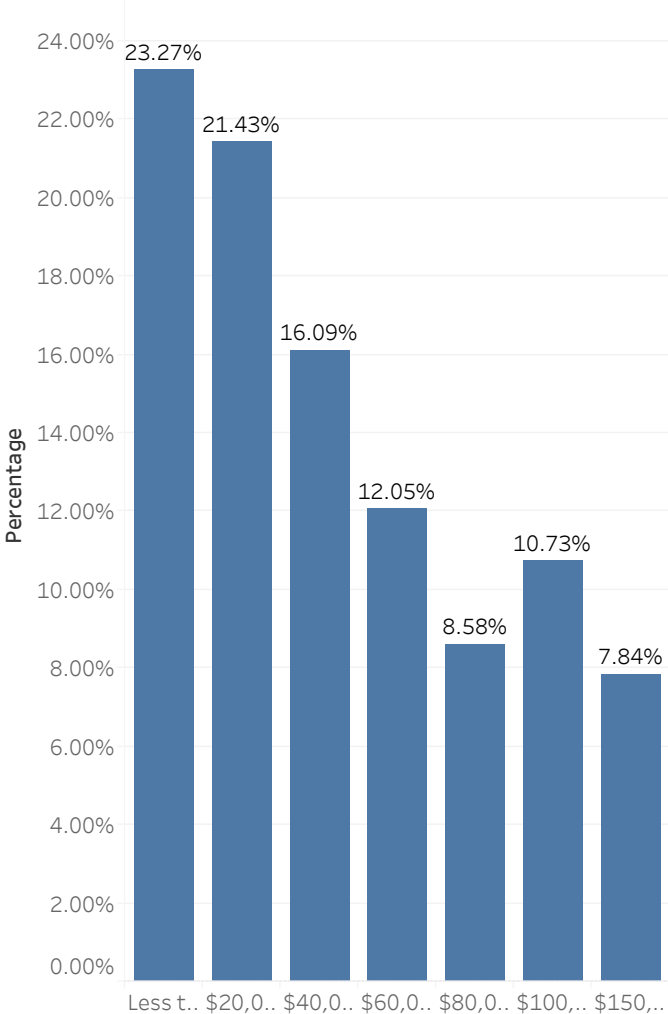
### Age



Race/Ethnicity

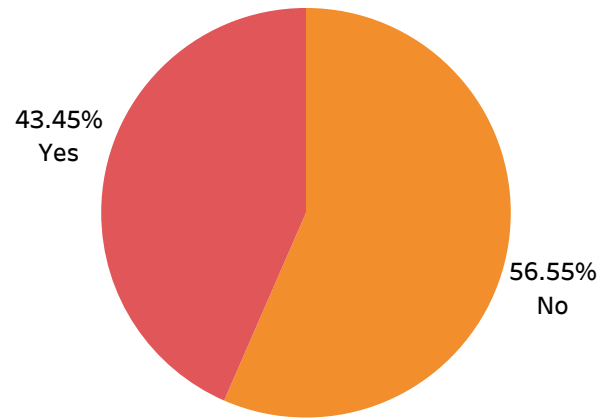


Household Income

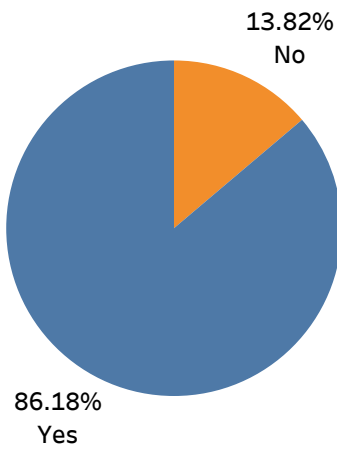




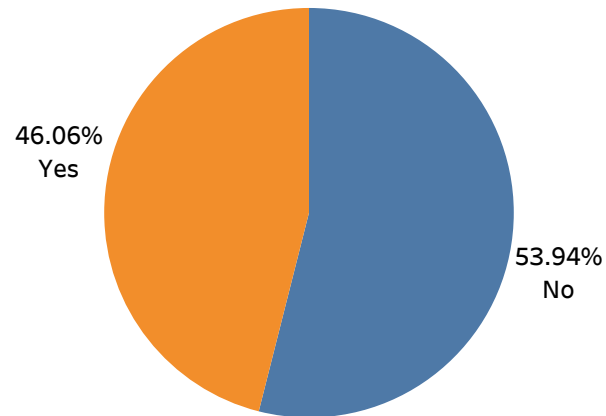
## Have you ever been diagnosed with a mental health condition?



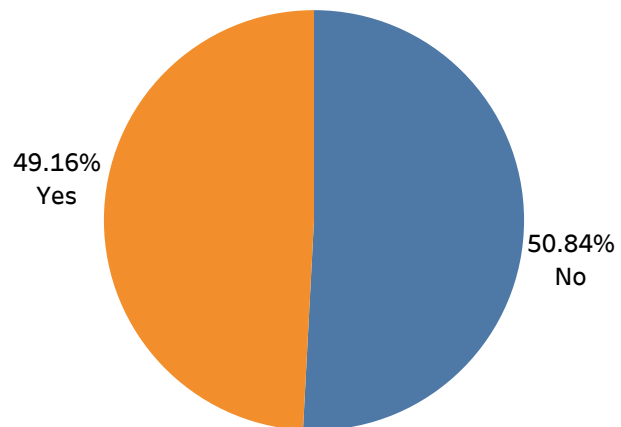
## Do you currently have health insurance?



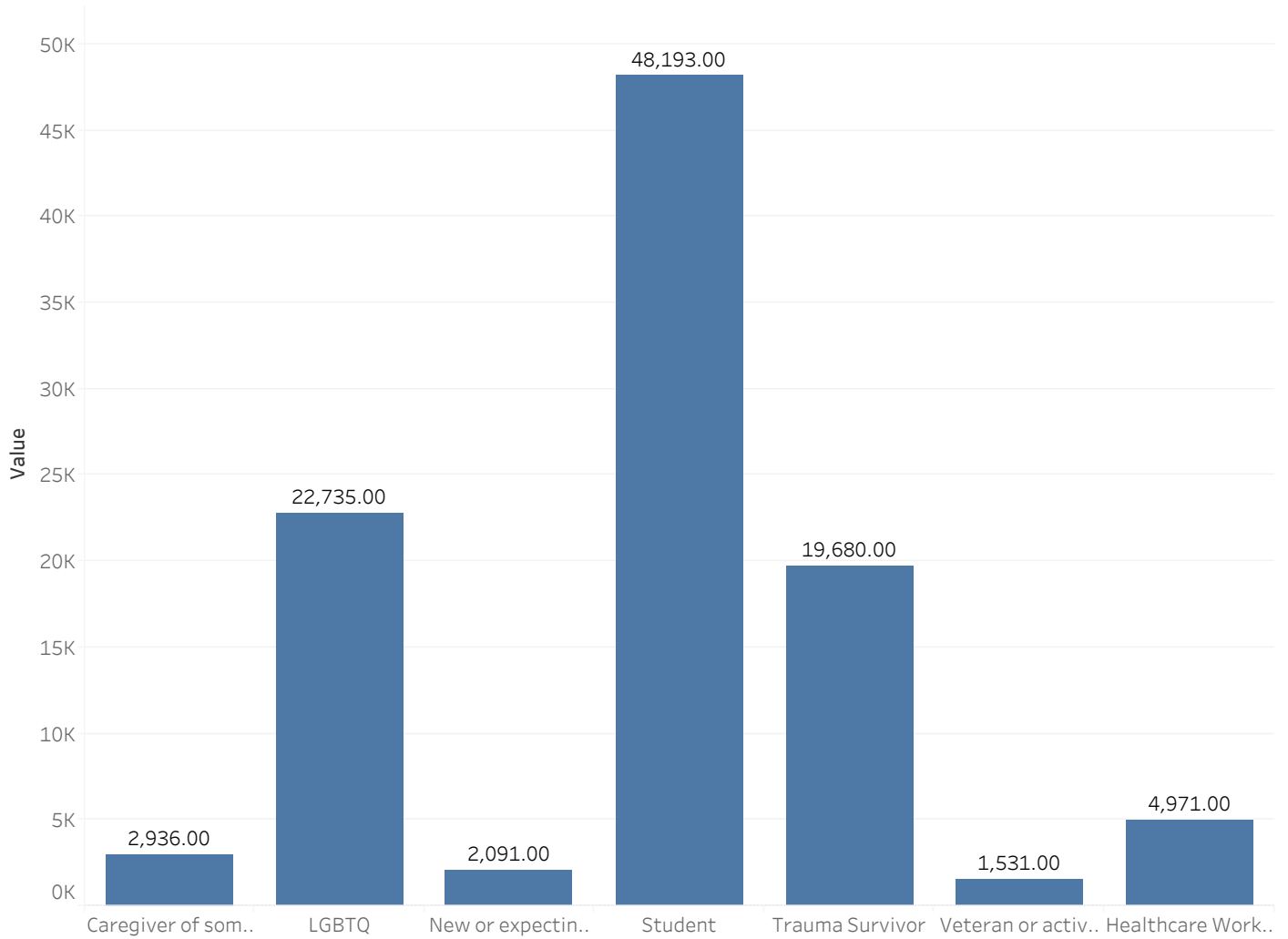
Have you ever received treatment/support for a mental health problem?



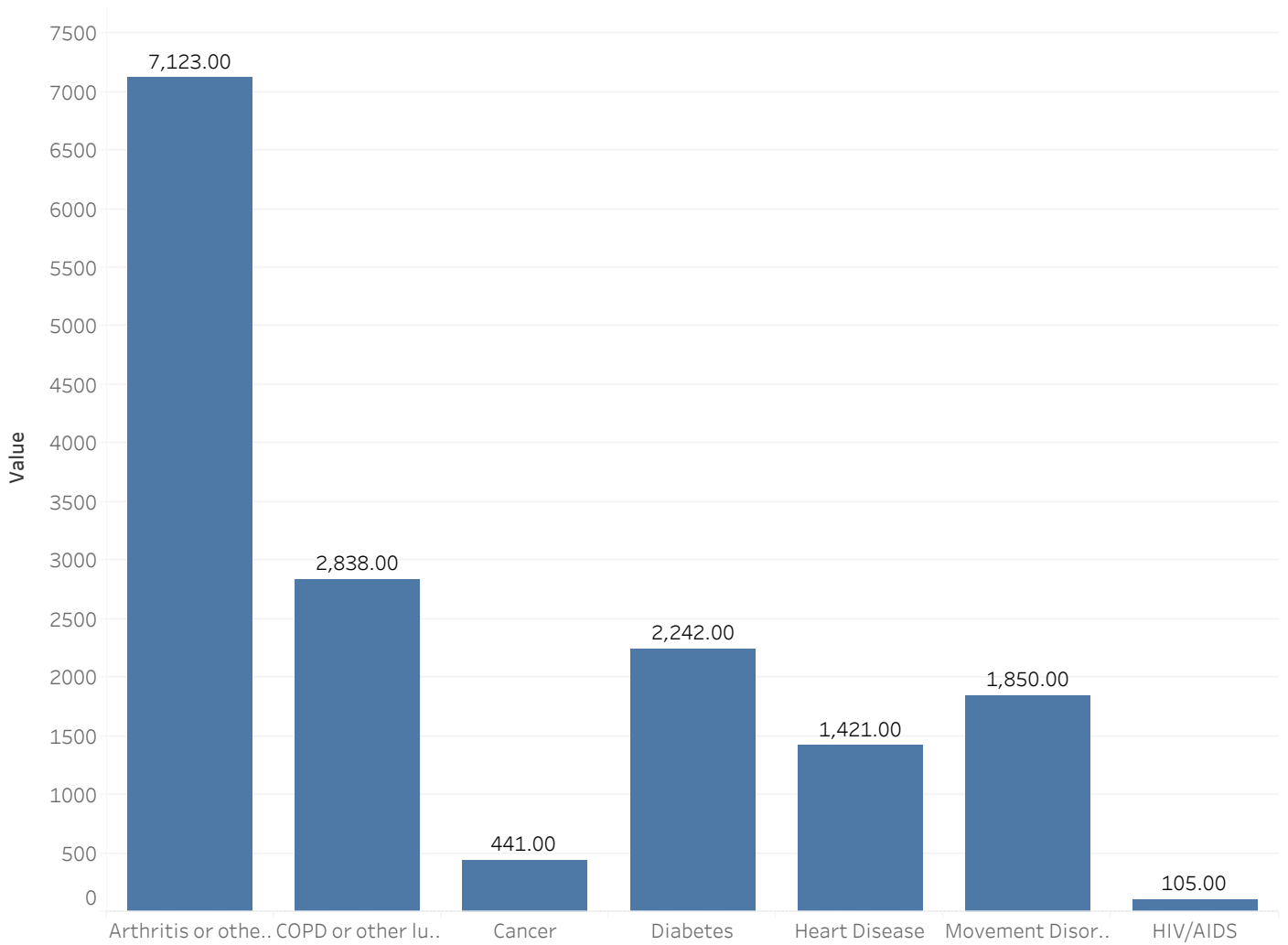
Are you currently receiving treatment/support?



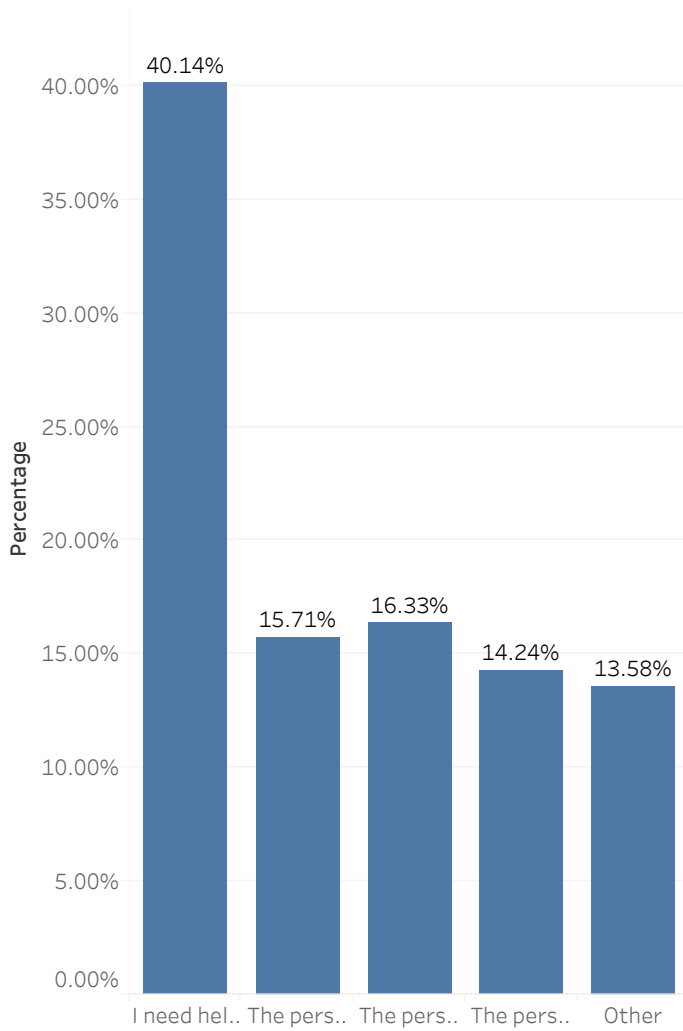
Which of the following populations describes you? Check all that apply.



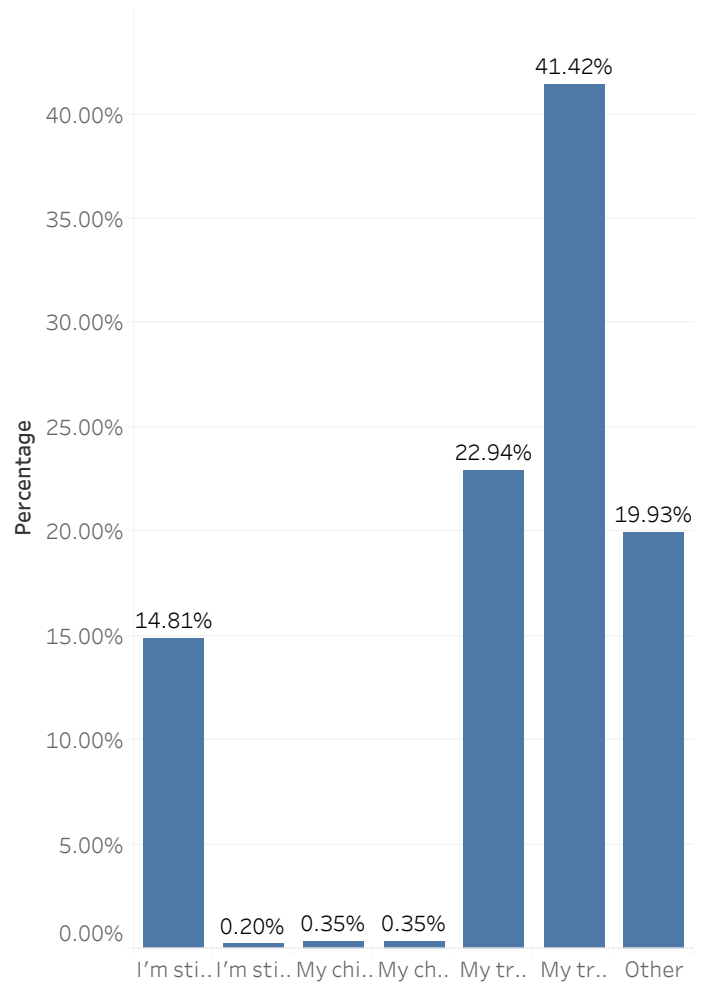
Do you have any of the following general health conditions? Check all that apply.



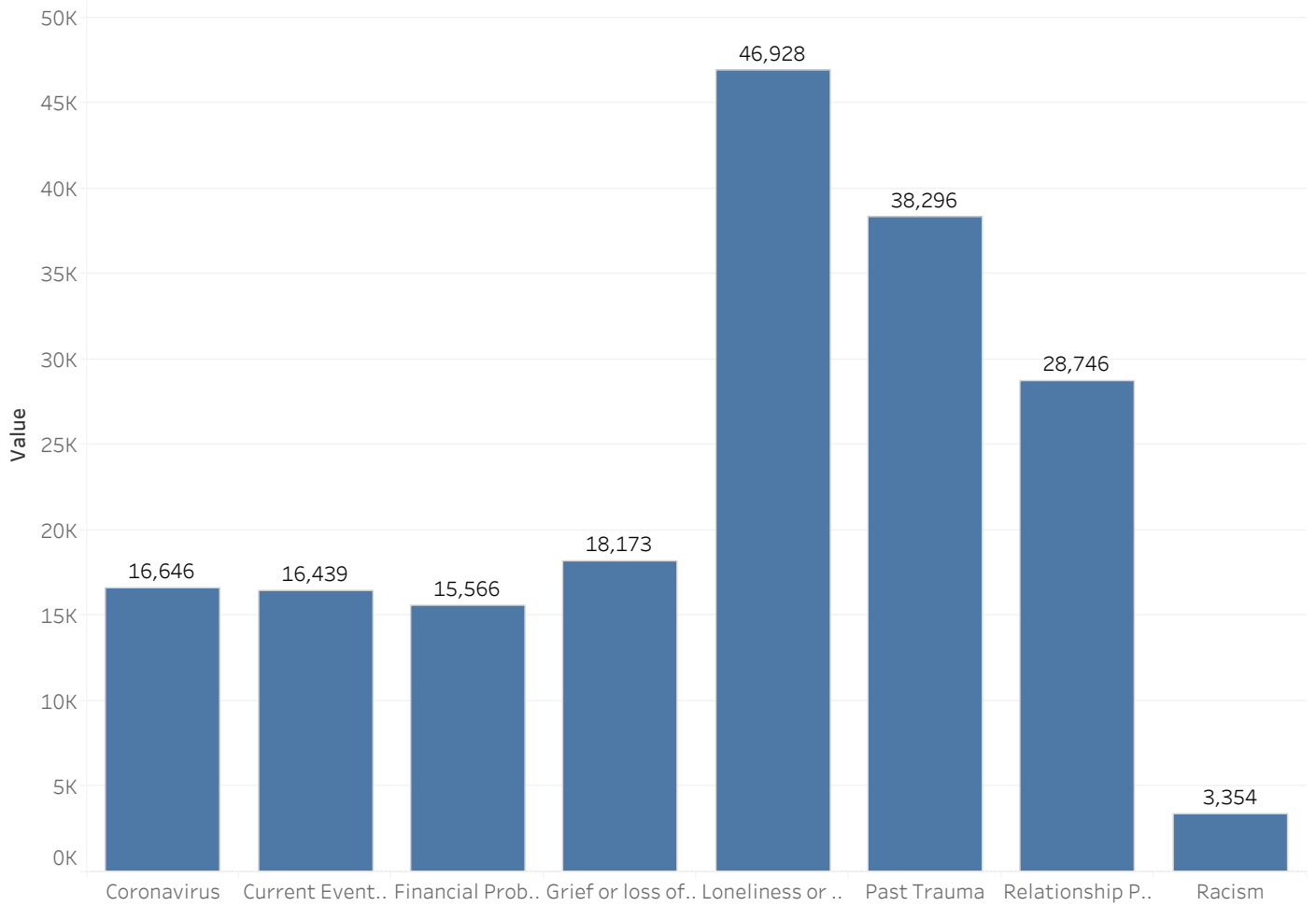
How can MHA help you? For Caregivers



How can MHA help you? For people currently receiving treatment



# Think about your mental health test. What are the main things contributing to your mental health problems right now? Choose up to 3.



# 2022 The State of Mental Health in America



## Acknowledgments

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated services and supports for those who need them, with recovery as the goal.

MHA dedicates this report to mental health advocates who fight tirelessly to help create parity and reduce disparities and inequities for people with mental health concerns. To our affiliates, thank you for your incredible state-level advocacy and dedication to promoting recovery and protecting consumer rights!

This publication was made possible by the generous support of Alkermes, Neurocrine Biosciences, Inc., and Otsuka America Pharmaceutical Companies.

### Special Thanks To:

The Substance Abuse and Mental Health Services Administration (SAMHSA), The Centers for Disease Control and Prevention (CDC), and the Department of Education (DoE) who every year invest time and money to collect the national survey data without which this report would not be possible.

