

THE STATE OF **MENTAL** **HEALTH** IN AMERICA 2018



Acknowledgments

Mental Health America (MHA), formerly the National Mental Health Association, was founded in 1909 and is the nation's leading community-based nonprofit dedicated to helping all Americans achieve wellness by living mentally healthier lives. 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 care and treatment for those who need it, with recovery as the goal.

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

This publication was made possible by the generous support of our individual donors and Alkermes.

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 who every year invests time and money to collecting the national survey data for which this report would not be possible.

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Mental Health America (MHA) is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as the goal. We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

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 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 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.

Key Facts and Findings

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON



NEARLY HALF
HAVE A
CO-OCCURRING
SUBSTANCE
ABUSE
DISORDER



MOST AMERICANS LACK ACCESS TO CARE

56%

OF AMERICAN ADULTS
WITH A MENTAL ILLNESS
DID NOT
RECEIVE TREATMENT



7.7%

OF YOUTH HAD
NO ACCESS
TO MENTAL HEALTH
SERVICES THROUGH
THEIR PRIVATE
INSURANCE

YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED

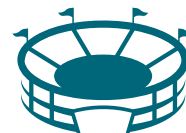


IN A FIVE YEAR PERIOD, **RATES OF SEVERE YOUTH DEPRESSION** HAVE INCREASED



OVER 1.7 MILLION
YOUTH WITH MAJOR
DEPRESSIVE EPISODES
DID NOT
RECEIVE TREATMENT

THAT'S ENOUGH TO FILL
EVERY MAJOR LEAGUE
BASEBALL STADIUM ON
THE EAST COAST **TWICE**



THERE IS A SHORTAGE OF PROVIDERS



TO MEET THE NEED FOR MENTAL HEALTH CARE, PROVIDERS IN THE LOWEST RANKED STATES WOULD HAVE TO TREAT **SIX TIMES AS MANY PEOPLE** THAN PROVIDERS IN THE HIGHEST RANKED STATES

HEALTHCARE REFORM IS HELPING

RATES OF **UNINSURED**
ADULTS WITH A MENTAL
ILLNESS **DECREASED BY**

5%

STATES THAT **INCREASED** MEDICAID EXPANSION...



...SAW GREATER
IMPROVEMENT
IN YOUTH COVERAGE



...HAD **FEWER**
UNINSURED ADULTS
WITH MENTAL ILLNESS

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 (<http://www.mentalhealthamerica.net/issues/state-mental-health-america>). The data and table 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 captured 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 2018 Measures

1. Adults with Any Mental Illness (AMI)
2. Adults with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)
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 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 fifteen 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 more accurately and comprehensively capture the needs of those with mental illness and their access to care.

Ranking

To better understand the rankings, it's important to compare similar states.

Factors to consider include geography, size, and political affiliation. For example, California and New York are similar. Both are large states with densely populated cities and tend to be Democratic leaning. They are less comparable to less populous or Republican leaning states like South Dakota, North Dakota, Alabama, or Wyoming. Keep in mind that 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.

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 2015. States with positive outcomes are ranked higher 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 percentage or rate. Data are presented with 2 decimal places when available.

Due to limitations in sample size for youth, measures for Youth with MDE who Did Not Receive Mental Health Services and Youth with Severe MDE who Received Some Consistent Treatment include data from various annual averages. Youth with MDE who Did Not Receive Mental Health Services includes data from years 2013 – 2015 and from 2010 – 2015. Those data from 2010 – 2015 are denoted noted by an (*). Data for Youth with Severe MDE who Received Some Consistent Treatment include annual averages from 2013 – 2015, 2010 – 2015 (*), and 2010-2013(**).

This year the measures Adults with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine) and Youth with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine) were determined by calculating the a weighted (.25) Z scores for measures Alcohol Dependence in the Past Year, Marijuana Use in the Past Year, Cocaine Use in the Past Year, and Heroin Use in the Past Year. The final measure is the sum of the weighted z scores.

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 utilized 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 homeless 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 homeless or

incarcerated are not represented in the data presented by the NSDUH. If the data did include individuals who were homeless 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.

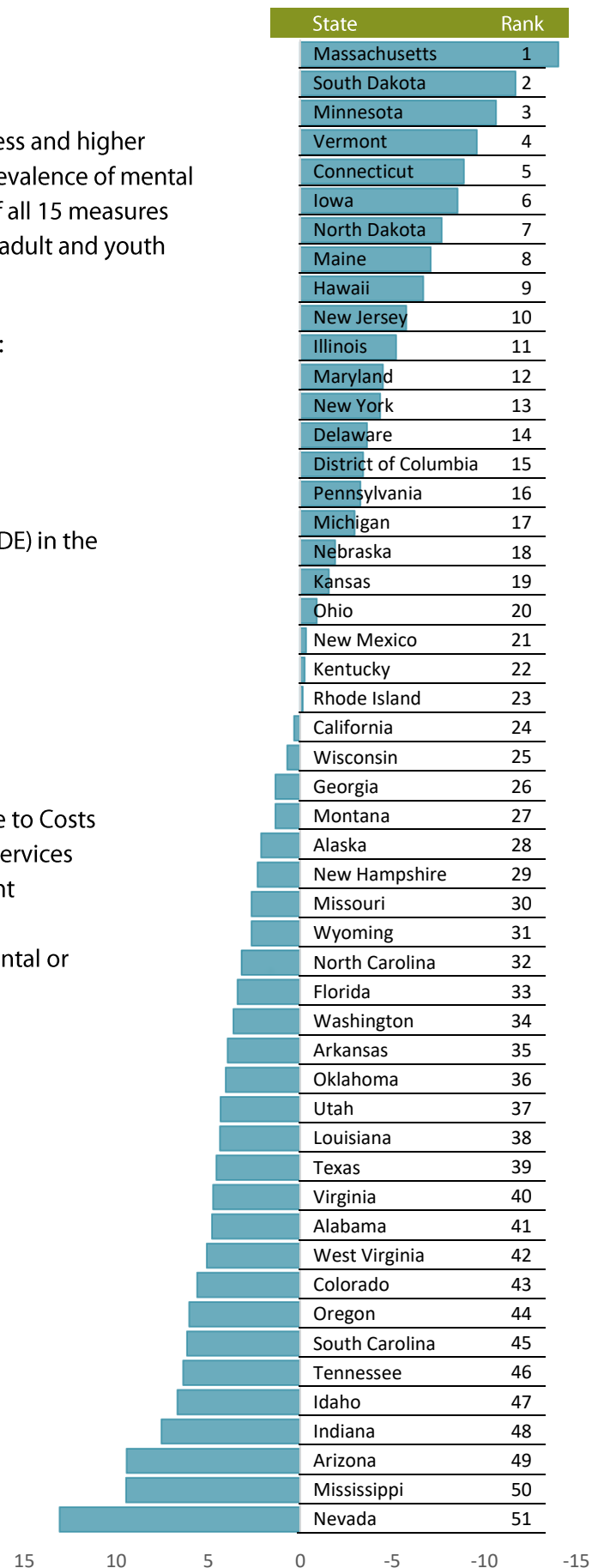
Overall Ranking

A high overall ranking indicates lower prevalence of mental illness and higher rates of access to care. A low overall ranking 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:

1. Adults with Any Mental Illness (AMI)
2. Adults with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, and Cocaine)
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, and Cocaine)
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 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

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 1) has a score that is higher than Maryland (ranked 12). Rhode Island (ranked 23) has a score that is closest to the average.

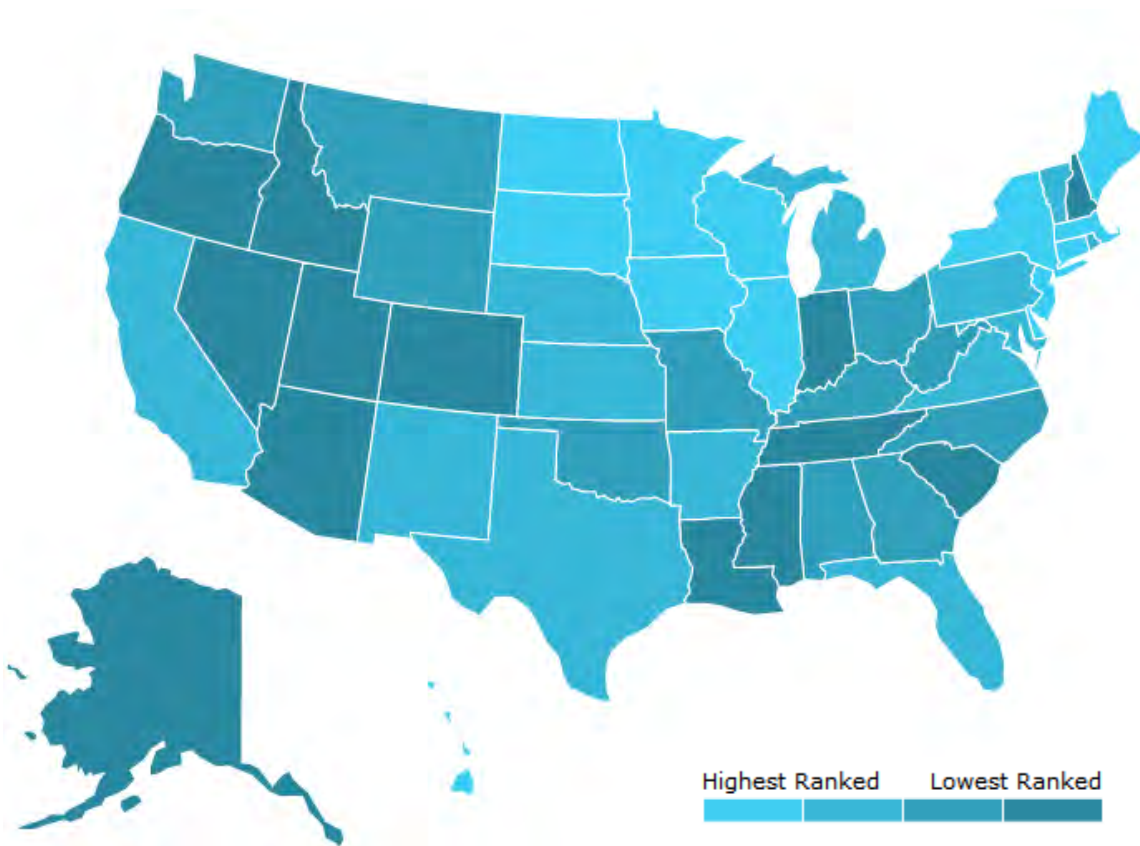


Adult Rankings

States with high rankings have lower prevalence of mental illness and higher rates of access to care for adults. Lower rankings indicate that adults have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI).
2. Adults with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, and Cocaine).
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 Disability who Could Not See a Doctor Due to Costs.



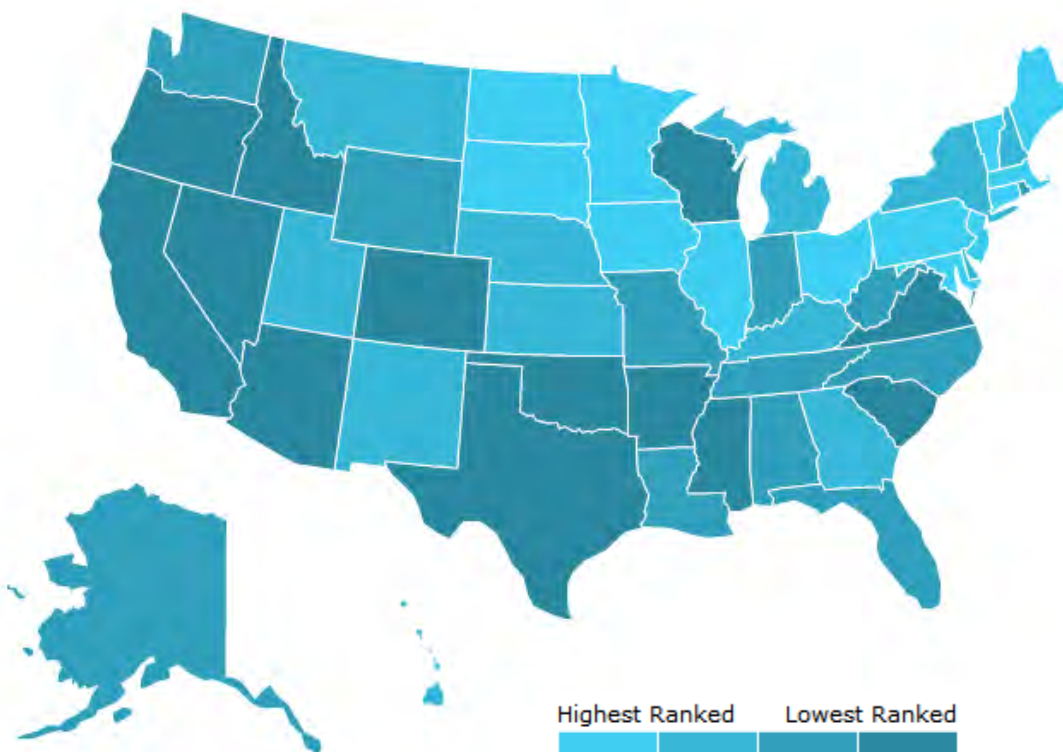
Rank	State
1	Massachusetts
2	Iowa
3	Hawaii
4	North Dakota
5	South Dakota
6	Maine
7	Minnesota
8	Illinois
9	New Jersey
10	Connecticut
11	Wisconsin
12	Delaware
13	New York
14	Maryland
15	California
16	Pennsylvania
17	Vermont
18	Texas
19	Michigan
20	Rhode Island
21	Nebraska
22	Kansas
23	Virginia
24	Florida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

Youth Rankings

States with high rankings have lower prevalence of mental illness and higher rates of access to care for youth. Lower rankings indicate that youth have higher prevalence of mental illness and lower rates of access to care.

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

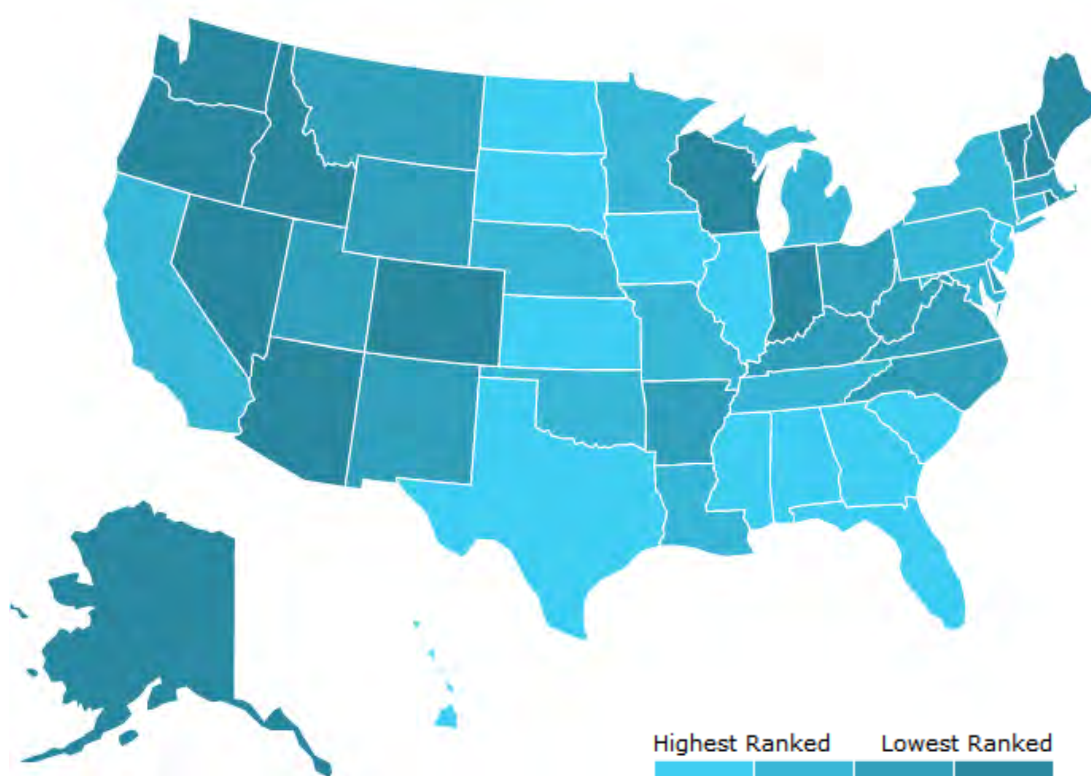
Prevalence of Mental Illness

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

The 6 measures that make up the Prevalence Ranking include:

1. Adults with Any Mental Illness (AMI).
2. Adults with Alcohol Dependence and Illicit Drugs Use (Marijuana, Heroin, and Cocaine).
3. Adults with Serious Thoughts of Suicide.
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year.
5. Youth with Alcohol Dependence and Illicit Drugs Use.
6. Youth with Severe MDE.

A high ranking on the Prevalence Ranking indicates a lower prevalence of mental health and substance use issues. States that rank 1-10 have lower rates of mental health and substance use problems compared to states that ranked 42-51.



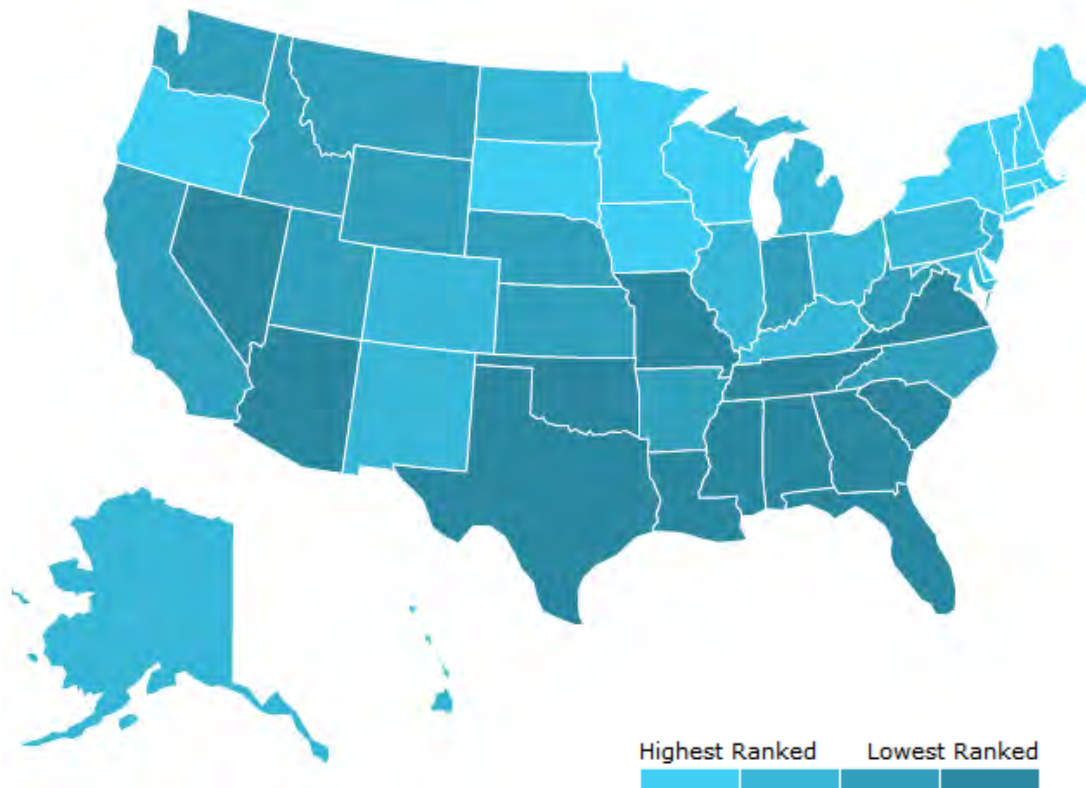
Rank	State
1	South Dakota
2	Hawaii
3	Georgia
4	North Dakota
5	Texas
6	New Jersey
7	South Carolina
8	Alabama
9	Illinois
10	Florida
11	Mississippi
12	Iowa
13	Kansas
14	Louisiana
15	Maryland
16	Tennessee
17	Missouri
18	Connecticut
19	District of Columbia
20	Nebraska
21	Pennsylvania
22	New York
23	Michigan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

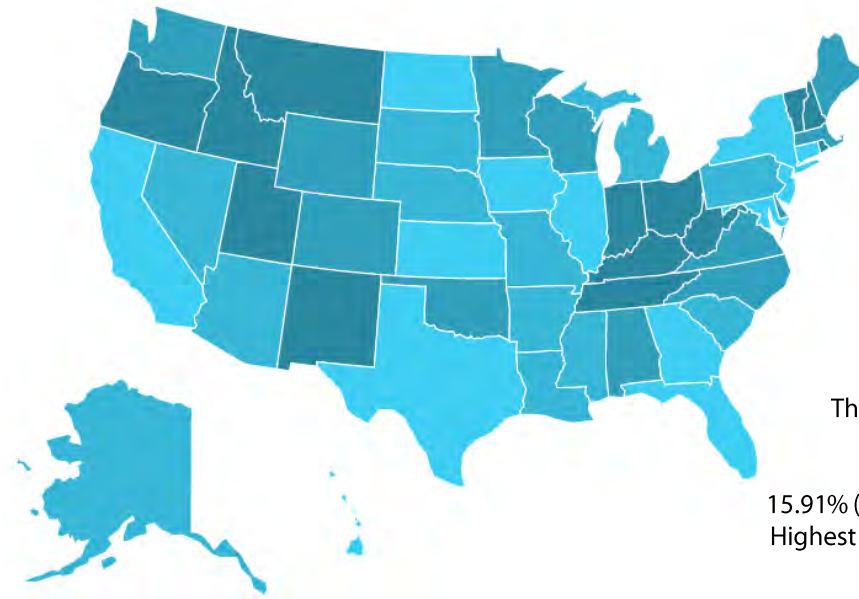
The 9 measures that make up the Access Ranking include:

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

Adult Prevalence of Mental Illness - Adults with Any Mental Illness (AMI)



18.01% of adults struggle with mental health problems annually.

Equivalent to over 43.4 million Americans.

4.2 million live with an Anxiety Disorder

16 million live with Major Depression

The state prevalence of mental illness ranges from:

15.91% (Hawaii)
Highest Ranked

21.67% (New Hampshire)
Lowest Ranked

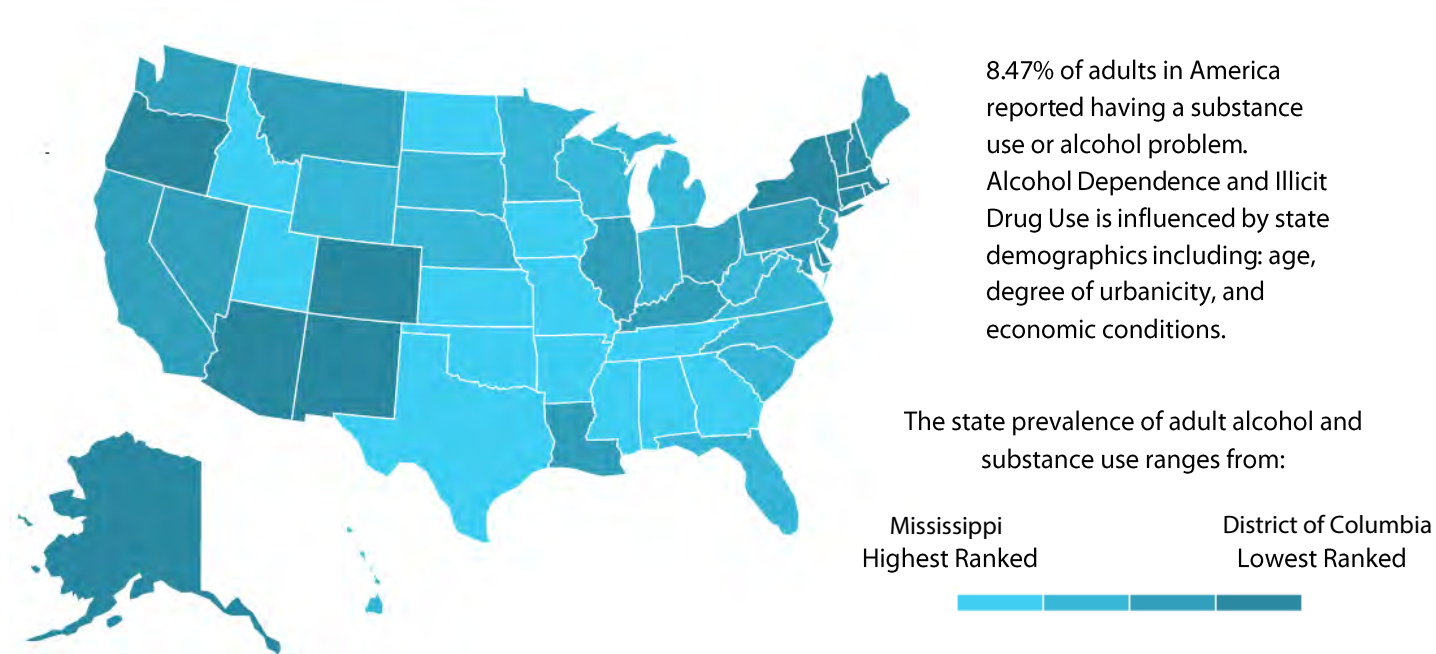


Rank	State	%	#
1	Hawaii	15.91	168,000
2	Texas	15.98	3,127,000
3	Illinois	16.16	1,570,000
4	New Jersey	16.19	1,107,000
5	Maryland	16.62	756,000
6	Florida	16.77	2,630,000
7	North Dakota	16.78	94,000
8	California	17.04	4,997,000
9	Iowa	17.10	402,000
10	New York	17.22	2,638,000
11	Connecticut	17.42	483,000
12	Georgia	17.42	1,299,000
13	Kansas	17.52	372,000
14	South Carolina	17.52	644,000
15	South Dakota	17.57	110,000
16	Nevada	17.91	387,000
17	District of Columbia	17.95	97,000
18	Mississippi	17.95	394,000
19	Missouri	17.99	823,000
20	Arkansas	18.01	438,000
21	Michigan	18.07	1,373,000
22	Alaska	18.11	94,000
23	Nebraska	18.19	253,000
24	Pennsylvania	18.21	1,803,000
25	Arizona	18.32	925,000
26	Louisiana	18.42	634,000

Rank	State	%	#
27	Delaware	18.51	133,000
28	Wisconsin	18.75	824,000
29	Minnesota	18.78	777,000
30	Alabama	18.85	691,000
31	Massachusetts	18.99	1,008,000
32	Maine	19.16	203,000
33	Oklahoma	19.18	548,000
34	Virginia	19.18	1,203,000
35	North Carolina	19.48	1,459,000
36	Wyoming	19.51	85,000
37	Colorado	19.55	794,000
38	Washington	19.68	1,062,000
39	Tennessee	19.85	988,000
40	New Mexico	19.93	309,000
41	Montana	19.97	157,000
42	Ohio	20.20	1,778,000
43	Vermont	20.27	101,000
44	Idaho	20.41	243,000
45	Utah	20.48	417,000
46	Rhode Island	20.50	170,000
47	Indiana	20.56	1,014,000
48	West Virginia	20.89	301,000
49	Kentucky	21.30	707,000
50	Oregon	21.47	666,000
51	New Hampshire	21.67	227,000
	National	18.01	43,486,000

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. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.

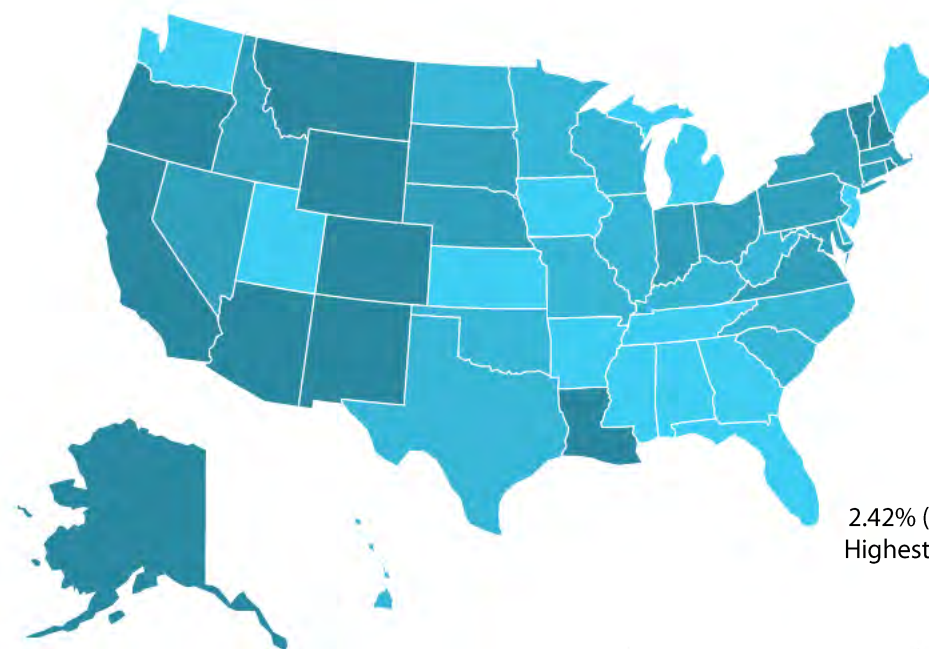
Adult Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)



Rank	State	Weighted Sum of Z scores Adult Alcohol Dependence and Marijuana, Heroin, Cocaine Use
1	Mississippi	-1.1162
2	Utah	-1.1066
3	Iowa	-1.0318
4	Arkansas	-0.9161
5	Alabama	-0.9030
6	Kansas	-0.7833
7	Texas	-0.7578
8	North Dakota	-0.6849
9	Tennessee	-0.6252
10	Oklahoma	-0.6117
11	Idaho	-0.4811
12	Missouri	-0.4429
13	Georgia	-0.4228
14	West Virginia	-0.4071
15	South Dakota	-0.3809
16	Virginia	-0.3696
17	Nebraska	-0.3372
18	Florida	-0.3270
19	North Carolina	-0.2984
20	Hawaii	-0.2833
21	Michigan	-0.2612
22	Wyoming	-0.2548
23	Wisconsin	-0.2512
24	Minnesota	-0.2459
25	South Carolina	-0.2053
26	Indiana	-0.1411

Rank	State	Weighted Sum of Z scores Adult Alcohol Dependence and Marijuana, Heroin, Cocaine Use
27	Illinois	-0.1061
28	Nevada	-0.0763
29	Ohio	-0.0591
30	New Jersey	-0.0340
31	Kentucky	0.0091
32	Louisiana	0.0463
33	Montana	0.0756
34	Pennsylvania	0.1539
35	Washington	0.1952
36	Maine	0.2919
37	California	0.4569
38	Maryland	0.5607
39	New Mexico	0.5993
40	Massachusetts	0.6031
41	Delaware	0.7823
42	Arizona	0.8091
43	New York	0.8547
44	Oregon	0.8998
45	Rhode Island	1.0956
46	Connecticut	1.1272
47	New Hampshire	1.4512
48	Colorado	1.5944
49	Vermont	1.7503
50	Alaska	2.0697
51	District of Columbia	2.0943
	National	0.000

Adult Alcohol Dependence



3.18%, or over 7.6 million adults reported having alcohol dependence, which led to significant impairment or distress.

The state prevalence of Adult Alcohol Dependence ranges from:

2.42% (Maine)
Highest Ranked

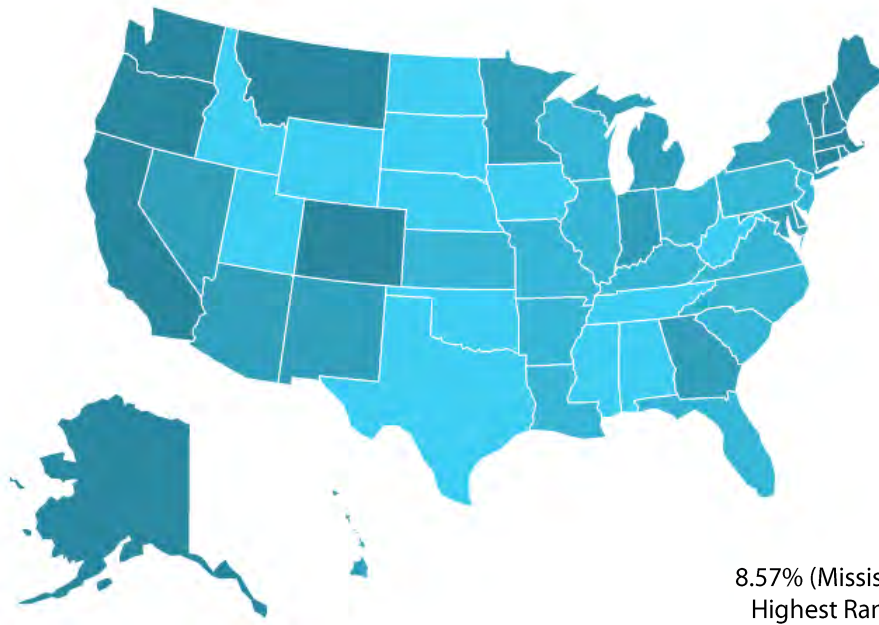
4.32% (New Mexico)
Lowest Ranked



Rank	State	%
1	Maine	2.42
2	Alabama	2.50
3	Utah	2.56
4	Arkansas	2.57
5	Tennessee	2.62
6	Mississippi	2.64
7	New Jersey	2.66
8	Kansas	2.67
9	Florida	2.75
10	Iowa	2.76
11	Georgia	2.80
12	Washington	2.81
13	Michigan	2.81
14	Missouri	2.82
15	West Virginia	2.85
16	Hawaii	2.85
17	Texas	2.88
18	Delaware	2.92
19	Minnesota	2.95
20	North Carolina	3.01
21	Illinois	3.02
22	Kentucky	3.06
23	Oklahoma	3.07
24	Wisconsin	3.08
25	North Dakota	3.08
26	South Carolina	3.09

Rank	State	%
27	Virginia	3.10
28	Maryland	3.16
29	Idaho	3.28
30	Massachusetts	3.29
31	Pennsylvania	3.31
32	Nevada	3.37
33	Ohio	3.38
34	Connecticut	3.39
35	Indiana	3.40
36	Nebraska	3.43
37	South Dakota	3.55
38	New York	3.55
39	Wyoming	3.58
40	Montana	3.61
41	California	3.73
42	Rhode Island	3.77
43	New Hampshire	3.77
44	Oregon	3.77
45	Louisiana	3.86
46	Arizona	3.89
47	Vermont	3.97
48	Alaska	3.99
49	Colorado	3.99
50	District of Columbia	4.14
51	New Mexico	4.32
	National	3.18

Adult Illicit Drug Use: Marijuana



State policies and regulation can influence degrees of prevalence. For example, state-level medical Marijuana/Cannabis program laws have been adapted by twenty-nine states. This has increased accessibility and affordability.

The state prevalence of Adult Marijuana Use ranges from:

8.57% (Mississippi)
Highest Ranked

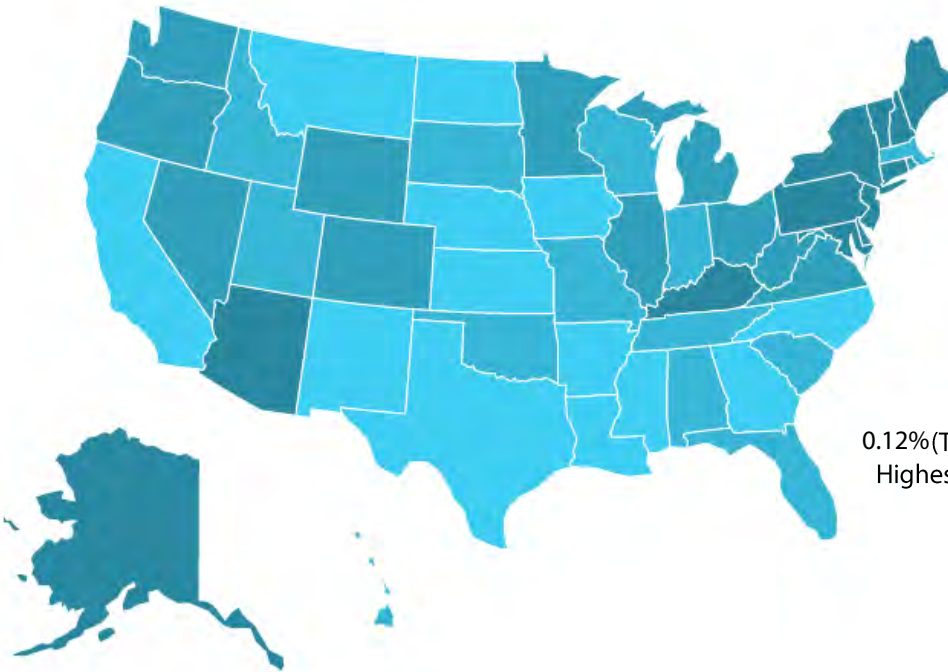
23.90% (District of Columbia)
Lowest Ranked



Rank	State	%
1	Mississippi	8.57
2	Iowa	9.01
3	Utah	9.09
4	Alabama	9.59
5	North Dakota	9.72
6	Texas	9.90
7	Wyoming	10.62
8	South Dakota	10.76
9	Nebraska	10.81
10	West Virginia	10.97
11	Tennessee	11.03
12	Idaho	11.17
13	Oklahoma	11.23
14	Louisiana	11.35
15	Arkansas	11.54
16	Virginia	11.55
17	New Jersey	11.81
18	North Carolina	11.82
19	Wisconsin	11.85
20	Ohio	12.21
21	Kentucky	12.34
22	Kansas	12.37
23	Pennsylvania	12.40
24	Florida	12.51
25	Illinois	12.56
26	South Carolina	12.61

Rank	State	%
27	Hawaii	12.62
28	Georgia	12.79
29	Minnesota	12.82
30	Nevada	12.89
31	Delaware	13.06
32	Arizona	13.08
33	Missouri	13.59
34	Indiana	13.89
35	New Mexico	14.67
36	Maryland	15.20
37	Michigan	15.21
38	New York	15.21
39	California	15.36
40	Montana	15.45
41	Connecticut	15.68
42	New Hampshire	17.44
43	Washington	17.68
44	Massachusetts	18.47
45	Rhode Island	19.04
46	Oregon	19.59
47	Maine	19.88
48	Vermont	20.80
49	Alaska	22.31
50	Colorado	23.57
51	District of Columbia	23.90
	National	13.41

Adult Illicit Drug Use: Heroin



The lowest ranked states (bottom 13), on average, had nearly 4.5 times the adult heroin use than the highest ranked states (top 13).

The state prevalence of adult heroin use ranges from:

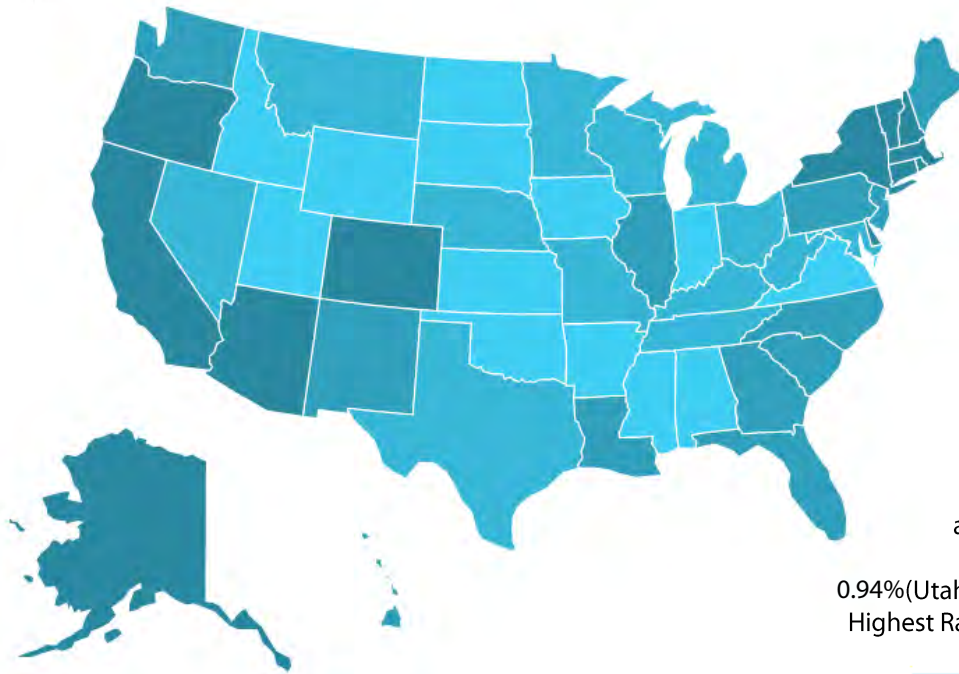
0.12%(Texas) Highest Ranked 1.36%(Alaska) Lowest Ranked



Rank	State	%
1	Texas	0.12
2	Iowa	0.13
3	Kansas	0.15
4	Mississippi	0.16
5	Georgia	0.16
6	Louisiana	0.17
7	Arkansas	0.18
8	Montana	0.18
9	New Mexico	0.20
10	California	0.21
11	North Carolina	0.21
12	North Dakota	0.22
13	Nebraska	0.22
14	Oklahoma	0.23
15	Hawaii	0.23
16	Florida	0.24
17	Utah	0.24
18	Massachusetts	0.25
19	Missouri	0.26
20	Tennessee	0.27
21	South Dakota	0.29
22	Alabama	0.29
23	Idaho	0.29
24	South Carolina	0.30
25	Indiana	0.30
26	Idaho	0.92

Rank	State	%
27	Nevada	0.35
28	Illinois	0.36
29	Oregon	0.37
30	Minnesota	0.37
31	West Virginia	0.38
32	Virginia	0.38
33	Wyoming	0.39
34	Michigan	0.39
35	Ohio	0.41
36	Colorado	0.41
37	Washington	0.43
38	Rhode Island	0.43
39	New York	0.56
40	Kentucky	0.59
41	Pennsylvania	0.59
42	Arizona	0.59
43	Maine	0.62
44	District of Columbia	0.65
45	New Hampshire	0.66
46	New Jersey	0.73
47	Vermont	0.83
48	Connecticut	0.95
49	Maryland	0.95
50	Delaware	1.13
51	Alaska	1.36
	National	0.35

Adult Illicit Drug Use: Cocaine



The lowest ranked states (bottom 13), on average, had 2.3 times the adult cocaine use than the highest ranked states (top 13).

The state prevalence of adult cocaine use ranges

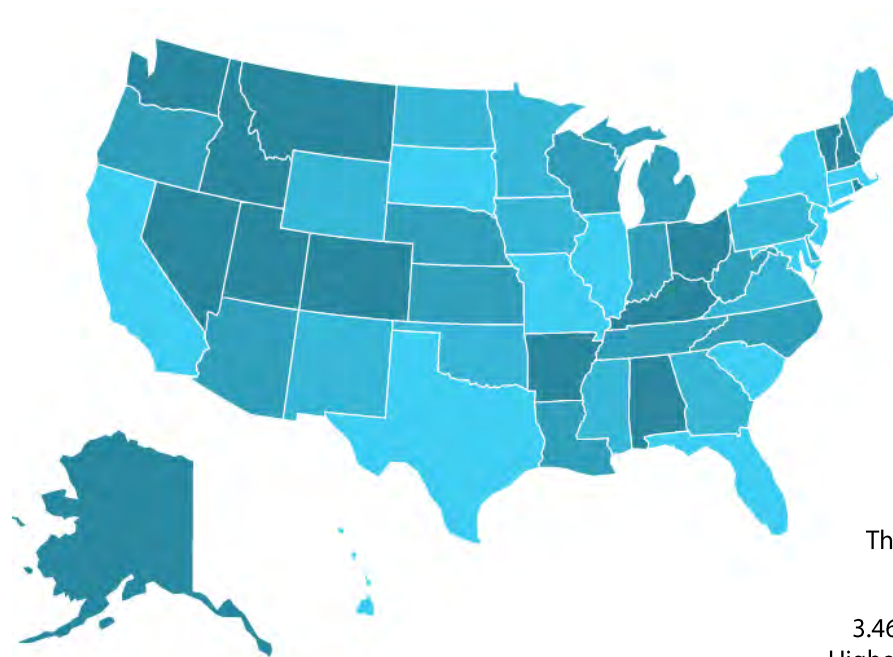
from:
 0.94% (Utah) Highest Ranked
 3.35% (District of Columbia) Lowest Ranked



Rank	State	%
1	Utah	0.94
2	Mississippi	1.08
3	South Dakota	1.08
4	Idaho	1.09
5	Iowa	1.12
6	Wyoming	1.12
7	Arkansas	1.13
8	Oklahoma	1.17
9	North Dakota	1.24
10	Kansas	1.24
11	Alabama	1.31
12	Virginia	1.31
13	Indiana	1.32
14	Michigan	1.33
15	Missouri	1.43
16	Nebraska	1.46
17	Texas	1.50
18	Nevada	1.54
19	Ohio	1.54
20	Montana	1.57
21	Maryland	1.61
22	Minnesota	1.62
23	Tennessee	1.62
24	West Virginia	1.63
25	Wisconsin	1.68
26	Kentucky	1.69

Rank	State	%
27	Pennsylvania	1.72
28	South Carolina	1.74
29	New Jersey	1.83
30	Georgia	1.86
31	Louisiana	1.88
32	Maine	1.88
33	North Carolina	1.93
34	Illinois	1.93
35	Washington	1.95
36	Hawaii	1.99
37	Florida	2.02
38	New Mexico	2.04
39	Alaska	2.15
40	Oregon	2.27
41	California	2.28
42	Delaware	2.37
43	Arizona	2.44
44	Connecticut	2.60
45	Massachusetts	2.61
46	Rhode Island	2.68
47	New York	2.71
48	Vermont	2.83
49	Colorado	2.93
50	New Hampshire	3.28
51	District of Columbia	3.35
	National	1.88

Adults with Serious Thoughts of Suicide



The percentage of adults reporting serious thoughts of suicide is 3.99%. The estimated number of adults with serious suicidal thoughts is over 9.6 million.

The percentage of adults who made a suicide plan in the past year was higher among adults aged 18 to 25.

The state prevalence of adult with serious thoughts of suicide range from:

3.46% (Texas)
Highest Ranked

5.25% (Utah)
Lowest Ranked

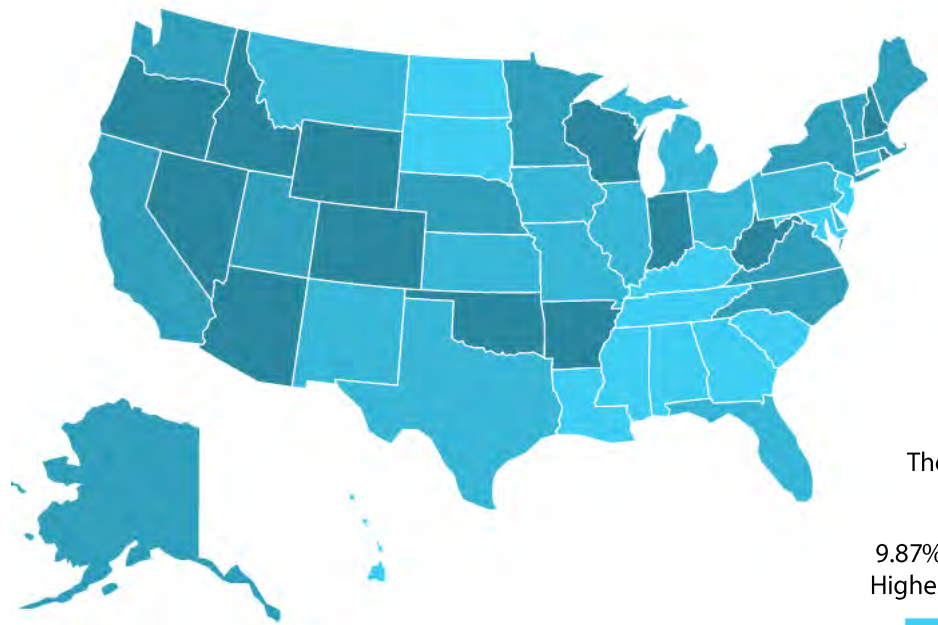


Rank	State	%	#
1	Texas	3.46	678,000
2	Connecticut	3.49	97,000
3	Florida	3.59	563,000
4	Maryland	3.65	166,000
5	South Dakota	3.66	23,000
6	South Carolina	3.73	137,000
7	New Jersey	3.78	259,000
8	California	3.80	1,115,000
9	New York	3.85	591,000
10	Hawaii	3.88	41,000
11	Massachusetts	3.88	206,000
12	Illinois	3.89	378,000
13	Missouri	3.92	179,000
14	Iowa	3.93	92,000
15	Virginia	3.94	247,000
16	North Dakota	3.95	22,000
17	Oklahoma	3.97	114,000
18	Alabama	4.02	148,000
19	Delaware	4.03	29,000
20	Georgia	4.03	301,000
21	Minnesota	4.07	168,000
22	New Mexico	4.08	63,000
23	Maine	4.10	43,000
24	Pennsylvania	4.10	407,000
25	Mississippi	4.13	91,000
26	Wyoming	4.14	18,000

Rank	State	%	#
27	Kansas	4.14	88,000
28	Michigan	4.14	314,000
29	Indiana	4.17	206,000
30	District of Columbia	4.18	23,000
31	Nebraska	4.18	58,000
32	Wisconsin	4.18	184,000
33	Louisiana	4.19	144,000
34	North Carolina	4.20	315,000
35	West Virginia	4.23	61,000
36	Tennessee	4.26	212,000
37	Arizona	4.34	219,000
38	Oregon	4.37	136,000
39	Idaho	4.39	52,000
40	Arkansas	4.41	98,000
41	Rhode Island	4.42	37,000
42	Nevada	4.45	96,000
43	Colorado	4.47	182,000
44	Washington	4.54	245,000
45	Vermont	4.59	23,000
46	Ohio	4.64	408,000
47	Kentucky	4.66	155,000
48	Alaska	4.68	24,000
49	New Hampshire	4.94	52,000
50	Montana	4.95	39,000
51	Utah	5.25	107,000
	National	3.99	9,653,000

Youth Prevalence of Mental Illness

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



11.93% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year. Major Depression is marked by significant and pervasive feelings of sadness that are associated with suicidal thoughts and impair a young person's ability to concentrate or engage in normal activities.