This report was researched, written, and prepared by Maddy Reinert, Theresa Nguyen, and Danielle Fritze.

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**Mental Health America (MHA) is the nation’s leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. MHA’s work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.**

**Our report is a collection of data** across all 50 states and the District of Columbia and seeks to answer the following questions:

- How many adults and youth have mental health issues?
- How many adults and youth have substance use issues?
- How many adults and youth have access to insurance?
- How many adults and youth have access to adequate insurance?
- How many adults and youth have access to mental health care?
- Which states have higher barriers to accessing mental health care?

**Our Goal:**

- To provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation;
- To track changes in the prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and
- To increase dialogue with and improve outcomes for individuals and families with mental health needs.

**Why Gather This Information?**

- Using national survey data allows us to measure a community’s mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies.
- Rankings explore which states are more effective at addressing issues related to mental health and substance use.
- Analysis may reveal similarities and differences among states to begin assessing how federal and state mental health policies result in more or less access to care.

## Ranking Overview and Guidelines

This chart book presents a collection of data that provides a baseline for answering some questions about how many people in America need and have access to mental health services. This report is a companion to the online interactive data on the MHA website (<https://www.mhanational.org/issues/state-mental-health-america>). The data and tables include state and national data and sharable infographics.

### MHA Guidelines

Given the variability of data, MHA developed guidelines to identify mental health measures that are most appropriate for inclusion in our ranking. Indicators were chosen that met the following guidelines:

- Data that are publicly available and as current as possible to provide up-to-date results.
- Data that are available for all 50 states and the District of Columbia.
- Data for both adults and youth.
- Data that captures information regardless of varying utilization of the private and public mental health system.
- Data that could be collected over time to allow for analysis of future changes and trends.

### Our 2022 Measures

1. Adults With Any Mental Illness (AMI)
2. Adults With Substance Use Disorder in the Past Year
3. Adults With Serious Thoughts of Suicide
4. Youth With At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth With Substance Use Disorder in the Past Year
6. Youth With Severe MDE
7. Adults With AMI Who Did Not Receive Treatment
8. Adults With AMI Reporting Unmet Need
9. Adults With AMI Who Are Uninsured
10. Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs
11. Youth With MDE Who Did Not Receive Mental Health Services
12. Youth With Severe MDE Who Received Some Consistent Treatment
13. Children With Private Insurance That Did Not Cover Mental or Emotional Problems
14. Students Identified With Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

### A Complete Picture

While the above 15 measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. MHA will continue to explore new measures that allow us to capture more accurately and comprehensively the needs of those with mental illness and their access to care.

## Ranking

### **To better understand the rankings, it is important to compare similar states.**

Factors to consider include geography and size. For example, California and New York are similar. Both are large states with densely populated cities. They are less comparable to less populous states like South Dakota, North Dakota, Alabama, or Wyoming. Keep in mind that the size of states and populations matter, both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alabama, and Wyoming combined.

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The rankings are based on the percentages, or rates, for each state collected from the most recently available data. For most indicators, the data represent data collected up to 2019. States with positive outcomes are ranked higher (closer to one) than states with poorer outcomes. The overall, adult, youth, prevalence, and access rankings were analyzed by calculating a standardized score (Z score) for each measure and ranking the sum of the standardized scores. For most measures, lower percentages equated to more positive outcomes (e.g., lower rates of substance use or those who are uninsured). There are two measures where high percentages equate to better outcomes. These include "Youth With Severe MDE (Major Depressive Episode) Who Received Some Consistent Treatment" and "Students Identified With Emotional Disturbance for an Individualized Education Program." Here, the calculated standardized score was multiplied by -1 to obtain a reverse Z score that was used in the sum. All measures were considered equally important, and no weights were given to any measure in the rankings.

Along with calculated rankings, each measure is ranked individually with an accompanying chart and table. The table provides the percentage and estimated population for each ranking. The estimated population number is weighted and calculated by the agency conducting the applicable federal survey. The ranking is based on the Z scores. Data are presented with two decimal places when available.

The measure "Adults With Disability Who Could Not See a Doctor Due to Costs" was previously calculated using the Behavioral Risk Factor Surveillance System (BRFSS) question: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" (QLACTLM2). The QLACTLM2 question was removed from the BRFSS questionnaire after 2016, and therefore could not be calculated using 2019 BRFSS data. For this report, the indicator was amended to "Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs," using the BRFSS question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (DECIDE). This indicator likely serves as a better measure for individuals who experience disability tied to mental, cognitive, or emotional problems, as it is less likely to include people who experience limitations due to a physical disability and is therefore a more sensitive measure for the population we are attempting to count.

For the measure "Students Identified With Emotional Disturbance for an Individualized Education Program," due to data suppression because of quality, the 2016-2019 figures for Wisconsin were not available. This report notes the 2015 figure for Wisconsin. The 2019 figure for Iowa was also not available because Iowa no longer captures disability category data, and therefore the number of students identified with emotional disturbance could not be determined. This report notes the 2018 figure for Iowa.

## Survey Limitations

Each survey has its own strengths and limitations. For example, strengths of both SAMHSA's *National Survey of Drug Use and Health* (NSDUH) and the CDC's *Behavioral Risk Factor Surveillance System* (BRFSS) are that they include national survey data with large sample sizes and utilize statistical modeling to provide weighted estimates of each state population. This means that the data is more representative of the general population. An example limitation of particular importance to the mental health community is that the NSDUH does not collect information from persons who are experiencing homelessness and who do not stay at shelters, are active-duty military personnel, or are institutionalized (i.e., in jails or hospitals). This limitation means that those individuals who have a mental illness who are also experiencing homelessness or are incarcerated are not represented in the data presented by the NSDUH. If the data did include individuals who were experiencing homelessness and/or incarcerated, we would possibly see prevalence of behavioral health issues increase and access to treatment rates worsen. It is MHA's goal to continue to search for the best possible data in future reports. Additional information on the methodology and limitations of the surveys can be found online as outlined in the glossary.

In addition, these data were gathered through 2019. This means that they are the most current data reported by the states and available to the public. They are most useful in providing some comparative baselines in the states for the needs and systems that were in place prior to the COVID-19 pandemic, as data reflective of the COVID-19 pandemic will not be made available until next year. MHA regularly reports on its real-time data gathered from more than 11 million completed mental health screenings (through September 2021). Based on these screening results from a help-seeking population, and both U.S. Census Bureau 2020-2021 Pulse Survey data, which included brief depression and anxiety screening questions, and survey data reported by the Centers for Disease Control and Prevention (CDC), it appears that (1) the data in this report likely under-reports the current prevalence of mental illnesses in the population, both among children and adults, (2) higher-ranked states may have been better prepared to deal with the mental health effects of the pandemic at its start, and (3) because of its nationwide effect, nothing in the pandemic by itself would suggest that the relative rankings of the states would have changed solely because of the pandemic.

## Spotlight 2022

The two spotlights within this report provide a deeper dive into two of [Mental Health America's policy priorities](#) in 2021-2022: suicide prevention and access to crisis care and prevention and early intervention for children, youth, and young adults. The first spotlight, "Suicidal Ideation and 988 Implementation," discusses the need for states to pass legislation to support a continuum of crisis services. With the passage of the new 988 number for suicide prevention and mental health crises, there is an opportunity to create a continuum of crisis care with adequate funding that ensures mental health responses to mental health crises and prioritizes equity, particularly for BIPOC individuals. The second spotlight, "Disparities in Mental Health Treatment for Youth of Color," examines data from SAMHSA's 2018-2019 National Survey on Drug Use and Health (NSDUH), to examine disparities in the kinds of care youth with depression are able to receive and where they receive it. Students of color disproportionately access their mental health care at school, often because they don't have access to specialty mental health services. Given this data, increasing access to school-based mental health services can promote equity and reduce disparities in access to care.

**NEARLY 50 M**

OR 19.86% OF AMERICAN ADULTS EXPERIENCED A MENTAL ILLNESS IN 2019.

**4.58%**

OF ADULTS REPORT HAVING SERIOUS THOUGHTS OF SUICIDE. THIS HAS INCREASED EVERY YEAR SINCE 2011-2012.

**24.7%**

OF ADULTS WITH A MENTAL ILLNESS REPORT AN UNMET NEED FOR TREATMENT. THIS NUMBER HAS NOT DECLINED SINCE 2011.

**15.08%**

OF YOUTH EXPERIENCED A MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.

**OVER 60%**

OF YOUTH WITH MAJOR DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.

EVEN IN STATES WITH THE GREATEST ACCESS,

**NEARLY**

**1 IN 3**

ARE GOING WITHOUT TREATMENT.

**MORE THAN HALF**

OF ADULTS WITH A MENTAL ILLNESS DO NOT RECEIVE TREATMENT, TOTALING OVER 27 MILLION U.S. ADULTS.

**10.6%**

OR OVER 2.5 MILLION YOUTH IN THE U.S. HAVE SEVERE MAJOR DEPRESSION.

THIS RATE WAS HIGHEST AMONG YOUTH WHO IDENTIFY AS MORE THAN ONE RACE, AT

**14.5%**

EVEN AMONG YOUTH WITH SEVERE DEPRESSION WHO RECEIVE SOME TREATMENT,

**ONLY 27%**

RECEIVE CONSISTENT CARE. IN STATES WITH THE LEAST ACCESS, ONLY

**12%**

RECEIVE CONSISTENT CARE.

**11.1%**

OF AMERICANS WITH A MENTAL ILLNESS ARE UNINSURED, THE SECOND YEAR IN A ROW THAT THIS INDICATOR INCREASED SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT (ACA).

**8.1%**

OF CHILDREN HAD PRIVATE INSURANCE THAT DID NOT COVER MENTAL HEALTH SERVICES, TOTALING 950,000 YOUTH.

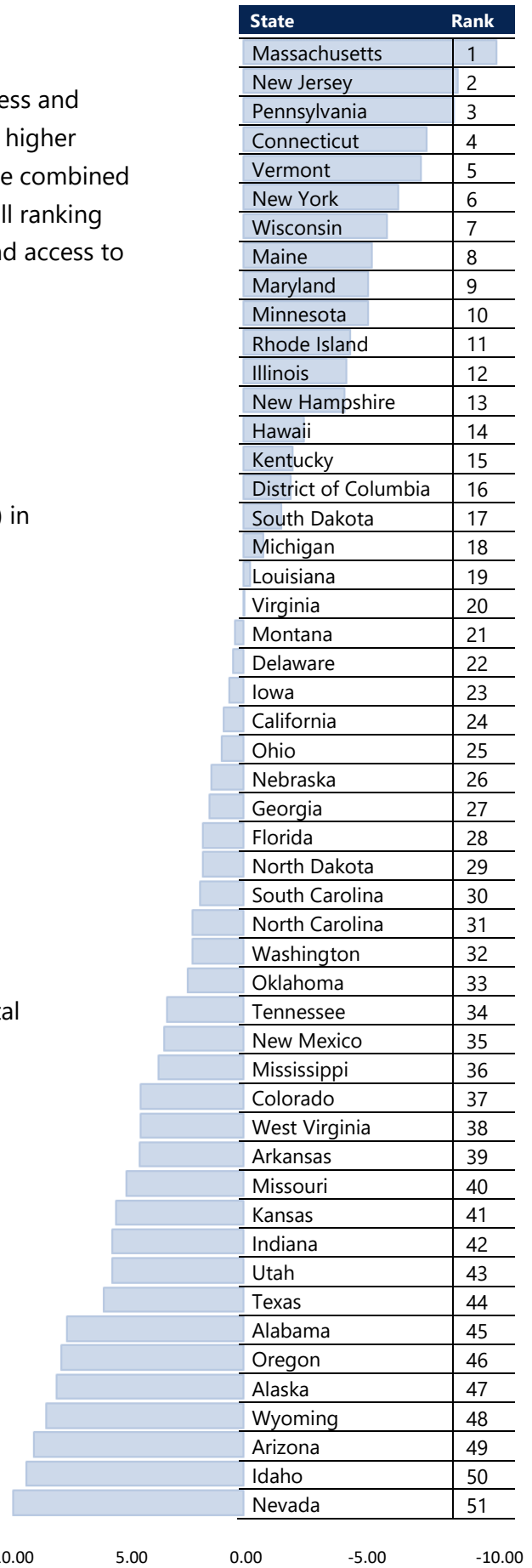
## Overall Ranking

An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

### The 15 measures that make up the overall ranking include:

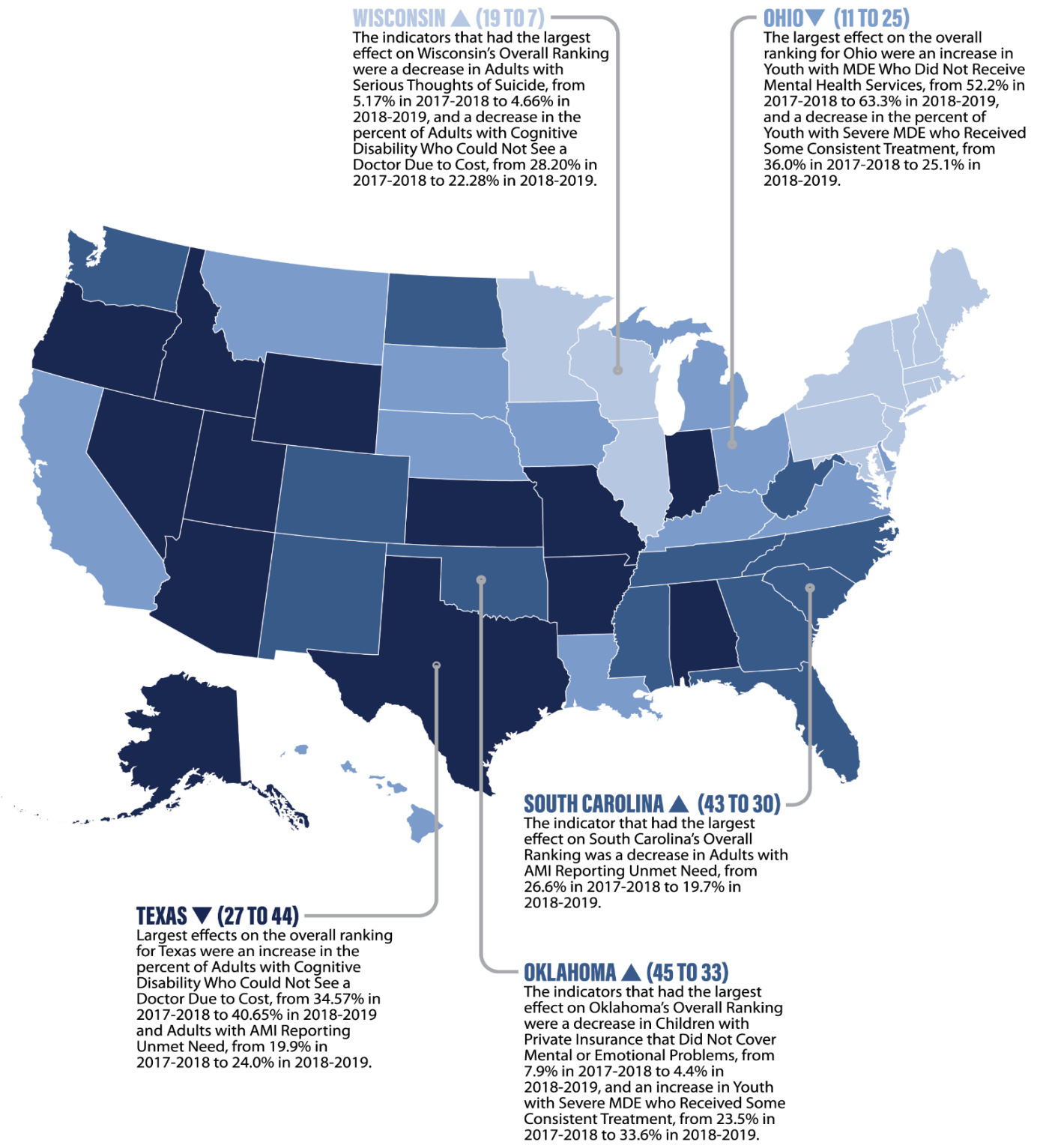
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11. Youth With MDE Who Did Not Receive Mental Health Services
12. Youth With Severe MDE Who Received Some Consistent Treatment
13. Children With Private Insurance That Did Not Cover Mental or Emotional Problems
14. Students Identified With Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

The chart is a visual representation of the sum of the scores for each state. It provides an opportunity to see the difference between ranked states. For example, Massachusetts (ranked one) has a score that is higher than Illinois (ranked 12). Virginia (ranked 20) has a score that is closest to the average.



15.00 10.00 5.00 0.00 -5.00 -10.00

# Largest Changes in Overall Ranking



**WISCONSIN ▲ (19 TO 7)**

The indicators that had the largest effect on Wisconsin's Overall Ranking were a decrease in Adults with Serious Thoughts of Suicide, from 5.17% in 2017-2018 to 4.66% in 2018-2019, and a decrease in the percent of Adults with Cognitive Disability Who Could Not See a Doctor Due to Cost, from 28.20% in 2017-2018 to 22.28% in 2018-2019.

**OHIO ▼ (11 TO 25)**

The largest effect on the overall ranking for Ohio were an increase in Youth with MDE Who Did Not Receive Mental Health Services, from 52.2% in 2017-2018 to 63.3% in 2018-2019, and a decrease in the percent of Youth with Severe MDE who Received Some Consistent Treatment, from 36.0% in 2017-2018 to 25.1% in 2018-2019.

**TEXAS ▼ (27 TO 44)**

Largest effects on the overall ranking for Texas were an increase in the percent of Adults with Cognitive Disability Who Could Not See a Doctor Due to Cost, from 34.57% in 2017-2018 to 40.65% in 2018-2019 and Adults with AMI Reporting Unmet Need, from 19.9% in 2017-2018 to 24.0% in 2018-2019.

**SOUTH CAROLINA ▲ (43 TO 30)**

The indicator that had the largest effect on South Carolina's Overall Ranking was a decrease in Adults with AMI Reporting Unmet Need, from 26.6% in 2017-2018 to 19.7% in 2018-2019.

**OKLAHOMA ▲ (45 TO 33)**

The indicators that had the largest effect on Oklahoma's Overall Ranking were a decrease in Children with Private Insurance that Did Not Cover Mental or Emotional Problems, from 7.9% in 2017-2018 to 4.4% in 2018-2019, and an increase in Youth with Severe MDE who Received Some Consistent Treatment, from 23.5% in 2017-2018 to 33.6% in 2018-2019.

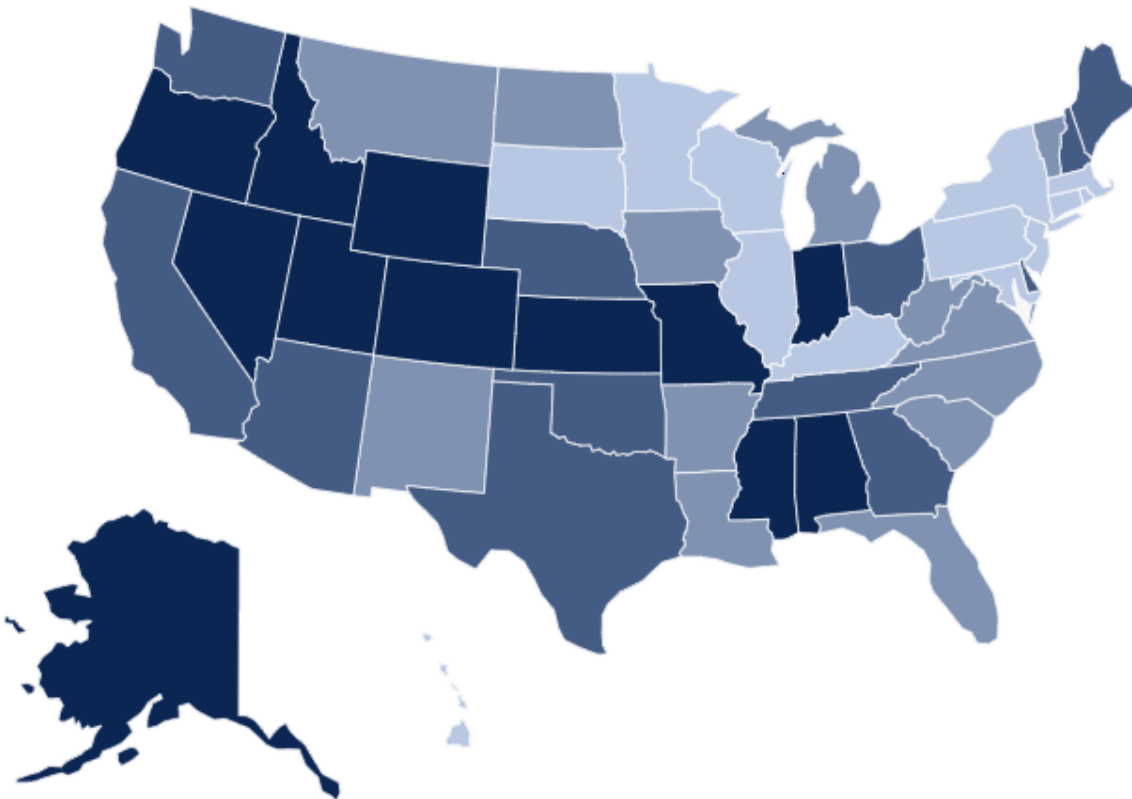


## Adult Rankings

States that are ranked 1-13 have a lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have a higher prevalence of mental illness and lower rates of access to care.