The number of youth experiencing MDE continues to rise, annually.

The state prevalence of youth with MDE ranges from:

9.87% (Hawaii)
Highest Ranked

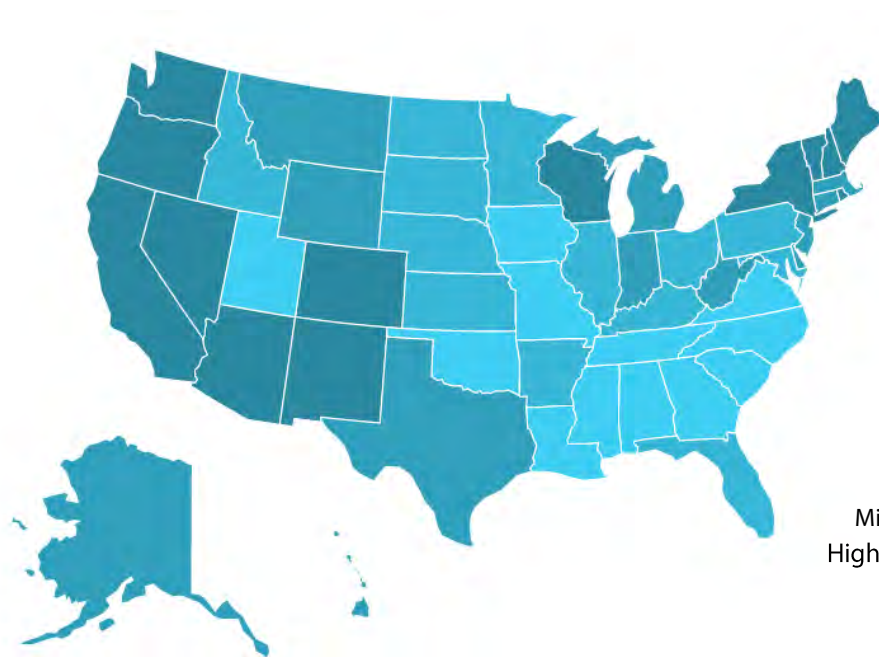
14.64% (Indiana)
Lowest Ranked



Rank	State	%	#
1	Hawaii	9.87	10,000
2	South Dakota	9.90	7,000
3	District of Columbia	9.96	3,000
4	Georgia	10.08	85,000
5	New Jersey	10.32	72,000
6	North Dakota	10.47	5,000
7	Tennessee	10.92	55,000
8	South Carolina	10.96	40,000
9	Alabama	10.97	42,000
10	Louisiana	11.00	40,000
11	Maryland	11.03	50,000
12	Kentucky	11.05	38,000
13	Mississippi	11.08	27,000
14	Kansas	11.18	27,000
15	Illinois	11.20	115,000
16	Montana	11.42	8,000
17	Delaware	11.47	8,000
18	Connecticut	11.49	33,000
19	Missouri	11.49	54,000
20	New Mexico	11.50	19,000
21	Texas	11.53	272,000
22	Pennsylvania	11.64	109,000
23	Michigan	11.80	93,000
24	Ohio	11.85	109,000
25	Iowa	11.87	29,000
26	Florida	11.88	166,000

Rank	State	%	#
27	New York	11.92	170,000
28	Utah	11.97	35,000
29	Vermont	12.06	5,000
30	Nebraska	12.25	19,000
31	California	12.28	375,000
32	North Carolina	12.35	96,000
33	Massachusetts	12.37	60,000
34	Alaska	12.40	7,000
35	Virginia	12.47	78,000
36	Maine	12.51	12,000
37	Washington	12.54	67,000
38	Minnesota	12.55	53,000
39	Oklahoma	12.57	39,000
40	Arkansas	12.72	30,000
41	Idaho	13.03	19,000
42	Rhode Island	13.03	10,000
43	Arizona	13.20	72,000
44	West Virginia	13.26	17,000
45	Wyoming	13.31	6,000
46	New Hampshire	13.43	13,000
47	Wisconsin	13.64	61,000
48	Colorado	13.73	57,000
49	Nevada	13.94	31,000
50	Oregon	14.33	42,000
51	Indiana	14.64	79,000
	National	11.93	2,969,000

Youth with Alcohol Dependence and Illicit Drug Use



5.13% of youth in America report having a substance use or alcohol problem.

3.3 million youth reported the use of marijuana, cocaine, and/or heroin

National youth rates have decreased over time, but higher rates remain among special populations, such as LGBTQ, Service members and American and Alaskan Natives.¹

The state prevalence of youth alcohol and substance use ranges from:

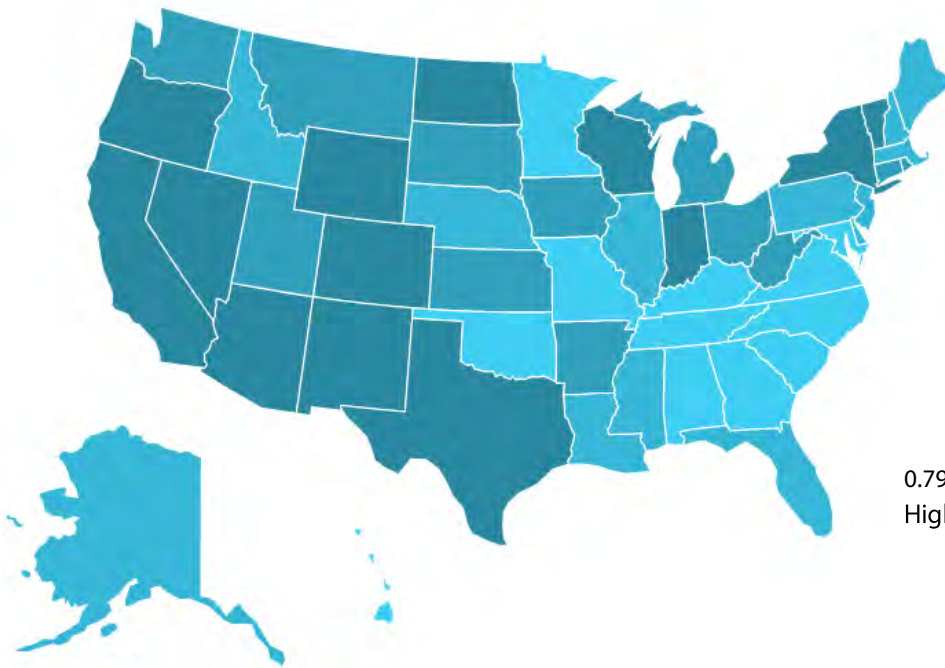


Rank	State	Weighted Sum of Z scores
1	Mississippi	-1.3899
2	Alabama	-1.2295
3	Louisiana	-1.2050
4	North Carolina	-0.9268
5	Utah	-0.8959
6	Georgia	-0.8945
7	Iowa	-0.8936
8	Tennessee	-0.8374
9	South Carolina	-0.8049
10	District of Columbia	-0.7956
11	Oklahoma	-0.7809
12	Virginia	-0.7308
13	Missouri	-0.6696
14	Nebraska	-0.6455
15	South Dakota	-0.5813
16	Arkansas	-0.5321
17	Minnesota	-0.4994
18	Florida	-0.3702
19	North Dakota	-0.3618
20	Ohio	-0.3270
21	Kansas	-0.3114
22	Illinois	-0.2895
23	Maryland	-0.2096
24	Pennsylvania	-0.1863
25	Kentucky	-0.1861
26	Idaho	-0.1618

Rank	State	Weighted Sum of Z scores
27	Wyoming	-0.1383
28	Michigan	-0.1232
29	Montana	-0.0500
30	West Virginia	-0.0422
31	Indiana	-0.0020
32	Hawaii	0.0278
33	Delaware	0.0537
34	New Jersey	0.1256
35	Massachusetts	0.1732
36	Texas	0.2067
37	Connecticut	0.2392
38	Alaska	0.2928
39	New York	0.4384
40	Wisconsin	0.4389
41	Washington	0.5629
42	Maine	0.6482
43	Nevada	0.6500
44	Rhode Island	0.7792
45	California	0.9050
46	New Mexico	1.1088
47	Oregon	1.2007
48	New Hampshire	1.2217
49	Vermont	1.2473
50	Arizona	1.4244
51	Colorado	1.7503
	National	0.00

¹ Center for Substance Abuse Treatment. Substance Abuse Treatment and Family Therapy. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 39.) Chapter 5 Specific Populations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64253/>

Youth Alcohol Dependence



238,000 Youth (12-17) experienced alcohol dependence in the past year, causing severe impairment and distress.

The state prevalence of Youth Alcohol Dependence ranges from:

0.79% (Maryland)
Highest Ranked

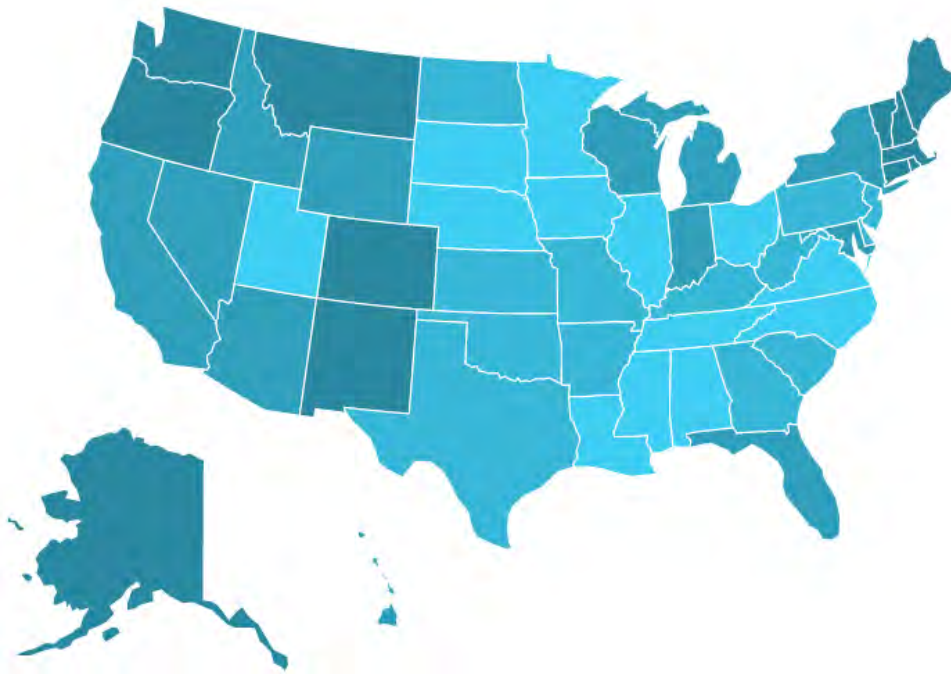
1.23% (New Mexico)
Lowest Ranked



Rank	State	%
1	Maryland	0.79
2	Tennessee	0.79
3	Alabama	0.80
4	South Carolina	0.81
5	North Carolina	0.81
6	Kentucky	0.82
7	Virginia	0.83
8	Missouri	0.83
9	District of Columbia	0.84
10	Hawaii	0.84
11	Oklahoma	0.84
12	Georgia	0.84
13	Minnesota	0.85
14	Mississippi	0.85
15	Louisiana	0.85
16	Maine	0.86
17	Florida	0.86
18	Alaska	0.87
19	New Hampshire	0.88
20	Pennsylvania	0.88
21	Illinois	0.91
22	New Jersey	0.91
23	Massachusetts	0.91
24	Delaware	0.92
25	Nebraska	0.92
26	Idaho	0.92

Rank	State	%
27	Connecticut	0.92
28	Washington	0.93
29	Montana	0.94
30	Iowa	0.94
31	Kansas	0.94
32	Utah	0.95
33	South Dakota	0.95
34	Michigan	0.95
35	Ohio	0.95
36	Arkansas	0.96
37	West Virginia	0.96
38	Rhode Island	0.96
39	Vermont	0.96
40	North Dakota	0.97
41	Wisconsin	0.98
42	Indiana	0.98
43	New York	1.02
44	Nevada	1.04
45	Oregon	1.06
46	Wyoming	1.06
47	California	1.07
48	Arizona	1.10
49	Colorado	1.11
50	Texas	1.16
51	New Mexico	1.23
	National	0.95

Youth Illicit Drug Use: Marijuana



In the last decade, the establishment of state-level medical marijuana/cannabis program laws, has had no impact on the prevalence of marijuana use amongst 12 to 17 and 18 to 25 years-old.²

The state prevalence of Youth Marijuana Use ranges from:
9.00% (Utah) Highest Ranked 18.44% (Alaska) Lowest Ranked

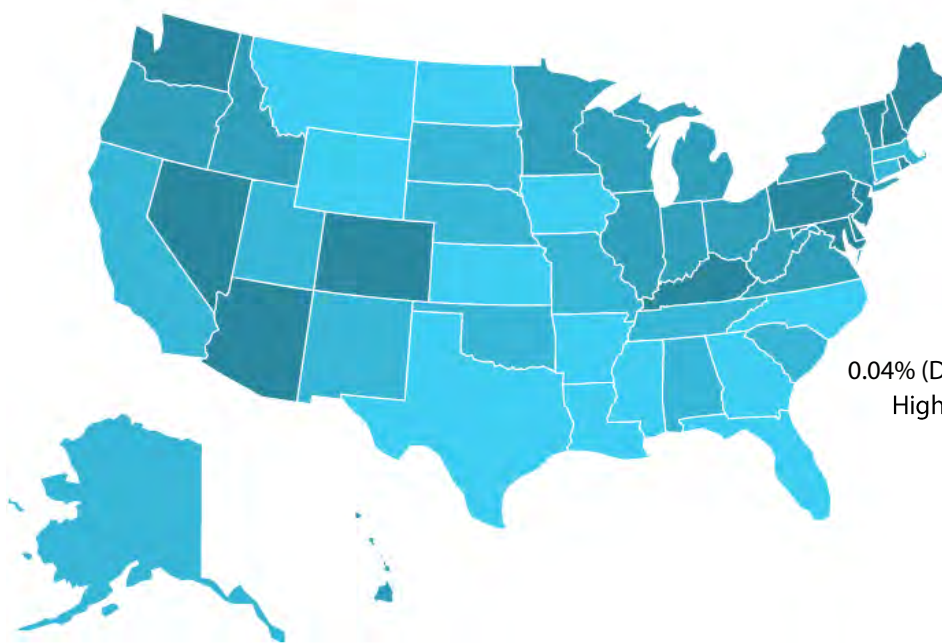


Rank	State	%
1	Utah	9.00
2	Iowa	9.46
3	Mississippi	9.54
4	Alabama	9.71
5	Louisiana	10.04
6	Nebraska	10.24
7	South Dakota	10.86
8	Tennessee	11.21
9	Ohio	11.35
10	Virginia	11.42
11	Minnesota	11.43
12	North Carolina	11.44
13	Illinois	11.53
14	Kentucky	11.68
15	Georgia	11.68
16	Texas	11.70
17	Oklahoma	11.74
18	North Dakota	11.79
19	Pennsylvania	11.88
20	South Carolina	12.02
21	Arkansas	12.14
22	West Virginia	12.15
23	New Jersey	12.41
24	Kansas	12.45
25	Missouri	12.94
26	Delaware	13.04

Rank	State	%
27	New York	13.17
28	Wyoming	13.30
29	Idaho	13.31
30	Arizona	13.45
31	Florida	13.49
32	Nevada	13.50
33	Hawaii	13.77
34	Indiana	13.83
35	Wisconsin	14.04
36	Michigan	14.04
37	California	14.11
38	Maryland	14.45
39	Montana	14.62
40	New Mexico	15.15
41	Washington	15.61
42	Connecticut	15.63
43	Massachusetts	15.91
44	Rhode Island	16.28
45	New Hampshire	16.41
46	District of Columbia	16.55
47	Vermont	17.04
48	Maine	17.51
49	Oregon	17.56
50	Colorado	18.35
51	Alaska	18.44
	National	12.86

² Medical marijuana laws and adolescent marijuana use in the USA from 1991 to 2014: results from annual, repeated cross-sectional surveys Hasin, Deborah S et al. The Lancet Psychiatry, Volume 2, Issue 7, 601 - 608

Youth Illicit Drug Use: Heroin



Youth in the lowest ranked states (bottom 13) had, on average, 2.7 times the youth heroin use than the highest ranked states (top 13).

The state prevalence of youth heroin use ranges from:

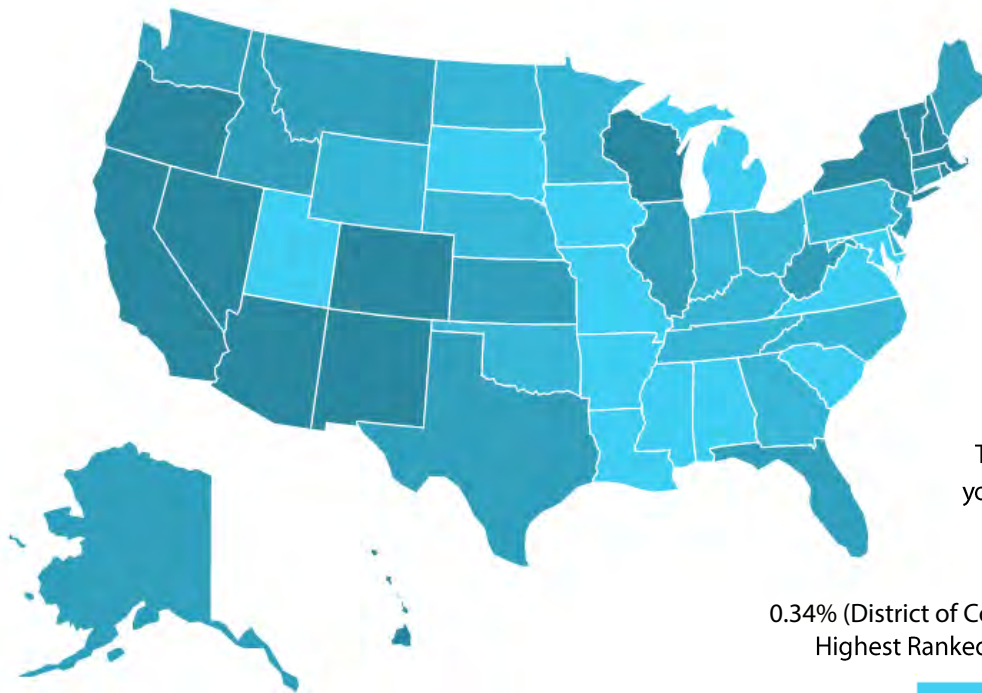
0.04% (District of Columbia) 0.22% (New Hampshire)
Highest Ranked Lowest Ranked



Rank	State	%
1	District of Columbia	0.04
2	Wyoming	0.05
3	Louisiana	0.05
4	Mississippi	0.05
5	Texas	0.05
6	Georgia	0.06
7	North Carolina	0.06
8	Iowa	0.06
9	Florida	0.07
10	Kansas	0.07
11	Arkansas	0.07
12	Montana	0.07
13	North Dakota	0.08
14	New Mexico	0.08
15	Massachusetts	0.08
16	Nebraska	0.08
17	Oklahoma	0.08
18	Alaska	0.08
19	Alabama	0.08
20	Missouri	0.08
21	South Carolina	0.08
22	Tennessee	0.09
23	South Dakota	0.09
24	Utah	0.09
25	California	0.09
26	Connecticut	0.10

Rank	State	%
27	Idaho	0.10
28	Hawaii	0.10
29	Illinois	0.11
30	Indiana	0.11
31	Minnesota	0.11
32	Virginia	0.11
33	New York	0.11
34	Ohio	0.11
35	Michigan	0.12
36	West Virginia	0.12
37	Wisconsin	0.12
38	Oregon	0.13
39	Colorado	0.13
40	Rhode Island	0.14
41	Nevada	0.14
42	Pennsylvania	0.15
43	Delaware	0.15
44	Washington	0.15
45	Maryland	0.16
46	New Jersey	0.16
47	Maine	0.17
48	Kentucky	0.17
49	Vermont	0.18
50	Arizona	0.20
51	New Hampshire	0.22
	National	0.10

Youth Illicit Drug Use: Cocaine



160,000 Youth (12-17) stated that they used cocaine in the past year.

The lowest ranked states (bottom 13), on average, had nearly twice the Youth cocaine use among youth than the highest ranked states (top 13).

The state prevalence of youth cocaine Use ranges from:

0.34% (District of Columbia)
Highest Ranked

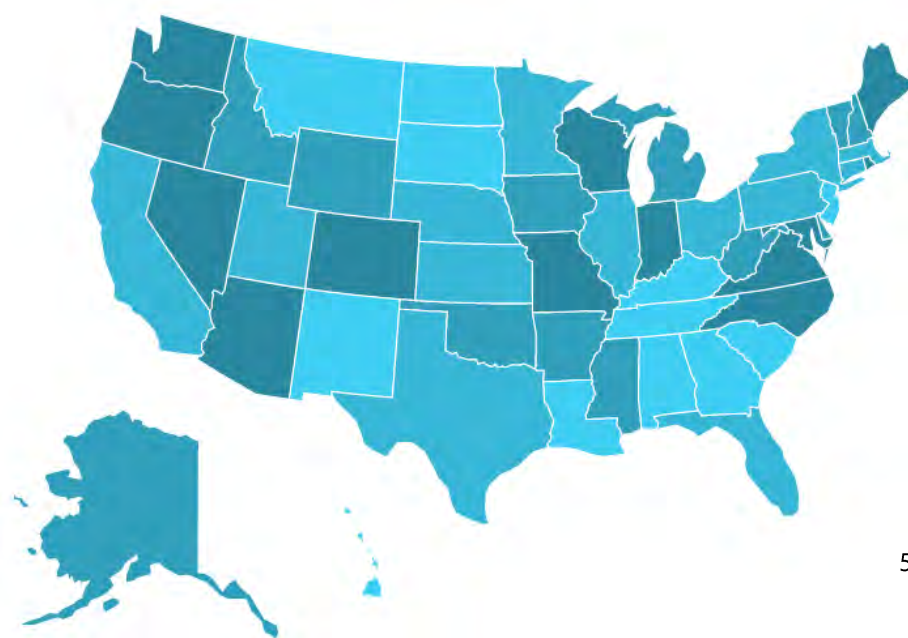
0.98% (Colorado)
Lowest Ranked



Rank	State	%
1	District of Columbia	0.34
2	Mississippi	0.36
3	Utah	0.40
4	Alabama	0.41
5	Louisiana	0.44
6	Michigan	0.44
7	Maryland	0.46
8	Virginia	0.46
9	Iowa	0.47
10	Arkansas	0.48
11	South Dakota	0.49
12	Missouri	0.49
13	South Carolina	0.50
14	Oklahoma	0.50
15	Ohio	0.50
16	Indiana	0.51
17	Georgia	0.51
18	North Carolina	0.53
19	Pennsylvania	0.54
20	Tennessee	0.54
21	Nebraska	0.56
22	Wyoming	0.56
23	Delaware	0.56
24	Kentucky	0.56
25	North Dakota	0.56
26	Minnesota	0.57

Rank	State	%
27	Idaho	0.57
28	West Virginia	0.59
29	Illinois	0.60
30	New Jersey	0.60
31	Kansas	0.61
32	Montana	0.62
33	Florida	0.65
34	Alaska	0.65
35	Maine	0.65
36	Connecticut	0.67
37	Washington	0.67
38	Texas	0.70
39	Massachusetts	0.71
40	Nevada	0.72
41	Wisconsin	0.72
42	New York	0.73
43	Rhode Island	0.74
44	Hawaii	0.76
45	Oregon	0.80
46	Vermont	0.81
47	New Mexico	0.82
48	New Hampshire	0.83
49	Arizona	0.85
50	California	0.94
51	Colorado	0.98
	National	0.64

Youth with Severe Major Depressive Episode



8.2% of youth (over 1.9 million youth) cope with severe major depression. Depressive symptoms result in significant interference in school, home and in relationships.

States with the highest rates (bottom 13 states) have almost **TWICE as many** severely depressed youth than states with the lowest rates (top 13 states).

The state prevalence of youth with severe MDE ranges from:

5.4% (South Dakota)
Highest Ranked

13.1% (Oregon)
Lowest Ranked



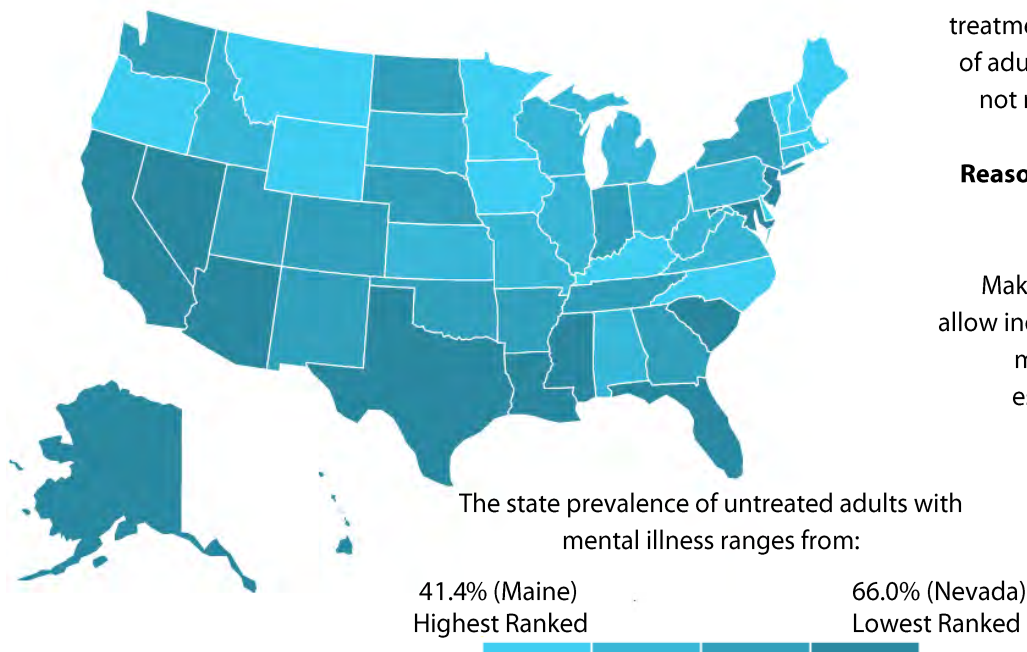
Rank	State	%	#
1	South Dakota	5.4	4,000
2	Kentucky	5.5	18,000
3	Georgia	5.6	46,000
4	New Mexico	5.8	9,000
5	Montana	5.9	4,000
6	North Dakota	6.0	3,000
7	Hawaii	6.2	6,000
8	Tennessee	6.5	32,000
9	New Jersey	6.6	45,000
10	District of Columbia	6.7	2,000
11	Alabama	6.8	25,000
12	Louisiana	6.9	25,000
13	South Carolina	7.1	25,000
14	New York	7.5	104,000
15	Pennsylvania	7.5	68,000
16	Texas	7.6	175,000
17	Nebraska	7.6	11,000
18	Utah	7.7	22,000
19	Kansas	7.7	18,000
20	California	7.8	232,000
21	Illinois	7.9	79,000
22	Ohio	8.0	72,000
23	Connecticut	8.0	22,000
24	Florida	8.1	111,000
25	Minnesota	8.2	34,000
26	Massachusetts	8.3	39,000

Rank	State	%	#
27	West Virginia	8.5	11,000
28	Vermont	8.5	4,000
29	Alaska	8.7	5,000
30	Michigan	8.7	67,000
31	New Hampshire	8.7	8,000
32	Wyoming	8.8	4,000
33	Mississippi	8.8	21,000
34	Iowa	8.8	21,000
35	Delaware	8.9	6,000
36	Arkansas	9.0	21,000
37	Oklahoma	9.1	28,000
38	Washington	9.3	48,000
39	Idaho	9.3	13,000
40	Maryland	9.4	42,000
41	Missouri	9.5	43,000
42	North Carolina	9.6	72,000
43	Virginia	9.9	60,000
44	Maine	10.3	9,000
45	Nevada	10.6	23,000
46	Arizona	10.6	56,000
47	Colorado	10.8	43,000
48	Wisconsin	11.5	51,000
49	Rhode Island	12.1	9,000
50	Indiana	12.1	63,000
51	Oregon	13.1	37,000
	National	8.2	1,996,000

According to SAMHSA, youth who experience a major depressive episode 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



55.8% of adults with a mental illness received no treatment. Lack of access to treatment is slowly improving. In 2011, 59% of adults with a mental health problem did not receive any mental health treatment.

Reasons for not receiving treatment can be individual or systemic.

Making screening tools accessible would allow individuals to learn about, and address mental health concerns. Additionally, establishing contact with a healthcare provider at onset is critical.

Rank	State	%	#
1	Maine	41.4	87,000
2	Vermont	43.7	47,000
3	Minnesota	44.3	356,000
4	Iowa	45.6	170,000
5	Massachusetts	45.9	502,000
6	Montana	48.1	79,000
7	New Hampshire	49.0	111,000
8	Rhode Island	49.3	92,000
9	North Carolina	50.2	743,000
10	Delaware	50.6	69,000
11	Kentucky	50.6	363,000
12	Oregon	51.2	373,000
13	Wyoming	52.0	44,000
14	Idaho	52.2	129,000
15	Missouri	52.3	424,000
16	Wisconsin	52.4	436,000
17	Connecticut	52.5	247,000
18	Ohio	52.9	946,000
19	Virginia	53.0	630,000
20	Pennsylvania	53.2	933,000
21	Illinois	53.3	807,000
22	Kansas	53.7	193,000
23	Michigan	53.7	743,000
24	West Virginia	53.8	167,000
25	Alabama	54.0	382,000
26	South Dakota	54.3	56,000

Rank	State	%	#
27	Arkansas	54.8	251,000
28	Indiana	55.4	571,000
29	North Dakota	55.6	45,000
30	Washington	55.6	593,000
31	Utah	56.2	246,000
32	Oklahoma	56.3	298,000
33	New York	56.4	1,468,000
34	New Mexico	57.2	188,000
35	Colorado	57.3	433,000
36	Georgia	57.3	757,000
37	Nebraska	57.5	143,000
38	Tennessee	57.7	599,000
39	Mississippi	57.8	222,000
40	Louisiana	58.1	388,000
41	New Jersey	58.2	587,000
42	South Carolina	58.3	357,000
43	Arizona	58.5	539,000
44	District of Columbia	58.7	61,000
45	Maryland	59.5	417,000
46	Texas	60.4	1,890,000
47	California	61.2	3,104,000
48	Florida	61.7	1,557,000
49	Hawaii	63.5	114,000
50	Alaska	63.9	60,000
51	Nevada	66.0	268,000
	National	55.8	24,280,000

Adults with AMI Reporting Unmet Need

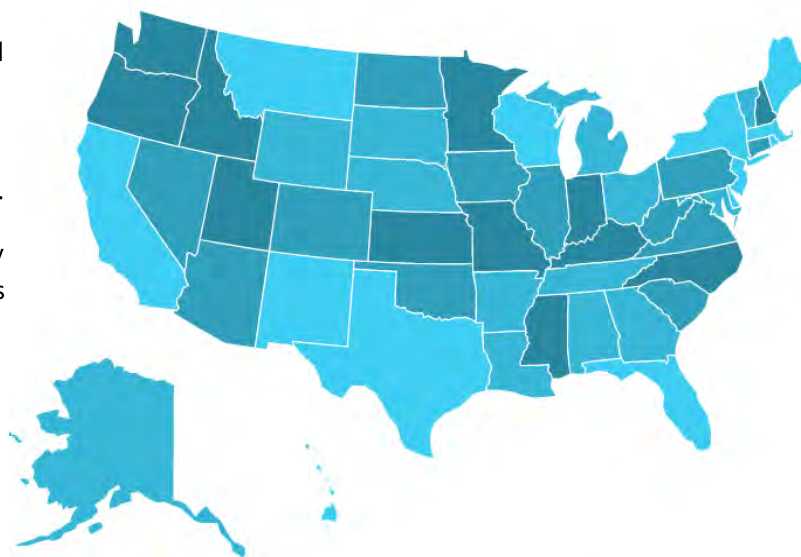
One out of five (20.1%) adults with a mental illness reported that were not able to receive the treatment they needed.

Individuals who are reporting unmet need are seeking treatment and facing barriers to getting the help they need.

Where you live could determine whether you receive timely treatment: individuals living in states with the highest levels of unmet need (bottom 13) were 1.6 times more likely to have people report unmet need.

Across the country, several systemic barriers to accessing care exclude and marginalize individuals with a great need. These include the following:

- 1) Lack of insurance or inadequate insurance
- 2) Lack of available treatment providers
- 3) Lack of available treatment types (inpatient treatment, individual therapy, intensive community services)
- 4) 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:

14.4% (Hawaii)
Highest Ranked

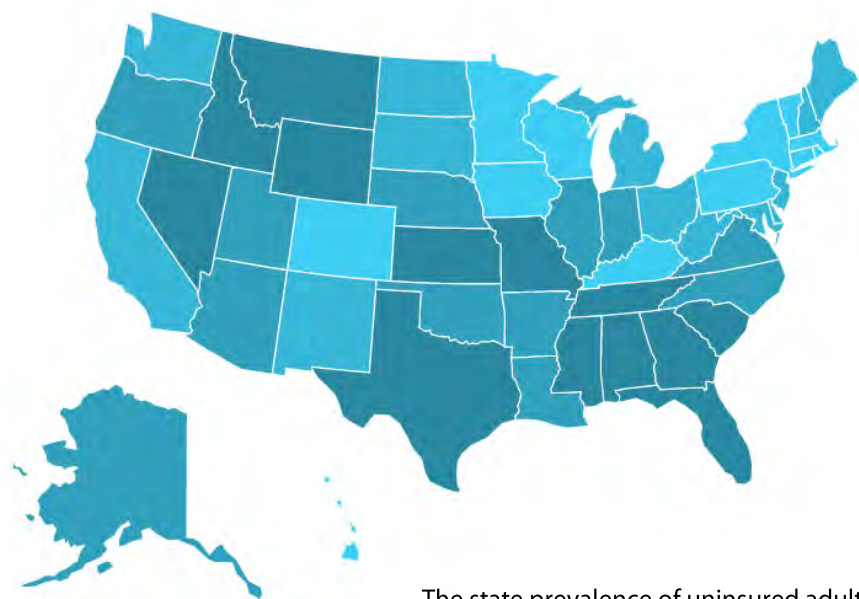
25.2% (District of Columbia)
Lowest Ranked



Rank	State	%	#
1	Hawaii	14.4	26,000
2	Massachusetts	15.6	169,000
3	Texas	16.9	530,000
4	Delaware	17.0	23,000
5	New Jersey	17.4	177,000
6	Rhode Island	17.9	33,000
7	New Mexico	18.2	60,000
8	California	18.2	922,000
9	Florida	18.3	464,000
10	Montana	18.4	30,000
11	New York	18.6	483,000
12	Wisconsin	19.0	158,000
13	Maine	19.1	40,000
14	Nebraska	19.2	48,000
15	Alaska	19.2	18,000
16	Georgia	19.3	255,000
17	Arkansas	19.4	89,000
18	South Dakota	19.6	20,000
19	Louisiana	19.6	131,000
20	Alabama	19.8	140,000
21	Tennessee	19.8	206,000
22	Maryland	20.0	140,000
23	Ohio	20.1	360,000
24	Michigan	20.1	279,000
25	Vermont	20.6	22,000
26	Iowa	20.6	77,000

Rank	State	%	#
27	Wyoming	20.6	18,000
28	Pennsylvania	20.6	362,000
29	Arizona	20.8	193,000
30	North Dakota	20.9	17,000
31	Illinois	21.3	324,000
32	South Carolina	21.3	130,000
33	Connecticut	21.6	102,000
34	Oklahoma	21.7	114,000
35	Colorado	21.8	163,000
36	Virginia	22.0	262,000
37	West Virginia	22.1	69,000
38	Nevada	22.4	91,000
39	Kansas	22.5	81,000
40	Utah	22.7	100,000
41	Mississippi	22.9	88,000
42	Kentucky	23.3	168,000
43	Washington	23.5	249,000
44	New Hampshire	23.8	54,000
45	Minnesota	24.0	194,000
46	North Carolina	24.3	362,000
47	Oregon	24.5	177,000
48	Indiana	24.5	247,000
49	Idaho	24.7	61,000
50	Missouri	25.1	203,000
51	District of Columbia	25.2	26,000
	National	20.1	8,752,000

Adults with AMI who are Uninsured



The state prevalence of uninsured adults with mental illness ranges from:
 3.3% (Massachusetts) Highest Ranked
 23.8% (South Carolina) Lowest Ranked



14.7% (over 6.3 million) of adults with a mental illness remain uninsured.

Missouri (7.7%), South Carolina (2.7%), and Kansas (2.4%) had the largest increase in Adults with AMI who Uninsured –three states that have not adopted Medicaid expansion.

With a national focus on health care access, the uninsured rate is improving (3% reduction).

Unfortunately, having insurance coverage does not mean access to needed treatment.

55.8% of adults with mental illness received no treatment in the past year. For those seeking treatment, 20.1% continue to report unmet treatment needs.

Rank	State	%	#
1	Massachusetts	3.3	36,000
2	District of Columbia	4.9	5,000
3	Hawaii	5.3	10,000
4	Vermont	5.6	6,000
5	Minnesota	6.8	55,000
6	Kentucky	8.1	58,000
7	Rhode Island	8.2	15,000
8	Colorado	8.7	66,000
9	Wisconsin	9.0	75,000
10	Connecticut	9.3	44,000
11	Iowa	9.3	35,000
12	Pennsylvania	9.6	170,000
13	New York	10.3	268,000
14	North Dakota	10.7	9,000
15	New Mexico	10.8	36,000
16	New Hampshire	10.9	25,000
17	Delaware	11.1	15,000
18	New Jersey	11.3	115,000
19	Maryland	11.3	79,000
20	South Dakota	11.8	12,000
21	Ohio	11.9	214,000
22	Washington	11.9	127,000
23	West Virginia	11.9	37,000
24	Michigan	12.5	174,000
25	California	13.3	675,000
26	Maine	13.3	28,000

Rank	State	%	#
27	Illinois	13.9	211,000
28	Oregon	14.5	106,000
29	Virginia	14.6	174,000
30	Alaska	14.9	14,000
31	North Carolina	15.0	224,000
32	Nebraska	15.3	38,000
33	Arizona	15.9	147,000
34	Indiana	16.1	165,000
35	Louisiana	17.7	119,000
36	Utah	17.7	78,000
37	Oklahoma	17.7	94,000
38	Arkansas	18.1	83,000
39	Kansas	18.5	66,000
40	Montana	18.6	31,000
41	Nevada*	19.0	77,000
42	Georgia	19.2	254,000
43	Alabama	19.3	136,000
44	Idaho	19.3	48,000
45	Mississippi	20.4	79,000
46	Wyoming	20.7	18,000
47	Florida	21.0	533,000
48	Missouri	22.5	183,000
49	Texas	23.3	731,000
50	Tennessee	23.6	247,000
51	South Carolina	23.8	145,000
	National	14.7	6,389,000

Adults with Disability who Could Not See a Doctor Due to Costs

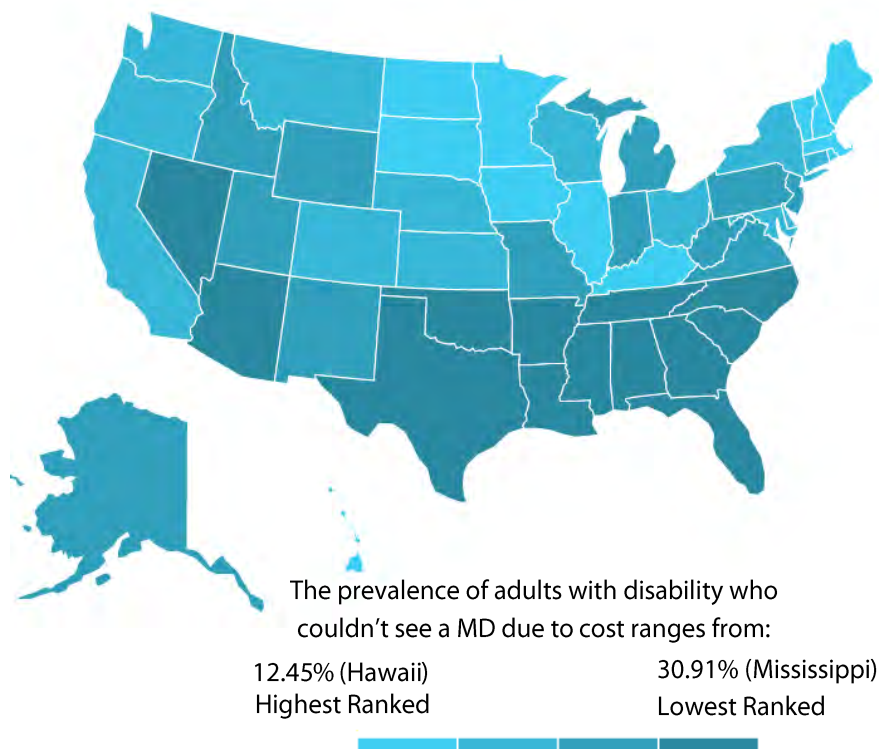
21.62% of adults with a disability were not able to see a doctor due to costs.

An estimated 47% of adults are not receiving treatment because of costs.

People with mental health problems are more likely to have no insurance or to be on public insurance (43%).¹

The inability to pay for treatment, due to high treatment costs and/or inadequate insurance coverage remains a barrier for those individuals despite being insured.

In recent years, there has also been a decline in employer-sponsored insurance, which has contributed to even greater disparities in mental healthcare.



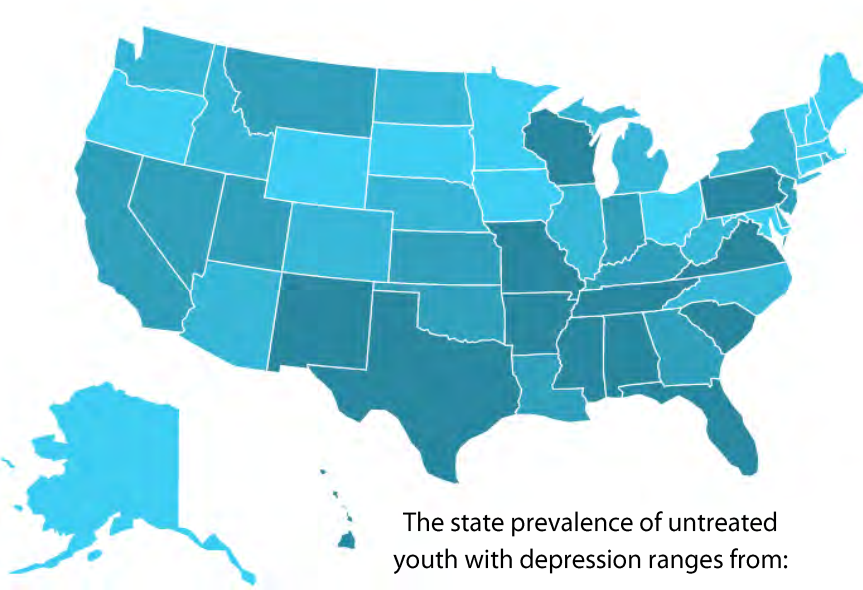
Rank	State	%	#
1	Hawaii	12.45	22,097
2	Iowa	12.64	54,455
3	Vermont	12.66	13,144
4	North Dakota	13.26	12,981
5	New Hampshire	13.47	28,019
6	Massachusetts	13.64	141,320
7	District of Columbia	14.19	13,597
8	Minnesota	14.38	104,523
9	Illinois	15.38	262,507
10	Kentucky	15.38	188,778
11	Maine	15.89	40,150
12	South Dakota	16.11	21,437
13	Rhode Island	16.18	27,887
14	Colorado	17.30	133,762
15	Connecticut	17.53	93,597
16	Washington	17.53	219,597
17	Wisconsin	17.53	146,005
18	Ohio	17.59	319,279
19	Montana	18.21	34,492
20	Maryland	18.27	143,733
21	California	18.46	1,006,308
22	New York	18.79	531,331
23	Kansas	19.02	79,714
24	Oregon	19.23	152,156
25	Nebraska	19.39	48,379
26	Delaware	19.48	28,943

Rank	State	%	#
27	West Virginia	20.03	82,178
28	Pennsylvania	20.17	392,965
29	Idaho	20.74	56,031
30	Alaska	20.98	23,610
31	New Mexico	21.09	72,475
32	Wyoming	21.30	20,759
33	Michigan	21.43	363,203
34	Virginia	21.65	243,521
35	Utah	22.06	77,733
36	New Jersey	22.35	258,348
37	Indiana	22.86	237,916
38	Missouri	23.54	272,719
39	Arkansas	24.11	146,714
40	Arizona	24.14	249,660
41	Nevada	24.75	109,424
42	Tennessee	25.21	309,380
43	North Carolina	25.40	418,833
44	Oklahoma	25.45	188,785
45	Alabama	25.65	261,471
46	Georgia	26.96	407,162
47	Florida	27.11	875,479
48	South Carolina	28.12	244,082
49	Louisiana	28.73	225,771
50	Texas	29.19	956,390
51	Mississippi	30.91	170,133
	National	21.62	10,663,174

⁷ Bradford, Kim, Braxton, and others, "Access to medical care among persons with psychotic and major affective disorders," *Psychiatric Services* 59(8), pp. 847-852, 2008 (AHRQ grant HS13353).

Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services



48.6% (Connecticut)
Highest Ranked

72.2% (Tennessee)
Lowest Ranked

63.1% of youth with major depression do not receive any mental health treatment.

That means that **6 out of 10** young people who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.

State-level budget cuts and coverage contraction has presented a challenge for federal programs, such as Medicaid, which is reported to have the greatest influence over mental health trends among children.¹

Rank	State	%	#
1*	Connecticut	48.6	12,000
2	Maine	50.1	5,000
3	Vermont	50.6	2,000
4	Minnesota	51.9	21,000
5	Alaska	53.1	3,000
6	Oregon	54.9	26,000
7	Massachusetts	55.5	26,000
8	Maryland	55.6	24,000
9	Wyoming	55.7	3,000
10	Iowa	56.4	13,000
11	Ohio	58.0	56,000
12	New Hampshire	58.0	7,000
13	South Dakota	58.1	3,000
14	Delaware	58.8	4,000
15	West Virginia	59.9	8,000
16	Idaho	59.9	9,000
17	New York	60.3	91,000
18	Rhode Island	61.6	7,000
19	Illinois	61.8	66,000
20	Michigan	62.0	55,000
21	Colorado	62.1	36,000
22	Nebraska	62.1	8,000
23	Arizona	62.1	47,000
24	North Carolina	62.3	58,000
25	Washington	62.5	36,000
26	North Dakota	62.5	2,000

Rank	State	%	#
27	Indiana	62.7	50,000
28	Oklahoma	63.1	18,000
29	Kansas	63.3	14,000
30	New Jersey	63.5	34,000
31	Nevada	64.0	20,000
32	District of Columbia	64.1	1,000
33	Montana	64.6	4,000
34	Utah	64.7	19,000
35	Kentucky	64.9	20,000
36	California	65.0	233,000
37	Louisiana	65.0	19,000
38	Georgia	65.5	46,000
39	Missouri	66.3	30,000
40	Pennsylvania	66.4	65,000
41	Arkansas	66.6	17,000
42	Hawaii	66.7	6,000
43	Florida	66.8	106,000
44	Alabama	67.1	24,000
45	New Mexico	69.2	12,000
46	Texas	69.5	183,000
47	Mississippi	70.0	15,000
48	South Carolina	70.6	23,000
49	Virginia	70.8	55,000
50	Wisconsin	71.8	51,000
51	Tennessee	72.2	31,000
	National	63.0	1,548,000

* Due to data limitations, figures were taken from two sets of data: annual averages from 2013-2015 and 2010-2015. Data set denoted for each state in the Appendix-Table 1

³ Waxman HA. Improving the Care of Children with Mental Illness: A Challenge for Public Health and the Federal Government. *Public Health Reports*. 2006;121(3):299-302.

Youth with Severe MDE who Received Some Consistent Treatment

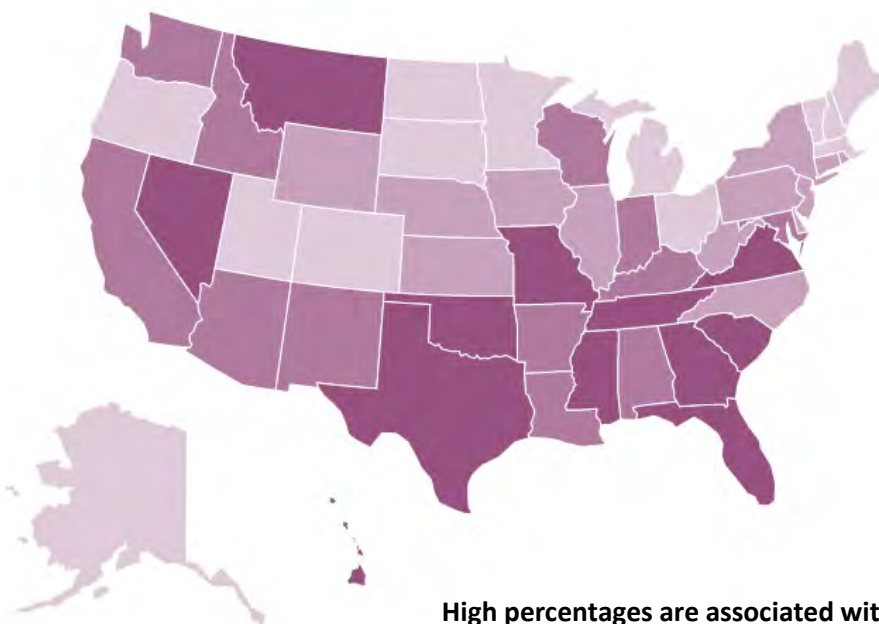
Nationally, only 23.4% of youth with severe depression receive some consistent treatment (7-25+ visits in a year).