The seven measures that make up the Adult Ranking include:

1. Adults With Any Mental Illness (AMI)
2. Adults With Substance Use Disorder in the Past Year
3. Adults With Serious Thoughts of Suicide
4. Adults With AMI Who Did Not Receive Treatment
5. Adults With AMI Reporting Unmet Need
6. Adults With AMI Who Are Uninsured
7. Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs



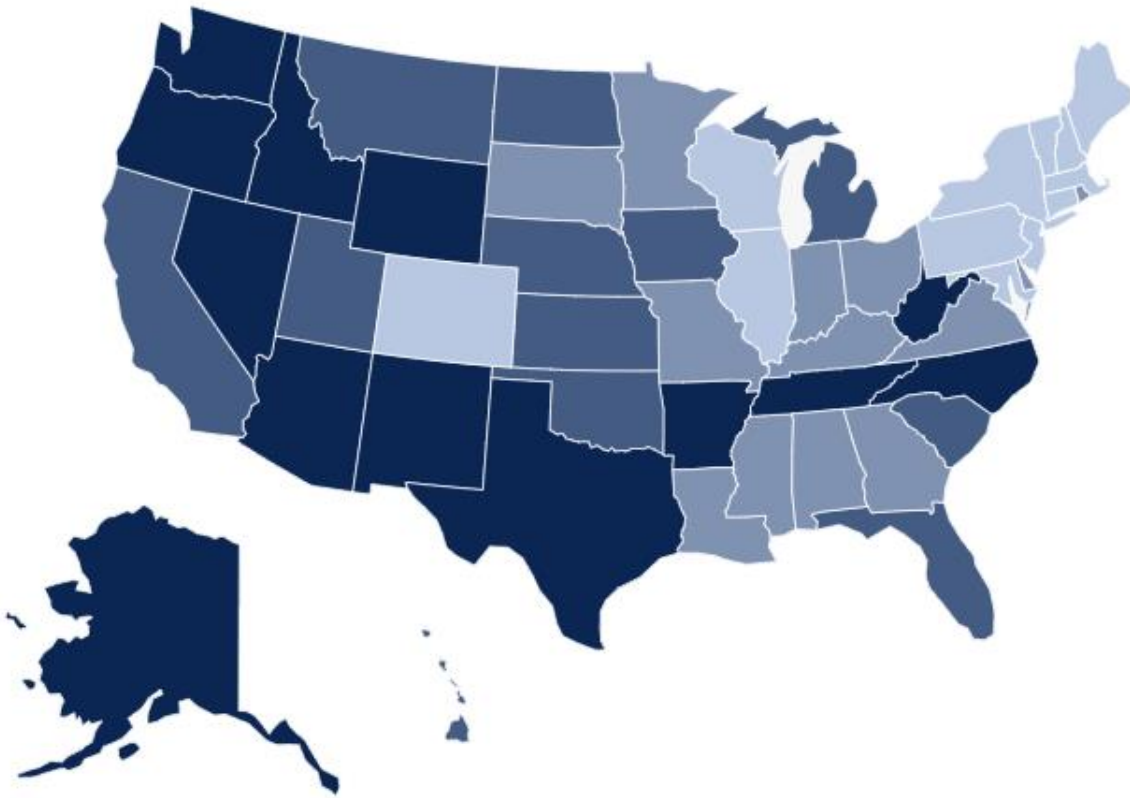
| Rank | State                |
|------|----------------------|
| 1    | New Jersey           |
| 2    | Wisconsin            |
| 3    | Massachusetts        |
| 4    | Connecticut          |
| 5    | New York             |
| 6    | Minnesota            |
| 7    | Hawaii               |
| 8    | Pennsylvania         |
| 9    | Maryland             |
| 10   | Illinois             |
| 11   | Rhode Island         |
| 12   | South Dakota         |
| 13   | Kentucky             |
| 14   | Iowa                 |
| 15   | New Mexico           |
| 16   | Arkansas             |
| 17   | Montana              |
| 18   | Michigan             |
| 19   | Vermont              |
| 20   | Virginia             |
| 21   | North Carolina       |
| 22   | South Carolina       |
| 23   | West Virginia        |
| 24   | North Dakota         |
| 25   | Florida              |
| 26   | Louisiana            |
| 27   | Nebraska             |
| 28   | California           |
| 29   | Tennessee            |
| 30   | New Hampshire        |
| 31   | Georgia              |
| 32   | Washington           |
| 33   | Texas                |
| 34   | Delaware             |
| 35   | Arizona              |
| 36   | Ohio                 |
| 37   | Maine                |
| 38   | Oklahoma             |
| 39   | Idaho                |
| 40   | Nevada               |
| 41   | Mississippi          |
| 42   | Kansas               |
| 43   | Indiana              |
| 44   | Missouri             |
| 45   | District of Columbia |
| 46   | Alaska               |
| 47   | Alabama              |
| 48   | Utah                 |
| 49   | Oregon               |
| 50   | Wyoming              |
| 51   | Colorado             |

# Youth Rankings

States with rankings 1-13 have a lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have a higher prevalence of mental illness and lower rates of access to care.

The seven measures that make up the Youth Ranking include:

1. Youth With At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth With Substance Use Disorder in the Past Year
3. Youth With Severe MDE
4. Youth With MDE Who Did Not Receive Mental Health Services
5. Youth With Severe MDE Who Received Some Consistent Treatment
6. Children With Private Insurance That Did Not Cover Mental or Emotional Problems
7. Students Identified With Emotional Disturbance for an Individualized Education Program



| Rank | State                |
|------|----------------------|
| 1    | Pennsylvania         |
| 2    | Maine                |
| 3    | District of Columbia |
| 4    | Vermont              |
| 5    | Massachusetts        |
| 6    | New Hampshire        |
| 7    | New Jersey           |
| 8    | Connecticut          |
| 9    | New York             |
| 10   | Maryland             |
| 11   | Wisconsin            |
| 12   | Illinois             |
| 13   | Colorado             |
| 14   | Minnesota            |
| 15   | Rhode Island         |
| 16   | Mississippi          |
| 17   | Georgia              |
| 18   | Delaware             |
| 19   | Ohio                 |
| 20   | Alabama              |
| 21   | Virginia             |
| 22   | Missouri             |
| 23   | South Dakota         |
| 24   | Kentucky             |
| 25   | Louisiana            |
| 26   | Indiana              |
| 27   | Michigan             |
| 28   | Oklahoma             |
| 29   | Hawaii               |
| 30   | Florida              |
| 31   | Iowa                 |
| 32   | Utah                 |
| 33   | Kansas               |
| 34   | North Dakota         |
| 35   | South Carolina       |
| 36   | California           |
| 37   | Nebraska             |
| 38   | Montana              |
| 39   | Washington           |
| 40   | Tennessee            |
| 41   | Texas                |
| 42   | North Carolina       |
| 43   | Wyoming              |
| 44   | West Virginia        |
| 45   | Oregon               |
| 46   | Alaska               |
| 47   | New Mexico           |
| 48   | Arkansas             |
| 49   | Arizona              |
| 50   | Idaho                |
| 51   | Nevada               |

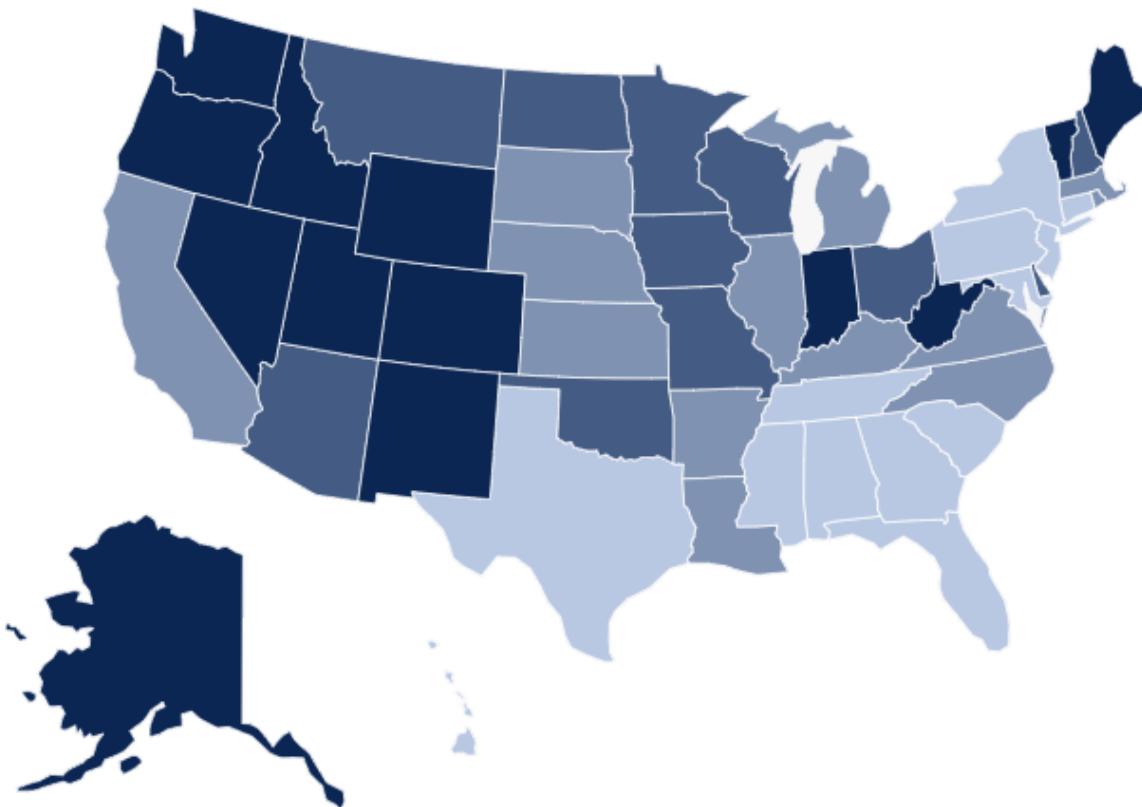
## Prevalence of Mental Illness

The scores for the six prevalence measures make up the Prevalence Ranking.

The six measures that make up the Prevalence Ranking include:

1. Adults With Any Mental Illness (AMI)
2. Adult With Substance Use Disorder in the Past Year
3. Adults With Serious Thoughts of Suicide
4. Youth With At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth With Substance Use Disorder in the Past Year
6. Youth With Severe MDE

A ranking of 1-13 for Prevalence indicates a lower prevalence of mental health and substance use issues compared to states that ranked 39-51.



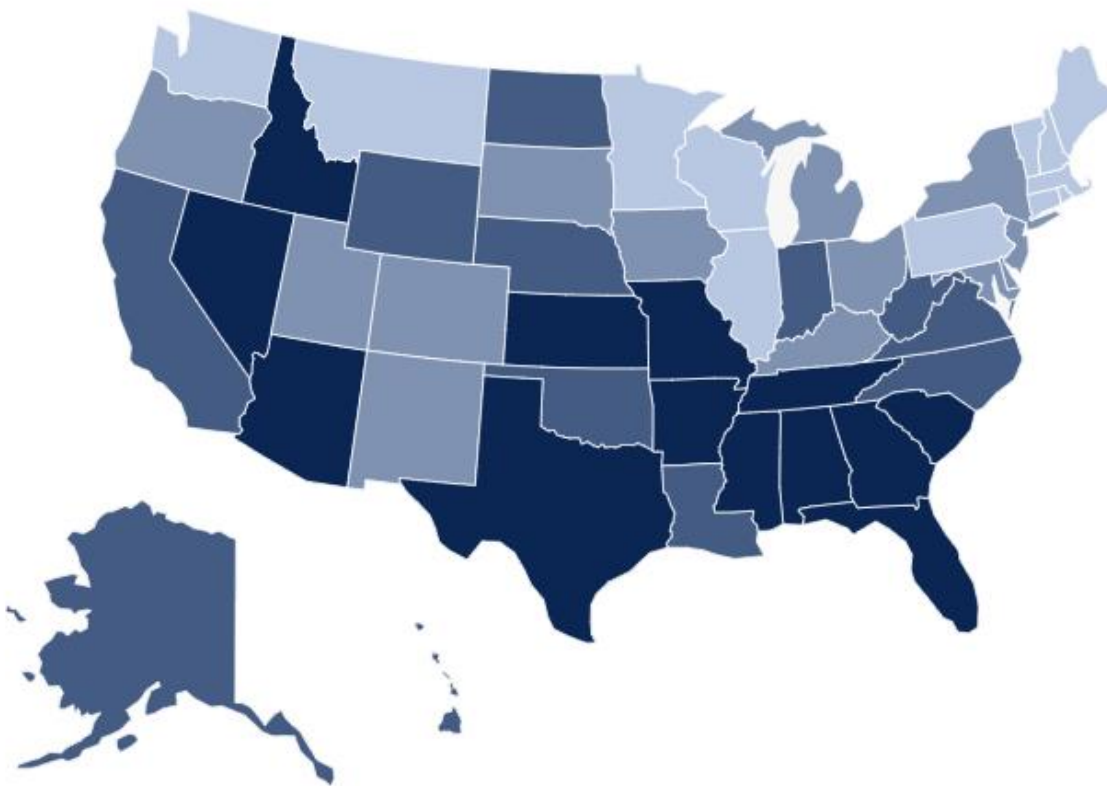
| Rank | State                |
|------|----------------------|
| 1    | New Jersey           |
| 2    | Florida              |
| 3    | Georgia              |
| 4    | Texas                |
| 5    | New York             |
| 6    | Pennsylvania         |
| 7    | Mississippi          |
| 8    | Hawaii               |
| 9    | Connecticut          |
| 10   | South Carolina       |
| 11   | Maryland             |
| 12   | Alabama              |
| 13   | Tennessee            |
| 14   | Louisiana            |
| 15   | Virginia             |
| 16   | Illinois             |
| 17   | North Carolina       |
| 18   | South Dakota         |
| 19   | Kentucky             |
| 20   | California           |
| 21   | Michigan             |
| 22   | Nebraska             |
| 23   | Rhode Island         |
| 24   | Kansas               |
| 25   | Arkansas             |
| 26   | Massachusetts        |
| 27   | Minnesota            |
| 28   | Missouri             |
| 29   | Wisconsin            |
| 30   | District of Columbia |
| 31   | New Hampshire        |
| 32   | Arizona              |
| 33   | North Dakota         |
| 34   | Ohio                 |
| 35   | Delaware             |
| 36   | Iowa                 |
| 37   | Oklahoma             |
| 38   | Montana              |
| 39   | West Virginia        |
| 40   | Maine                |
| 41   | Idaho                |
| 42   | Indiana              |
| 43   | New Mexico           |
| 44   | Washington           |
| 45   | Colorado             |
| 46   | Nevada               |
| 47   | Utah                 |
| 48   | Wyoming              |
| 49   | Alaska               |
| 50   | Vermont              |
| 51   | Oregon               |

## Access to Care Rankings

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability. A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment.

The nine measures that make up the Access Ranking include:

1. Adults With AMI Who Did Not Receive Treatment
2. Adults With AMI Reporting Unmet Need
3. Adults With AMI Who Are Uninsured
4. Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs
5. Youth With MDE Who Did Not Receive Mental Health Services
6. Youth With Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability



| Rank | State                |
|------|----------------------|
| 1    | Vermont              |
| 2    | Massachusetts        |
| 3    | Maine                |
| 4    | Wisconsin            |
| 5    | Minnesota            |
| 6    | New Hampshire        |
| 7    | Rhode Island         |
| 8    | Pennsylvania         |
| 9    | Connecticut          |
| 10   | District of Columbia |
| 11   | Washington           |
| 12   | Montana              |
| 13   | Illinois             |
| 14   | Maryland             |
| 15   | New York             |
| 16   | Kentucky             |
| 17   | Delaware             |
| 18   | Iowa                 |
| 19   | Oregon               |
| 20   | New Mexico           |
| 21   | Colorado             |
| 22   | Ohio                 |
| 23   | South Dakota         |
| 24   | New Jersey           |
| 25   | Michigan             |
| 26   | Utah                 |
| 27   | North Dakota         |
| 28   | Oklahoma             |
| 29   | West Virginia        |
| 30   | California           |
| 31   | Hawaii               |
| 32   | Indiana              |
| 33   | Nebraska             |
| 34   | Alaska               |
| 35   | Louisiana            |
| 36   | Wyoming              |
| 37   | Virginia             |
| 38   | North Carolina       |
| 39   | Nevada               |
| 40   | Arkansas             |
| 41   | Missouri             |
| 42   | Idaho                |
| 43   | South Carolina       |
| 44   | Kansas               |
| 45   | Tennessee            |
| 46   | Arizona              |
| 47   | Mississippi          |
| 48   | Georgia              |
| 49   | Florida              |
| 50   | Alabama              |
| 51   | Texas                |

## Largest Changes in Adult Rankings: State of Mental Health in America 2021-2022

### Largest Improvements in Ranking:

**Wisconsin (24 to 2):** In Wisconsin, the percentage of Adults With Serious Thoughts of Suicide decreased from 5.17% in 2017-2018 to 4.66% in 2018-2019.

**Montana (34 to 17):** Montana's percentage of Adults With Serious Thoughts of Suicide decreased from 5.21% in 2017-2018 to 4.63% in 2018-2019, and the percentage of Adults With AMI Reporting Unmet Need decreased from 24.6% in 2017-2018 to 21.5% in 2018-2019.

**Rhode Island (26 to 11):** In Rhode Island, the percentage of Adults With Cognitive Disability Who Could Not See a Doctor Due to Cost decreased from 25.71% in 2017-2018 to 18.48% in 2018-2019, and the percentage of Adults With AMI Reporting Unmet Need decreased from 27.9% in 2017-2018 to 25.4% in 2018-2019.

### Largest Declines in Ranking:

**Ohio (14 to 36):** In Ohio, the percentage of Adults With Serious Thoughts of Suicide increased from 5.18% in 2017-2018 to 6.09% in 2018-2019.

**Delaware (13 to 34):** Delaware's rate of Adults With AMI Who Did Not Receive Treatment increased from 49.7% in 2017-2018 to 54.2% in 2018-2019 and the rate of Adults With AMI Reporting Unmet Need increased from 23.0% in 2017-2018 to 28.1% in 2018-2019.

**Arizona (17 to 35):** In Arizona, the percentage of Adults With AMI Who Did Not Receive Treatment increased from 52.7% in 2017-2018 to 57.0% in 2018-2019.

**Texas (15 to 33):** Texas' percentage of Adults With Cognitive Disability Who Could Not See a Doctor Due to Cost increased from 34.57% in 2017-2018 to 40.65% in 2018-2019, a reversal from the improvement in last year's report.

## Largest Changes in Youth Rankings: State of Mental Health in America 2021-2022

### Largest Improvements in Ranking:

**Colorado (42 to 13):** Colorado's percentage of Youth With Past Year MDE Who Did Not Receive Treatment decreased from 60.4% in 2017-2018 to 39.3% in 2018-2019.

**Illinois (36 to 12):** In Illinois, the percentage of Youth With Severe MDE Who Received Some Consistent Treatment increased from 25.0% in 2017-2018 to 38.3% in 2018-2019.

**Oklahoma (46 to 28):** Oklahoma had an increase in insurance coverage and access to care for youth. The percentage of Children With Private Insurance That Did Not Cover Mental or Emotional Problems decreased in Oklahoma from 7.9% in 2017-2018 to 4.4% in 2018-2019, and the percentage of Youth With Severe MDE Who Received Some Consistent Treatment increased from 23.5% in 2017-2018 to 33.6% in 2018-2019.

### Largest Declines in Ranking:

**Nebraska (21 to 37):** In Nebraska, the percentage of Youth With Severe MDE increased from 9.0% in 2017-2018 to 12.4% in 2018-2019 and the percentage of Youth With Severe MDE Who Received Some Consistent Treatment decreased from 35.9% in 2017-2018 to 27.8% in 2018-2019.

**Texas (30 to 41):** Texas' percentage of Children With Private Insurance That Did Not Cover Mental or Emotional Problems increased from 11.5% in 2017-2018 to 13.8% in 2018-2019.

**Delaware (8 to 18):** In Delaware, the percentage of Youth With Severe MDE increased from 9.3% in 2017-2018 to 12.8% in 2018-2019.

**South Dakota (13 to 23):** South Dakota's percentage of Youth With Severe MDE increased from 8.0% in 2017-2018 to 12.0% in 2018-2019 and the percentage of Youth With Past Year MDE Who Did Not Receive Treatment increased from 49.7% in 2017-2018 to 59.6% in 2018-2019.

## Largest Changes in Need/Prevalence Rankings: State of Mental Health in America 2021-2022

### Largest Improvements in Ranking:

**Connecticut (20 to 9):** Connecticut's percentage of Youth With Severe MDE decreased from 9.0% in 2017-2018 to 7.8% in 2018-2019.

**Wisconsin (39 to 29):** In Wisconsin, the percentage of Adults With Serious Thoughts of Suicide decreased from 5.17% in 2017-2018 to 4.66% in 2018-2019.

**Idaho (49 to 41):** In Idaho, the percentage of Adults With Any Mental Illness decreased from 24.46% in 2017-2018 to 22.48% in 2018-2019, and the percentage of Adults With Serious Thoughts of Suicide decreased from 5.45% in 2017-2018 to 5.30% in 2018-2019.

### Largest Declines in Ranking:

**Wyoming (35 to 48):** In Wyoming, the percentage of Adults With Serious Thoughts of Suicide increased from 5.04% in 2017-2018 to 5.74% in 2018-2019 and the percentage of Youth With Past Year MDE increased from 14.91% in 2017-2018 to 17.59% in 2018-2019.

**Minnesota (16 to 27):** Minnesota's percentage of Youth With Substance Use Disorder in the Past Year increased from 3.86% in 2017-2018 to 4.62% in 2018-2019.

**Delaware (25 to 35):** In Delaware, the percentage of Youth With Severe MDE increased from 9.3% in 2017-2018 to 12.8% in 2018-2019.

**Nebraska (13 to 22):** In Nebraska, the percentage of Youth With Severe MDE increased from 9.0% in 2017-2018 to 12.4% in 2018-2019.

## Largest Changes in Access to Care Rankings: State of Mental Health in America 2021-2022

### Largest Improvements in Ranking:

**Illinois (28 to 13):** Illinois' largest improvements in Access to Care were for youth. In Illinois, the percentage of Youth With Severe MDE Who Received Some Consistent Treatment increased from 25.0% in 2017-2018 to 38.3% in 2018-2019 and the percentage of Youth With MDE Who Did Not Receive Mental Health Services decreased from 62.1% in 2017-2018 to 55.2% in 2018-2019.

**Colorado (31 to 21):** In Colorado, the largest effects on the Access to Care Ranking were also for youth. The percentage of Youth With Past Year MDE Who Did Not Receive Treatment decreased from 60.4% in 2017-2018 to 39.3% in 2018-2019 and the percentage of Youth With Severe MDE Who Received Some Consistent Treatment increased from 21.5% in 2017-2018 to 43.1% in 2018-2019.

**Nevada (46 to 39):** In Nevada, the percentage of Children With Private Insurance That Did Not Cover Mental or Emotional Problems decreased from 12.6% in 2017-2018 to 7.1% in 2018-2019.