These numbers speak on the need for increased funding for community-based treatments proven to work for high needs children. Treatments must be made accessible to children with mental health conditions and their family—regardless of income.

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

39.9 % (Minnesota)
Highest Ranked

11.30% (Mississippi)
Lowest ranked



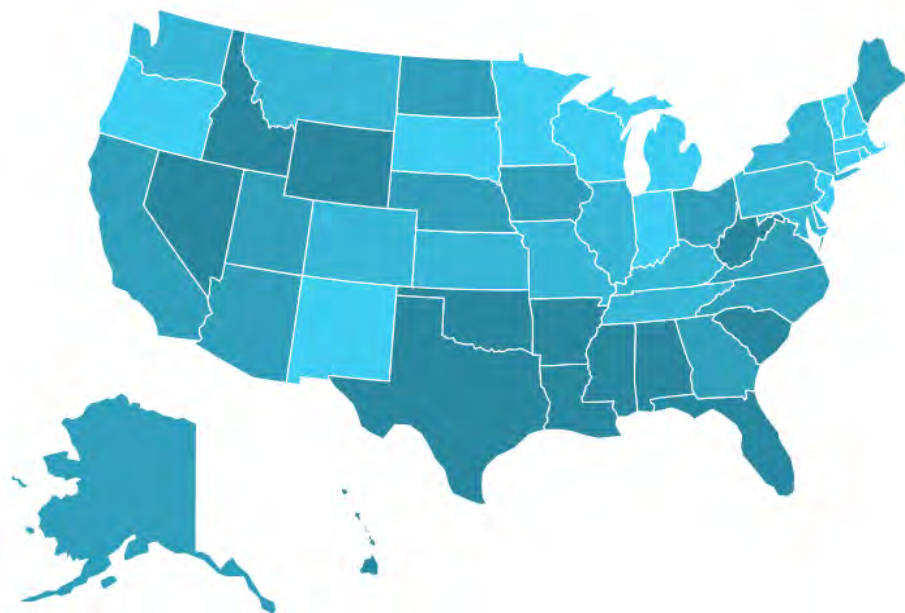
High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

Rank	State	%	#
1	Minnesota	39.90	11,000
2	South Dakota	39.50	2,000
3	Vermont	38.00	1,000
4	Alaska	35.10	1,000
5	Massachusetts	34.10	11,000
6	Maine	34.00	3,000
7	New Hampshire	31.80	2,000
8	North Dakota	31.60	1,000
9	Colorado	30.30	9,000
10	Ohio	29.80	21,000
11	Oregon	29.40	8,000
12	Michigan	29.00	19,000
13	Utah	29.00	4,000
14	New York	28.10	28,000
15	Kansas	27.90	4,000
16	West Virginia	27.90	2,000
17	Nebraska	27.60	2,000
18	Iowa	27.40	5,000
19	Wyoming	26.70	1,000
20	Delaware	26.50	1,000
21	Rhode Island	26.50	2,000
22	New Jersey	26.40	9,000
23	Illinois	26.20	20,000
24	Connecticut	25.60	5,000
25	North Carolina	25.50	14,000
26	Pennsylvania	25.20	16,000

Rank	State	%	#
27	Arkansas	25.10	4,000
28	Maryland	24.40	8,000
29	Washington	24.20	10,000
30	Louisiana	22.50	5,000
31	Indiana	22.00	9,000
32	New Mexico	21.90	2,000
33	California	21.50	47,000
34	Arizona	21.40	9,000
35	Wisconsin	21.40	8,000
36	Alabama	20.80	4,000
37	Idaho	19.50	2,000
38	Kentucky	19.50	4,000
39	Texas	18.90	32,000
40	Hawaii	18.70	1,000
41	Missouri	18.60	7,000
42	Florida	18.20	19,000
43	Oklahoma	16.80	3,000
44	District of Columbia	15.90	< 1,000
45	Virginia	15.50	8,000
46	South Carolina	14.60	3,000
47	Nevada	14.20	2,000
48	Montana	12.80	< 1,000
49	Tennessee	12.30	3,000
50	Georgia	11.30	5,000
51	Mississippi	11.30	2,000
	National	23.40	447,000

* Due to data limitations, figures were taken from three sets of data: annual averages from 2013-2015, 2010-2015, and 2010-2013 Data set denoted for each state in the Appendix-Table 2

Children with Private Insurance that Did Not Cover Mental or Emotional Problems



The state prevalence of children lacking mental health coverage ranges from:
 2.4 % (Massachusetts) Highest Ranked
 18.4 % (Mississippi) Lowest Ranked



Children and youth are more likely to have insurance coverage compared to adults.

Nationally, 7.7% of youth had private health insurance that did not cover mental or emotional problems.

Montana, Hawaii, New Jersey, and Ohio saw the largest increase in mental health coverage among children. These states have also had a significant increase in monthly Medicaid/Chip enrollment from Pre-ACA enrollment numbers.

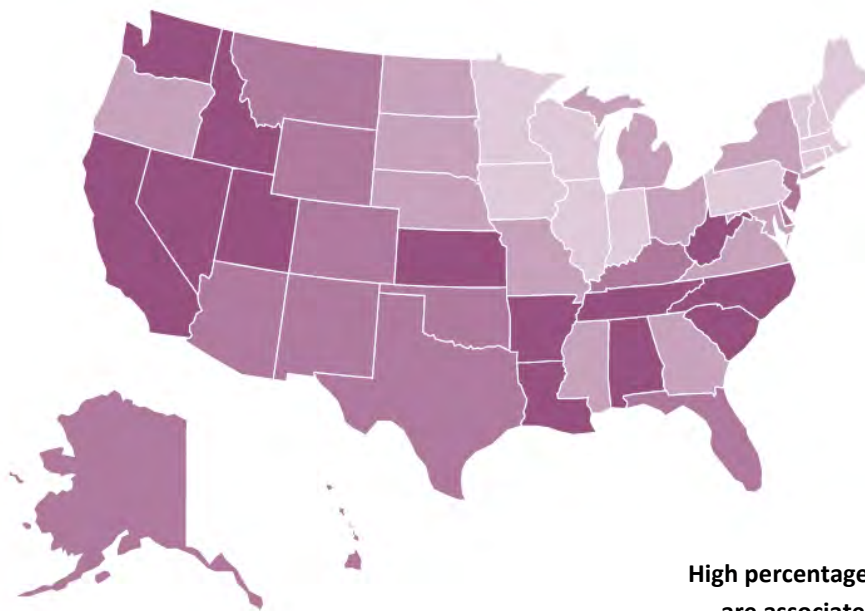
- Montana: 75% increase in monthly enrollment
- Hawaii: 20% increase in monthly enrollment
- New Jersey: 36% increase in monthly enrollment
- Ohio: 29% increase in monthly enrollment⁴

Medicaid is the “largest single payer for mental health services”, often providing more comprehensive mental healthcare than most private insurances. Private insurance remains costly for many people. Market autonomy, also allows private insurers to determine coverage based on levels of mental health conditions

Rank	State	%	#
1	Massachusetts	2.4	7,000
2	Connecticut	2.7	4,000
3	South Dakota	4.2	1,000
4	Wisconsin	4.2	10,000
5	Indiana	4.3	12,000
6	New Hampshire	4.5	3,000
7	Michigan	4.7	20,000
8	New Mexico	4.7	3,000
9	Vermont	4.7	1,000
10	Oregon	5.0	7,000
11	New Jersey	5.1	21,000
12	Minnesota	5.4	13,000
13	Rhode Island	5.4	2,000
14	Pennsylvania	5.7	28,000
15	Kentucky	5.8	10,000
16	Maryland	6.0	16,000
17	Kansas	6.1	7,000
18	Washington	6.1	17,000
19	Montana	6.6	2,000
20	New York	6.6	47,000
21	District of Columbia	6.7	1,000
22	Colorado	6.9	15,000
23	Delaware	6.9	3,000
24	Tennessee	7.4	17,000
25	Illinois	7.5	36,000
26	Missouri	7.5	17,000
27	Utah	7.5	14,000
28	Alaska	7.6	2,000
29	North Carolina	7.9	23,000
30	Iowa	8.0	11,000
31	California	8.1	107,000
32	Maine	8.1	4,000
33	North Dakota	8.1	3,000
34	Ohio	8.1	39,000
35	Nebraska	8.3	6,000
36	Georgia	8.6	28,000
37	Virginia	8.7	26,000
38	Arizona	9.1	21,000
39	Idaho	9.7	6,000
40	Florida	10.1	52,000
41	Arkansas	10.5	9,000
42	West Virginia	10.6	6,000
43	Nevada	10.8	12,000
44	Alabama	11.5	17,000
45	Hawaii	11.6	5,000
46	Texas	11.6	103,000
47	South Carolina	12.5	18,000
48	Oklahoma	12.6	14,000
49	Wyoming	13.5	3,000
50	Louisiana	14.4	22,000
51	Mississippi	18.4	12,000
	National	7.7	884,000

⁴ <https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Students Identified with Emotional Disturbance for an Individualized Education Program



The state rate of students identified as having an emotional disturbance for an IEP ranges from:

26.05% (Vermont) 1.91% (Arkansas)
Highest Ranked Lowest Ranked



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

Only .763% of students are identified as having an Emotional Disturbance (ED) for an Individualized Education Program (IEP).

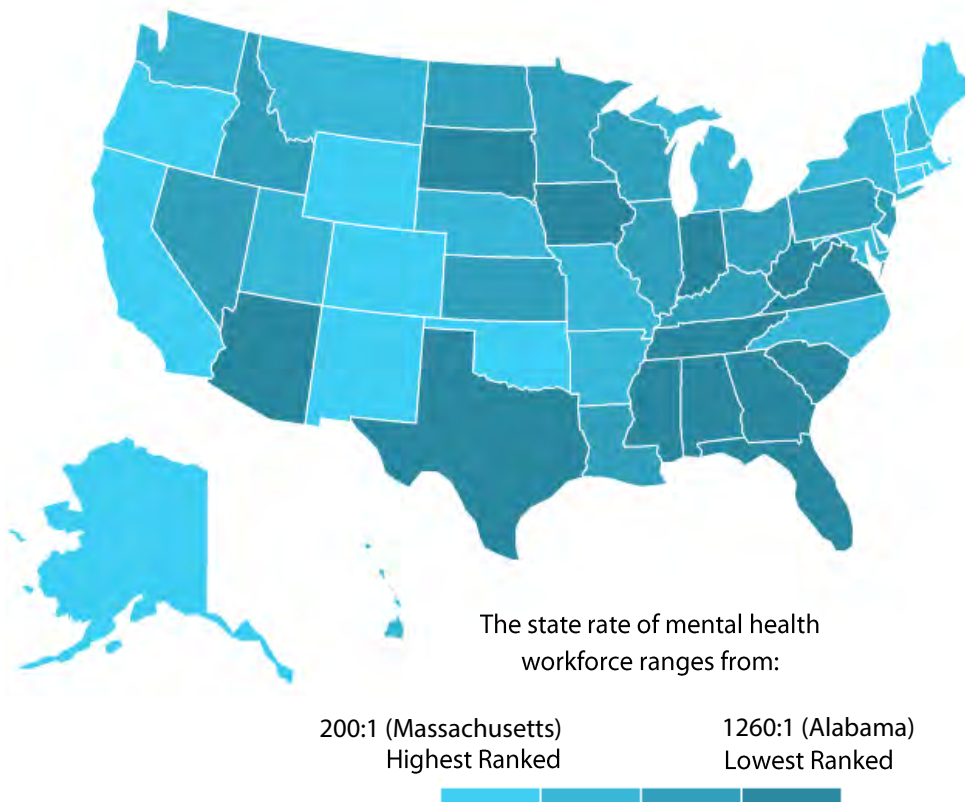
For purposes of an IEP, the term “Emotional Disturbance” is used to define youth with a mental illness that is affecting their ability to succeed in school. Often youth with emotional or mental health problems are identified as having behavioral issues rather than an emotional or mental health problem.

Mental illness under the guise of a “behavioral issue”, along with lower expectations for certain populations, and a lack of education in parents concerning the effects of trauma, prevent many high-risk students from receiving IEPs (Sarah Ozment, M Ed. Early Childhood Special Education, Interview, September 2017).

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% instead of .8 percent.

Rank	State	%	#
1	Vermont	26.05	1,968
2	Minnesota	18.95	14,736
3	Massachusetts	17.61	15,137
4	Wisconsin	16.18	12,217
5	Pennsylvania	14.51	23,322
6	District of Columbia	14.36	885
7	Maine	13.61	2,234
8	Indiana	13.29	12,642
9	Iowa	12.85	5,610
10	Rhode Island	12.56	1,629
11	New Hampshire	12.44	2,107
12	Connecticut	11.08	5,395
13	Illinois	10.48	19,198
14	New York	9.82	24,377
15	Ohio	9.57	14,979
16	South Dakota	9.28	1,099
17	North Dakota	9.19	878
18	Oregon	8.89	4,704
19	Nebraska	8.46	2,313
20	Michigan	8.16	11,325
21	Virginia	8.15	9,398
22	Maryland	7.97	6,203
23	Mississippi	7.95	3,544
24	Missouri	7.87	6,439
25	Georgia	7.38	11,546
26	Arizona	7.31	7,456
27	Kentucky	7.26	4,422
28	Colorado	7.11	5,624
29	Oklahoma	6.90	4,078
30	Delaware	6.71	821
31	Wyoming	6.58	563
32	Florida	6.55	16,333
33	New Mexico	6.41	1,959
34	New Jersey	6.35	7,955
35	Montana	5.78	761
36	Texas	5.77	26,558
37	Hawaii	5.74	972
38	Alaska	5.66	665
39	Idaho	5.33	1,422
40	West Virginia	5.26	1,284
41	Kansas	5.20	2,290
42	Washington	4.70	4,601
43	Nevada	4.35	1,826
44	California	4.23	24,199
45	North Carolina	3.91	5,462
46	Tennessee	3.62	3,237
47	South Carolina	3.59	2,418
48	Utah	3.26	1,871
49	Louisiana	2.79	1,763
50	Alabama	2.00	1,348
51	Arkansas	1.91	836
	National	7.63	344,609

Mental Health Workforce Availability



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.

Over 4,000 areas across the US, containing more than 110,000,000 million people, are considered mental health professional shortage areas. These are individuals that are left to travel hours or across state lines to access services.⁵ **Areas that are rural, and have low- income per capita are most affected.**

Although the ACA gave millions of individuals with mental health conditions the chance to seek treatment, these individuals now face a shortage of mental health providers. The demand, along with high turnover rates amongst mental health professionals (mainly due to a lack of social support and compensation) has created a “workforce crisis.”⁶

To make matters worse, low reimbursement rates combined with a limited number of providers and high demand for help means that many providers do not accept insurance, forcing families and individuals to pay high out-of-pocket fees or go without care.

Peer support specialists, workforce development programs, telehealth, or primary care models like Collaborative Care are possible solutions to the significant mental health workforce gap in the states.

⁵ Health Resources & Services Administration, Shortage Designation: Health <http://www.hrsa.gov/shortage>

⁶ United States. (2013). Report to Congress on the nation's substance abuse and mental health workforce issues.

Rank	State	%
1	Massachusetts	200:1
2	District of Columbia	230:1
3	Maine	240:1
4	Oregon	250:1
5	Vermont	260:1
6	Oklahoma	270:1
7	New Mexico	280:1
8	Rhode Island	290:1
9	Alaska	300:1
10	Connecticut	310:1
11	California	350:1
12	Colorado	350:1
13	Wyoming	350:1
14	Missouri	360:1
15	Washington	360:1
16	Utah	380:1
17	New Hampshire	390:1
18	Montana	410:1
19	New York	420:1
20	Nebraska	440:1
21	Delaware	460:1
22	Michigan	460:1
23	Hawaii	470:1
24	Maryland	490:1
25	North Carolina	490:1
26	Arkansas	510:1
27	Minnesota	510:1
28	Idaho	550:1
29	Kentucky	560:1
30	Illinois	580:1
31	Kansas	580:1
32	Nevada	580:1
33	New Jersey	580:1
34	Louisiana	600:1
35	Pennsylvania	600:1
36	Wisconsin	600:1
37	Ohio	630:1
38	North Dakota	640:1
39	South Dakota	660:1
40	South Carolina	680:1
41	Indiana	730:1
42	Virginia	730:1
43	Florida	750:1
44	Tennessee	780:1
45	Iowa	820:1
46	Mississippi	820:1
47	Arizona	850:1
48	Georgia	900:1
49	West Virginia	950:1
50	Texas	1070:1
51	Alabama	1260:1
	National	536:1

Spotlight: Online Depression Screening

Screening improves the chances of getting treatment. Primary care physicians providing usual care miss 30% to 50% of depressed patients and likely fail to recognize many common mental health disorders. However, when results from a positive screening are included in the chart, doctors were over 3 times more likely to recognize the symptoms of mental illness and to plan to follow-up with people about their mental health concerns.⁷⁻⁹

MHA provides individuals with free, anonymous, and confidential screening tools that allow people to explore their mental health concerns and bring results to a provider through our MHA Screening program (at www.mhascreening.org). The site hosts scientifically validated screening tools commonly used by mental health and primary health practitioners. MHA Screening started with just four screens: depression, anxiety, bipolar, and PTSD. Over time we added screens for substance and alcohol use, youth and parents, and psychosis. In 2017, we launched Spanish language screens for depression and anxiety and an eating disorder screen.

As part of our program, we asked users to share voluntary demographic data. The analysis of screening results has assisted in the development of public education campaigns, needs assessments, and program development to better meet the needs of individuals, families and communities seeking supports online.

The screening most often taken by users online has been the depression screen (the Patient Health Questionnaire-9 or PHQ-9). Today, an average of 2,700 individuals come online to take a screen per day, and about 50 percent of those screens are depression screens. The following information includes analysis of our state level data from our depression screens from May 2014 through December 2016) and demographic data analysis from 2016.

The PHQ-9 asks the questions below. For each question, individuals check among the following options: Not at all, Several Days, More than half the days, and Nearly Every day.

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.
2. Feeling down, depressed, or hopeless.
3. Trouble falling or staying asleep, or sleeping too much.
4. Feeling tired or having little energy.
5. Poor appetite or overeating.
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed.
9. Thoughts that you would be better off dead, or of hurting yourself.

⁷ Christensen, K. S., Toft, T., Frostholt, L., Ørnbøl, E., Fink, P., & Olesen, F. (2005). Screening for common mental disorders: who will benefit? Results from a randomised clinical trial. *Family practice*, 22(4), 428-434.

⁸ Pignone, M. P., Gaynes, B. N., Rushton, J. L., Burchell, C. M., Orleans, C. T., Mulrow, C. D., & Lohr, K. N. (2002). Screening for depression in adults: a summary of the evidence for the US Preventive Services Task Force. *Annals of internal medicine*, 136(10), 765-776.

⁹ O'Connor, E. A., Whitlock, E. P., Beil, T. L., & Gaynes, B. N. (2009). Screening for depression in adult patients in primary care settings: a systematic evidence review. *Annals of Internal Medicine*, 151(11), 793-803.

Score Interpretation

Score and results are measured by adding up all checked boxes on PHQ-9. For every ✓ Not at all = 0 points; Several days = 1 point; More than half the days = 2 points; and Nearly every day = 3 points.

Results are categorized based on scores.

- 1-4 = Minimal depression
- 5-9 = Mild depression
- 10-14 = Moderate depression
- 15-19 = Moderately severe depression
- 20-27 = Severe depression

To view the screening online, visit <http://www.mentalhealthamerica.net/mental-health-screen/patient-health>

State Level Data Analysis of Online Depression Screening (2014 – 2016)

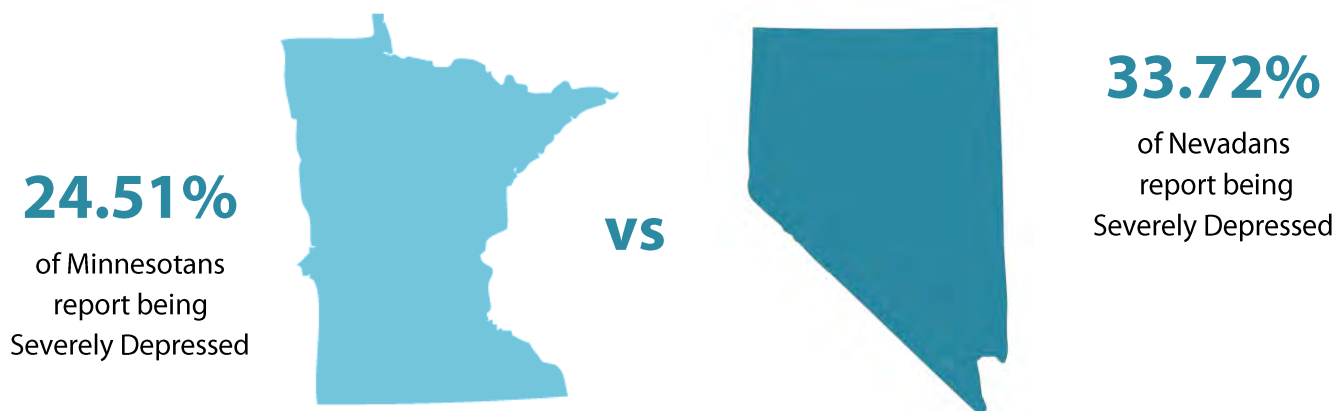
The analysis in this section is from data collected between May 2014 through December 2016.

During this period, 508,393 individuals provided MHA with information about which state they lived in. The average number of screening results among the ten states with the smallest sample size is 1,523 screens. The average number of screens among our largest states is 27,511 screens. Wyoming had the fewest number of screening results with 1,052 screens, and California had the largest sample (57,891 screens).

Among states, only 15.86 percent of screeners scored Minimal and Mild Depression while 59.70 percent scored Moderately Severe and Severely Depressed.

1 in 3 One out of three screeners
scored **Severely Depressed**

Minnesota (ranked 2nd after District of Columbia) had the lowest percentage of Severely Depressed screeners (24.51%). Nevada had the highest percentage of Severely Depressed screeners (33.72%).



Depression Screen Results by State (Count in Alphabetical Order)

State	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression	Total
Alabama	218	807	1,779	2,324	2,315	7,443
Alaska	78	265	476	575	577	1,971
Arizona	515	1,419	2,802	3,741	3,884	12,361
Arkansas	209	546	1,097	1,483	1,486	4,821
California	2,144	7,284	14,304	17,682	16,477	57,891
Colorado	392	1,380	2,448	3,135	2,859	10,214
Connecticut	203	851	1,652	1,952	1,782	6,440
Delaware	56	203	396	496	437	1,588
District of Columbia	124	326	470	404	320	1,644
Florida	935	2,957	5,980	7,853	8,000	25,725
Georgia	1,052	1,710	3,514	4,459	4,601	15,336
Hawaii	98	254	531	680	629	2,192
Idaho	82	305	670	873	924	2,854
Illinois	722	2,735	5,242	6,572	5,921	21,192
Indiana	528	1,546	3,184	4,035	4,117	13,410
Iowa	216	762	1,531	1,772	1,593	5,874
Kansas	156	623	1,221	1,557	1,526	5,083
Kentucky	176	710	1,562	2,185	2,216	6,849
Louisiana	141	523	1,224	1,645	1,575	5,108
Maine	56	223	491	638	619	2,027
Maryland	410	1,405	2,627	3,114	2,636	10,192
Massachusetts	377	1,703	3,271	3,482	2,943	11,776
Michigan	490	1,879	3,943	4,797	4,555	15,664
Minnesota	561	1,651	3,030	3,303	2,775	11,320
Mississippi	111	309	731	947	1,029	3,127
Missouri	299	1,169	2,353	2,974	2,900	9,695
Montana	57	220	402	520	489	1,688
Nebraska	291	516	897	1,026	981	3,711
Nevada	144	421	942	1,314	1,435	4,256
New Hampshire	61	284	546	662	613	2,166
New Jersey	476	1,678	3,335	4,116	3,685	13,290
New Mexico	77	291	627	799	821	2,615
New York	1,028	3,739	7,566	8,924	8,078	29,335
North Carolina	485	1,732	3,460	4,255	4,124	14,056
North Dakota	70	209	330	400	330	1,339
Ohio	623	2,366	5,201	6,651	6,374	21,215
Oklahoma	136	639	1,429	1,875	2,070	6,149
Oregon	241	880	1,772	2,174	2,099	7,166
Pennsylvania	656	2,519	5,144	6,299	5,686	20,304
Rhode Island	40	220	418	499	451	1,628
South Carolina	151	667	1,455	1,987	2,085	6,345
South Dakota	59	157	313	333	342	1,204
Tennessee	308	1,026	2,376	3,084	3,149	9,943
Texas	1,177	4,427	9,595	12,811	12,924	40,934
Utah	901	1,231	1,627	1,815	1,826	7,400
Vermont	36	165	277	306	301	1,085
Virginia	456	1,787	3,536	4,486	4,193	14,458
Washington	361	1,519	3,046	3,761	3,779	12,466
West Virginia	79	271	631	805	904	2,690
Wisconsin	374	1,316	2,501	3,109	2,801	10,101
Wyoming	44	133	271	305	299	1,052
National	18,680	61,958	124,226	154,994	148,535	508,393

Depression Screen Results by State (Percent by Rank of Severe Depression)

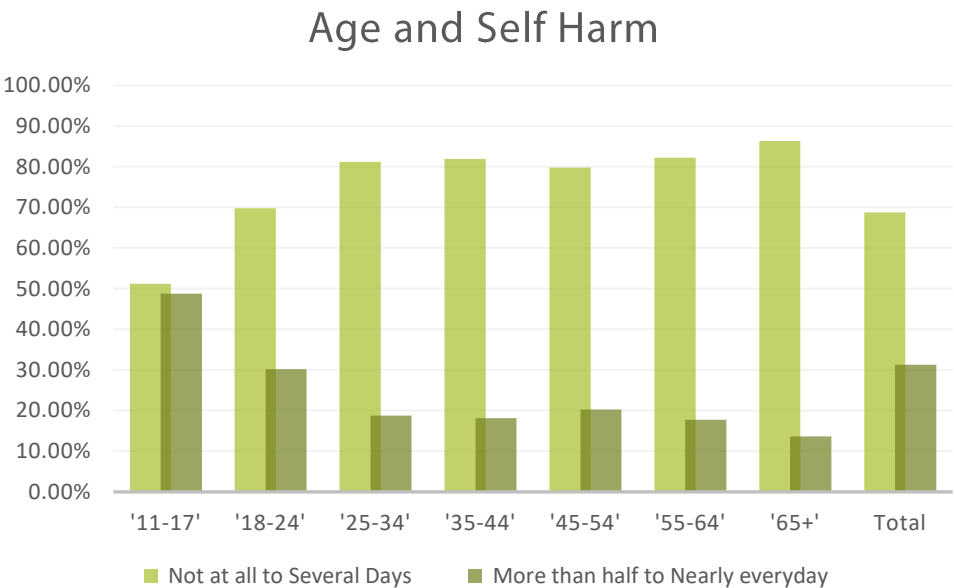
Rank	Depression Results	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression	Total
1	District of Columbia	7.54%	19.83%	28.59%	24.57%	19.46%	100.00%
2	Minnesota	4.96%	14.58%	26.77%	29.18%	24.51%	100.00%
3	North Dakota	5.23%	15.61%	24.65%	29.87%	24.65%	100.00%
4	Utah	12.18%	16.64%	21.99%	24.53%	24.68%	100.00%
5	Massachusetts	3.20%	14.46%	27.78%	29.57%	24.99%	100.00%
6	Maryland	4.02%	13.79%	25.78%	30.55%	25.86%	100.00%
7	Nebraska	7.84%	13.90%	24.17%	27.65%	26.43%	100.00%
8	Iowa	3.68%	12.97%	26.06%	30.17%	27.12%	100.00%
9	Delaware	3.53%	12.78%	24.94%	31.23%	27.52%	100.00%
10	New York	3.50%	12.75%	25.79%	30.42%	27.54%	100.00%
11	Connecticut	3.15%	13.21%	25.65%	30.31%	27.67%	100.00%
12	Rhode Island	2.46%	13.51%	25.68%	30.65%	27.70%	100.00%
13	New Jersey	3.58%	12.63%	25.09%	30.97%	27.73%	100.00%
14	Wisconsin	3.70%	13.03%	24.76%	30.78%	27.73%	100.00%
15	Vermont	3.32%	15.21%	25.53%	28.20%	27.74%	100.00%
16	Illinois	3.41%	12.91%	24.74%	31.01%	27.94%	100.00%
17	Colorado	3.84%	13.51%	23.97%	30.69%	27.99%	100.00%
18	Pennsylvania	3.23%	12.41%	25.33%	31.02%	28.00%	100.00%
19	New Hampshire	2.82%	13.11%	25.21%	30.56%	28.30%	100.00%
20	South Dakota	4.90%	13.04%	26.00%	27.66%	28.41%	100.00%
21	Wyoming	4.18%	12.64%	25.76%	28.99%	28.42%	100.00%
22	California	3.70%	12.58%	24.71%	30.54%	28.46%	100.00%
23	Hawaii	4.47%	11.59%	24.22%	31.02%	28.70%	100.00%
24	Montana	3.38%	13.03%	23.82%	30.81%	28.97%	100.00%
25	Virginia	3.15%	12.36%	24.46%	31.03%	29.00%	100.00%
26	Michigan	3.13%	12.00%	25.17%	30.62%	29.08%	100.00%
27	Alaska	3.96%	13.44%	24.15%	29.17%	29.27%	100.00%
28	Oregon	3.36%	12.28%	24.73%	30.34%	29.29%	100.00%
29	North Carolina	3.45%	12.32%	24.62%	30.27%	29.34%	100.00%
30	Missouri	3.08%	12.06%	24.27%	30.68%	29.91%	100.00%
31	Georgia	6.86%	11.15%	22.91%	29.08%	30.00%	100.00%
32	Kansas	3.07%	12.26%	24.02%	30.63%	30.02%	100.00%
33	Ohio	2.94%	11.15%	24.52%	31.35%	30.04%	100.00%
34	Washington	2.90%	12.19%	24.43%	30.17%	30.31%	100.00%
35	Maine	2.76%	11.00%	24.22%	31.48%	30.54%	100.00%
36	Indiana	3.94%	11.53%	23.74%	30.09%	30.70%	100.00%
37	Arkansas	4.34%	11.33%	22.75%	30.76%	30.82%	100.00%
38	Louisiana	2.76%	10.24%	23.96%	32.20%	30.83%	100.00%
39	Florida	3.63%	11.49%	23.25%	30.53%	31.10%	100.00%
40	Alabama	2.93%	10.84%	23.90%	31.22%	31.10%	100.00%
41	New Mexico	2.94%	11.13%	23.98%	30.55%	31.40%	100.00%
42	Arizona	4.17%	11.48%	22.67%	30.26%	31.42%	100.00%
43	Texas	2.88%	10.81%	23.44%	31.30%	31.57%	100.00%
44	Tennessee	3.10%	10.32%	23.90%	31.02%	31.67%	100.00%
45	Kentucky	2.57%	10.37%	22.81%	31.90%	32.36%	100.00%
46	Idaho	2.87%	10.69%	23.48%	30.59%	32.38%	100.00%
47	South Carolina	2.38%	10.51%	22.93%	31.32%	32.86%	100.00%
48	Mississippi	3.55%	9.88%	23.38%	30.28%	32.91%	100.00%
49	West Virginia	2.94%	10.07%	23.46%	29.93%	33.61%	100.00%
50	Oklahoma	2.21%	10.39%	23.24%	30.49%	33.66%	100.00%
51	Nevada	3.38%	9.89%	22.13%	30.87%	33.72%	100.00%
	National	3.67%	12.19%	24.44%	30.49%	29.22%	100.00%

Self-Harm and Suicidal Thoughts

Question 9 of the PHQ-9 asks screeners how often they have “Thoughts that you would be better off dead, or of hurting yourself.”

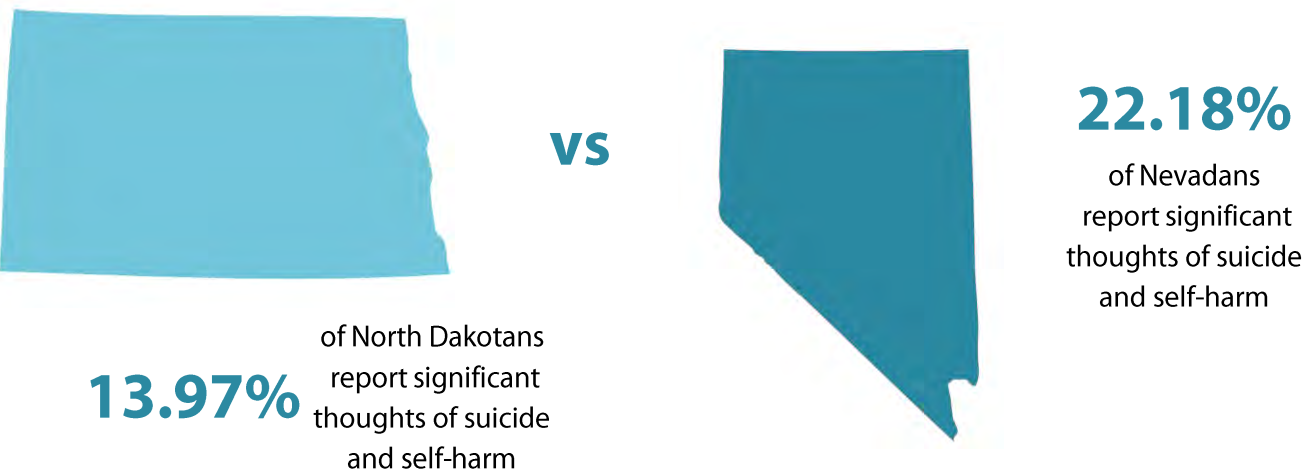
Across the US, 31.73% of all screeners report significant thoughts of suicide or self-harm (having thoughts that they would be better off dead, or of hurting themselves more than half the days and nearly every day during the last 2 weeks).

48.77% of screeners age 11-17 report having significant thoughts about self-harm or suicide compared to adults over 18 (24.21%).



48.77%
of screeners age 11-17
report
significant thoughts of
suicide or self-harm

North Dakota (ranked 2nd after District of Columbia) had the lowest rate of thoughts of self-harm and suicide (13.97%). Nevada had the highest rate of thoughts of self-harm and suicide (22.18%).



Self-Harm and Suicidal Thoughts by State (Count in Alphabetical Order)

State	Not at all	Several days	More than half the days	Nearly every day	Total
Alabama	3,403	1,635	990	1,415	7,443
Alaska	898	425	255	393	1,971
Arizona	5,521	2,748	1,783	2,309	12,361
Arkansas	2,250	1,064	646	861	4,821
California	26,239	13,169	8,132	10,351	57,891
Colorado	4,619	2,310	1,481	1,804	10,214
Connecticut	2,977	1,424	909	1,130	6,440
Delaware	717	337	235	299	1,588
District Of Columbia	977	345	150	172	1,644
Florida	11,647	5,697	3,537	4,844	25,725
Georgia	7,257	3,281	2,100	2,698	15,336
Hawaii	952	504	303	433	2,192
Idaho	1,270	616	426	542	2,854
Illinois	9,667	4,805	3,000	3,720	21,192
Indiana	6,063	2,907	1,919	2,521	13,410
Iowa	2,805	1,338	767	964	5,874
Kansas	2,248	1,109	763	963	5,083
Kentucky	3,147	1,434	970	1,298	6,849
Louisiana	2,350	1,153	712	893	5,108
Maine	872	474	303	378	2,027
Maryland	4,892	2,312	1,388	1,600	10,192
Massachusetts	5,722	2,698	1,598	1,758	11,776
Michigan	7,087	3,552	2,202	2,823	15,664
Minnesota	5,648	2,471	1,444	1,757	11,320
Mississippi	1,470	655	438	564	3,127
Missouri	4,487	2,165	1,230	1,813	9,695
Montana	763	376	258	291	1,688
Nebraska	1,851	796	464	600	3,711
Nevada	1,772	911	629	944	4,256
New Hampshire	962	492	321	391	2,166
New Jersey	6,005	3,020	1,946	2,319	13,290
New Mexico	1,148	573	404	490	2,615
New York	13,495	6,591	4,162	5,087	29,335
North Carolina	6,568	3,177	1,899	2,412	14,056
North Dakota	723	258	171	187	1,339
Ohio	9,428	4,794	3,107	3,886	21,215
Oklahoma	2,794	1,341	866	1,148	6,149
Oregon	3,368	1,644	978	1,176	7,166
Pennsylvania	9,107	4,762	2,930	3,505	20,304
Rhode Island	758	397	215	258	1,628
South Carolina	2,884	1,397	890	1,174	6,345
South Dakota	565	266	172	201	1,204
Tennessee	4,616	2,191	1,375	1,761	9,943
Texas	18,158	9,053	5,819	7,904	40,934
Utah	4,086	1,439	808	1,067	7,400
Vermont	508	248	150	179	1,085
Virginia	6,607	3,351	1,919	2,581	14,458
Washington	5,732	2,774	1,738	2,222	12,466
West Virginia	1,163	632	392	503	2,690
Wisconsin	4,756	2,210	1,374	1,761	10,101
Wyoming	514	231	121	186	1,052
National	233,516	113,552	70,789	90,536	508,393

Self-Harm and Suicidal Thoughts by State (Percent by Rank of Thoughts Nearly Every day)

State	Not at all	Several days	More than half the days	Nearly every day	Total
District Of Columbia	59.43%	20.99%	9.12%	10.46%	100.00%
North Dakota	54.00%	19.27%	12.77%	13.97%	100.00%
Utah	55.22%	19.45%	10.92%	14.42%	100.00%
Massachusetts	48.59%	22.91%	13.57%	14.93%	100.00%
Minnesota	49.89%	21.83%	12.76%	15.52%	100.00%
Maryland	48.00%	22.68%	13.62%	15.70%	100.00%
Rhode Island	46.56%	24.39%	13.21%	15.85%	100.00%
Nebraska	49.88%	21.45%	12.50%	16.17%	100.00%
Oregon	47.00%	22.94%	13.65%	16.41%	100.00%
Iowa	47.75%	22.78%	13.06%	16.41%	100.00%
Vermont	46.82%	22.86%	13.82%	16.50%	100.00%
South Dakota	46.93%	22.09%	14.29%	16.69%	100.00%
North Carolina	46.73%	22.60%	13.51%	17.16%	100.00%
Montana	45.20%	22.27%	15.28%	17.24%	100.00%
Pennsylvania	44.85%	23.45%	14.43%	17.26%	100.00%
New York	46.00%	22.47%	14.19%	17.34%	100.00%
Wisconsin	47.08%	21.88%	13.60%	17.43%	100.00%
New Jersey	45.18%	22.72%	14.64%	17.45%	100.00%
Louisiana	46.01%	22.57%	13.94%	17.48%	100.00%
Connecticut	46.23%	22.11%	14.11%	17.55%	100.00%
Illinois	45.62%	22.67%	14.16%	17.55%	100.00%
Georgia	47.32%	21.39%	13.69%	17.59%	100.00%
Colorado	45.22%	22.62%	14.50%	17.66%	100.00%
Wyoming	48.86%	21.96%	11.50%	17.68%	100.00%
Tennessee	46.42%	22.04%	13.83%	17.71%	100.00%
Washington	45.98%	22.25%	13.94%	17.82%	100.00%
Virginia	45.70%	23.18%	13.27%	17.85%	100.00%
Arkansas	46.67%	22.07%	13.40%	17.86%	100.00%
California	45.32%	22.75%	14.05%	17.88%	100.00%
Michigan	45.24%	22.68%	14.06%	18.02%	100.00%
Mississippi	47.01%	20.95%	14.01%	18.04%	100.00%
New Hampshire	44.41%	22.71%	14.82%	18.05%	100.00%
Ohio	44.44%	22.60%	14.65%	18.32%	100.00%
South Carolina	45.45%	22.02%	14.03%	18.50%	100.00%
Maine	43.02%	23.38%	14.95%	18.65%	100.00%
Oklahoma	45.44%	21.81%	14.08%	18.67%	100.00%
Arizona	44.66%	22.23%	14.42%	18.68%	100.00%
West Virginia	43.23%	23.49%	14.57%	18.70%	100.00%
Missouri	46.28%	22.33%	12.69%	18.70%	100.00%
New Mexico	43.90%	21.91%	15.45%	18.74%	100.00%
Indiana	45.21%	21.68%	14.31%	18.80%	100.00%
Delaware	45.15%	21.22%	14.80%	18.83%	100.00%
Florida	45.28%	22.15%	13.75%	18.83%	100.00%
Kansas	44.23%	21.82%	15.01%	18.95%	100.00%
Kentucky	45.95%	20.94%	14.16%	18.95%	100.00%
Idaho	44.50%	21.58%	14.93%	18.99%	100.00%
Alabama	45.72%	21.97%	13.30%	19.01%	100.00%
Texas	44.36%	22.12%	14.22%	19.31%	100.00%
Hawaii	43.43%	22.99%	13.82%	19.75%	100.00%
Alaska	45.56%	21.56%	12.94%	19.94%	100.00%
Nevada	41.64%	21.41%	14.78%	22.18%	100.00%
National	45.93%	22.34%	13.92%	17.81%	100.00%

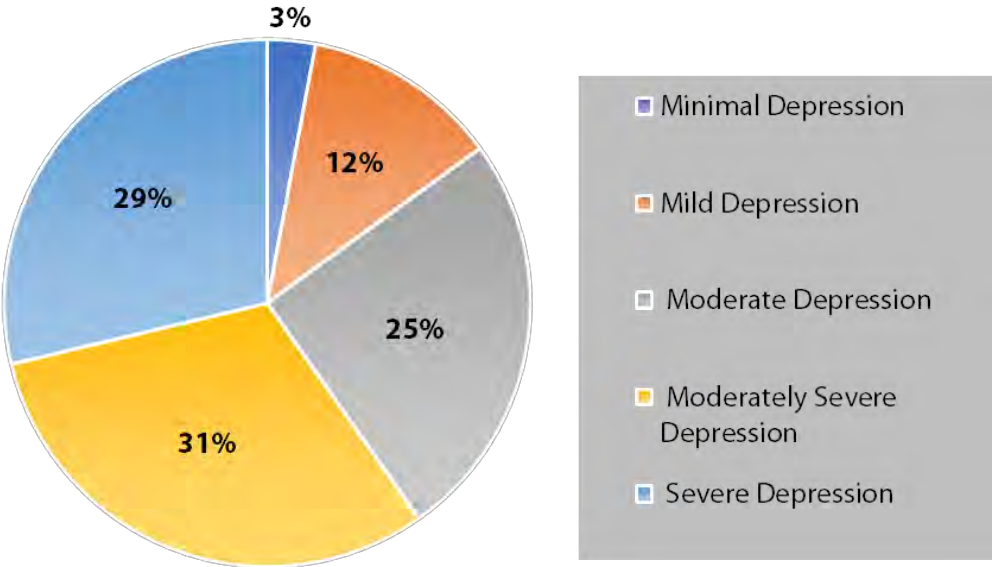
Demographics Data Analysis (2016)

In 2016, 1,036,543 individuals visited MHA’s website to take a screening test. This section breaks down the results from the Depression screenings by demographics. Over 43 million, or 18.5%, people will experience a mental health condition every year. Within this larger population, variation exists among sub-populations. Using an intersectional framework allows for an in-depth analysis of mental health trends. The intersection of sex, age, race, income, and sexual orientation is a factor that should be considered when assessing prevalence rates, and identifying potential barriers to treatment.

General Demographics

Sixty percent of individuals who completed the Depression screening screened for Moderately Severe Depression or Severe Depression.

Depression Results



Even among those who score with Moderately Severe and Severe Depression,

70%

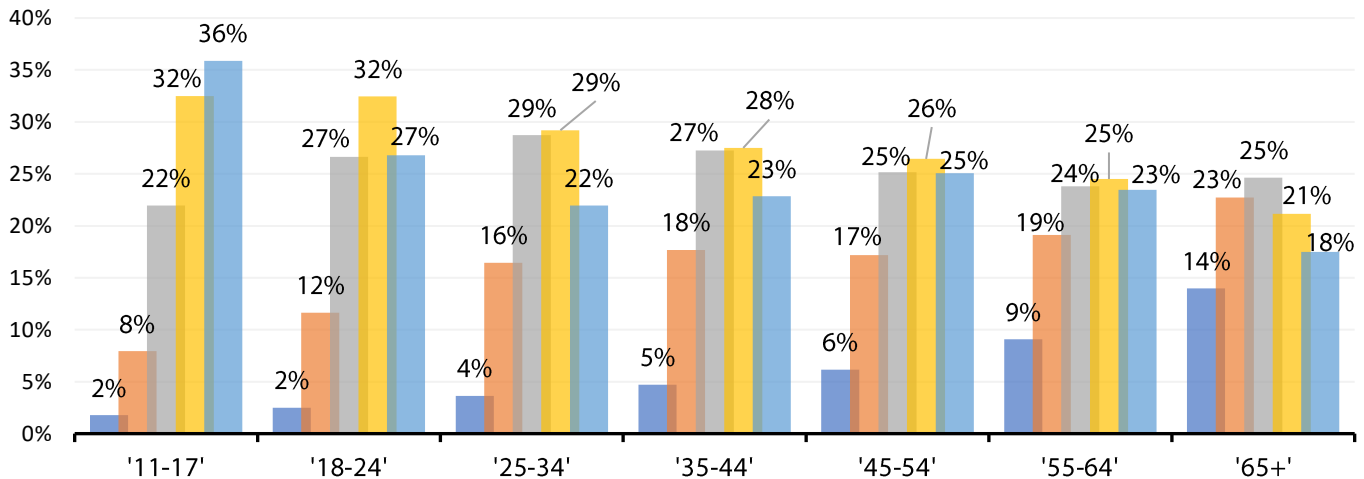
report they had never been diagnosed by a provider.

Are you currently, or have you ever been, diagnosed with a mental health condition by a professional?	Moderately Severe Depression	Severe Depression	Total
No	73.97%	65.83%	70.02%
Yes	26.03%	34.17%	29.98%
Total	100.00%	100.00%	100.00%

Sixty-eight percent of screeners ages 11-17 screened Moderately Severe Depression or Severe Depression. More than 50% of screeners ages 18-24 screened Moderately Severe Depression or Severe Depression.

Depression Results by Age

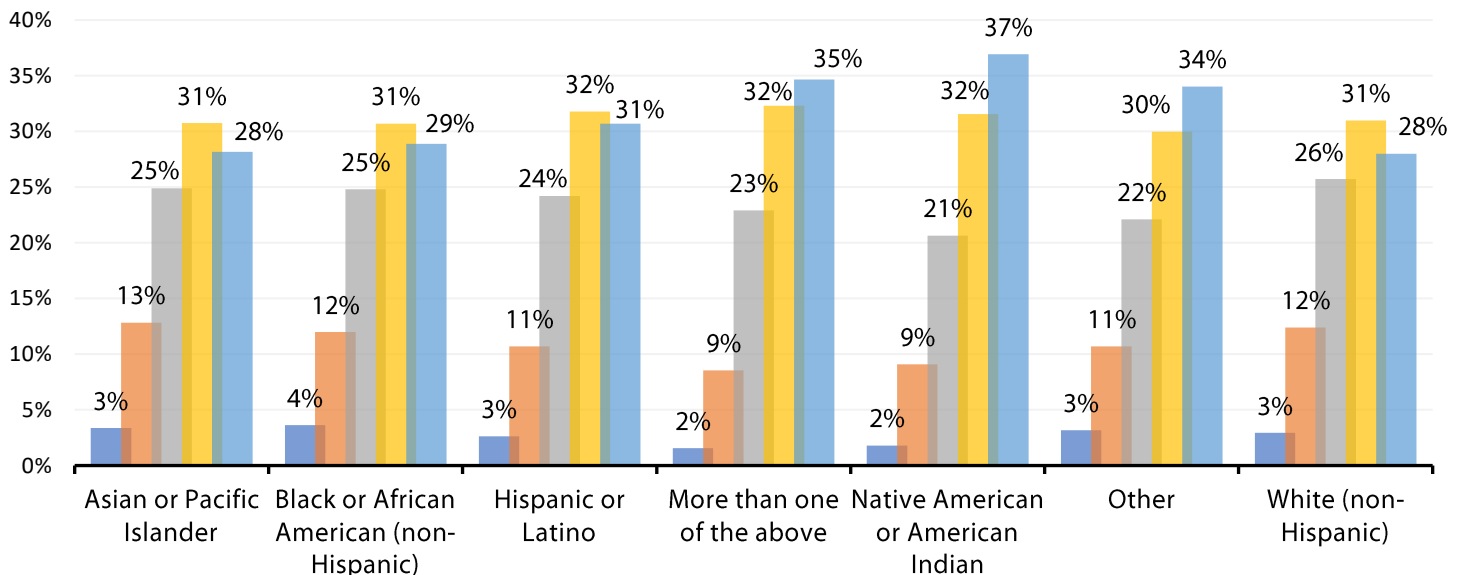
■ Minimal Depression ■ Mild Depression ■ Moderate Depression ■ Moderately Severe Depression ■ Severe Depression



Native Americans had the highest rates of Severe Depression results. Across all races/ethnic groups most screeners scored with Moderately Severe Depression or Severe Depression.