### Largest Declines in Ranking:

**Hawaii (14 to 31):** In Hawaii, the percentage of Youth With MDE Who Did Not Receive Mental Health Services increased from 56.2% in 2017-2018 to 71.0% in 2018-2019 and the percentage of Youth With Severe MDE Who Received Some Consistent Treatment decreased from 28.3% in 2017-2018 to 13.3% in 2018-2019.

**Ohio (9 to 22):** Ohio's percentage of Youth With MDE Who Did Not Receive Mental Health Services increased from 52.2% in 2017-2018 to 63.3% in 2018-2019.

**Delaware (5 to 17):** In Delaware, the percentage of Adults With AMI Who Did Not Receive Treatment increased from 49.7% in 2017-2018 to 54.2% in 2018-2019.



## Changes in Overall Ranking: State of Mental Health in America 2021-2022

| State                | Overall Ranking (2021)* | Overall Ranking (2022)* |
|----------------------|-------------------------|-------------------------|
| Alabama              | 36                      | 45                      |
| Alaska               | 49                      | 47                      |
| Arizona              | 40                      | 49                      |
| Arkansas             | 42                      | 39                      |
| California           | 25                      | 24                      |
| Colorado             | 47                      | 37                      |
| Connecticut          | 13                      | 4                       |
| Delaware             | 10                      | 22                      |
| District of Columbia | 9                       | 16                      |
| Florida              | 35                      | 28                      |
| Georgia              | 37                      | 27                      |
| Hawaii               | 8                       | 14                      |
| Idaho                | 50                      | 50                      |
| Illinois             | 22                      | 12                      |
| Indiana              | 33                      | 42                      |
| Iowa                 | 23                      | 23                      |
| Kansas               | 29                      | 41                      |
| Kentucky             | 17                      | 15                      |
| Louisiana            | 21                      | 19                      |
| Maine                | 14                      | 8                       |
| Maryland             | 4                       | 9                       |
| Massachusetts        | 3                       | 1                       |
| Michigan             | 15                      | 18                      |
| Minnesota            | 7                       | 10                      |
| Mississippi          | 32                      | 36                      |
| Missouri             | 38                      | 40                      |

| State          | Overall Ranking (2021)* | Overall Ranking (2022)* |
|----------------|-------------------------|-------------------------|
| Montana        | 30                      | 21                      |
| Nebraska       | 20                      | 26                      |
| Nevada         | 51                      | 51                      |
| New Hampshire  | 18                      | 13                      |
| New Jersey     | 5                       | 2                       |
| New Mexico     | 34                      | 35                      |
| New York       | 6                       | 6                       |
| North Carolina | 41                      | 31                      |
| North Dakota   | 24                      | 29                      |
| Ohio           | 11                      | 25                      |
| Oklahoma       | 45                      | 33                      |
| Oregon         | 48                      | 46                      |
| Pennsylvania   | 2                       | 3                       |
| Rhode Island   | 12                      | 11                      |
| South Carolina | 43                      | 30                      |
| South Dakota   | 16                      | 17                      |
| Tennessee      | 28                      | 34                      |
| Texas          | 27                      | 44                      |
| Utah           | 46                      | 43                      |
| Vermont        | 1                       | 5                       |
| Virginia       | 26                      | 20                      |
| Washington     | 31                      | 32                      |
| West Virginia  | 39                      | 38                      |
| Wisconsin      | 19                      | 7                       |
| Wyoming        | 44                      | 48                      |
|                |                         |                         |

■ Ranking Worsened
 ■ Ranking Remained the Same
 ■ Ranking Improved

\*2021 Overall Ranking is taken from The State of Mental Health in America 2021 Report, based on data from 2017-2018. 2022 Overall Ranking is taken from this report, based on data from 2018-2019.

# Adult Prevalence of Mental Illness

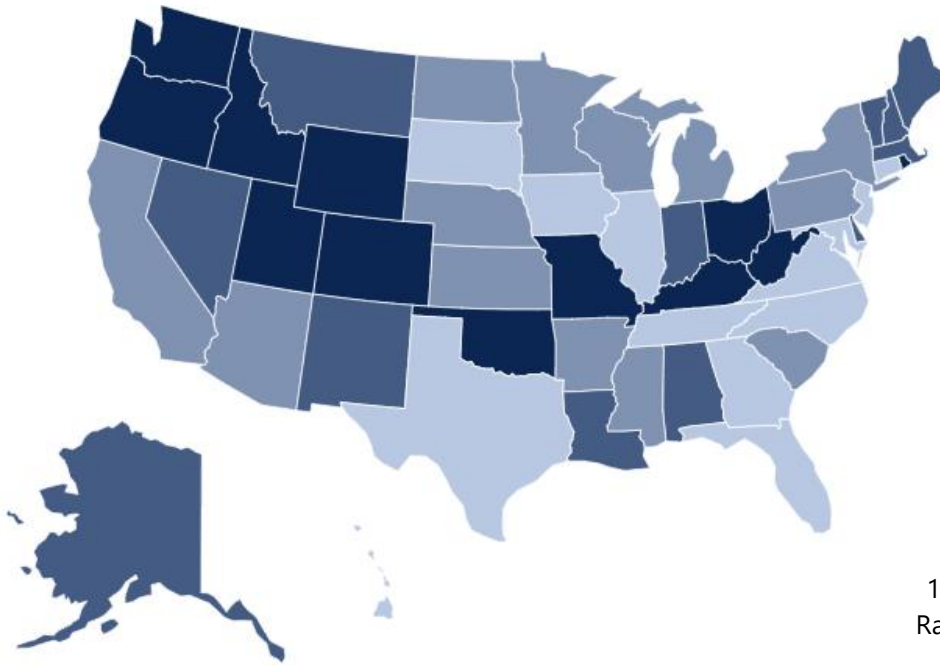
## Adults With Any Mental Illness (AMI)

19.86% of adults are experiencing a mental illness.

**Equivalent to nearly 50 million Americans.**

4.91% are experiencing a *severe* mental illness.

The states with the largest increases in Adults With Any Mental Illness (AMI) were Ohio (2.24%), Nebraska (2.22%), Wyoming (2.22%), and Oklahoma (2.11%).



The state prevalence of adult mental illness ranges from:

16.37% (NJ) Ranked 1-13      26.86% (UT) Ranked 39-51

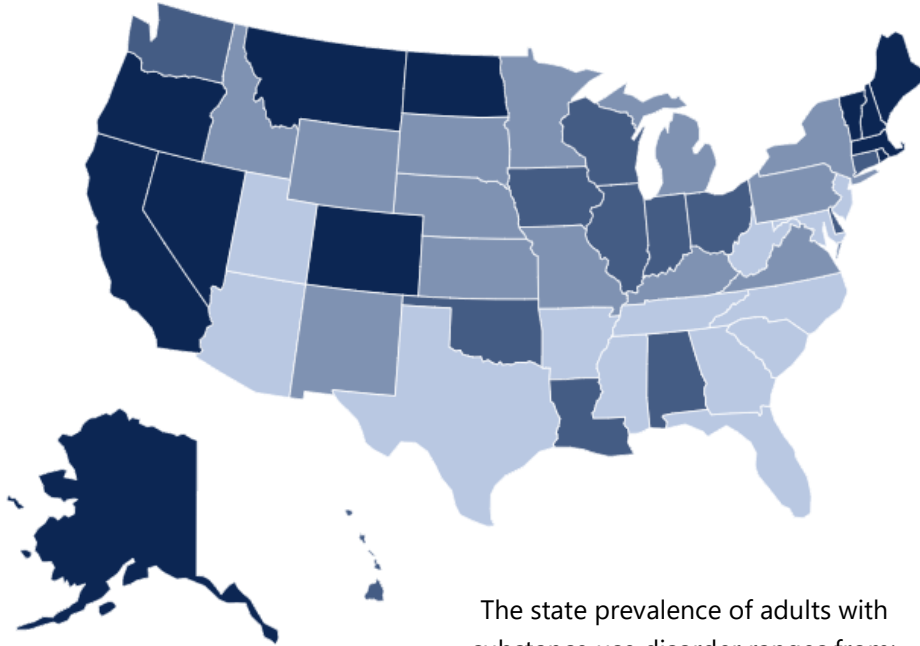


| Rank | State          | %     | #         |
|------|----------------|-------|-----------|
| 1    | New Jersey     | 16.37 | 1,122,000 |
| 2    | Texas          | 17.17 | 3,602,000 |
| 3    | Florida        | 17.23 | 2,903,000 |
| 4    | Hawaii         | 17.45 | 185,000   |
| 5    | Maryland       | 17.57 | 810,000   |
| 6    | Georgia        | 17.88 | 1,406,000 |
| 7    | South Dakota   | 18.26 | 118,000   |
| 8    | Iowa           | 18.50 | 441,000   |
| 9    | Virginia       | 18.58 | 1,199,000 |
| 10   | Connecticut    | 18.85 | 526,000   |
| 11   | Illinois       | 19.18 | 1,858,000 |
| 12   | North Carolina | 19.31 | 1,532,000 |
| 13   | Tennessee      | 19.40 | 1,006,000 |
| 14   | South Carolina | 19.43 | 760,000   |
| 15   | California     | 19.49 | 5,864,000 |
| 16   | New York       | 19.52 | 2,972,000 |
| 17   | Pennsylvania   | 19.70 | 1,963,000 |
| 18   | Arizona        | 20.06 | 1,099,000 |
| 19   | Mississippi    | 20.16 | 446,000   |
| 20   | Wisconsin      | 20.19 | 904,000   |
| 21   | Nebraska       | 20.30 | 290,000   |
| 22   | Michigan       | 20.32 | 1,571,000 |
| 23   | Arkansas       | 20.34 | 460,000   |
| 24   | North Dakota   | 20.50 | 116,000   |
| 25   | Minnesota      | 20.53 | 876,000   |
| 26   | Kansas         | 20.56 | 442,000   |

| Rank | State                | %     | #          |
|------|----------------------|-------|------------|
| 27   | Montana              | 20.81 | 171,000    |
| 28   | Delaware             | 20.92 | 157,000    |
| 29   | Massachusetts        | 21.15 | 1,157,000  |
| 30   | Louisiana            | 21.21 | 734,000    |
| 31   | Alabama              | 21.29 | 794,000    |
| 32   | New Mexico           | 21.39 | 338,000    |
| 33   | Alaska               | 21.47 | 113,000    |
| 34   | Nevada               | 21.97 | 512,000    |
| 35   | Maine                | 22.10 | 238,000    |
| 36   | Vermont              | 22.25 | 112,000    |
| 37   | Indiana              | 22.29 | 1,125,000  |
| 38   | New Hampshire        | 22.37 | 243,000    |
| 39   | Rhode Island         | 22.38 | 187,000    |
| 40   | Idaho                | 22.48 | 293,000    |
| 41   | Oklahoma             | 22.54 | 657,000    |
| 42   | Kentucky             | 22.54 | 762,000    |
| 43   | Wyoming              | 22.56 | 98,000     |
| 44   | Missouri             | 22.71 | 1,056,000  |
| 45   | District of Columbia | 22.83 | 129,000    |
| 46   | Colorado             | 23.20 | 1,014,000  |
| 47   | Washington           | 23.43 | 1,360,000  |
| 48   | Ohio                 | 23.64 | 2,112,000  |
| 49   | Oregon               | 23.75 | 783,000    |
| 50   | West Virginia        | 24.62 | 347,000    |
| 51   | Utah                 | 26.86 | 599,000    |
|      | National             | 19.86 | 49,564,000 |

According to SAMHSA, "Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)."

## Adults With Substance Use Disorder in the Past Year



The state prevalence of adults with substance use disorder ranges from:  
 5.98% (FL) Ranked 1-13      12.30% (D.C.) Ranked 39-51



7.74% of adults in America reported having a substance use disorder in the past year.

2.97% of adults in America had an illicit drug use disorder in the past year.

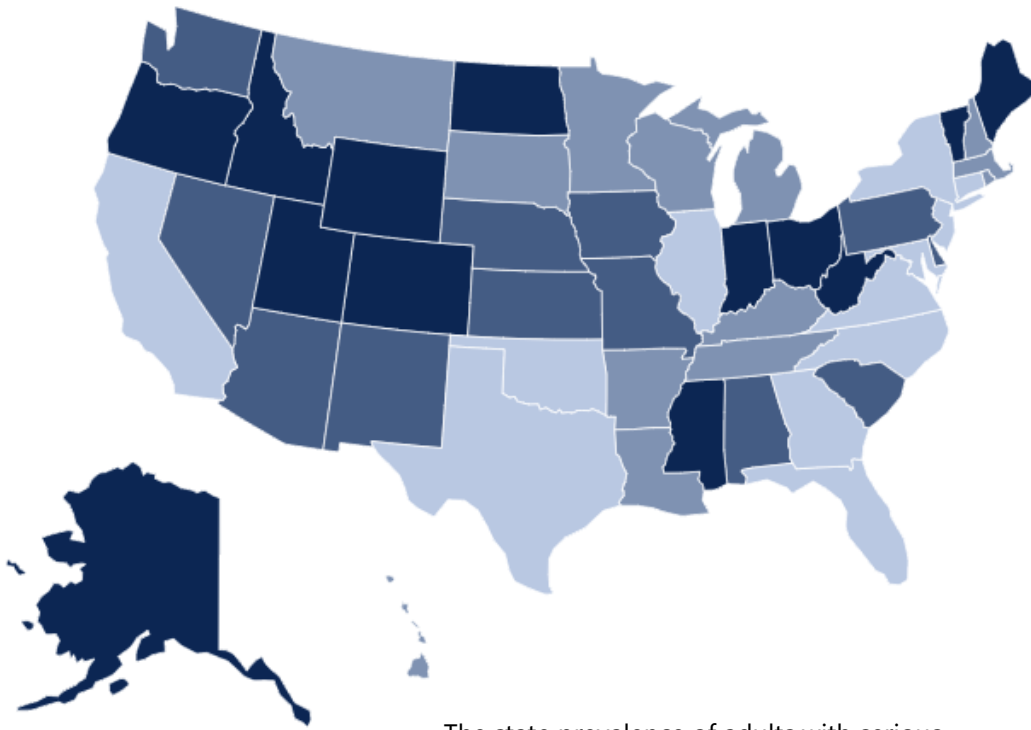
5.71% of adults in America had an alcohol use disorder in the past year.

The largest increases in the prevalence of adults with substance use disorder were in Hawaii (1.32%) and California (1.11%). The largest decreases were in South Dakota (1.48%) and Iowa (1.08%).

| Rank | State          | %    | #         |
|------|----------------|------|-----------|
| 1    | Florida        | 5.98 | 1,007,000 |
| 2    | West Virginia  | 6.29 | 89,000    |
| 3    | Texas          | 6.48 | 1,360,000 |
| 4    | Utah           | 6.56 | 146,000   |
| 5    | Georgia        | 6.60 | 519,000   |
| 6    | New Jersey     | 6.71 | 459,000   |
| 7    | South Carolina | 6.73 | 263,000   |
| 8    | Maryland       | 7.01 | 323,000   |
| 9    | Arizona        | 7.11 | 390,000   |
| 10   | Mississippi    | 7.15 | 158,000   |
| 11   | Arkansas       | 7.16 | 162,000   |
| 12   | Tennessee      | 7.22 | 375,000   |
| 13   | North Carolina | 7.26 | 576,000   |
| 14   | Kansas         | 7.29 | 157,000   |
| 15   | Pennsylvania   | 7.31 | 728,000   |
| 16   | Virginia       | 7.33 | 473,000   |
| 17   | New York       | 7.43 | 1,131,000 |
| 18   | Michigan       | 7.56 | 585,000   |
| 19   | Minnesota      | 7.62 | 325,000   |
| 20   | Idaho          | 7.67 | 100,000   |
| 21   | South Dakota   | 7.69 | 50,000    |
| 22   | New Mexico     | 7.70 | 122,000   |
| 23   | Missouri       | 7.71 | 358,000   |
| 24   | Nebraska       | 7.71 | 110,000   |
| 25   | Wyoming        | 7.84 | 34,000    |
| 26   | Kentucky       | 7.87 | 266,000   |

| Rank | State                | %     | #          |
|------|----------------------|-------|------------|
| 27   | Alabama              | 7.89  | 294,000    |
| 28   | Ohio                 | 7.94  | 709,000    |
| 29   | Wisconsin            | 7.98  | 358,000    |
| 30   | Oklahoma             | 8.01  | 234,000    |
| 31   | Illinois             | 8.02  | 777,000    |
| 32   | Iowa                 | 8.05  | 192,000    |
| 33   | Louisiana            | 8.06  | 279,000    |
| 34   | Indiana              | 8.42  | 425,000    |
| 35   | Connecticut          | 8.43  | 235,000    |
| 36   | Hawaii               | 8.45  | 90,000     |
| 37   | Washington           | 8.62  | 500,000    |
| 38   | Delaware             | 8.79  | 66,000     |
| 39   | Massachusetts        | 8.83  | 483,000    |
| 40   | New Hampshire        | 8.84  | 96,000     |
| 41   | North Dakota         | 8.88  | 50,000     |
| 42   | Maine                | 8.89  | 96,000     |
| 43   | Rhode Island         | 8.95  | 75,000     |
| 44   | California           | 9.23  | 2,778,000  |
| 45   | Nevada               | 9.32  | 217,000    |
| 46   | Oregon               | 9.78  | 322,000    |
| 47   | Montana              | 10.04 | 83,000     |
| 48   | Vermont              | 10.10 | 51,000     |
| 49   | Alaska               | 10.23 | 54,000     |
| 50   | Colorado             | 11.75 | 514,000    |
| 51   | District of Columbia | 12.30 | 70,000     |
|      | National             | 7.74  | 19,314,000 |

## Adults With Serious Thoughts of Suicide



The state prevalence of adults with serious thoughts of suicide ranges from:

3.79% (NJ) Ranked 1-13      6.19% (UT) Ranked 39-51

The percentage of adults reporting serious thoughts of suicide is 4.58%. The estimated number of adults with serious suicidal thoughts is over 11.4 million—**an increase of 664,000 people from last year's data set.**

The national rate of adults experiencing suicidal ideation has increased every year since 2011-2012.

States with the highest increases in suicidal ideation were Ohio (0.92%), Wyoming (0.70%), and Pennsylvania (0.66%).

Utah has had the highest rate of suicidal ideation among adults every year since 2012-2013.

| Rank | State                | %    | #         |
|------|----------------------|------|-----------|
| 1    | New Jersey           | 3.79 | 260,000   |
| 2    | Georgia              | 3.85 | 303,000   |
| 3    | Texas                | 3.86 | 812,000   |
| 4    | North Carolina       | 3.87 | 307,000   |
| 5    | Illinois             | 4.00 | 388,000   |
| 6    | Florida              | 4.04 | 682,000   |
| 7    | New York             | 4.21 | 642,000   |
| 8    | Virginia             | 4.22 | 272,000   |
| 9    | Maryland             | 4.34 | 200,000   |
| 10   | District of Columbia | 4.43 | 25,000    |
| 11   | Connecticut          | 4.46 | 125,000   |
| 12   | California           | 4.55 | 1,370,000 |
| 13   | Oklahoma             | 4.58 | 134,000   |
| 14   | Rhode Island         | 4.59 | 38,000    |
| 15   | Michigan             | 4.61 | 357,000   |
| 16   | South Dakota         | 4.62 | 30,000    |
| 17   | Montana              | 4.63 | 38,000    |
| 18   | Wisconsin            | 4.66 | 209,000   |
| 19   | Tennessee            | 4.68 | 243,000   |
| 20   | Kentucky             | 4.68 | 158,000   |
| 21   | New Hampshire        | 4.68 | 51,000    |
| 22   | Arkansas             | 4.71 | 107,000   |
| 23   | Louisiana            | 4.72 | 163,000   |
| 24   | Minnesota            | 4.74 | 202,000   |
| 25   | Hawaii               | 4.74 | 50,000    |
| 26   | Massachusetts        | 4.77 | 261,000   |

| Rank | State          | %    | #          |
|------|----------------|------|------------|
| 27   | New Mexico     | 4.81 | 76,000     |
| 28   | Pennsylvania   | 4.83 | 482,000    |
| 29   | Alabama        | 4.83 | 180,000    |
| 30   | Nebraska       | 4.88 | 70,000     |
| 31   | South Carolina | 4.89 | 191,000    |
| 32   | Washington     | 4.92 | 286,000    |
| 33   | Iowa           | 4.94 | 118,000    |
| 34   | Nevada         | 4.94 | 115,000    |
| 35   | Kansas         | 4.96 | 107,000    |
| 36   | Arizona        | 5.01 | 275,000    |
| 37   | Missouri       | 5.05 | 235,000    |
| 38   | Delaware       | 5.18 | 39,000     |
| 39   | North Dakota   | 5.28 | 30,000     |
| 40   | Idaho          | 5.30 | 69,000     |
| 41   | Mississippi    | 5.31 | 118,000    |
| 42   | West Virginia  | 5.44 | 77,000     |
| 43   | Maine          | 5.44 | 59,000     |
| 44   | Colorado       | 5.54 | 242,000    |
| 45   | Indiana        | 5.62 | 284,000    |
| 46   | Oregon         | 5.65 | 187,000    |
| 47   | Vermont        | 5.66 | 29,000     |
| 48   | Wyoming        | 5.74 | 25,000     |
| 49   | Ohio           | 6.09 | 545,000    |
| 50   | Alaska         | 6.11 | 32,000     |
| 51   | Utah           | 6.19 | 138,000    |
|      | National       | 4.58 | 11,434,000 |

## Spotlight: Suicidal Ideation and 988 Implementation

In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline. This three-digit phone number was created to increase access to immediate crisis supports and provide a nationwide, easy-to-remember alternative to calling 911 for mental health crises. Traditionally, when an in-person crisis response was necessary, law enforcement was dispatched to provide support. Mental health crisis calls may result in potentially dangerous and traumatizing outcomes when police are called, especially in historically marginalized communities. According to a 2015 study, people with untreated mental illness are 16 times more likely to be killed in a police encounter than other civilians.<sup>1</sup> Implementing 988 ensures that mental health crises can be met with a mental health response while resulting in substantial cost-savings and allowing for law enforcement resources to be saved for non-mental health-related emergencies.

By July of 2022, all telecommunications companies will have to make the necessary changes so calls to 988 will be directed to the current National Suicide Prevention Lifeline call centers. However, full implementation of 988 requires each state to submit its own legislation to fund and implement 988 infrastructure. The current National Suicide Prevention Lifeline serves about 4 million callers each year. According to Vibrant Emotional Health, the administrator of the Lifeline, even in a low scenario with a minimal growth rate, it is estimated that 988 will be serving 13 million callers by the fifth year following implementation.<sup>2</sup> Additional resources for 988 are necessary to scale supports to meet that projected call volume with a reliable and timely response, as well as to develop a better system of crisis care. A comprehensive 988 crisis system necessitates: training call staff to provide empowering, linguistically, and culturally appropriate supports to callers, ensuring the inclusion of appropriate care for subpopulations like LGBTQ+ individuals, making appropriate and accessible referrals, creating a system of mobile crisis teams that can be deployed to respond to individuals in crisis in place of law enforcement, and offering crisis stabilization programs that connect people to a continuum of care when it is needed most.

In October 2020, Congress passed the [National Suicide Hotline Designation Act](#), which allows states to administer small user fees to pay for: the efficient and effective routing of calls, personnel, and the provision of acute mental health crisis outreach and stabilization services. Each state must pass individual legislation to generate the funding necessary for 988 to be implemented effectively such that every call from a person in crisis can be answered and callers can be connected to appropriate and available mental health care when needed.

The designation of 988 as the new suicide prevention and mental health crisis hotline created an opportunity for an equitable health care response to mental health crises with better outcomes as people receive the services and supports they need to remain in their communities and thrive.

**However, of the 13 states (ranked 39-51) with the highest rates of suicidal ideation, only four have successfully passed state legislation for 988 implementation: Utah, Oregon, Indiana, and Colorado.**

**Of these, only one currently includes user fees.**

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<sup>1</sup> Fuller, DA, Lamb, HR, Biasotti, M & Snook J. (2015). Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters. *Treatment Advocacy Center*. <https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted>

<sup>2</sup> Vibrant Emotional Health (2020). 988 Serviceable Populations and Contact Volume Projections. [https://www.vibrant.org/wp-content/uploads/2020/12/Vibrant-988-Projections-Report.pdf?\\_ga=2.62739180.1718066263.1611784352-1951259024.1604696443](https://www.vibrant.org/wp-content/uploads/2020/12/Vibrant-988-Projections-Report.pdf?_ga=2.62739180.1718066263.1611784352-1951259024.1604696443)

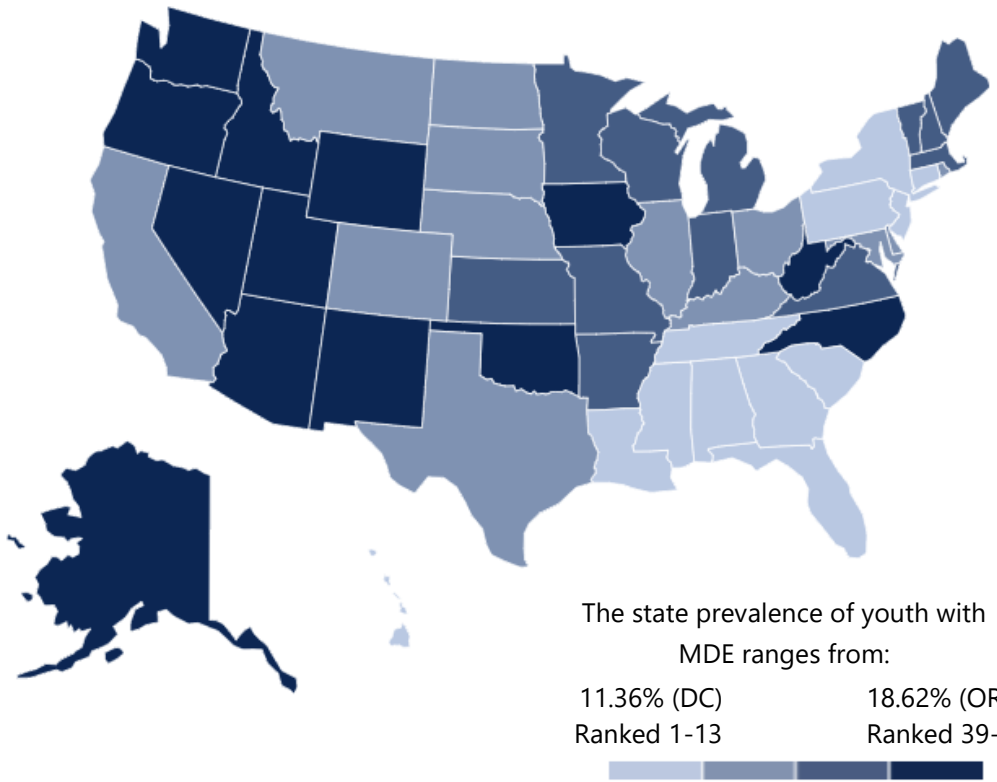
## Policy Implications for 988 Implementation

While it is imperative to build out a system to respond to individuals in a mental health crisis, we should not wait until people reach crisis before providing them with mental health care. The following are a list of policy recommendations for consideration as part of any 988 implementation:

- The 988 system should be built as a continuum of crisis care that includes resources for the prevention of mental health conditions.
- Data should be collected on why people get into a crisis and continual planning and analysis should identify ways to avoid crises.
- [Peer teams](#) for unhoused people and others at high risk of crisis and police involvement must be added to conduct outreach and connect individuals to services before they experience mental health crises.
- Data collected through 988 can be used to identify individuals at high risk of mental health crisis and proactive peer supports and other community-based resources should be deployed to coordinate with 988 and prevent crises.
- Supportive housing, supportive education, Assertive Community Treatment (ACT) teams, and early psychosis programs may also be helpful in avoiding crises and can be employed in continuous care following interaction with the mental health crisis system.

# Youth Prevalence of Mental Illness

## Youth With At Least One Major Depressive Episode (MDE) in the Past Year



15.08% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year.

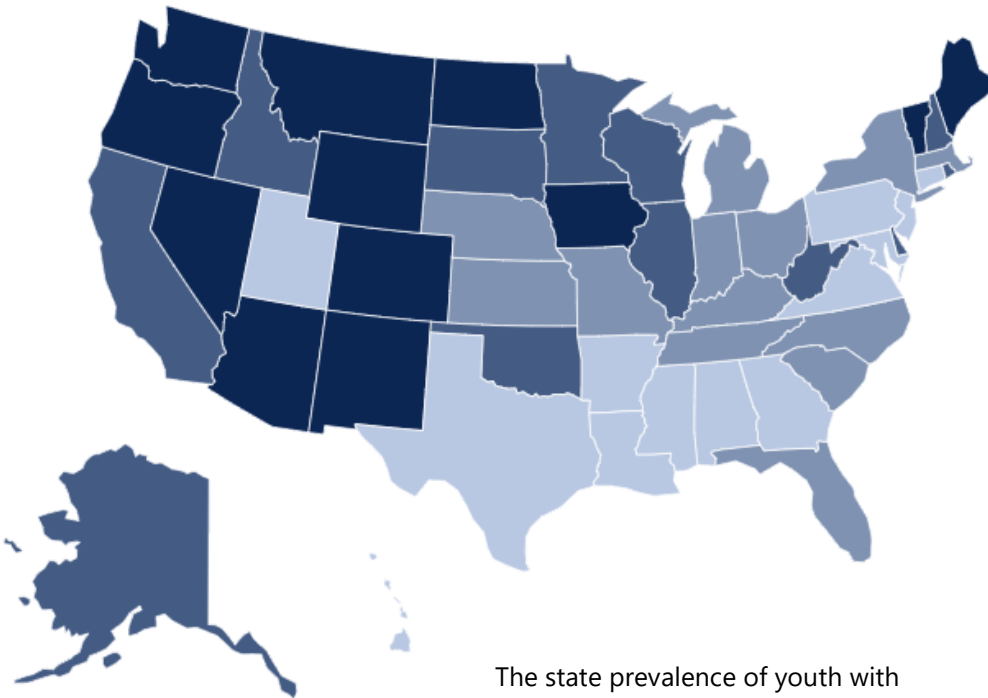
Childhood depression is more likely to persist into adulthood if gone untreated, but only half of children with pediatric major depression are diagnosed before adulthood.<sup>1</sup>

**The number of youths experiencing MDE increased by 306,000 (1.24 percent) from last year's dataset.**

| Rank | State                | %     | #       | Rank | State          | %     | #         |
|------|----------------------|-------|---------|------|----------------|-------|-----------|
| 1    | District of Columbia | 11.36 | 4,000   | 27   | Missouri       | 15.54 | 72,000    |
| 2    | Mississippi          | 12.64 | 31,000  | 28   | Virginia       | 15.57 | 98,000    |
| 3    | New Jersey           | 12.71 | 86,000  | 29   | Maine          | 15.60 | 14,000    |
| 4    | Pennsylvania         | 12.88 | 117,000 | 30   | Massachusetts  | 15.61 | 75,000    |
| 5    | Florida              | 13.25 | 191,000 | 31   | New Hampshire  | 15.85 | 15,000    |
| 6    | New York             | 13.29 | 179,000 | 32   | Minnesota      | 15.94 | 70,000    |
| 7    | Tennessee            | 13.72 | 70,000  | 33   | Wisconsin      | 15.99 | 71,000    |
| 8    | Georgia              | 13.75 | 119,000 | 34   | Arkansas       | 16.27 | 39,000    |
| 9    | South Carolina       | 13.82 | 52,000  | 35   | Vermont        | 16.36 | 7,000     |
| 10   | Louisiana            | 14.14 | 51,000  | 36   | Kansas         | 16.53 | 39,000    |
| 11   | Hawaii               | 14.16 | 13,000  | 37   | Michigan       | 16.55 | 125,000   |
| 12   | Connecticut          | 14.41 | 39,000  | 38   | Indiana        | 16.61 | 89,000    |
| 13   | Alabama              | 14.51 | 54,000  | 39   | West Virginia  | 16.62 | 21,000    |
| 14   | Texas                | 14.60 | 363,000 | 40   | North Carolina | 16.68 | 132,000   |
| 15   | Rhode Island         | 14.64 | 11,000  | 41   | Iowa           | 16.69 | 41,000    |
| 16   | Ohio                 | 14.73 | 131,000 | 42   | Oklahoma       | 17.01 | 54,000    |
| 17   | Maryland             | 14.93 | 67,000  | 43   | Arizona        | 17.41 | 98,000    |
| 18   | Colorado             | 15.02 | 65,000  | 44   | Idaho          | 17.44 | 27,000    |
| 19   | North Dakota         | 15.07 | 8,000   | 45   | Wyoming        | 17.59 | 8,000     |
| 20   | Montana              | 15.11 | 12,000  | 46   | Utah           | 17.77 | 56,000    |
| 21   | Kentucky             | 15.15 | 51,000  | 47   | Nevada         | 17.93 | 42,000    |
| 22   | Illinois             | 15.15 | 149,000 | 48   | Alaska         | 17.93 | 10,000    |
| 23   | California           | 15.22 | 459,000 | 49   | Washington     | 18.22 | 99,000    |
| 24   | South Dakota         | 15.41 | 11,000  | 50   | New Mexico     | 18.60 | 31,000    |
| 25   | Delaware             | 15.48 | 11,000  | 51   | Oregon         | 18.62 | 55,000    |
| 26   | Nebraska             | 15.50 | 24,000  |      | National       | 15.08 | 3,755,000 |

<sup>1</sup> Mullen, S. (2018). Major depressive disorder in children and adolescents. *The Mental Health Clinician*, 8(6):275-283. Doi: 10.9740/mhc.2018.11.275

## Youth With Substance Use Disorder in the Past Year



The state prevalence of youth with substance use disorder ranges from:

3.19% (AL) Ranked 1-13      5.77% (OR) Ranked 39-51



4.08% of youth in the U.S. reported a substance use disorder in the past year.

1.64% had an alcohol use disorder in the past year, while 3.16% had an illicit drug use disorder.

The rate of youth with substance use disorder increased 0.26% from last year's dataset. The largest decreases were in Arkansas (0.48%), Florida (0.48%), and Alabama (0.44%).

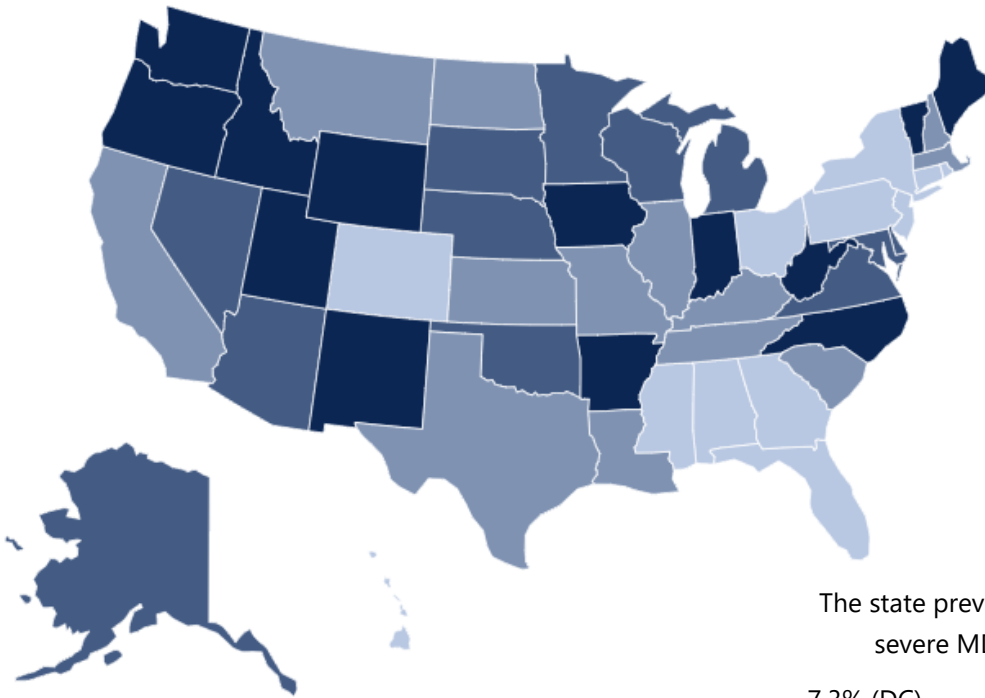
The largest increases were in Oregon (1.12%) and Iowa (0.87%).

| Rank | State          | %    | #      |
|------|----------------|------|--------|
| 1    | Alabama        | 3.19 | 12,000 |
| 2    | Louisiana      | 3.29 | 12,000 |
| 3    | Mississippi    | 3.32 | 8,000  |
| 4    | New Jersey     | 3.33 | 22,000 |
| 5    | Georgia        | 3.45 | 30,000 |
| 6    | Texas          | 3.49 | 87,000 |
| 7    | Pennsylvania   | 3.52 | 32,000 |
| 8    | Arkansas       | 3.63 | 9,000  |
| 9    | Maryland       | 3.70 | 17,000 |
| 10   | Virginia       | 3.71 | 23,000 |
| 11   | Connecticut    | 3.74 | 10,000 |
| 12   | Hawaii         | 3.75 | 4,000  |
| 13   | Utah           | 3.77 | 12,000 |
| 14   | Florida        | 3.86 | 56,000 |
| 15   | New York       | 3.87 | 52,000 |
| 16   | North Carolina | 3.91 | 31,000 |
| 17   | Nebraska       | 3.94 | 6,000  |
| 18   | South Carolina | 3.95 | 15,000 |
| 19   | Michigan       | 3.98 | 30,000 |
| 20   | Tennessee      | 4.00 | 21,000 |
| 21   | Kansas         | 4.02 | 10,000 |
| 22   | Missouri       | 4.04 | 19,000 |
| 23   | Kentucky       | 4.10 | 14,000 |
| 24   | Massachusetts  | 4.10 | 20,000 |
| 25   | Indiana        | 4.20 | 23,000 |
| 26   | Ohio           | 4.23 | 38,000 |

| Rank | State                | %    | #         |
|------|----------------------|------|-----------|
| 27   | Illinois             | 4.25 | 42,000    |
| 28   | Delaware             | 4.31 | 3,000     |
| 29   | Wisconsin            | 4.34 | 19,000    |
| 30   | Oklahoma             | 4.36 | 14,000    |
| 31   | West Virginia        | 4.44 | 6,000     |
| 32   | Idaho                | 4.47 | 7,000     |
| 33   | California           | 4.55 | 137,000   |
| 34   | New Hampshire        | 4.57 | 4,000     |
| 35   | Rhode Island         | 4.58 | 3,000     |
| 36   | South Dakota         | 4.60 | 3,000     |
| 37   | Minnesota            | 4.62 | 20,000    |
| 38   | Alaska               | 4.63 | 3,000     |
| 39   | Maine                | 4.67 | 4,000     |
| 40   | Arizona              | 4.83 | 27,000    |
| 41   | Washington           | 4.84 | 26,000    |
| 42   | Iowa                 | 5.07 | 12,000    |
| 43   | North Dakota         | 5.08 | 3,000     |
| 44   | Wyoming              | 5.22 | 2,000     |
| 45   | New Mexico           | 5.43 | 9,000     |
| 46   | Colorado             | 5.44 | 24,000    |
| 47   | Vermont              | 5.50 | 2,000     |
| 48   | District of Columbia | 5.57 | 2,000     |
| 49   | Nevada               | 5.59 | 13,000    |
| 50   | Montana              | 5.68 | 4,000     |
| 51   | Oregon               | 5.77 | 17,000    |
|      | National             | 4.08 | 1,017,000 |



## Youth With Severe Major Depressive Episode



10.6% of youth (over 2.5 million youth) cope with severe major depression.

**The number of youths experiencing severe MDE increased by 197,000** from last year's dataset.

Rates of a severe major depressive episode were highest among youth who identified as more than one race, **at 14.5%** (about 119,000 youth).

The state prevalence of youth with severe MDE ranges from:

7.3% (DC) Ranked 1-13      14.8% (WY) Ranked 39-51



| Rank | State                | %    | #       |
|------|----------------------|------|---------|
| 1    | District of Columbia | 7.3  | 2,000   |
| 2    | Alabama              | 7.5  | 27,000  |
| 3    | Connecticut          | 7.8  | 20,000  |
| 4    | Mississippi          | 8.0  | 19,000  |
| 5    | Pennsylvania         | 8.2  | 73,000  |
| 6    | New York             | 8.3  | 109,000 |
| 7    | Rhode Island         | 8.3  | 6,000   |
| 8    | Hawaii               | 8.4  | 8,000   |
| 9    | New Jersey           | 8.4  | 55,000  |
| 10   | Colorado             | 9.0  | 38,000  |
| 11   | Florida              | 9.0  | 124,000 |
| 12   | Ohio                 | 9.0  | 78,000  |
| 13   | Georgia              | 9.1  | 76,000  |
| 14   | South Carolina       | 9.1  | 33,000  |
| 15   | Texas                | 9.7  | 234,000 |
| 16   | California           | 9.8  | 284,000 |
| 17   | Kentucky             | 9.9  | 32,000  |
| 18   | Louisiana            | 10.2 | 36,000  |
| 19   | New Hampshire        | 10.2 | 9,000   |
| 20   | North Dakota         | 10.3 | 5,000   |
| 21   | Tennessee            | 10.3 | 51,000  |
| 22   | Missouri             | 10.4 | 47,000  |
| 23   | Massachusetts        | 10.5 | 48,000  |
| 24   | Illinois             | 11.0 | 104,000 |
| 25   | Kansas               | 11.2 | 26,000  |
| 26   | Montana              | 11.4 | 8,000   |

| Rank | State          | %    | #         |
|------|----------------|------|-----------|
| 27   | Minnesota      | 11.6 | 49,000    |
| 28   | Arizona        | 11.9 | 64,000    |
| 29   | Michigan       | 11.9 | 87,000    |
| 30   | South Dakota   | 12.0 | 8,000     |
| 31   | Alaska         | 12.1 | 7,000     |
| 32   | Maryland       | 12.3 | 54,000    |
| 33   | Nebraska       | 12.4 | 19,000    |
| 34   | Wisconsin      | 12.7 | 55,000    |
| 35   | Delaware       | 12.8 | 9,000     |
| 36   | Oklahoma       | 12.8 | 39,000    |
| 37   | Virginia       | 13.0 | 79,000    |
| 38   | Nevada         | 13.2 | 29,000    |
| 39   | West Virginia  | 13.3 | 16,000    |
| 40   | Iowa           | 13.5 | 32,000    |
| 41   | Washington     | 13.5 | 69,000    |
| 42   | Maine          | 13.6 | 12,000    |
| 43   | Vermont        | 13.7 | 5,000     |
| 44   | New Mexico     | 13.8 | 22,000    |
| 45   | Oregon         | 14.1 | 40,000    |
| 46   | North Carolina | 14.2 | 110,000   |
| 47   | Arkansas       | 14.3 | 33,000    |
| 48   | Indiana        | 14.5 | 76,000    |
| 49   | Utah           | 14.5 | 45,000    |
| 50   | Idaho          | 14.7 | 22,000    |
| 51   | Wyoming        | 14.8 | 6,000     |
|      | National       | 10.6 | 2,540,000 |

According to SAMHSA, youth who experience a Major Depressive Episode (MDE) in the last year with severe role impairment (Youth With Severe MDE) reported the maximum level of interference over four role domains including: chores at home, school or work, family relationships, and social life.

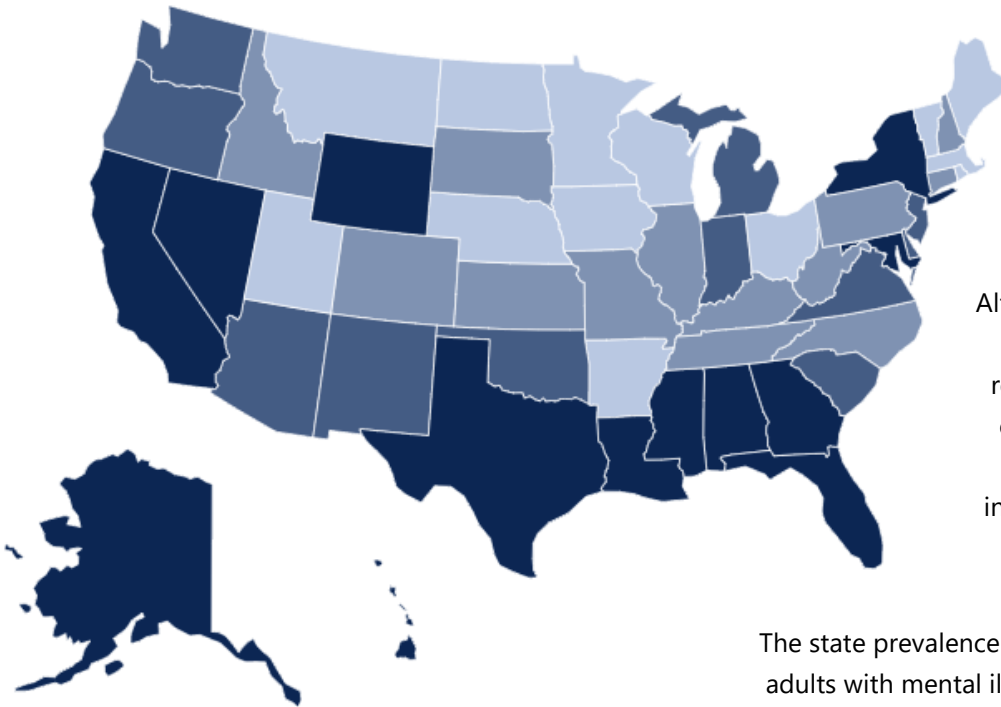
## Adult Access to Care

### Adults With AMI Who Did Not Receive Treatment

**Over half** (56%) of adults with a mental illness receive no treatment.

**Over 27 million individuals** experiencing a mental illness are going untreated.

Although adults who did not have insurance coverage were significantly less likely to receive treatment than those who did, 54% of people covered by health insurance still did not receive mental health treatment, indicating that ensuring coverage is not the same as ensuring access to mental health care.



The state prevalence of untreated adults with mental illness ranges

from: 42.6% (VT) Ranked 1-13 to 67.1% (HI) Ranked 39-51



| Rank | State          | %    | #         |
|------|----------------|------|-----------|
| 1    | Vermont        | 42.6 | 49,000    |
| 2    | Iowa           | 44.2 | 181,000   |
| 3    | Massachusetts  | 44.7 | 526,000   |
| 4    | Wisconsin      | 44.8 | 400,000   |
| 5    | Minnesota      | 46.1 | 401,000   |
| 6    | Maine          | 47.7 | 117,000   |
| 7    | Nebraska       | 48.8 | 134,000   |
| 8    | Arkansas       | 49.6 | 228,000   |
| 9    | Utah           | 49.7 | 307,000   |
| 10   | North Dakota   | 50.1 | 56,000    |
| 11   | Ohio           | 50.3 | 1,088,000 |
| 12   | Rhode Island   | 51.0 | 99,000    |
| 13   | Montana        | 51.1 | 89,000    |
| 14   | Kansas         | 51.2 | 229,000   |
| 15   | North Carolina | 51.6 | 801,000   |
| 16   | West Virginia  | 51.7 | 191,000   |
| 17   | Pennsylvania   | 51.9 | 1,012,000 |
| 18   | New Hampshire  | 52.3 | 131,000   |
| 19   | South Dakota   | 52.3 | 56,000    |
| 20   | Illinois       | 52.6 | 958,000   |
| 21   | Missouri       | 53.3 | 575,000   |
| 22   | Idaho          | 53.4 | 161,000   |
| 23   | Kentucky       | 53.5 | 420,000   |
| 24   | Tennessee      | 53.5 | 514,000   |
| 25   | Colorado       | 53.6 | 558,000   |
| 26   | Connecticut    | 54.0 | 276,000   |

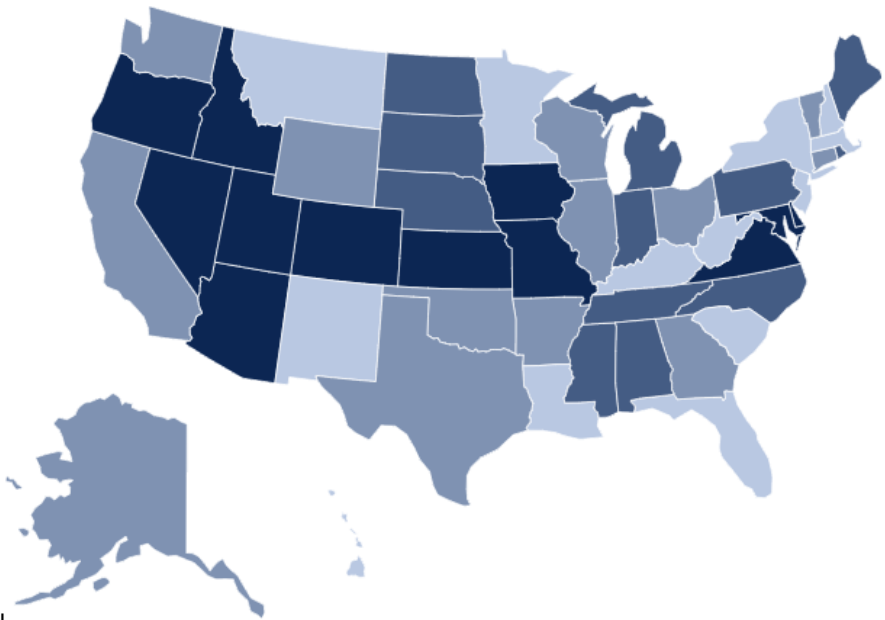
| Rank | State                | %    | #          |
|------|----------------------|------|------------|
| 27   | Delaware             | 54.2 | 86,000     |
| 28   | New Mexico           | 54.2 | 185,000    |
| 29   | Washington           | 54.3 | 778,000    |
| 30   | Oregon               | 54.5 | 439,000    |
| 31   | Virginia             | 54.7 | 645,000    |
| 32   | District of Columbia | 55.2 | 74,000     |
| 33   | Michigan             | 55.4 | 866,000    |
| 34   | South Carolina       | 56.1 | 427,000    |
| 35   | Oklahoma             | 56.6 | 376,000    |
| 36   | Indiana              | 56.7 | 643,000    |
| 37   | Arizona              | 57.0 | 619,000    |
| 38   | New Jersey           | 57.1 | 627,000    |
| 39   | Alabama              | 57.3 | 454,000    |
| 40   | Maryland             | 58.0 | 452,000    |
| 41   | Nevada               | 58.0 | 305,000    |
| 42   | New York             | 58.3 | 1,690,000  |
| 43   | Alaska               | 58.7 | 66,000     |
| 44   | Mississippi          | 59.3 | 265,000    |
| 45   | Louisiana            | 59.6 | 453,000    |
| 46   | Texas                | 60.7 | 2,148,000  |
| 47   | Wyoming              | 61.7 | 64,000     |
| 48   | California           | 61.8 | 3,617,000  |
| 49   | Florida              | 63.5 | 1,823,000  |
| 50   | Georgia              | 63.5 | 860,000    |
| 51   | Hawaii               | 67.1 | 127,000    |
|      | National             | 55.9 | 27,646,000 |

## Adults With AMI Reporting Unmet Need

Almost a quarter (24.7%) of all adults with a mental illness reported that they were not able to receive the treatment they needed. **This number has not declined since 2011.**

Individuals reporting unmet need are those seeking treatment and facing barriers to getting the help they need, including:

- 1) No insurance or limited coverage of services.
- 2) Shortfall in psychiatrists and an overall undersized mental health workforce.
- 3) Lack of available treatment types (inpatient treatment, individual therapy, intensive community services).
- 4) Disconnect between primary care systems and behavioral health systems.
- 5) Insufficient finances to cover costs – including copays, uncovered treatment types, or when providers do not take insurance.



The state prevalence of adults with AMI reporting unmet treatment needs ranges from:

14.9% (HI)  
Ranked 1-13

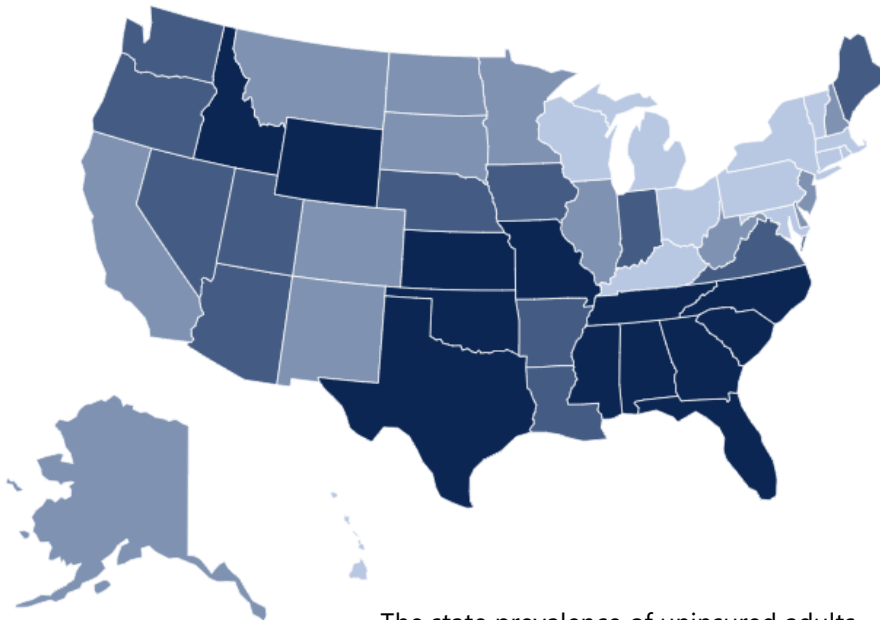
37.1% (DC)  
Ranked 39-51



| Rank | State          | %    | #         |
|------|----------------|------|-----------|
| 1    | Hawaii         | 14.9 | 28,000    |
| 2    | Louisiana      | 18.4 | 139,000   |
| 3    | South Carolina | 19.7 | 150,000   |
| 4    | Montana        | 21.5 | 37,000    |
| 5    | Minnesota      | 21.6 | 187,000   |
| 6    | New Jersey     | 21.6 | 238,000   |
| 7    | Massachusetts  | 21.7 | 255,000   |
| 8    | New York       | 21.7 | 628,000   |
| 9    | West Virginia  | 22.2 | 82,000    |
| 10   | Florida        | 22.4 | 643,000   |
| 11   | New Hampshire  | 22.4 | 56,000    |
| 12   | New Mexico     | 22.7 | 78,000    |
| 13   | Kentucky       | 22.9 | 181,000   |
| 14   | Oklahoma       | 22.9 | 152,000   |
| 15   | Wisconsin      | 22.9 | 204,000   |
| 16   | Illinois       | 23.2 | 422,000   |
| 17   | California     | 23.5 | 1,379,000 |
| 18   | Connecticut    | 23.5 | 120,000   |
| 19   | Texas          | 24.0 | 845,000   |
| 20   | Washington     | 24.0 | 341,000   |
| 21   | Georgia        | 24.1 | 326,000   |
| 22   | Alaska         | 24.4 | 28,000    |
| 23   | Wyoming        | 24.5 | 25,000    |
| 24   | Arkansas       | 24.7 | 114,000   |
| 25   | Ohio           | 24.8 | 540,000   |
| 26   | Vermont        | 25.2 | 29,000    |

| Rank | State                | %    | #          |
|------|----------------------|------|------------|
| 27   | Mississippi          | 25.3 | 113,000    |
| 28   | South Dakota         | 25.3 | 27,000     |
| 29   | Rhode Island         | 25.4 | 50,000     |
| 30   | North Dakota         | 25.6 | 29,000     |
| 31   | Pennsylvania         | 25.7 | 499,000    |
| 32   | Tennessee            | 25.7 | 249,000    |
| 33   | Maine                | 25.9 | 63,000     |
| 34   | Alabama              | 26.7 | 212,000    |
| 35   | Indiana              | 26.8 | 306,000    |
| 36   | Michigan             | 26.8 | 419,000    |
| 37   | North Carolina       | 27.2 | 423,000    |
| 38   | Nebraska             | 27.6 | 76,000     |
| 39   | Virginia             | 27.7 | 326,000    |
| 40   | Utah                 | 27.9 | 172,000    |
| 41   | Delaware             | 28.1 | 45,000     |
| 42   | Arizona              | 28.4 | 306,000    |
| 43   | Oregon               | 28.8 | 231,000    |
| 44   | Idaho                | 29.1 | 88,000     |
| 45   | Nevada               | 29.3 | 154,000    |
| 46   | Missouri             | 30.1 | 325,000    |
| 47   | Maryland             | 30.2 | 236,000    |
| 48   | Colorado             | 31.8 | 331,000    |
| 49   | Kansas               | 32.6 | 145,000    |
| 50   | Iowa                 | 32.9 | 134,000    |
| 51   | District of Columbia | 37.1 | 50,000     |
|      | National             | 24.7 | 12,236,000 |

## Adults With AMI Who Are Uninsured



The state prevalence of uninsured adults with mental illness ranges from:  
 3.8% (MA)                      21.5% (TX)  
 Ranked 1-13                      Ranked 39-51



| Rank | State                | Rate | #         |
|------|----------------------|------|-----------|
| 1    | Massachusetts        | 3.8  | 45,000    |
| 2    | Kentucky             | 4.2  | 33,000    |
| 3    | Rhode Island         | 4.4  | 9,000     |
| 4    | District of Columbia | 4.7  | 6,000     |
| 5    | Hawaii               | 4.7  | 9,000     |
| 6    | Vermont              | 5.1  | 6,000     |
| 7    | New York             | 5.2  | 151,000   |
| 8    | Connecticut          | 5.4  | 28,000    |
| 9    | Maryland             | 5.6  | 43,000    |
| 10   | Pennsylvania         | 5.9  | 115,000   |
| 11   | Wisconsin            | 6.3  | 56,000    |
| 12   | Michigan             | 6.9  | 108,000   |
| 13   | Ohio                 | 6.9  | 150,000   |
| 14   | Illinois             | 7.1  | 130,000   |
| 15   | Delaware             | 7.3  | 12,000    |
| 16   | California           | 7.4  | 434,000   |
| 17   | Minnesota            | 8.0  | 69,000    |
| 18   | New Mexico           | 8.1  | 28,000    |
| 19   | New Hampshire        | 8.8  | 22,000    |
| 20   | Alaska               | 9.7  | 11,000    |
| 21   | North Dakota         | 9.8  | 11,000    |
| 22   | South Dakota         | 9.8  | 10,000    |
| 23   | Montana              | 10.0 | 17,000    |
| 24   | West Virginia        | 10.1 | 37,000    |
| 25   | New Jersey           | 10.6 | 116,000   |
| 26   | Colorado             | 10.8 | 113,000   |
| 27   | Arkansas             | 11.3 | 52,000    |
| 28   | Iowa                 | 11.3 | 46,000    |
| 29   | Utah                 | 11.3 | 70,000    |
| 30   | Nevada               | 11.5 | 61,000    |
| 31   | Arizona              | 11.6 | 127,000   |
| 32   | Nebraska             | 11.6 | 32,000    |
| 33   | Washington           | 11.6 | 165,000   |
| 34   | Oregon               | 11.8 | 95,000    |
| 35   | Louisiana            | 12.4 | 95,000    |
| 36   | Virginia             | 12.4 | 147,000   |
| 37   | Maine                | 12.6 | 31,000    |
| 38   | Indiana              | 13.4 | 153,000   |
| 39   | Idaho                | 14.0 | 42,000    |
| 40   | Kansas               | 14.0 | 63,000    |
| 41   | Georgia              | 15.2 | 207,000   |
| 42   | Tennessee            | 15.3 | 148,000   |
| 43   | North Carolina       | 15.4 | 240,000   |
| 44   | South Carolina       | 15.6 | 119,000   |
| 45   | Oklahoma             | 17.6 | 117,000   |
| 46   | Florida              | 17.8 | 512,000   |
| 47   | Wyoming              | 18.0 | 19,000    |
| 48   | Mississippi          | 18.2 | 81,000    |
| 49   | Alabama              | 19.3 | 154,000   |
| 50   | Missouri             | 19.3 | 209,000   |
| 51   | Texas                | 21.5 | 759,000   |
|      | National             | 11.1 | 5,514,000 |

11.1% (over 5.5 million) of adults with a mental illness are uninsured.

The rankings for this indicator used data from the 2018-2019 NSDUH. There was a 0.3 percent **increase** from last year’s dataset, the second year in a row that this indicator increased since the passage of the Affordable Care Act (ACA).

Data from the U.S. Census Bureau found that the percentage of Americans with Medicaid coverage decreased from 20.5% in 2018 to 19.8% in 2019.<sup>1</sup> Medicaid is the largest payer for mental health services in the U.S. Studies have shown that Medicaid expansion is associated with a significant reduction in the percentage of adults with depression who are uninsured, and in delaying mental health care because of cost.<sup>2</sup> Medicaid expansion is also an issue of mental health equity, as expansion has been found to reduce racial disparities in health coverage.<sup>3</sup>

**Every state ranked 39-51 on this indicator is a state that had not expanded Medicaid by 2018-2019.** Idaho implemented Medicaid expansion in 2020, and both Oklahoma and Missouri implemented Medicaid expansion in 2021, which may lead to a large change in coverage in future reports.

<sup>1</sup> Keisler-Starkey, K. & Bunch, L.N. (September 2020). Health Insurance Coverage in the United States: 2019. *U.S. Census Bureau Current Population Reports, P60-271*. Available at <https://www.census.gov/library/publications/2020/demo/p60-271.html>

<sup>2</sup> Fry, C.E. & Sommers, B.D. (August 2018). Effect of Medicaid Expansion on Health Insurance Coverage and Access to Care Among Adults with Depression. *Psychiatric Services, 69(11): 1146-1152*. <https://doi.org/10.1176/appi.ps.201800181>

<sup>3</sup> Guth, M., Artiga, S., & Pham, O. (September 2020). Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care. *Kaiser Family Foundation*, <https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/>

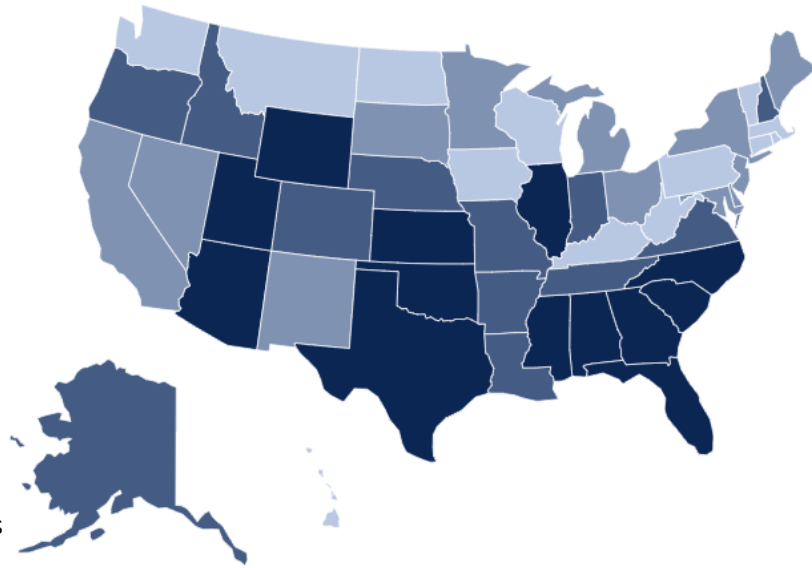
## Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs

29.67% of adults with a cognitive disability were not able to see a doctor due to costs.

Cognitive disability is defined as having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional disability.

According to the Centers for Disease Control (CDC), 12% of people in the U.S. had a cognitive disability in 2019, even when adjusted for age. The percentage of people with cognitive disability ranged from 8.9 percent in some states to 19.6 percent.<sup>1</sup>

A 2017 study found that compared to working-age adults without disabilities, those with disabilities are more likely to report problems of affordability and access to care, including problems or inability to pay medical bills and delaying medical care due to cost. While implementation of the ACA reduced some issues of access, adults with disabilities were still over three times more likely to report an access problem.<sup>2</sup>



The prevalence of adults with cognitive disability who could not see an M.D. due to cost ranges from:  
 18.48% (RI)                      40.65% (TX)  
 Ranked 1-13                      Ranked 39-51



| Rank | State                | %     | #       |
|------|----------------------|-------|---------|
| 1    | Rhode Island         | 18.48 | 18,204  |
| 2    | Vermont              | 20.33 | 9,346   |
| 3    | Connecticut          | 20.59 | 52,774  |
| 4    | Iowa                 | 21.22 | 47,967  |
| 5    | Massachusetts        | 21.68 | 122,701 |
| 6    | North Dakota         | 22.25 | 12,879  |
| 7    | Wisconsin            | 22.28 | 94,587  |
| 8    | Hawaii               | 22.90 | 24,832  |
| 9    | Kentucky             | 23.34 | 132,541 |
| 10   | West Virginia        | 23.35 | 63,123  |
| 11   | Washington           | 23.45 | 129,850 |
| 12   | Montana              | 23.68 | 24,375  |
| 13   | Pennsylvania         | 23.77 | 269,121 |
| 14   | Maryland             | 23.87 | 102,734 |
| 15   | Nevada               | 24.31 | 72,956  |
| 16   | New York             | 24.53 | 351,676 |
| 17   | District of Columbia | 24.59 | 13,849  |
| 18   | New Jersey           | 25.19 | *       |
| 19   | California           | 25.54 | 798,630 |
| 20   | South Dakota         | 26.14 | 17,659  |
| 21   | New Mexico           | 26.15 | 54,176  |
| 22   | Minnesota            | 26.19 | 102,491 |
| 23   | Ohio                 | 26.99 | 290,259 |
| 24   | Maine                | 27.34 | 39,967  |
| 25   | Michigan             | 27.50 | 281,553 |
| 26   | Delaware             | 27.59 | 21,424  |

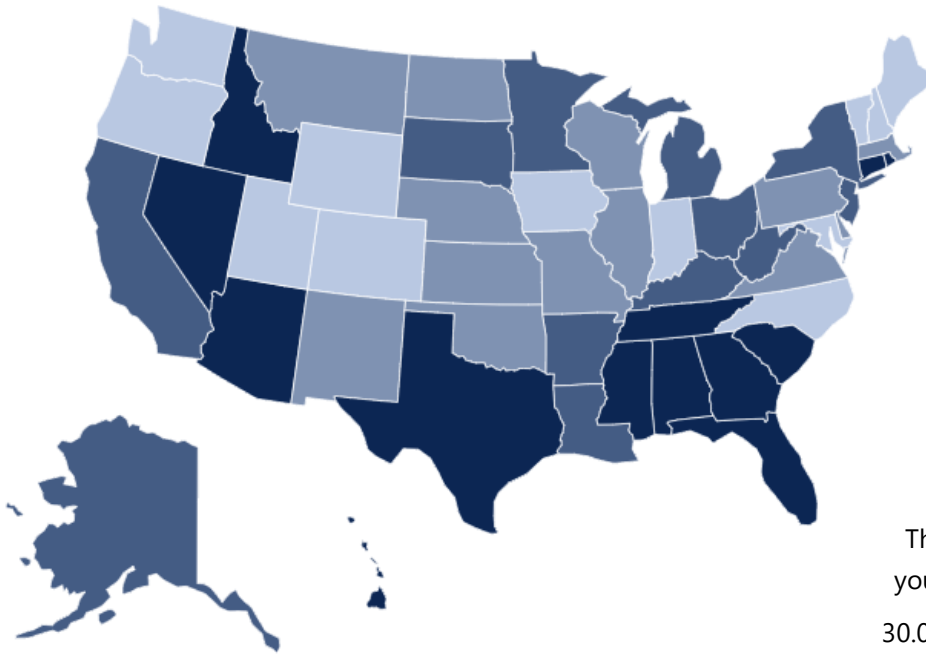
| Rank | State          | %     | #         |
|------|----------------|-------|-----------|
| 27   | Louisiana      | 27.79 | 155,929   |
| 28   | Idaho          | 28.05 | 43,386    |
| 29   | Colorado       | 28.69 | 111,500   |
| 30   | Nebraska       | 29.48 | 37,445    |
| 31   | Alaska         | 29.49 | 17,492    |
| 32   | Tennessee      | 29.93 | 224,845   |
| 33   | New Hampshire  | 30.40 | 35,528    |
| 34   | Arkansas       | 30.53 | 117,147   |
| 35   | Indiana        | 30.53 | 191,026   |
| 36   | Oregon         | 30.67 | 118,469   |
| 37   | Virginia       | 30.71 | 198,169   |
| 38   | Missouri       | 30.88 | 192,461   |
| 39   | Arizona        | 31.35 | 203,838   |
| 40   | Oklahoma       | 31.52 | 138,679   |
| 41   | South Carolina | 31.70 | 161,528   |
| 42   | Illinois       | 32.25 | 306,123   |
| 43   | North Carolina | 32.94 | 356,776   |
| 44   | Wyoming        | 32.94 | 14,280    |
| 45   | Utah           | 33.31 | 81,119    |
| 46   | Mississippi    | 33.37 | 121,330   |
| 47   | Florida        | 34.90 | 733,738   |
| 48   | Alabama        | 38.35 | 233,440   |
| 49   | Kansas         | 38.74 | 97,643    |
| 50   | Georgia        | 39.18 | 370,081   |
| 51   | Texas          | 40.65 | 954,935   |
|      | National       | 29.67 | 8,496,389 |

<sup>1</sup> Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. (2019). Available at <https://dhds.cdc.gov>

<sup>2</sup> Kennedy, J., Geneva Wood, E. & Frieden, L. (2017). Disparities in insurance coverage, health services use, and access following implementation of the Affordable Care Act: A comparison of disabled and nondisabled working-age adults. *Inquiry*, 54. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798675/>

# Youth Access to Care

## Youth With MDE Who Did Not Receive Mental Health Services



60.3% of youth with major depression do not receive any mental health treatment.

Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, one in three youth are still not receiving the mental health services they need.

In Texas (ranked 51), nearly **three-quarters** of youth with major depression did not receive mental health treatment, nearly two-and-a-half times the rate in Maine (ranked one).

The state prevalence of untreated youth with depression ranges from:

30.0% (ME) Ranked 1-13      73.1% (TX) Ranked 39-51



| Rank | State                | %    | #      |
|------|----------------------|------|--------|
| 1    | Maine                | 30.0 | 4,000  |
| 2    | Colorado             | 39.3 | 20,000 |
| 3    | District of Columbia | 41.0 | 1,000  |
| 4    | Vermont              | 42.6 | 3,000  |
| 5    | Maryland             | 44.7 | 32,000 |
| 6    | Wyoming              | 44.9 | 4,000  |
| 7    | Utah                 | 45.4 | 25,000 |
| 8    | New Hampshire        | 46.6 | 7,000  |
| 9    | Iowa                 | 49.3 | 21,000 |
| 10   | Oregon               | 49.7 | 29,000 |
| 11   | Washington           | 49.8 | 50,000 |
| 12   | Indiana              | 51.5 | 50,000 |
| 13   | North Carolina       | 51.9 | 74,000 |
| 14   | Delaware             | 52.3 | 6,000  |
| 15   | Nebraska             | 52.6 | 12,000 |
| 16   | Montana              | 53.5 | 6,000  |
| 17   | Kansas               | 54.5 | 21,000 |
| 18   | North Dakota         | 54.6 | 4,000  |
| 19   | Wisconsin            | 55.1 | 36,000 |
| 20   | Illinois             | 55.2 | 77,000 |
| 21   | Pennsylvania         | 55.2 | 57,000 |
| 22   | Virginia             | 55.2 | 58,000 |
| 23   | New Mexico           | 55.9 | 18,000 |
| 24   | Oklahoma             | 56.0 | 30,000 |
| 25   | Massachusetts        | 56.8 | 44,000 |
| 26   | Missouri             | 57.3 | 37,000 |

| Rank | State          | %    | #         |
|------|----------------|------|-----------|
| 27   | Minnesota      | 58.3 | 42,000    |
| 28   | Arkansas       | 58.9 | 23,000    |
| 29   | New Jersey     | 58.9 | 42,000    |
| 30   | Kentucky       | 59.3 | 27,000    |
| 31   | South Dakota   | 59.6 | 6,000     |
| 32   | Michigan       | 59.7 | 74,000    |
| 33   | New York       | 60.9 | 103,000   |
| 34   | Louisiana      | 62.5 | 32,000    |
| 35   | Ohio           | 63.3 | 76,000    |
| 36   | Alaska         | 63.4 | 6,000     |
| 37   | West Virginia  | 63.9 | 13,000    |
| 38   | California     | 64.5 | 278,000   |
| 39   | Rhode Island   | 64.9 | 6,000     |
| 40   | Nevada         | 65.2 | 28,000    |
| 41   | Connecticut    | 65.6 | 24,000    |
| 42   | Tennessee      | 66.5 | 40,000    |
| 43   | Alabama        | 66.8 | 34,000    |
| 44   | Idaho          | 67.1 | 19,000    |
| 45   | Florida        | 67.3 | 117,000   |
| 46   | South Carolina | 67.6 | 34,000    |
| 47   | Georgia        | 67.8 | 75,000    |
| 48   | Arizona        | 70.1 | 67,000    |
| 49   | Hawaii         | 71.0 | 7,000     |
| 50   | Mississippi    | 71.7 | 20,000    |
| 51   | Texas          | 73.1 | 255,000   |
|      | National       | 60.3 | 2,173,000 |

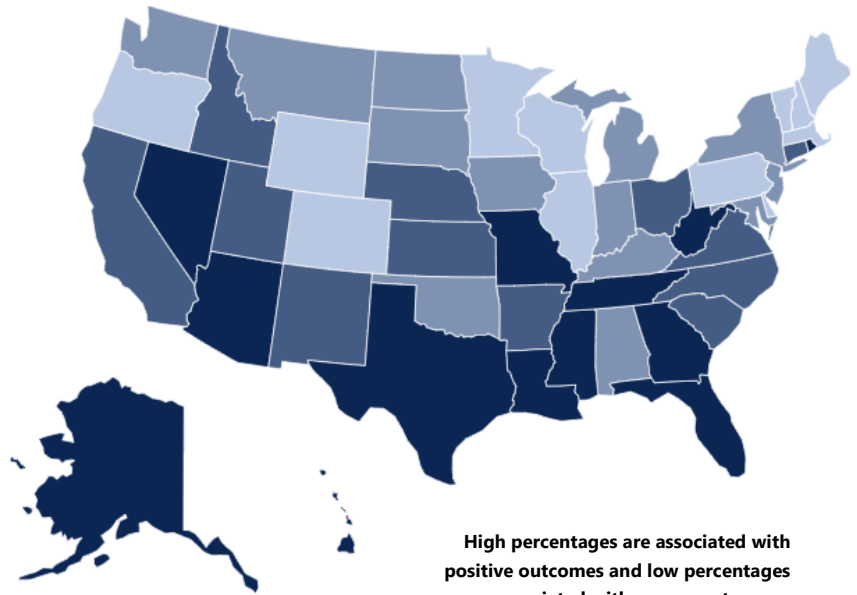
## Youth With Severe MDE Who Received Some Consistent Treatment

Nationally, **only 27.2% of youth** with severe depression receive some consistent treatment (7-25+ visits in a year).

Consistent treatment is determined if a youth visits a specialty outpatient mental health service, including a day treatment facility, mental health clinic, private therapist, or in-home therapist, more than seven times in the previous year.

It does not consider the quality of the care – for example, whether the mental health service was specialized toward youth, whether the provider was representative of the youth being served, what the outcomes of treatment were, or whether the child was offered a continuum of supports.

Even with simply measuring the number of visits, fewer than one in three youth with severe depression meet this determination of



High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

The state prevalence of youth with severe depression who received some outpatient treatment ranges from:

65.6% (ME) Ranked 1-13      12.2% (TN) Ranked 39-51



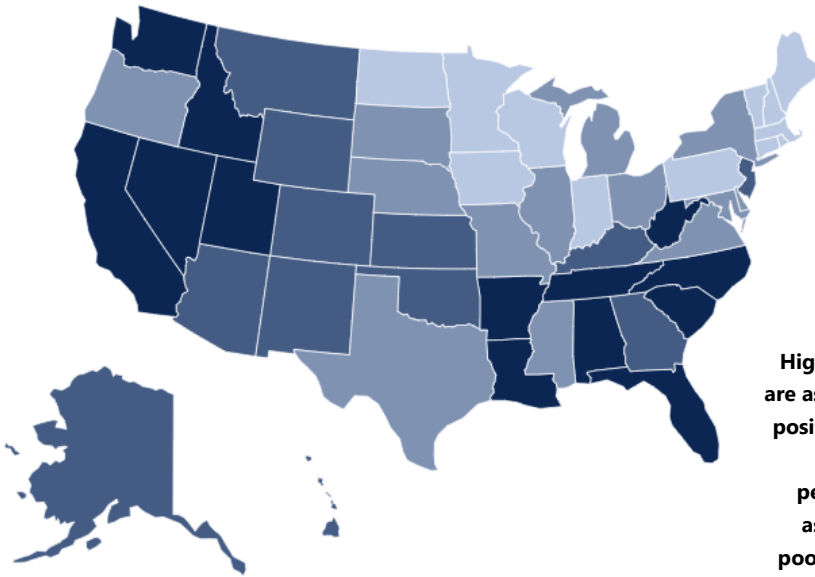
| Rank | State                | %    | #      |
|------|----------------------|------|--------|
| 1    | Maine                | 65.6 | 7,000  |
| 2    | Vermont              | 49.7 | 3,000  |
| 3    | New Hampshire        | 47.6 | 4,000  |
| 4    | Wyoming              | 45.6 | 3,000  |
| 5    | Colorado             | 43.1 | 16,000 |
| 6    | Massachusetts        | 42.2 | 19,000 |
| 7    | Pennsylvania         | 39.9 | 28,000 |
| 8    | Illinois             | 38.3 | 38,000 |
| 9    | Oregon               | 36.6 | 14,000 |
| 10   | Wisconsin            | 36.4 | 19,000 |
| 11   | Delaware             | 36.3 | 3,000  |
| 12   | Minnesota            | 35.9 | 17,000 |
| 13   | District of Columbia | 35.8 | 1,000  |
| 14   | Washington           | 35.7 | 24,000 |
| 15   | Montana              | 35.5 | 3,000  |
| 16   | Maryland             | 34.5 | 18,000 |
| 17   | Oklahoma             | 33.6 | 12,000 |
| 18   | North Dakota         | 33.0 | 2,000  |
| 19   | Indiana              | 32.9 | 23,000 |
| 20   | Alabama              | 31.3 | 8,000  |
| 21   | Michigan             | 30.4 | 26,000 |
| 22   | Iowa                 | 29.5 | 9,000  |
| 23   | South Dakota         | 29.3 | 2,000  |
| 24   | Kentucky             | 28.6 | 9,000  |
| 25   | New Jersey           | 28.4 | 14,000 |
| 26   | New York             | 28.3 | 29,000 |

| Rank | State          | %    | #       |
|------|----------------|------|---------|
| 27   | Nebraska       | 27.8 | 5,000   |
| 28   | Idaho          | 27.7 | 6,000   |
| 29   | Utah           | 27.3 | 11,000  |
| 30   | California     | 26.1 | 72,000  |
| 31   | Ohio           | 25.1 | 19,000  |
| 32   | Virginia       | 25.0 | 19,000  |
| 33   | North Carolina | 24.9 | 27,000  |
| 34   | South Carolina | 24.2 | 8,000   |
| 35   | Connecticut    | 23.6 | 5,000   |
| 36   | Arkansas       | 22.7 | 7,000   |
| 37   | Kansas         | 22.7 | 6,000   |
| 38   | New Mexico     | 22.5 | 5,000   |
| 39   | Louisiana      | 21.1 | 7,000   |
| 40   | West Virginia  | 20.9 | 3,000   |
| 41   | Rhode Island   | 20.4 | 1,000   |
| 42   | Alaska         | 20.2 | 1,000   |
| 43   | Georgia        | 20.1 | 14,000  |
| 44   | Texas          | 19.2 | 44,000  |
| 45   | Nevada         | 18.7 | 5,000   |
| 46   | Florida        | 17.0 | 20,000  |
| 47   | Arizona        | 16.1 | 10,000  |
| 48   | Mississippi    | 13.5 | 2,000   |
| 49   | Hawaii         | 13.3 | 1,000   |
| 50   | Missouri       | 12.6 | 5,000   |
| 51   | Tennessee      | 12.2 | 6,000   |
|      | National       | 27.2 | 661,000 |





## Students Identified With Emotional Disturbance for an Individualized Education Program



High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

The state rate of students identified as having an Emotional Disturbance (ED) for an Individual Education Program (IEP) ranges from:  
 32.23% (VT) Ranked 1-13  
 2.13% (AL) Ranked 39-51



| Rank* | State                | Rate        | #       |
|-------|----------------------|-------------|---------|
| 1     | Vermont              | 32.23       | 2326    |
| 2     | Minnesota            | 21.20       | 17016   |
| 3     | Massachusetts        | 20.22       | 17455   |
| 4     | Pennsylvania         | 16.33       | 26105   |
| 5     | Wisconsin            | 16.18       | *       |
| 6     | Maine                | 15.32       | 2468    |
| 7     | Indiana              | 13.36       | 12712   |
| 8     | Iowa                 | 13.31       | *       |
| 9     | New Hampshire        | 13.24       | 2132    |
| 10    | Connecticut          | 12.43       | 5824    |
| 11    | Rhode Island         | 12.34       | 1610    |
| 12    | North Dakota         | 11.99       | 1240    |
| 13    | District of Columbia | 11.54       | 802     |
| 14    | Illinois             | 10.59       | 18381   |
| 15    | Oregon               | 10.30       | 5568    |
| 16    | South Dakota         | 10.04       | 1251    |
| 17    | Ohio                 | 10.03       | 15281   |
| 18    | Nebraska             | 9.98        | 2861    |
| 19    | Delaware             | 9.47        | 1211    |
| 20    | New York             | 9.10        | 22063   |
| 21    | Missouri             | 8.87        | 7188    |
| 22    | Michigan             | 8.52        | 11314   |
| 23    | Virginia             | 8.47        | 9913    |
| 24    | Maryland             | 7.61        | 6180    |
| 25    | Mississippi          | 7.53        | 3193    |
| 26    | Texas                | 7.41        | 35851   |
| 27    | Arizona              | 7.39        | 7756    |
| 28    | Kentucky             | 7.39        | 4501    |
| 29    | Colorado             | 6.98        | 5687    |
| 30    | Wyoming              | 6.80        | 589     |
| 31    | Montana              | 6.68        | 906     |
| 32    | Oklahoma             | 6.66        | 4057    |
| 33    | Alaska               | 6.48        | 765     |
| 34    | Georgia              | 6.35        | 10124   |
| 35    | New Mexico           | 6.15        | 1830    |
| 36    | New Jersey           | 5.84        | 7313    |
| 37    | Hawaii               | 5.80        | 959     |
| 38    | Kansas               | 5.60        | 2459    |
| 39    | Washington           | 5.49        | 5633    |
| 40    | Florida              | 5.43        | 14062   |
| 41    | Idaho                | 4.95        | 1412    |
| 42    | Nevada               | 4.64        | 2085    |
| 43    | California           | 4.51        | 25424   |
| 44    | West Virginia        | 4.45        | 1025    |
| 45    | Tennessee            | 3.84        | 3470    |
| 46    | North Carolina       | 3.65        | 5187    |
| 47    | Utah                 | 3.12        | 1933    |
| 48    | South Carolina       | 3.05        | 2143    |
| 49    | Louisiana            | 2.74        | 1727    |
| 50    | Arkansas             | 2.54        | 1123    |
| 51    | Alabama              | 2.13        | 1420    |
|       | National             | <b>7.59</b> | 345,160 |

Only .759 percent\* of students are identified as having an ED for IEP.

Early identification for IEPs is critical. IEPs provide the services, accommodations, and support students with ED need to receive a quality education. For purposes of an IEP, the term “Emotional Disturbance” is used to define youth with a mental illness that is affecting their ability to succeed in school. In 2018-2019, 10.6% of youth had severe MDE, reporting the maximum level of interference over four role domains including school, yet less than 1% were identified for an IEP under ED.

In addition to ensuring that students in need of accommodations and supports in school receive them through an IEP, we must work toward prevention of mental health problems that may necessitate an Emotional Disturbance IEP. Youth identified with ED were more likely to live in households below the poverty line, with multiple risk factors that may affect their mental health.<sup>1</sup> It is imperative that we continue to work toward prevention of mental health conditions by improving the social safety net for families and addressing the social determinants of mental health that may contribute to the emergence of mental health problems.

*The rate for this measure is shown as a rate per 1,000 students. The calculation was made this way for ease of reading. Unfortunately, doing so hides the fact that the percentages are significantly lower. If states were doing a better job of identifying whether youth had emotional difficulties that could be better supported through an IEP – the rates would be closer to .8 percent.*

<sup>1</sup> Wagner, M., Kutash, K., Duchnowski, A.J., Epstein, M.H. & Sumi, W.C. (2005). The Children and Youth We Serve: A National Picture of the Characteristics of Students with Emotional Disturbances Receiving Special Education. *Journal of Emotional and Behavioral Disorders*, 13(2): 79-96. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/10634266050130020201?journalCode=ebxa>

## Spotlight: Disparities in Mental Health Treatment for Youth of Color

The following analyses are based on data from the 2018-2019 Substance Use and Mental Health Services Administration’s (SAMHSA’s) National Survey on Drug Use and Health (NSDUH).<sup>3</sup>

While rates of mental health treatment are low for all youth with major depression, youth of color are significantly less likely to receive depression treatment than white youth. Asian youth were least likely to have seen a health professional or received medication for their depression (8.30%), followed by Black or African American youth (9.40%) and Hispanic youth (9.50%).

| Of Youth With MDE: Did you see a Health Professional or Receive Medication for Depression in the Past Year? |            | Asian   | Black or African American (non-Hispanic) | Hispanic | More than one race | White (non-Hispanic) | Native American or Alaska Native | Native Hawaiian or Other Pacific Islander |
|---|------------|---------|--|----------|--------------------|----------------------|----------------------------------|---|
| Yes   | Percentage | 8.30%   | 9.40%                                    | 9.50%    | 15.60%             | 22.00%               | 15.20%                           | *   |
|   | Count      | 16,000  | 33,000                                   | 89,000   | 25,000             | 424,000              | 4,000                            | *   |
| No  | Percentage | 91.70%  | 90.60%                                   | 90.50%   | 84.40%             | 78.00%               | 84.80%                           | *   |
|   | Count      | 175,000 | 316,000                                  | 849,000  | 133,000            | 1,503,000            | 21,000                           | *   |

\*Data suppressed due to small sample size.

These analyses not only reflect disparities in who gets to receive mental health treatment, but what kinds of services they are able to receive and where they can access care. Youth of color with major depression were less likely to receive specialty mental health care than white youth. Specialty mental health treatment is defined as staying overnight in a hospital, staying in a residential treatment facility, spending time in a day treatment facility, receiving treatment from a mental health clinic, receiving treatment from a private therapist, or receiving treatment from an in-home therapist. Asian youth with a past year major depressive episode were least likely to have received specialty mental health care (71% did not receive care), followed by Native American or Alaska Native youth (68%), and Black or African American Youth (68%). White youth with MDE were most likely to receive specialty mental health care, but still over half of white youth with a past year major depressive episode did not receive treatment (54%).

<sup>3</sup> U.S. Department of Health and Human Services, Substance Abuse and mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. (2018-2019). *National Survey on Drug Use and Health 2018-2019*. Retrieved from <https://rdas.samhsa.gov/>

| Of Youth With MDE: Did You Receive Specialty Mental Health Care in the Past Year? |            | Asian   | Black or African American (non-Hispanic) | Hispanic | More than one race | White (non-Hispanic) | Native American or Alaska Native | Native Hawaiian or Other Pacific Islander | Total            |
|---|------------|---------|--|----------|--------------------|----------------------|----------------------------------|---|------------------|
| Yes   | Percentage | 29.00%  | 32.00%                                   | 32.40%   | 40.50%             | 45.80%               | 31.90%                           | 36.90%                                    | <b>39.70%</b>    |
|   | Count      | 55,000  | 111,000                                  | 306,000  | 63,000             | 883,000              | 8,000                            | 6,000                                     | <b>1,432,000</b> |
| No  | Percentage | 71.00%  | 68.00%                                   | 67.60%   | 59.50%             | 54.20%               | 68.10%                           | 63.10%                                    | <b>60.30%</b>    |
|   | Count      | 135,000 | 235,000                                  | 638,000  | 93,000             | 1,045,000            | 17,000                           | 10,000                                    | <b>2,173,000</b> |

Native American, Black, and multiracial youth were all more likely to receive non-specialty mental health care than white youth. Non-specialty mental health care is defined as receiving services from a school social worker, school psychologist, or school counselor; special school or program within a regular school for students with emotional or behavioral problems; pediatrician or other family doctor; juvenile detention center, prison, or jail; or foster care or therapeutic foster care.

Native American or Alaska Native youth with major depression were most likely to receive non-specialty mental health care (43%), followed by youth identifying with more than one race (39%), and Black or African American youth (39%).

| Of Youth With MDE: Did You Receive Non-Specialty Mental Health Care in the Past Year? |            | Asian   | Black or African American (non-Hispanic) | Hispanic | More than one race | White (non-Hispanic) | Native American or Alaska Native | Native Hawaiian or Other Pacific Islander | Total            |
|---|------------|---------|--|----------|--------------------|----------------------|----------------------------------|---|------------------|
| Yes   | Percentage | 24.40%  | 38.80%                                   | 32.10%   | 39.00%             | 35.70%               | 43.30%                           | 10.70%                                    | <b>34.60%</b>    |
|   | Count      | 46,000  | 135,000                                  | 299,000  | 61,000             | 687,000              | 11,000                           | 2,000                                     | <b>1,241,000</b> |
| No  | Percentage | 75.60%  | 61.20%                                   | 67.90%   | 61.00%             | 64.30%               | 56.70%                           | 89.30%                                    | <b>65.40%</b>    |
|   | Count      | 144,000 | 213,000                                  | 632,000  | 96,000             | 1,238,000            | 14,000                           | 13,000                                    | <b>2,350,000</b> |

Of the 18.1% of youth who received non-specialty mental health services in 2019, most (15.4%) received those services in school. Despite the fact that youth of color comprise less than half of the total population of youth with MDE, 52% of youth with MDE who only received care in educational settings were youth of color.<sup>4</sup> Of youth with MDE, Black youth were most likely to receive school mental health services (37%), followed by Native American or Alaska Native youth (35%), and multiracial youth (34%).

<sup>4</sup> Ali, M. M., West, K., Teich, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of Mental Health Services in Educational Setting by Adolescents in the United States. *The Journal of school health*, 89(5), 393–401. <https://doi.org/10.1111/josh.12753>

### Among Youth With MDE Who Received Non-Specialty Mental Health Services:

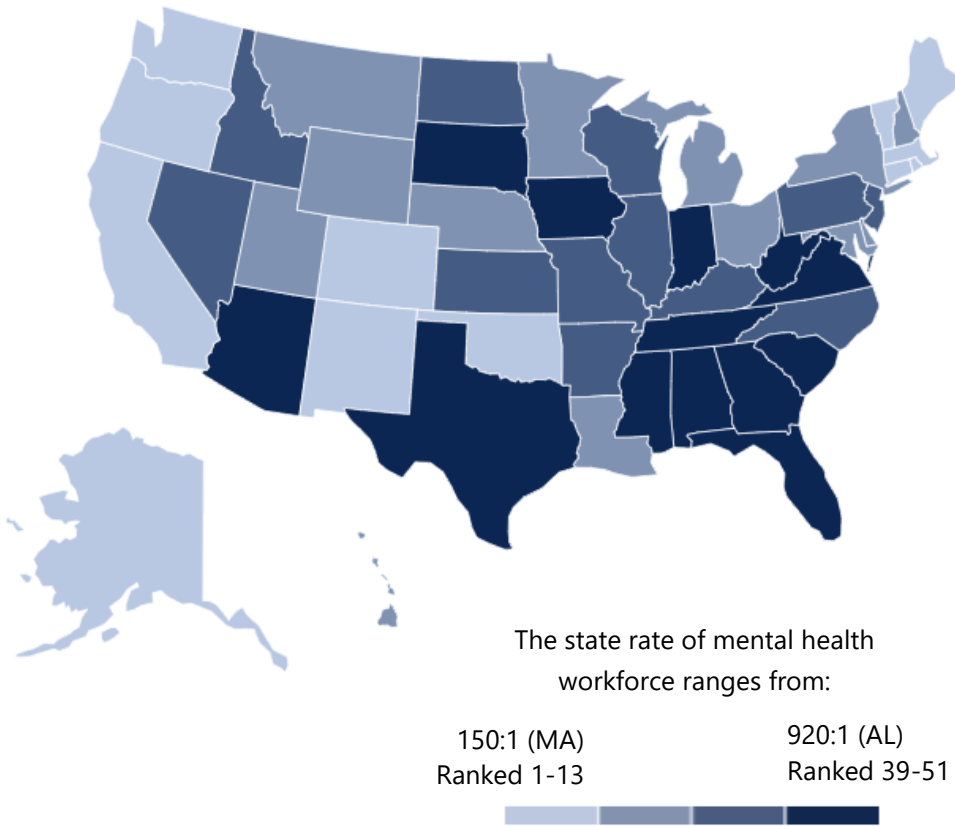
| Did You Receive Mental Health Services From Education Sources? |                   | Asian   | Black or African American (non-Hispanic) | Hispanic | More than one race | White (non-Hispanic) | Native American or Alaska Native | Native Hawaiian or Other Pacific Islander |
|--|-------------------|---------|--|----------|--------------------|----------------------|----------------------------------|---|
| <b>Yes</b>   | <b>Percentage</b> | 20.30%  | 37.30%                                   | 26.80%   | 34.30%             | 29.00%               | 34.70%                           | *   |
|  | <b>Count</b>      | 39,000  | 130,000                                  | 250,000  | 54,000             | 558,000              | 9,000                            | *   |
| <b>No</b>  | <b>Percentage</b> | 79.70%  | 62.70%                                   | 73.20%   | 65.70%             | 71.00%               | 65.30%                           | *   |
|  | <b>Count</b>      | 152,000 | 219,000                                  | 682,000  | 103,000            | 1,367,000            | 16,000                           | *   |

\*Data was suppressed due to small sample size

Students of color disproportionately access their mental health care at school, often because they don't have access to specialty mental health services. Given this data, increasing access to school-based mental health services can promote equity and reduce disparities in access to care. However, there is not sufficient federal funding for local education agencies to meet the mental health needs of students. To create healthier communities and to better serve students of color who may only receive mental health services in educational settings, schools need long-term financial support to build up sustained and sufficient school infrastructure. This infrastructure should include, at minimum, implementing comprehensive mental health education, increasing the number of mental health providers in schools, creating connections and coordinating with community-based mental health services, identifying processes and supports for screening and treating students, and reducing the gap in care when students transition from school to college and college to the workforce.

Although some states have adopted innovative practices to improve mental health education and access to mental health services and supports in schools, no state has fully enacted a set of laws and policies to improve youth mental health. MHA has [compiled a report](#) on innovative state policies and recommendations for future state legislative work geared toward serving the mental health needs of students and advancing equitable access to supports in schools.

## Mental Health Workforce Availability



| Rank | State                | #     |
|------|----------------------|-------|
| 1    | Massachusetts        | 150:1 |
| 2    | Oregon               | 180:1 |
| 3    | District of Columbia | 190:1 |
| 4    | Alaska               | 200:1 |
| 5    | Maine                | 200:1 |
| 6    | Vermont              | 210:1 |
| 7    | Connecticut          | 240:1 |
| 8    | Oklahoma             | 240:1 |
| 9    | Rhode Island         | 240:1 |
| 10   | New Mexico           | 250:1 |
| 11   | Washington           | 250:1 |
| 12   | California           | 270:1 |
| 13   | Colorado             | 270:1 |
| 14   | Utah                 | 290:1 |
| 15   | Wyoming              | 290:1 |
| 16   | New Hampshire        | 310:1 |
| 17   | Montana              | 320:1 |
| 18   | Louisiana            | 330:1 |
| 19   | New York             | 330:1 |
| 20   | Delaware             | 350:1 |
| 21   | Maryland             | 360:1 |
| 22   | Michigan             | 360:1 |
| 23   | Nebraska             | 360:1 |
| 24   | Minnesota            | 370:1 |
| 25   | Hawaii               | 380:1 |
| 26   | Ohio                 | 380:1 |
| 27   | North Carolina       | 390:1 |
| 28   | Illinois             | 410:1 |
| 29   | Arkansas             | 420:1 |
| 30   | Kentucky             | 420:1 |
| 31   | New Jersey           | 420:1 |
| 32   | Pennsylvania         | 450:1 |
| 33   | Idaho                | 460:1 |
| 34   | Nevada               | 460:1 |
| 35   | Wisconsin            | 470:1 |
| 36   | Kansas               | 490:1 |
| 37   | Missouri             | 490:1 |
| 38   | North Dakota         | 510:1 |
| 39   | South Dakota         | 530:1 |
| 40   | Virginia             | 530:1 |
| 41   | South Carolina       | 550:1 |
| 42   | Florida              | 590:1 |
| 43   | Indiana              | 590:1 |
| 44   | Mississippi          | 590:1 |
| 45   | Iowa                 | 610:1 |
| 46   | Tennessee            | 630:1 |
| 47   | Georgia              | 690:1 |
| 48   | Arizona              | 710:1 |
| 49   | West Virginia        | 730:1 |
| 50   | Texas                | 830:1 |
| 51   | Alabama              | 920:1 |

The term “mental health provider” includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care, but not yet certified peer specialists (because peer specialists are primarily covered only by Medicaid, and qualifications for them vary by state).

The rate of mental health providers has improved in nearly every state since last year’s report. However, the need for mental health care is greatly outpacing these additions to the workforce. The mental health workforce shortage affects more people than primary care and dental workforce shortages combined, according to data from the Health Resources and Services Administration, with only 27% of mental health need being met in health professional shortage areas.<sup>1</sup>

One of the primary barriers to establishing a robust, diverse mental health workforce is low provider reimbursement. Payment affects the diversity of the workforce, especially in a field that requires high levels of education and certification. Provider reimbursement should take into account workforce shortages and promote equity in access. This could be accomplished at the level of individual health insurers and states through assessments of network adequacy and offering additional incentives when providers practice in areas with few appropriate providers taking new clients. This could also be accomplished more systemically by including an additional incentive in payment fee schedules based on shortages to incentivize growth in the mental health provider pipeline.

<sup>1</sup> Health Resources and Services Administration (HRSA) Bureau of Health Workforce (June 2021). Third Quarter of Fiscal Year 2021 Designated Health Professional Shortage Area Quarterly Summary. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

## Glossary

| Indicator                            | Description of Measure  | Source  |
|--------------------------------------|---|---|
| Adults With Any Mental Illness (AMI) | <p>Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). For details, see Section B of the "2018-2019 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at <a href="https://www.samhsa.gov/data/">https://www.samhsa.gov/data/</a>.</p> <p>Data survey years: 2018-2019.</p>   | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables">https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables</a></p>   |
| Adults With AMI Reporting Unmet Need | <p>AMIYR_U, is an indicator for Any Mental Illness (AMI) based on the 2012 revised predicted probability of SMI (SMIPP_U). If SMIPP_U is greater than or equal to a specified cutoff point (0.0192519810), then AMIYR_U=1, and if SMIPP_U is less than the cutoff point, then AMIYR_U=0. This indicator based on the 2012 model is not comparable with the indicator based on the 2008 model. AMI is defined as having serious, moderate, or mild mental illness. Specific details about this variable can be found in the Recoded Mental Health Appendix.</p> <p>AMHTXND2 is defined as feeling a perceived need for mental health treatment/counseling that was not received. This is often referred to as "unmet need." Mental health treatment/counseling is defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded.</p> <p>Data survey years: 2018-2019.</p> | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |
| Adults With AMI Who Are Uninsured    | <p>For IRINSUR4, a respondent is classified as having any health insurance (IRINSUR4=1) if they satisfied ANY of the following conditions: (1) Covered by private insurance (IRPRVHLT=1), (2) Covered by Medicare (IRMEDICR=1), (3) Covered by Medicaid/CHIPCOV (IRMCDCHP=1), (4) Covered by Champus, ChampVA, VA, or Military (IRCHMPUS=1), (5) Covered by other health insurance (IROTHHLT=1). A respondent is classified as NOT having any health insurance (IRINSUR4=2) if they meet EVERY one of the following conditions: (1) Not covered by private insurance (IRPRVHLT=2), (2) Not covered by Medicare (IRMEDICR=2), (3) Not covered by Medicaid/CHIPCOV (IRMCDCHP=2), (4) Not covered by Champus, ChampVA, VA, or Military (IRCHMPUS=2), (5) Not covered by other health insurance (IROTHHLT=2).</p> <p>Data survey years: 2018-2019.</p>  | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |

| Indicator  | Description of Measure  | Source  |
|--|---|---|
| Adults With Substance Use Disorder in the Past Year                      | <p>Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit drug use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.</p> <p>Data survey years: 2018-2019.</p>  | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables">https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables</a></p>   |
| Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs | <p>Disability questions were added to the Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire in 2004. The question: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" (QLACTLM2), which was previously used to calculate this indicator, was removed in 2016. Disability was determined using the following BRFSS question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (DECIDE). Respondents were defined as having a cognitive disability if they answered "yes" to this question. Respondents were also asked: "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" (MEDCOST). The measure was calculated based on individuals who answered "yes" to MEDCOST among those who answered "yes" to DECIDE.</p> <p>Data survey year 2019.</p> | <p>Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019, <a href="https://www.cdc.gov/brfss/annual_data/annual_2019.html">https://www.cdc.gov/brfss/annual_data/annual_2019.html</a><br/>Downloaded and calculated on 7/1/21.</p> |
| Adults With Serious Thoughts of Suicide                                  | <p>Adults aged 18 or older were asked, "At any time in the past 12 months, did you seriously think about trying to kill yourself?" If they answered "yes," they were categorized as having serious thoughts of suicide in the past year.</p> <p>Data survey year: 2018-2019.</p>  | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables">https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables</a></p>   |

| Indicator   | Description of Measure  | Source  |
|---|---|---|
| Children With Private Insurance That Did Not Cover Mental or Emotional Problems | <p>Children with private insurance that did not cover mental or emotional problems is defined as any child age 12-17 responding NO to HLTINMNT. HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems?"</p> <p>Data survey years: 2018-2019.</p>  | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |
| Adults With AMI Who Did Not Receive Mental Health Treatment                     | <p>AMHTXRC-3 is a recoded variable with levels 1=Yes (received any mental health treatment in past year) and 2=No (did not receive any mental health treatment in past year). Recoded from variable AMHSVTYP, it classifies what type of mental health treatment/counseling was received in the past year. Respondents who reported receiving treatment for mental health were classified in one of seven mutually exclusive categories. A respondent was assigned to level one if they reported receiving inpatient treatment only (AMHINP2=1 and AMHOUTP3=2 and AMHRX2=2), to level two if they reported receiving outpatient treatment only (AMHINP2=2 and AMHOUTP3=1 and AMHRX2=2), to level three if they reported receiving prescription medication treatment only (AMHINP2=2 and AMHOUTP3=2 and AMHRX2=1), to level four if they reported receiving both inpatient and outpatient treatment only (AMHINP2=1 and AMHOUTP3=1 and AMHRX2=2), to level five if they reported receiving inpatient and prescription medication treatment only (AMHINP2=1 and AMHOUTP3=2 and AMHRX2=1), to level six if they reported receiving outpatient and prescription medication treatment only (AMHINP2=2 and AMHOUTP3=1 and AMHRX2=1), or to level seven if they reported receiving inpatient, outpatient, and prescription medication treatment (AMHINP2=1 and AMHOUTP3=1 and AMHRX2=1). Respondents who did not receive mental health treatment in the past year were assigned to level eight (AMHINP2=2 and AMHOUTP3=2 and AMHRX2=2).</p> <p>Adults with AMI who did not receive mental health treatment was calculated, where AMHTXRC-3= 2 (No treatment) and AMIYR_U indicates AMI.</p> <p>Data survey years: 2018-2019.</p> | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |



| Indicator  | Description of Measure  | Source  |
|--|---|---|
| Mental Health Workforce Availability   | <p>Mental health workforce availability is the ratio of the county population to the number of mental health providers, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.</p> <p>Survey data year: 2020.</p>   | <p>County Health Rankings &amp; Roadmaps. <a href="http://www.courtyhealthrankings.org/">http://www.courtyhealthrankings.org/</a></p> <p>This data comes from the National Provider Identification data file, which has some limitations. Providers who transmit electronic health records are required to obtain an identification number, but very small providers may not obtain a number. While providers have the option of deactivating their identification number, some mental health professionals included in this list may no longer be practicing or accepting new clients.</p> |
| Students Identified With Emotional Disturbance for an Individualized Education Program | <p>This measure was calculated from data provided by IDEA Part B Child Count and Educational Environments, Common Core of Data. Under IDEA regulation, Emotional Disturbance is identified as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors, (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (C) Inappropriate types of behavior or feelings under normal circumstances, (D) A general pervasive mood of unhappiness or depression, (E) A tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance. Percent of Students Identified With Emotional Disturbance for an Individualized Education Program was calculated as the percent of children identified as having an emotional disturbance among all enrolled students grades 1-12 and "ungraded."</p> <p>Data years 2019-2020.</p> | <p>IDEA Data Center, 2019 – 2020 IDEA Section 618, State Level Data Files, Child Count and Educational Environments. <a href="https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee">https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee</a></p> <p>U.S. Department of Education, National Center for Education Statistics, Common Core of Data. <a href="https://nces.ed.gov/ccd/files.es.asp">https://nces.ed.gov/ccd/files.es.asp</a></p> <p>Downloaded and calculated on 6/22/2021.</p>                             |

| Indicator  | Description of Measure  | Source  |
|--|---|---|
| Youth With At Least One Past Year Major Depressive Episode (MDE) | <p>Among youth age 12-17, Major Depressive Episode (MDE) is defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which specifies a period of at least two weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see Section B of the "2018-2019 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at <a href="https://www.samhsa.gov/data/">https://www.samhsa.gov/data/</a>.</p> <p>Data survey year 2018-2019.</p>   | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables">https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables</a></p>   |
| Youth With Substance Abuse Disorder in the Past Year.            | <p>Among youth 12-17, Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit drug use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.</p> <p>Data survey years: 2018-2019.</p>   | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables">https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables</a></p>   |
| Youth With MDE Who Did Not Receive Mental Health Services        | <p>Youth With Past Year MDE Who Did Not Receive Treatment is defined as those who apply to having past year MDE as defined above ("Youth With At Least One Past Year Major Depressive Episode," YMDEYR) and respond NO to ANYSMH2.</p> <p>ANYSMH2 indicates whether a youth reported receiving specialty mental health services in the past year from any of six specific inpatient/residential or outpatient specialty sources for problems with behavior or emotions that were not caused by alcohol or drugs. This variable was created based on the following seven sources of treatment variables: stayed overnight in a hospital (YHOSP), stayed in a residential treatment facility (YRESID), spent time in a day treatment facility (YDAYTRT), received treatment from a mental health clinic (YCLIN), from a private therapist (YTHER), and from an in-home therapist (YHOME).</p> <p>Youths who reported a positive response (source variable=1) to one or more of the six questions were included in the yes category regardless of how many of the six questions they answered. Youths who did not report a positive response but answered all six of the questions were included in the no category. Youths who did not report a positive response and did not answer all the questions and adults were included in the unknown/18+ category.</p> <p>Data survey year 2018-2019.</p> | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |

| Indicator  | Description of Measure   | Source   |
|--|--|--|
| Youth With Severe MDE  | <p>“Youth With Severe MDE” is defined as the following variable MDEIMPY. MDEIMPY is derived from the maximum severity level of MDE role impairment (YSDSOVRL) and is restricted to adolescents with past year MDE (YMDEYR). Youth met criteria for MDEIMPY if they answered YES to YSDSOVRL and YES to YMDEYR.</p> <p>Youth who answer “yes” to YMDEYR are asked questions from the SDS to measure the level of functional impairment in major life activities reported to be caused by the MDE in the past 12 months (Leon, Olfson, Portera, Farber, &amp; Sheehan, 1997). The SDS measures mental health-related impairment in four major life activities or role domains. The following variable, YSDSOVRL, is assigned the maximum level of interference over the four role domains of SDS: chores at home (YSDSHOME), school or work (YSDSWRK), family relationships (YSDSREL), and social life (YSDSSOC). Each module consists of four questions that are assessed on a 0 to 10 visual analog scale with categories of “none” (0), “mild” (1-3), “moderate” (4-6), “severe” (7-9), and “very severe” (10). The four SDS role domain variables were recoded so that no interference = 1, mild = 2, moderate = 3, severe = 4, and very severe = 5. A maximum level of interference over all four domains was then defined as YSDSOVRL. A maximum impairment score (YSDSOVRL) is defined as the single highest severity level of role impairment across all four SDS role domains. Ratings greater than or equal to seven on the scale YSDSOVRL=4, 5 were considered severe impairment.</p> <p>Data survey years 2018-2019.</p> | <p>SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p>            |
| Youth With Severe MDE Who Received Some Consistent Treatment | <p>The following variable was calculated as how many youths who answered YES to MDEIMPY from “Youth With Severe MDE” defined above received consistent treatment, which is determined by the variable SPOUTVST. The variable SPOUTVST indicates how many times a specialty outpatient mental health service was visited in the past year. The number of visits is calculated by adding the number of visits to a day treatment facility (YUDYTXNM), mental health clinic (YUMHCRNM), private therapist (YUTPSTNM), and an in-home therapist (YUIHTPNM). A value of six (no visits) was assigned whenever a respondent said they had used none of the services (YUDYTXNR, YUMHCRYR, YUTPSTYR, YUIHTPYR all equal two). A value of missing was assigned when the response to whether they received treatment or the number of visits was unknown for any of the four locations (any of YUDYTXYR, YUMHCRYR, YUTPSTYR, YUIHTPYR=85, 94, 97, 98 OR any of YUDYTXNM, YUMHCRNM, YUTPSTNM, YUIHTPNM=985, 994, 997, 998), unless the sum of the visits for services with non-missing information was greater than or equal to 25, in which case a value of 5 (25 or more visits) was assigned. A missing value was also assigned for respondents aged 18 or older. The variable SPOUTVST was recoded for visit distribution as 0-6 visits, and 7-25+ visits. Some consistent treatment was considered 7-25+ visits in a year.</p> <p>Data survey years 2018-2019.</p>   | <p>Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality, <a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001</a></p> |