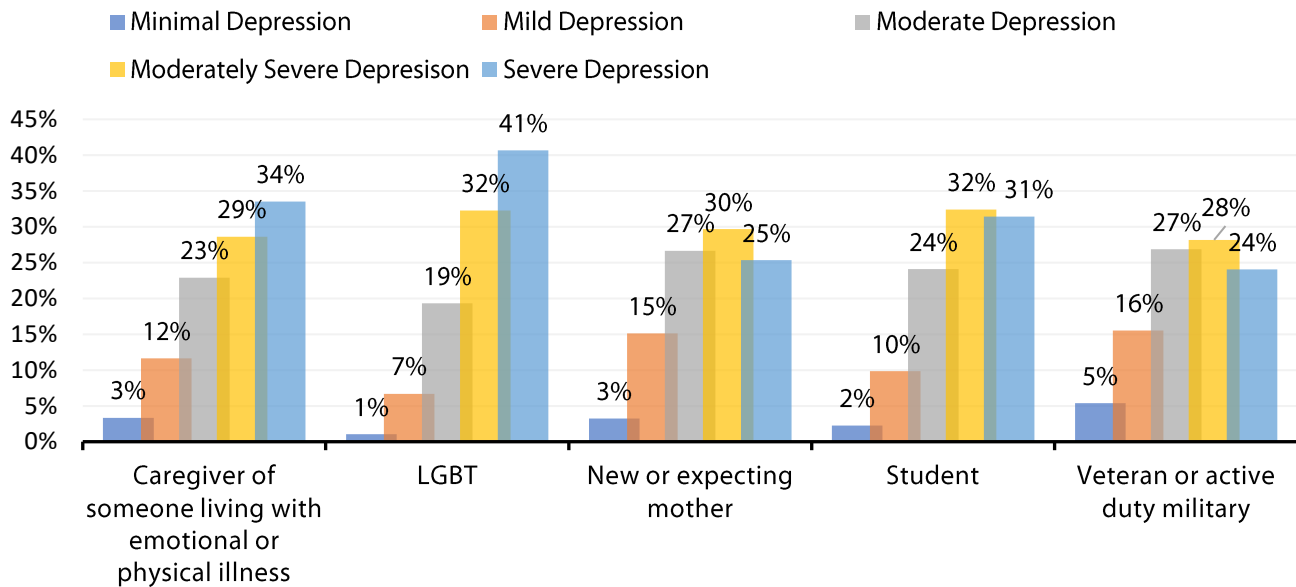
Depression Results by Race/Ethnicity

■ Minimal Depression ■ Mild Depression ■ Moderate Depression ■ Moderately Severe Depression ■ Severe Depression



Forty-one percent of those who identified as LGBTQ scored Severely Depressed, higher than any other special population. Sixty-three percent of those who identified as a student and caregivers and more than 50% of new or expecting mothers and veteran or active duty members had results indicating significant depression.

Depression Results by Special Populations



Sex, Age, Race, and Income

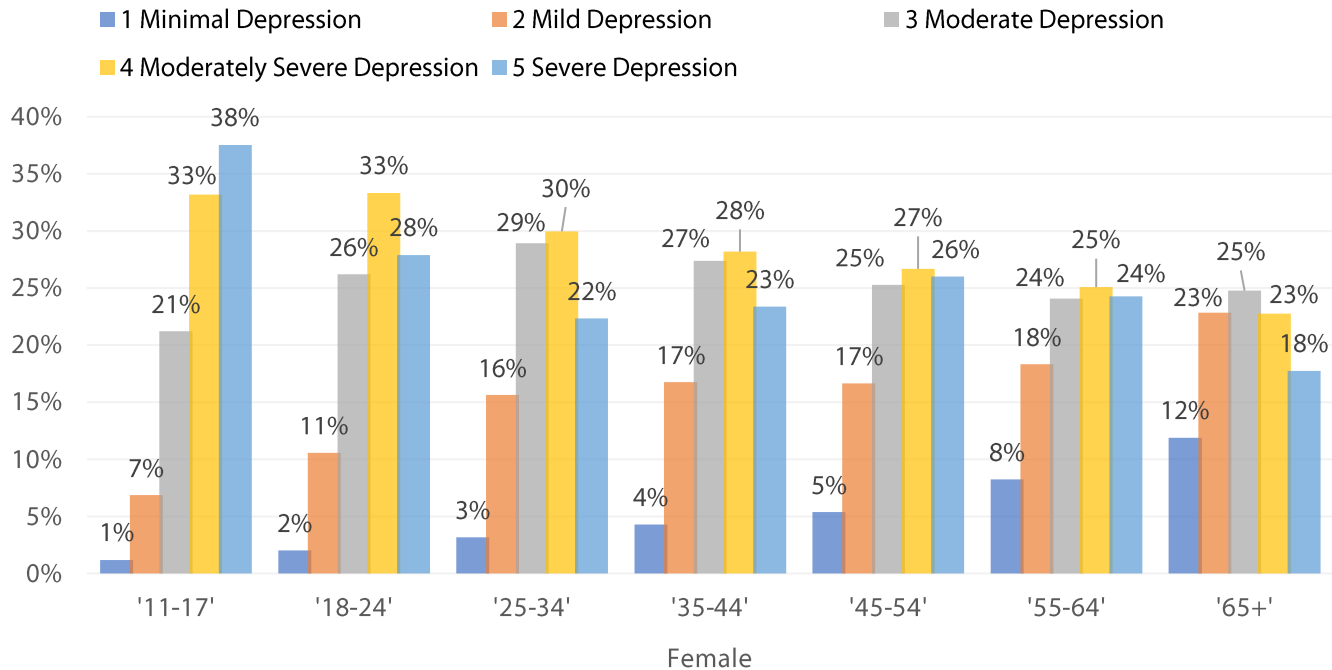
Female screeners score higher on depression results as compared to males. Two-thirds (62%) of female respondents screened with Moderately Severe Depression (32%) or Severe Depression (30%). Fifty-three of male respondents screened with Moderately Severe Depression (29%) or Severe Depression (24%).

Depression Results	Female	Male	Total
Minimal Depression	6104	4559	10663
Mild Depression	28920	14635	43555
Moderate Depression	66179	24935	91114
Moderately Severe Depression	85738	26469	112207
Severe Depression	81397	22358	103755
Total	268338	92956	361294

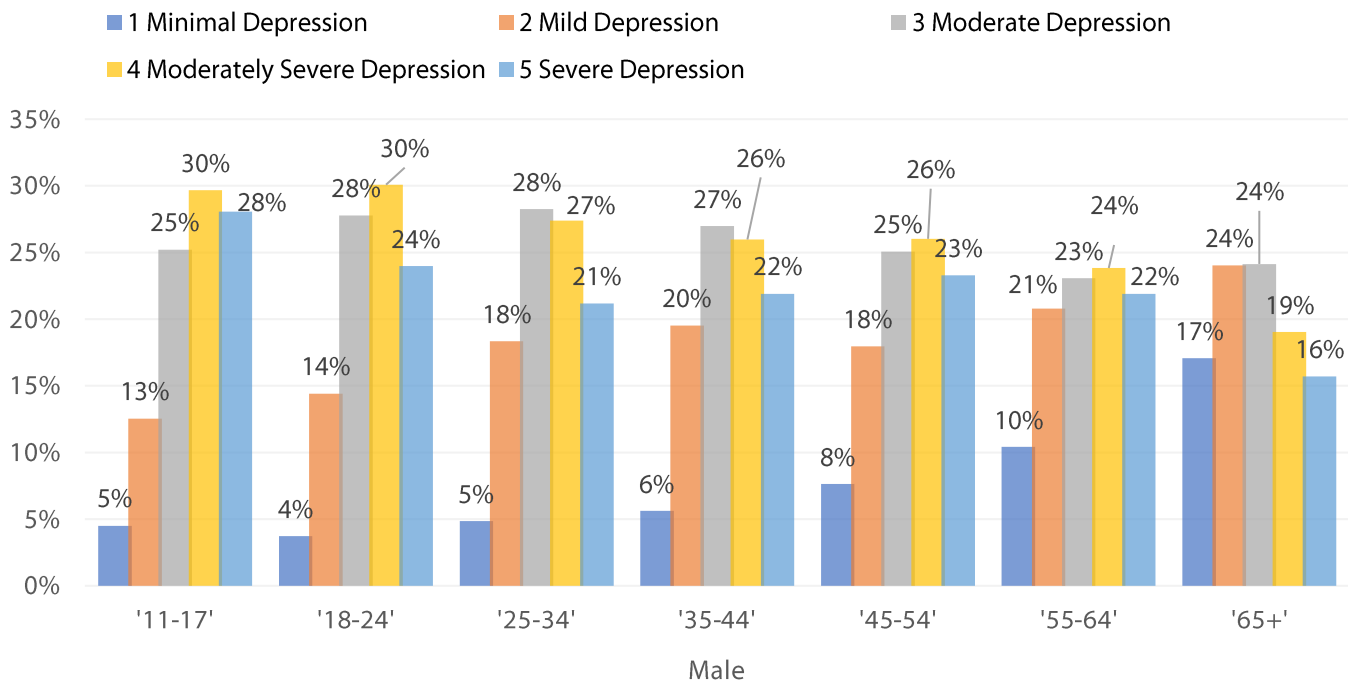
Depression Results	Female	Male
Minimal Depression	2.27%	4.90%
Mild Depression	10.78%	15.74%
Moderate Depression	24.66%	26.82%
Moderately Severe Depression	31.95%	28.47%
Severe Depression	30.33%	24.05%
Total	100.00%	100.00%

Young female screeners score with highest severity of depression as compared to any other age group and as compared to males.

Depression among Females by Age



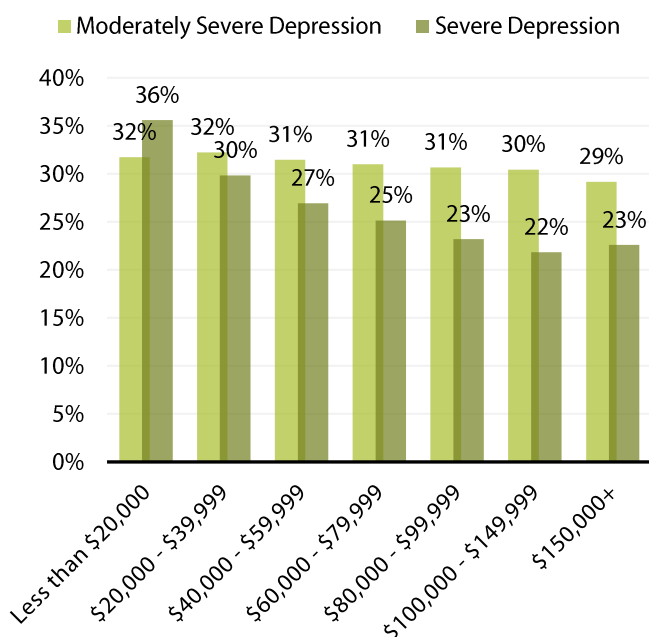
Depression among Males by Age



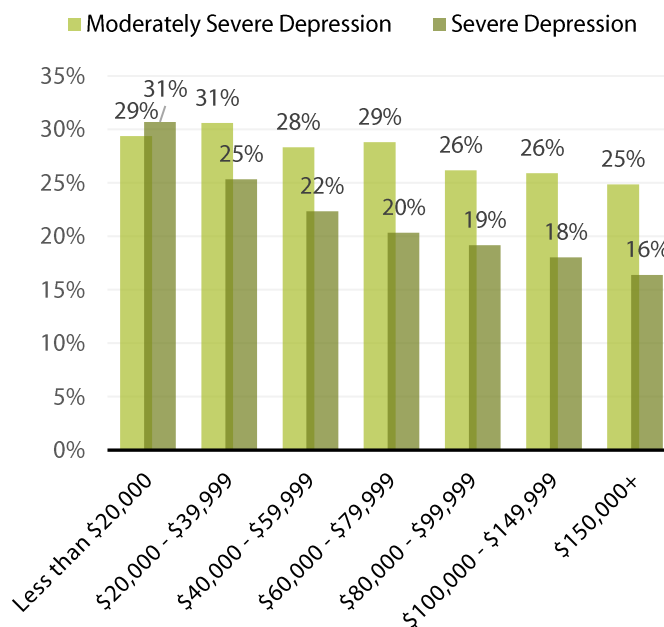
Females and males reporting household income of less than \$20,000 a year scored highest rates of Severe Depression. Older screeners were most likely to screen with Moderately Severe Depression.

Annual Household Income	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression	Grand Total
Female						
Less than \$20,000	2%	9%	22%	32%	36%	100%
\$20,000 - \$39,999	2%	11%	25%	32%	30%	100%
\$40,000 - \$59,999	3%	13%	26%	31%	27%	100%
\$60,000 - \$79,999	3%	13%	27%	31%	25%	100%
\$80,000 - \$99,999	4%	15%	28%	31%	23%	100%
\$100,000 - \$149,999	4%	16%	28%	30%	22%	100%
\$150,000+	4%	16%	28%	29%	23%	100%
Female Total	3%	12%	25%	31%	29%	100%
Male						
Less than \$20,000	4%	12%	24%	29%	31%	100%
\$20,000 - \$39,999	4%	14%	26%	31%	25%	100%
\$40,000 - \$59,999	5%	17%	27%	28%	22%	100%
\$60,000 - \$79,999	5%	17%	28%	29%	20%	100%
\$80,000 - \$99,999	6%	18%	30%	26%	19%	100%
\$100,000 - \$149,999	7%	20%	29%	26%	18%	100%
\$150,000+	8%	22%	29%	25%	16%	100%
Male Total	5%	16%	27%	28%	23%	100%
Grand Total	3.48%	13.25%	25.88%	30.41%	26.98%	100.00%

Depression Results among Females by Income

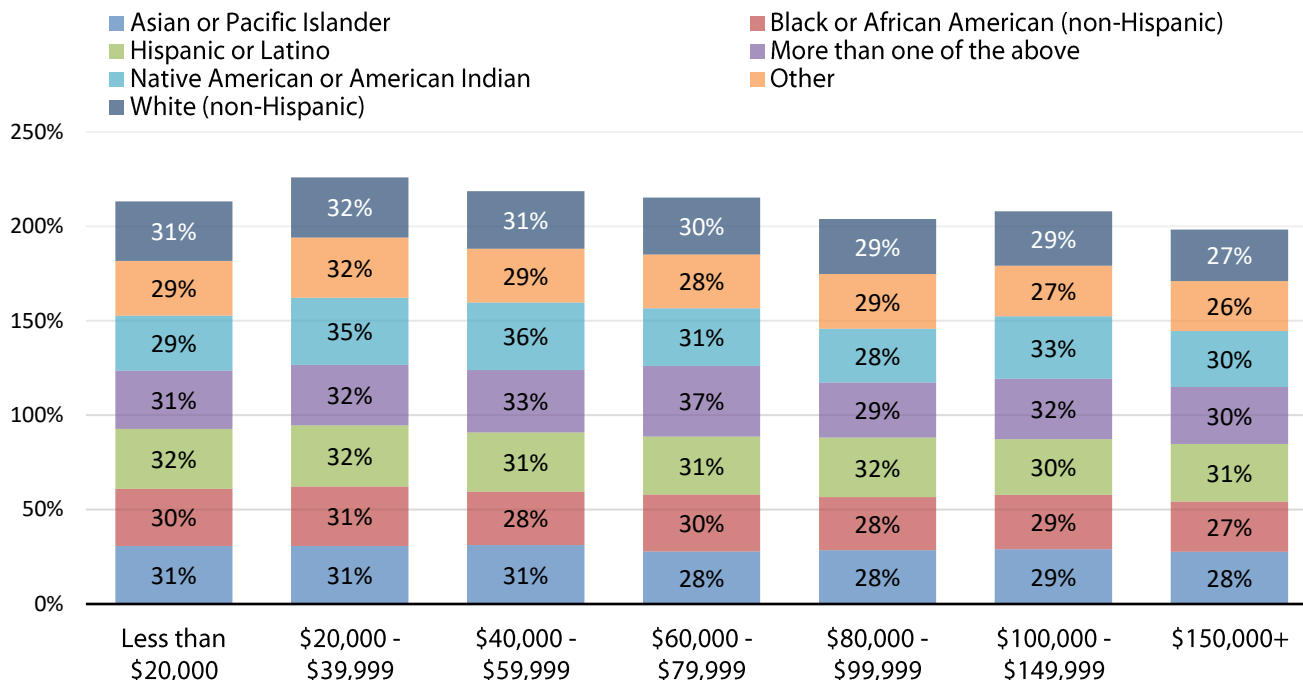


Depression Results among Males by Income

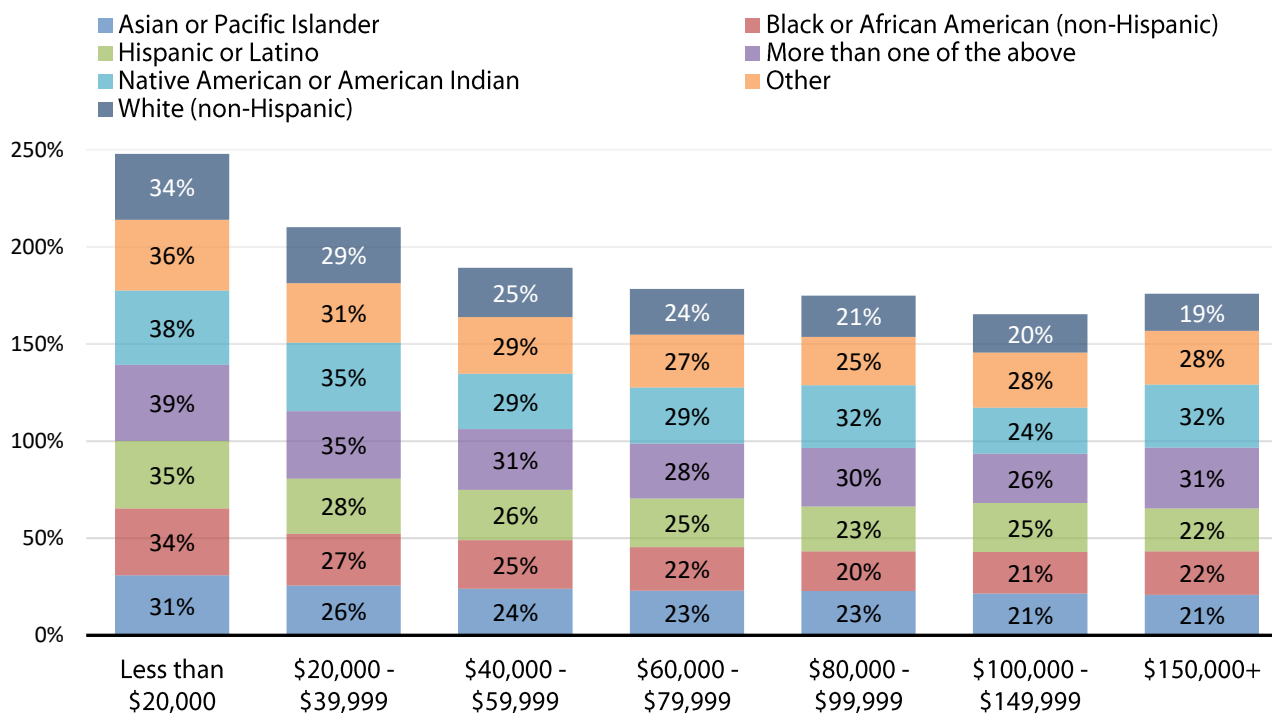


Across all races/ethnic groups, respondents earning less than \$20,000 were most likely to screen Severe Depression. There was a greater percentage difference between individuals that screened for Severe Depression, and earned less than \$20,000, compared to those who earned more than \$150,000.

Moderate Depression among Race/Ethnicity by Income



Severe Depression among Race/Ethnicity by Income



Summary of Depression Results by Demographics

Our youth is at great risk. Sixty-two percent of Female youth scored Moderately Severe Depression or Severe Depression. This was the case for 52% of Male youth. The 2018 State of Mental in America Report, continues to show a negligent response to youth who require treatment for Severe Depression. On average, it takes 10 years between the onset of symptoms and when individuals receive treatment. Given that this population is more likely to engage in risky behavior, it is important that mental health services and treatments be made available and accessible. A timely response to the mental health needs of youth, can prevent them from entering adulthood in crisis.

Outreach and awareness is critical among members of special populations. The highest proportion of Moderately Severe Depression and Severe Depression results were among LGBTQ and students. Caregivers, new or expecting moms, and veterans or active duty members were also shown to have been at high risk. Mental health services or resources that are tailored to the specific needs of these populations are necessary given the continuing demand.

Those with a greater need for treatment, cannot afford it. Depressive symptoms are common among individuals who are afflicted with chronic financial stress. The highest percentage of men and women who scored severely depression earned a household income of less than \$20,000.

Across all racial and ethnic groups, earning an income of less than \$20,000 meant a higher risk of screening severely depressed. The percentage difference between those earning less than \$20,000 and those earning \$150,000 was significantly greater in Severe Depression screen results.

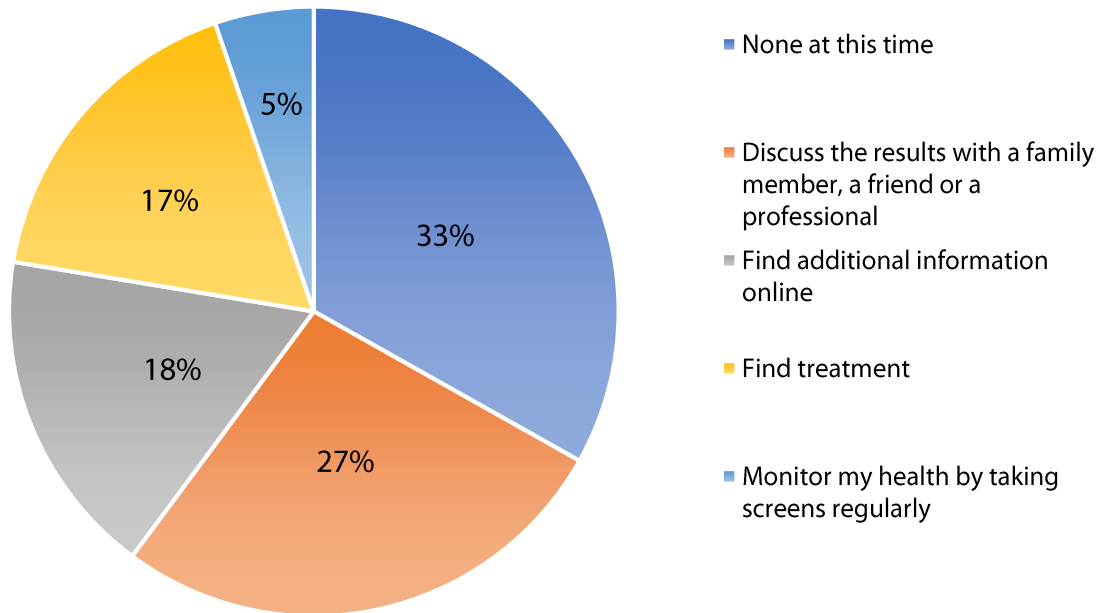
Screening by Demographics (2016): Next Steps

Individuals who completed the MHA Depression Screening test, had the option to provide additional information on any next steps that they would be taking after receiving their results. Screeners could choose one or more of the following:

- **Discuss the results with a family member, a friend or a professional**
- **Find additional information online**
- **Find treatment**
- **Monitor my health by taking screens regularly**
- **None at this time**

Although most screeners report that they would take NO action following their results, even among screeners who score with Severe Depression, another third report that they will discuss the results with a family member, a friend or a professional.

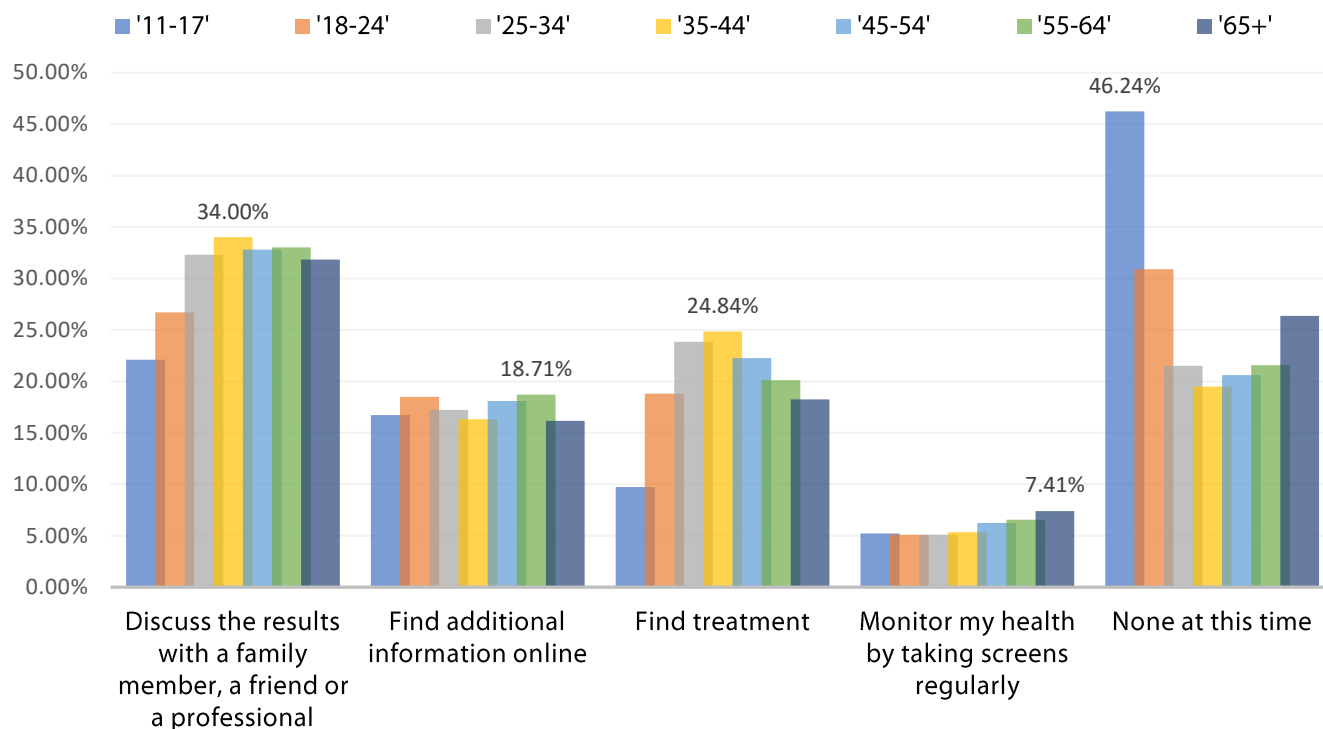
What next steps do you plan to take after screening?



Annual Household Income	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression
Discuss the results with a family member, a friend or a professional	28.70%	30.93%	28.97%	27.18%	23.60%
Find additional information online	12.75%	18.67%	19.73%	17.85%	15.07%
Find treatment	6.26%	11.08%	14.50%	18.02%	21.60%
Monitor my health by taking screens regularly	7.27%	6.67%	5.38%	4.87%	4.84%
None at this time	45.02%	32.65%	31.42%	32.09%	34.90%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%

Screeners ages 11-17 were most likely to report that they would take no action. Screeners aged 35-44 were more likely to find treatment or discuss the results with someone. Screeners aged 55-64 were most likely to want to conduct additional research online and those 65+ were most likely to monitor their health.

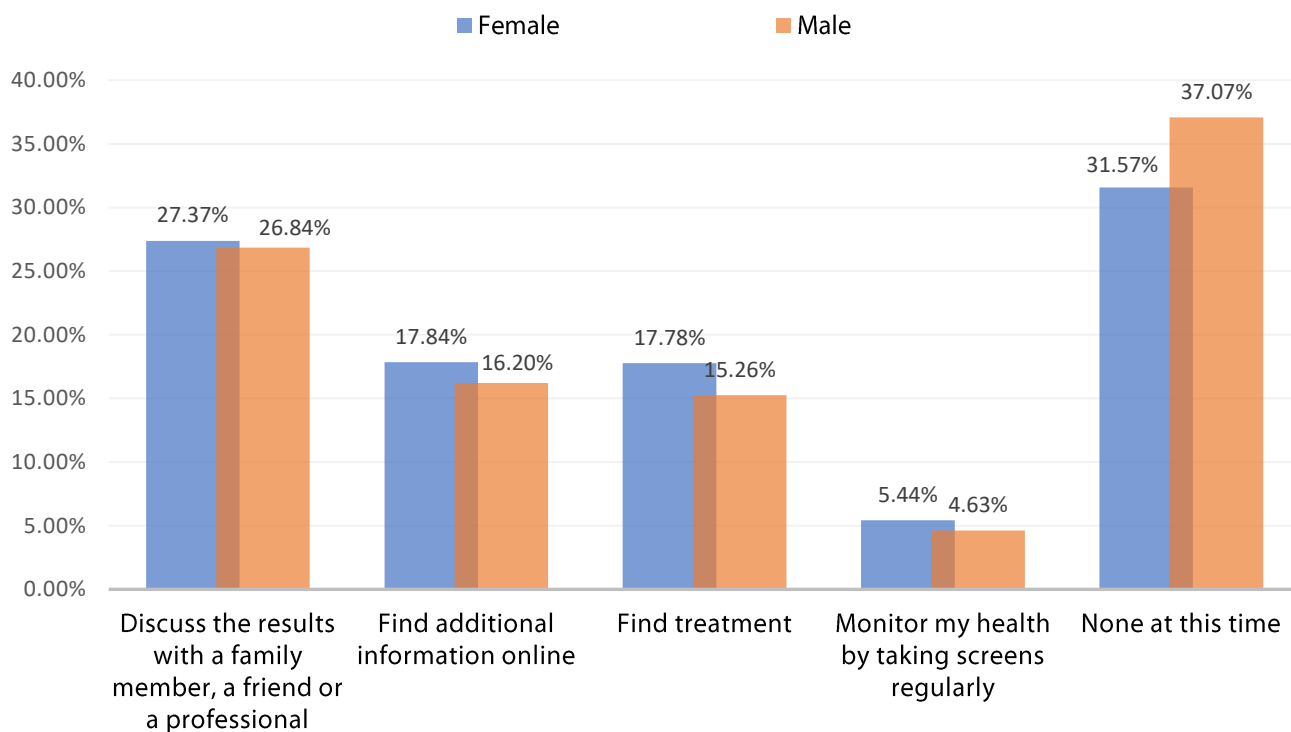
Next Steps by Age



What next steps do you plan to take after screening?	'11-17'	'18-24'	'25-34'	'35-44'	'45-54'	'55-64'	'65+'
Discuss the results with a family member, a friend or a professional	22.09%	26.71%	32.30%	34.00%	32.80%	33.03%	31.83%
Find additional information online	16.71%	18.50%	17.22%	16.33%	18.08%	18.71%	16.17%
Find treatment	9.74%	18.79%	23.85%	24.84%	22.26%	20.13%	18.23%
Monitor my health by taking screens regularly	5.22%	5.08%	5.11%	5.34%	6.25%	6.55%	7.41%
None at this time	46.24%	30.92%	21.52%	19.49%	20.60%	21.59%	26.35%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Males were more likely than females to report that they would do nothing after screening.

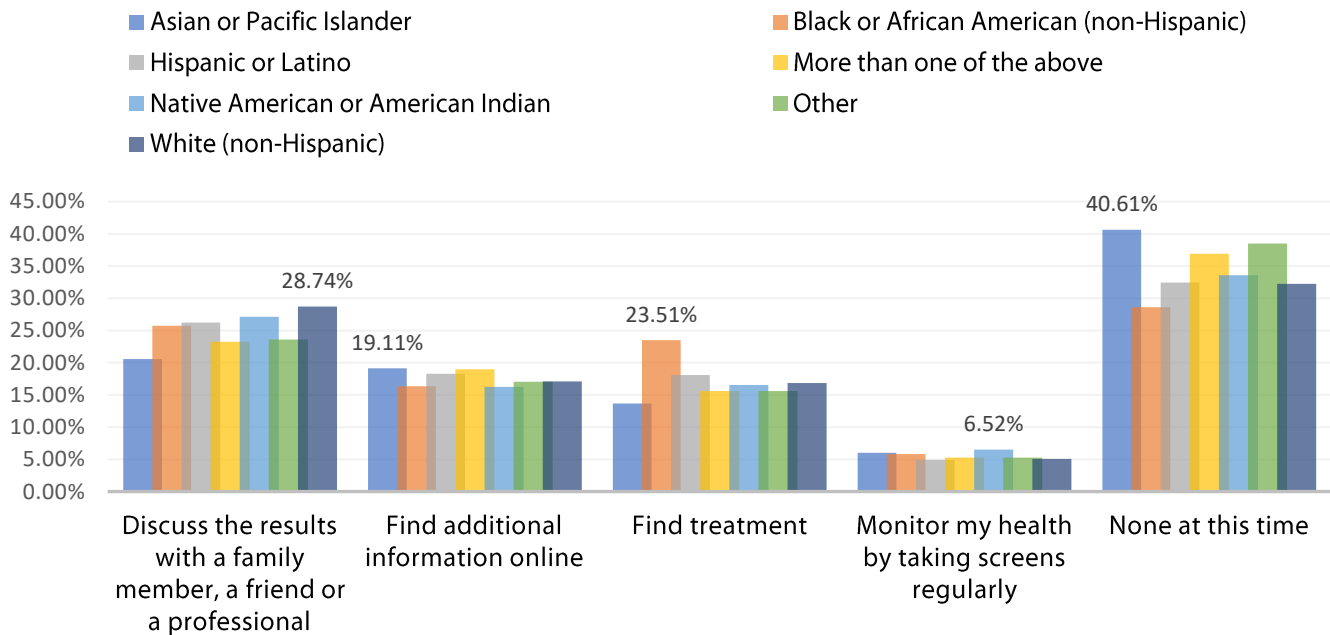
Next Steps by Sex



What next steps do you plan to take after screening?	Female	Male
Discuss the results with a family member, a friend or a professional	27.37%	26.84%
Find additional information online	17.84%	16.20%
Find treatment	17.78%	15.26%
Monitor my health by taking screens regularly	5.44%	4.63%
None at this time	31.57%	37.07%
Total	100.00%	100.00%

White screeners were most likely to discuss results. Asian screeners were most likely to say they would find information online or do nothing. Black screeners were mostly to say they would find treatment. Native American screeners were most likely to monitor their health.

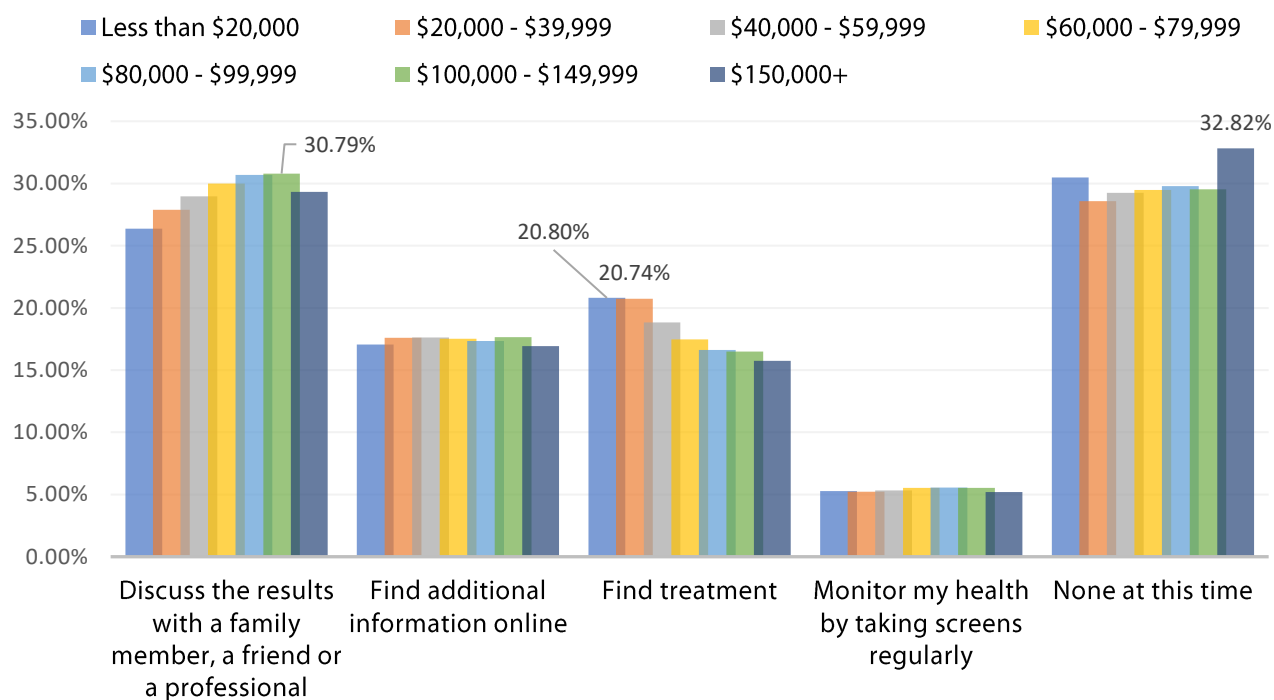
Next Steps by Race/Ethnicity



What next steps do you plan to take after screening?	Asian or Pacific Islander	Black or African American (non-Hispanic)	Hispanic Latino	More than one of the above	Native American or American Indian	Other	White (non-Hispanic)	Total
Discuss the results with a family member, a friend or a professional	20.57%	25.72%	26.23%	23.26%	27.11%	23.60%	28.74%	27.09%
Find additional information online	19.11%	16.34%	18.29%	18.96%	16.27%	17.04%	17.09%	17.43%
Find treatment	13.67%	23.51%	18.11%	15.61%	16.53%	15.59%	16.85%	17.15%
Monitor my health by taking screens regularly	6.04%	5.84%	4.94%	5.25%	6.52%	5.25%	5.09%	5.23%
None at this time	40.61%	28.59%	32.44%	36.92%	33.58%	38.51%	32.24%	33.09%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Individuals making \$100,000 – \$149,000 annual income reported most likely to discuss results with someone. Individuals making more than \$150,000 annual income are most likely to do nothing. Individuals making less than \$40,000 annual income are most likely to want to find treatment.

Next Steps by Income



What next steps do you plan to take after screening?	Less than \$20,000	\$20,000 - \$39,999	\$40,000 - \$59,999	\$60,000 - \$79,999	\$80,000 - \$99,999	\$100,000 - \$149,999	\$150,000+	Total
Discuss the results with a family member, a friend or a professional	26.37%	27.87%	28.96%	30.01%	30.69%	30.79%	29.32%	28.51%
Find additional information online	17.07%	17.59%	17.63%	17.51%	17.34%	17.64%	16.92%	17.39%
Find treatment	20.80%	20.74%	18.84%	17.47%	16.61%	16.49%	15.75%	18.96%
Monitor my health by taking screens regularly	5.27%	5.22%	5.32%	5.53%	5.56%	5.54%	5.20%	5.34%
None at this time	30.49%	28.58%	29.25%	29.48%	29.80%	29.54%	32.82%	29.80%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Summary of Next Steps

Ambivalence, getting started, and online supports. One out of 3 screeners report that they do not plan to take any action after screening. A lack of action could mean that individuals who are turning to the internet for screening feel ambivalent about tackling the mental health problems they currently experience. Another third of screeners state that they plan to talk to someone. Only 17 percent report that they plan to seek treatment. Available online supports including accurate information can help keep individuals informed and possibly move people towards treatment options if and when the time is right.

Young screeners (11-17) were least likely to seek treatment, and most likely to take no action. This is a particularly vulnerable population that often must rely on the actions of adults to address mental health concerns. This may explain the increase in youth ages 18-24 who were more likely discuss their results with someone and seek treatment. Online resources and screenings, creates a space where youth (11-17) can feel safe in taking the first towards identifying potential risks.

Low income screeners want to act. Low-income screeners showed a great interest for taking next steps. For this group, socio-economic barriers may prevent them from acquiring mental health services. Online resources and tools can bridge this gap, providing options for addressing their mental health concerns.

Online resources and screenings complement face to face treatment. Individuals experiencing mental health problems should be able to access mental health services. Despite increasing rates of Major Depression among youth there has not been a corresponding rise in treatment.

Overall, individuals that took the depression screening in 2016 had some mental health concern, with the majority screening at high risk for Moderately Severe Depression and Severe Depression. Increasing mental health coverage can increase the number of individuals that are diagnosed and, if necessary, treated before they encounter extreme consequences (including self-harm, substance abuse, incarceration, etc.). In addition to expanding Medicaid, the largest payer for mental health services, providers must negotiate higher reimbursement rates for services, incentivizing more mental health professionals to take private and/or public insurance. Lastly, investment in preventive services, as well as recovery services (e.g. peer services, supportive employment, and supportive housing), would provide support and opportunity for individuals with mental health conditions.

Appendix

Youth with MDE Who DID NOT Receive Treatment

Table 1

Rank	State	%	#
1	Connecticut*	48.6	12,000
2	Maine*	50.1	5,000
3	Vermont*	50.6	2,000
4	Minnesota*	51.9	21,000
5	Alaska*	53.1	3,000
6	Oregon	54.9	26,000
7	Massachusetts*	55.5	26,000
8	Maryland*	55.6	24,000
9	Wyoming*	55.7	3,000
10	Iowa*	56.4	13,000
11	Ohio	58.0	56,000
12	New Hampshire	58.0	7,000
13	South Dakota*	58.1	3,000
14	Delaware*	58.8	4,000
15	West Virginia*	59.9	8,000
16	Idaho*	59.9	9,000
17	New York	60.3	91,000
18	Rhode Island	61.6	7,000
19	Illinois	61.8	66,000
20	Michigan	62.0	55,000
21	Colorado	62.1	36,000
22	Nebraska*	62.1	8,000
23	Arizona	62.1	47,000
24	North Carolina	62.3	58,000
25	Washington*	62.5	36,000
26	North Dakota*	62.5	2,000

Rank	State	%	#
27	Indiana	62.7	50,000
28	Oklahoma*	63.1	18,000
29	Kansas*	63.3	14,000
30	New Jersey*	63.5	34,000
31	Nevada	64.0	20,000
32	District of Columbia*	64.1	1,000
33	Montana*	64.6	4,000
34	Utah*	64.7	19,000
35	Kentucky*	64.9	20,000
36	California	65.0	233,000
37	Louisiana*	65.0	19,000
38	Georgia*	65.5	46,000
39	Missouri*	66.3	30,000
40	Pennsylvania	66.4	65,000
41	Arkansas*	66.6	17,000
42	Hawaii*	66.7	6,000
43	Florida	66.8	106,000
44	Alabama*	67.1	24,000
45	New Mexico*	69.2	12,000
46	Texas	69.5	183,000
47	Mississippi*	70.0	15,000
48	South Carolina*	70.6	23,000
49	Virginia	70.8	55,000
50	Wisconsin	71.8	51,000
51	Tennessee*	72.2	31,000
	National	63.0	1,548,000

* Measures collected from Annual Averages based on 2010-2015, other measures are based on Annual Averages for 2013-2015

Youth with Severe MDE Who Received Some Consistent Treatment

Table 2

Rank	State	%	#
1	Minnesota*	39.90	11,000
2	South Dakota**	39.50	2,000
3	Vermont**	38.00	1,000
4	Alaska**	35.10	1,000
5	Massachusetts*	34.10	11,000
6	Maine*	34.00	3,000
7	New Hampshire*	31.80	2,000
8	North Dakota**	31.60	1,000
9	Colorado*	30.30	9,000
10	Ohio	29.80	21,000
11	Oregon*	29.40	8,000
12	Michigan	29.00	19,000
13	Utah**	29.00	4,000
14	New York	28.10	28,000
15	Kansas*	27.90	4,000
16	West Virginia*	27.90	2,000
17	Nebraska**	27.60	2,000
18	Iowa*	27.40	5,000
19	Wyoming*	26.70	1,000
20	Delaware*	26.50	1,000
21	Rhode Island*	26.50	2,000
22	New Jersey*	26.40	9,000
23	Illinois	26.20	20,000
24	Connecticut*	25.60	5,000
25	North Carolina*	25.50	14,000
26	Pennsylvania	25.20	16,000

Rank	State	%	#
27	Arkansas*	25.1	4,000
28	Maryland*	24.4	8,000
29	Washington*	24.2	10,000
30	Louisiana**	22.5	5,000
31	Indiana*	22.0	9,000
32	New Mexico*	21.9	2,000
33	California	21.5	47,000
34	Arizona*	21.4	9,000
35	Wisconsin*	21.4	8,000
36	Alabama*	20.8	4,000
37	Idaho**	19.5	2,000
38	Kentucky*	19.5	4,000
39	Texas	18.9	32,000
40	Hawaii*	18.7	1,000
41	Missouri*	18.6	7,000
42	Florida	18.2	19,000
43	Oklahoma**	16.8	3,000
44	District of Columbia**	15.9	< 1,000
45	Virginia*	15.5	8,000
46	South Carolina**	14.6	3,000
47	Nevada*	14.2	2,000
48	Montana**	12.8	< 1,000
49	Tennessee**	12.3	3,000
50	Georgia*	11.3	5,000
51	Mississippi*	11.3	2,000
	National*	23.4	447,000

*Measures collected from annual averages based on 2010-2015

** Measures collected from annual averages based on 2010-2013

Unmarked states: measures collected from annual averages based on 2013-2015

Glossary

Indicator	Description of Measure	Source
Adults with Any Mental Illness (AMI)	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). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness. AMI includes individuals in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings. http://www.samhsa.gov/data/ . Data survey years: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Adults with AMI Reporting Unmet Need	Adults with AMI reporting unmet need 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. Data survey years: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.
Adults with AMI Who are Uninsured	Adults with AMI who are uninsured is calculated from variable IRINSUR4 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI. 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). Data survey year: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.
Adults with AMI who Did Not Receive Treatment	Adults with AMI who did not receive treatment is calculated from variable AMHTXRC3 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI. A respondent is classified as not receiving treatment if they responded NO to receiving any mental health treatment in the past year which is coded as AMHTXRC3. AMHTXRC3 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. Data survey years: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Indicator	Description of Measure	Source
Adult Alcohol Dependence and Illicit Drug Use	Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Data survey years 2014-2015. <i>This year the measure Adults with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine) was determined by calculating the Z scores for measures Adult Alcohol Dependence in the Past Year, Adult Marijuana Use in the Past Year, Adult Cocaine Use in the Past Year, and Adult Heroin Use in the Past Year. All Z scores were weighted at .25, and added together.</i>	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Adults with Disability Who Could Not See a Doctor Due to Costs	Disability questions were added to the Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire in 2004. Disability was determined using the following BRFSS question: "Are you limited in any way in any activities because of physical, mental or emotional problems?" (QLACTLM2). Respondents were defined as having a 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 QLACTLM2. Data survey year 2015.	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, 2016. http://www.cdc.gov/brfss/annual_data/annual_2014.html Downloaded and calculated on 8/24/17.
Adults with Serious Thoughts of Suicide	Adults aged 18 or older were asked whether they had seriously thought about, made any plans, or attempted to kill themselves at any time during the past 12 months, or if they had received medical attention from a health professional or stayed overnight in a hospital in the past 12 months because of a suicide attempt. Data survey year: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Children with Private Insurance that Did Not Cover Mental or Emotional Problems	Children with private insurance that did not cover mental or emotional problems is defined as any child age 0-17 responding YES to HLTINMNT. HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems? Data survey year: 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Indicator	Description of Measure	Source
Mental Health Workforce Availability	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. Survey data year: 2016.	County Health Rankings & Roadmaps. http://www.coukyhealthrankings.org/app/kentucky/2016/overview 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.
Students Identified with Emotional Disturbance for Individualized Education Program	Percent of Children Identified as having a Emotional Disturbance among enrolled students Grade 1-12 and Ungraded. 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 under paragraph (c)(4)(i) of this section. Data year 2014.	IDEA Data Center, 2015 - IDEA Section 618, State Level Data Files, Child Count and Educational Environments. http://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee. US Department of Education, National Center for Education Statistics, Common Core of Data. http://nces.ed.gov/ccd/stnfi.s.asp Downloaded and calculated on 8/31/2017.

Indicator	Description of Measure	Source
Youth with At Least One Past Year Major Depressive Episode (MDE)	Among youth age 12-17, major depressive episode (MDE) is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person 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 "2011-2012 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33 . Data survey year 2014-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014-2015. https://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Youth with Dependence and Abuse of Illicit Drugs or Alcohol	Among youth age 12-17, dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. <i>This year the measure Youth with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine) was determined by calculating the Z scores for measures Youth Alcohol Dependence in the Past Year, Youth Marijuana Use in the Past Year, Youth Cocaine Use in the Past Year, and Youth Heroin Use in the Past Year. All Z scores were weighted at .25, and added together.</i> Data survey year 2014-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/population-data-nsduh/reports?tab=38
Youth with MDE who Did Not Receive Mental Health Services	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") and respond NO to ANYSMH. ANYSMH indicates whether a youth reported receiving specialty mental health services in the past year from any of 7 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 7 source of treatment variables: stayed overnight in a hospital (YHOSP), stayed in a residential treatment facility (YRESID), spent time in foster care (YFOST), 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). Youths who reported a positive response (source variable=1) to one or more of the 7 questions were included in the yes category regardless of how many of the 7 questions they answered. Youths who did not report a positive response, but answered all 7 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. Data survey year 2014-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health

Indicator	Description of Measure	Source
Youth with Severe MDE	Youth with severe MDE is defined as having had MDE in the past year were then 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, Olsson, Portera, Farber, & 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 7 on the scale YSDSOVRL=4, 5 were considered severe impairment. "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. Data survey years 2010-2015 and 2013-2015.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health
Youth with Severe MDE who Received Some Consistent Treatment	The following variable calculated as how many youth who answered YES to MDEIMPY from "Youth with severe MDE" defined above and 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 6 (No Visits) was assigned whenever a respondent said they had used none of the services (YUDYTXNR, YUMHCRNR, YUTPSTNR, YUIHTPNR all equal 2). A value of missing was assigned when the response to whether received treatment or number of visits was unknown for any of the 4 locations (any of YUDYTXNR, YUMHCRNR, YUTPSTNR, YUIHTPNR=85, 94, 97, 98 OR any of YUDYTXNM, YUMHCRNM, YUTPSTNM, YUIHTPNM=985, 994, 997, 998), unless 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 Visits, 1-6 Visits, and 7-25+ Visits. Data survey years 2010-2013, 2010-2015, and 2013-2015	Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality.