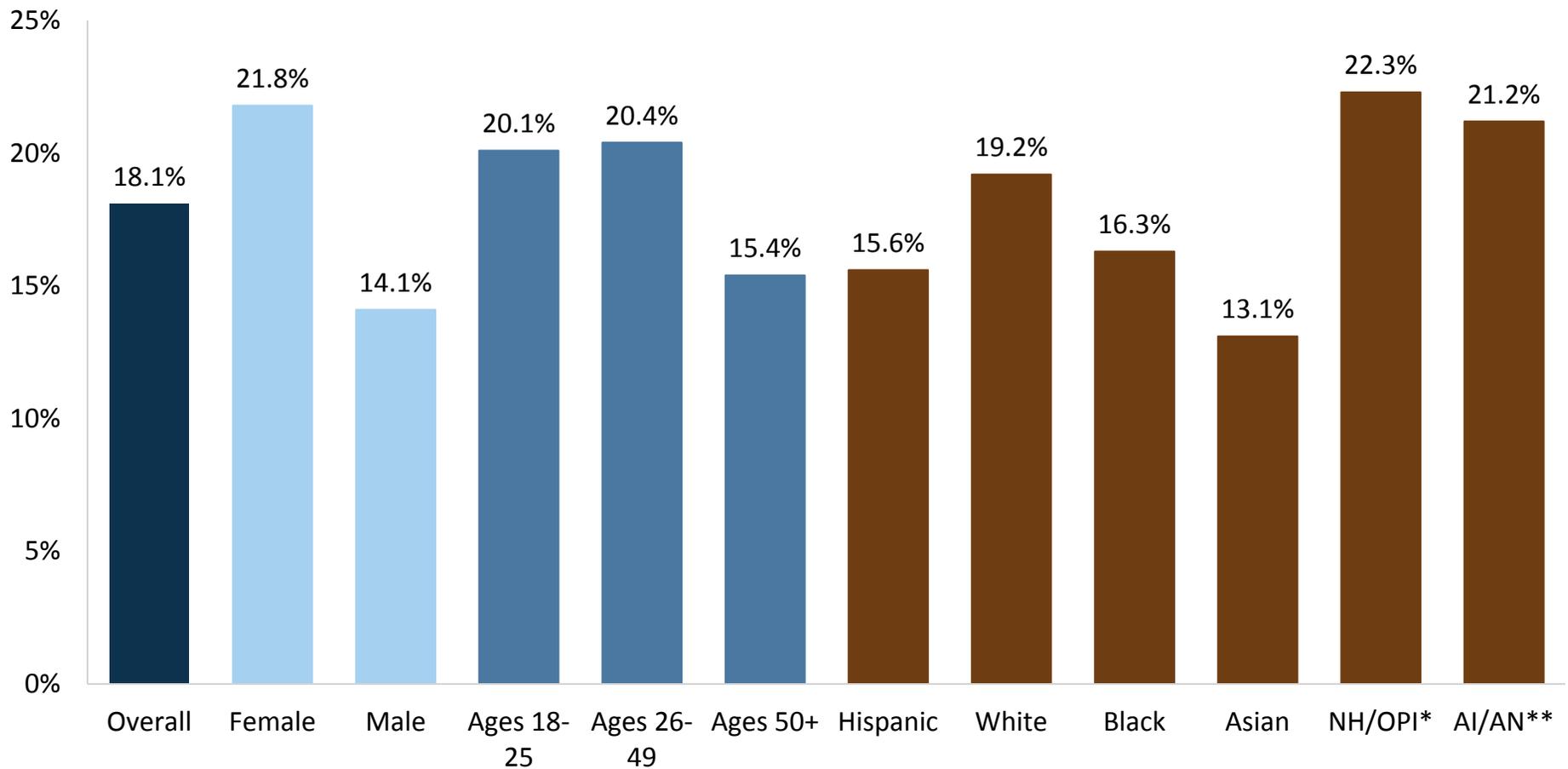


What are the current costs and outcomes related to mental health and substance abuse disorders?

Eighteen percent of adults in the United States have a mental, behavioral, or emotional disorder

12-month prevalence of any mental illness among adults ages 18+, by gender, age, and race, 2014

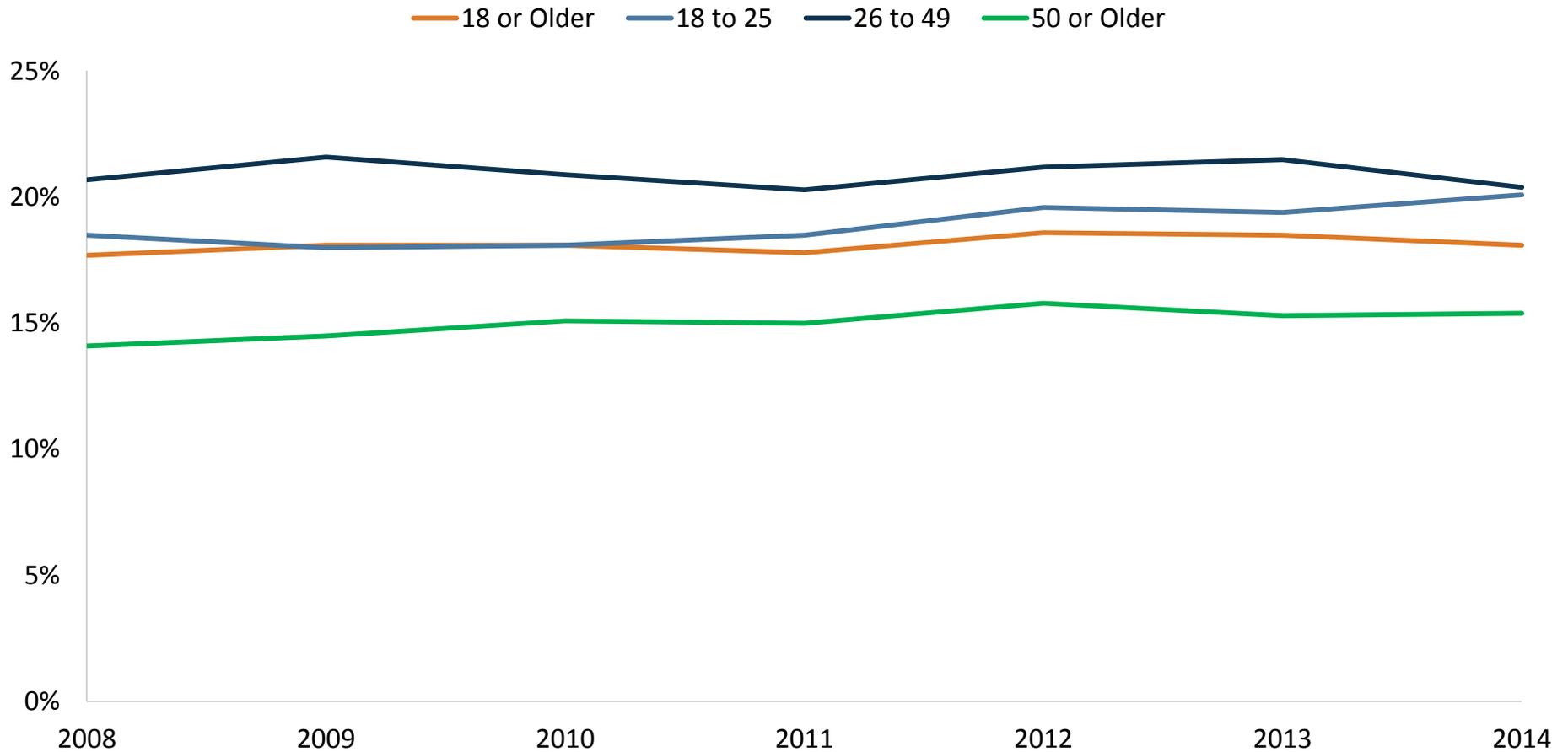


* NH/OPI = Native Hawaiian/Other Pacific Islander ** AI/AN = American Indian/Alaska Native

Source: National Institute of Mental Health, Health and Education Statistics, available at: <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml> (Accessed on March 21, 2016); and SAHMSA 2014 NSDUH, available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm#idtextanchor074> (Accessed on March 21, 2016)

The prevalence of mental illness among adults has been relatively stable

12-month prevalence of any mental illness among adults ages 18+, by age group, 2008-2014

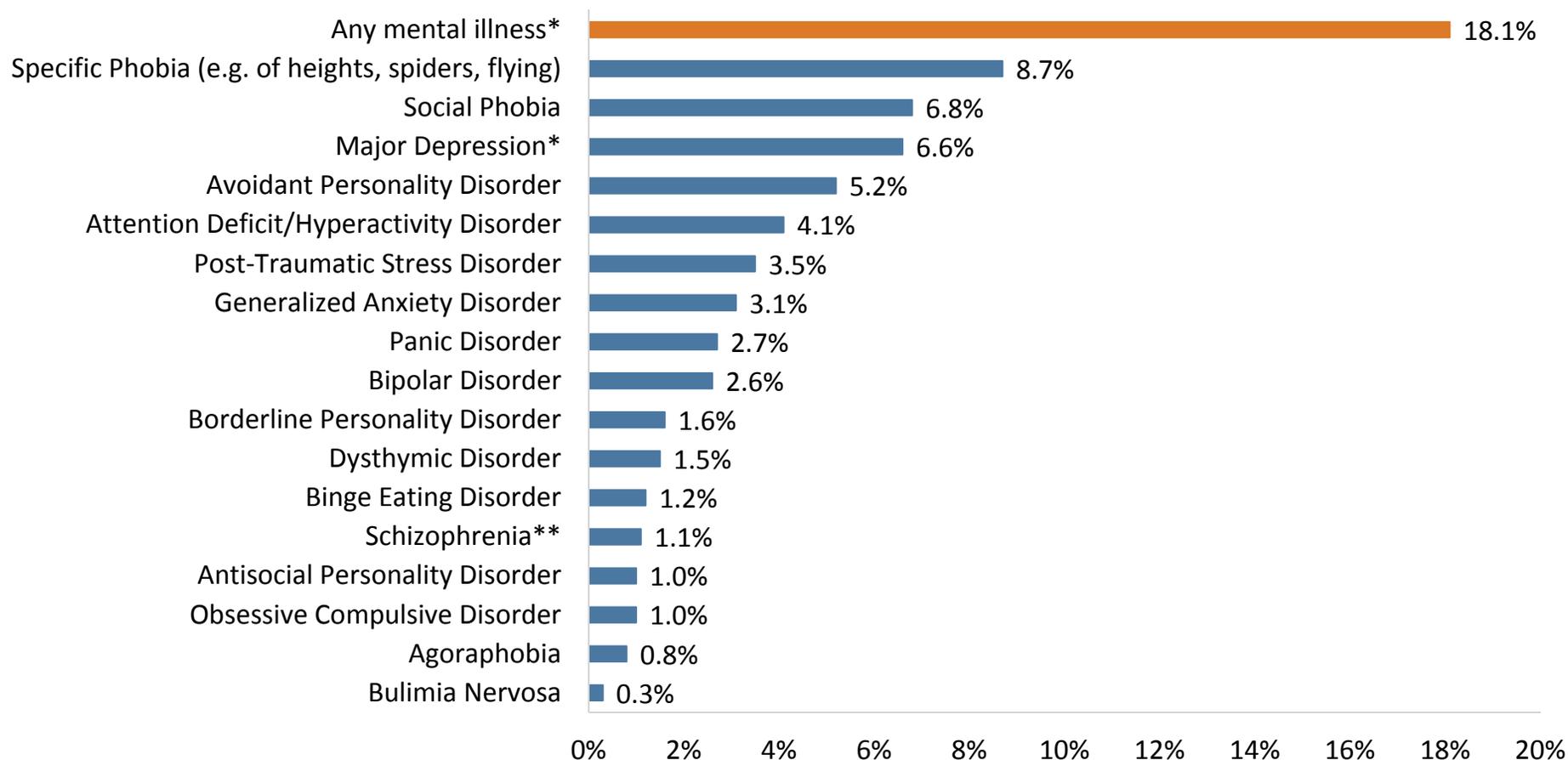


Source: SAMHSA <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm#idtextanchor074>

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Phobias and major depression are the most common mental health disorders among adults in the U.S.

12-month prevalence of mental illness among adults ages 18+, by disorder, early 2000s

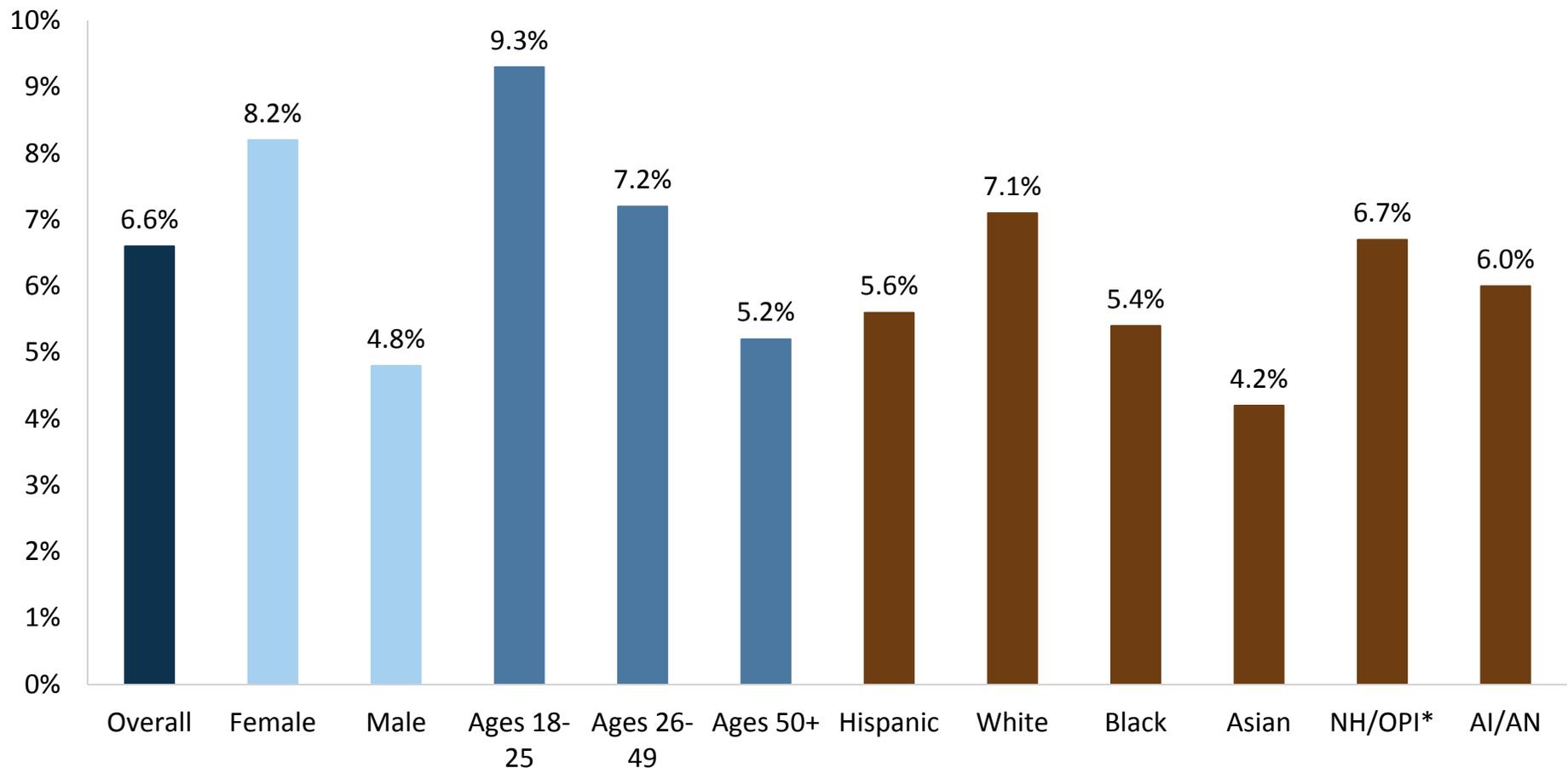


Source: National Institute of Mental Health, Health and Education Statistics, Prevalence. Available at:

<http://www.nimh.nih.gov/health/statistics/prevalence/index.shtml> (Accessed on March 21, 2016) **Note:** *Prevalence data for any mental illness and major depression prevalence are for 2014. Any mental illness does not include substance abuse disorders. **Prevalence for schizophrenia is from a 1993 study.

Major depression occurs relatively more often among women, young adults, whites, and Pacific Islanders

12-month prevalence of major depressive episode among adults ages 18+, 2014

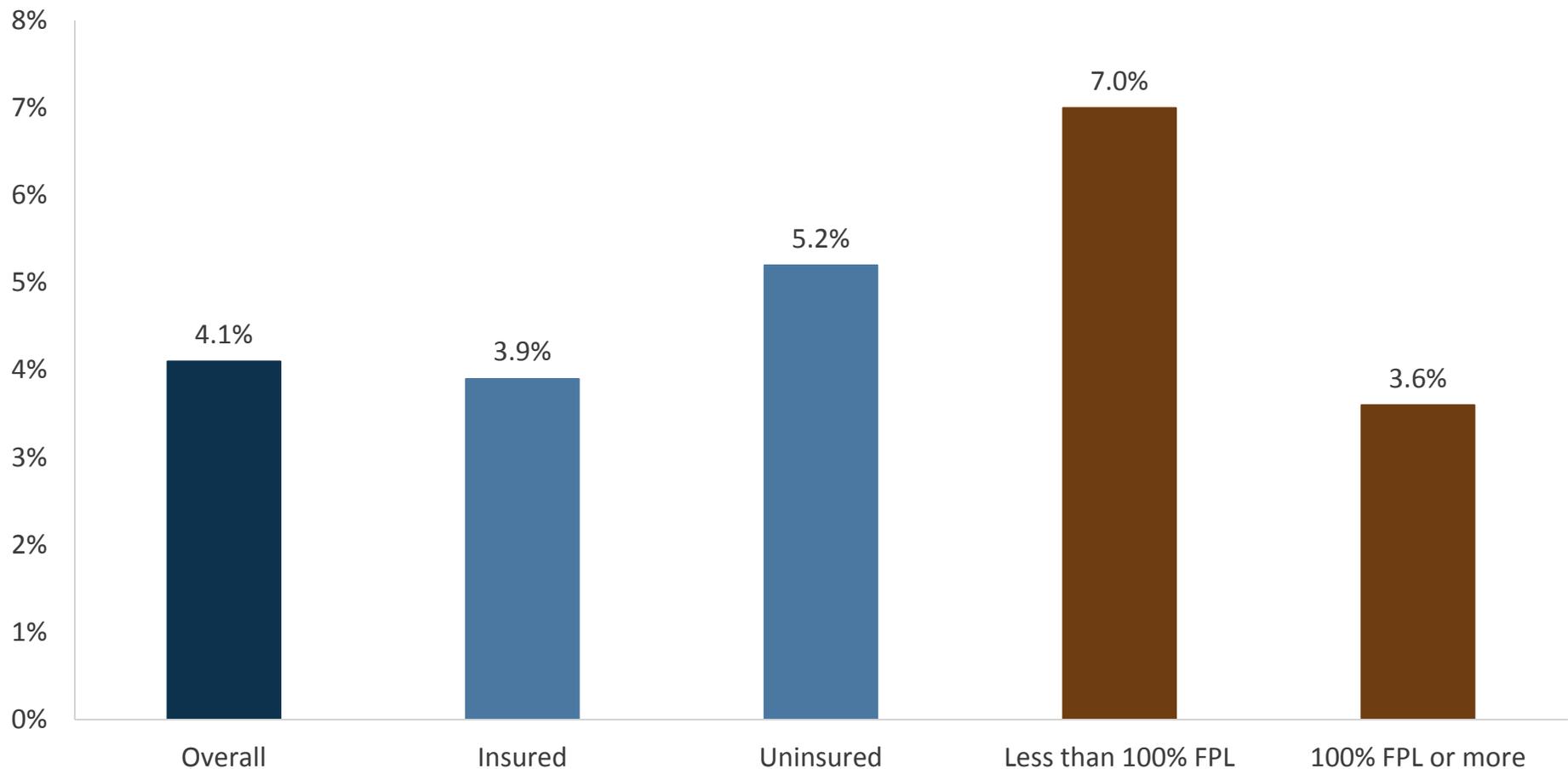


* NH/OPI = Native Hawaiian/Other Pacific Islander ** AI/AN = American Indian/Alaska Native

Source: National Institute of Mental Health, Health and Education Statistics, available at: <http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml> (Accessed on March 21, 2016); and SAHMSA 2014 NSDUH, available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm#idtextanchor074> (Accessed on March 21, 2016) **Note:** No exclusions in data based on cause of major depressive episodes (e.g., medical illness, bereavement, substance use disorders).

Serious mental illness is more prevalent among adults who are uninsured and those who are poor

12-month prevalence of serious mental illness among adults, by insurance status and poverty status, 2014

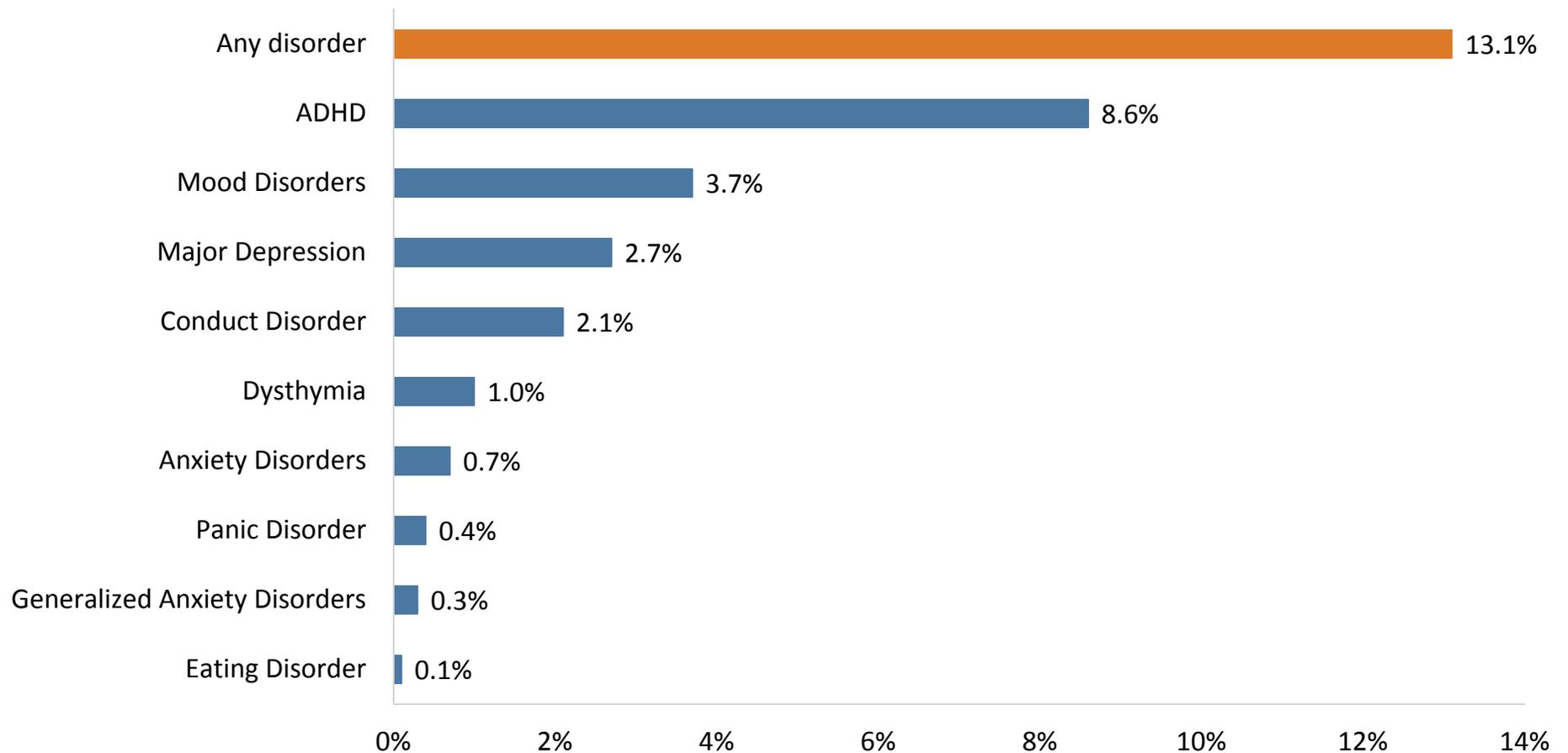


Source: SAMHSA 2014 NSDUH http://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf

Peterson-Kaiser Health System Tracker

ADHD is the most prevalent mental health disorder among children in the United States

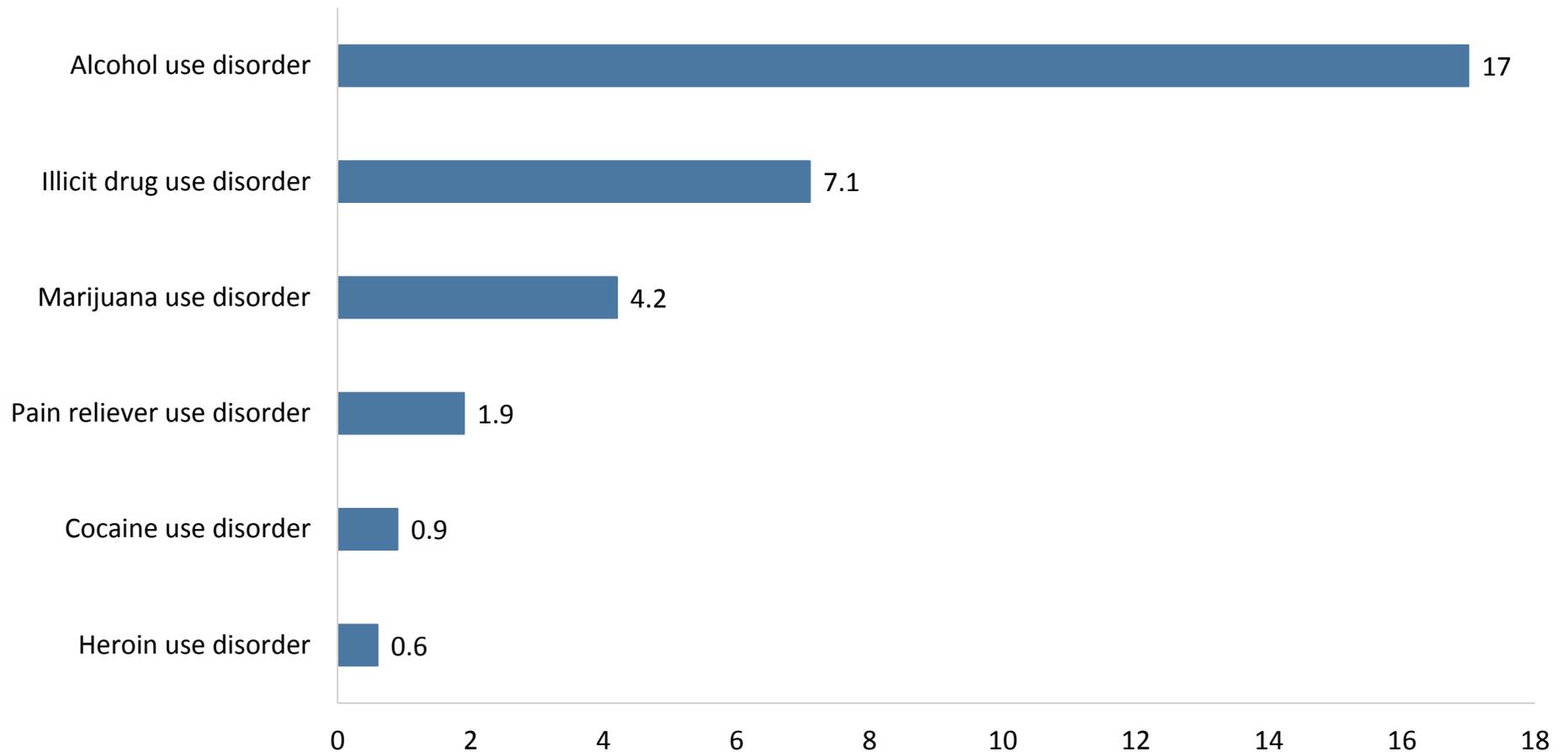
12-month prevalence of mental disorders among children ages 8 to 15, 2001-2004



Source: National Institute of Mental Health, Health and Education Statistics, Prevalence. Available at: <http://www.nimh.nih.gov/health/statistics/prevalence/index.shtml> (Accessed on March 21, 2016); and Merikangas, Kathleen Ries et al. "Prevalence and Treatment of Mental Disorders Among US Children in the 2001–2004 NHANES." *Pediatrics* 125.1 (2010): 75–81. *PMC*. Web. 5 May 2016. (doi: 10.1542/peds.2008-2598).

Alcohol dependence or abuse is the most commonly reported substance use disorder

Number of people age 12+ reporting having a drug use disorder, by substance, in millions, 2014

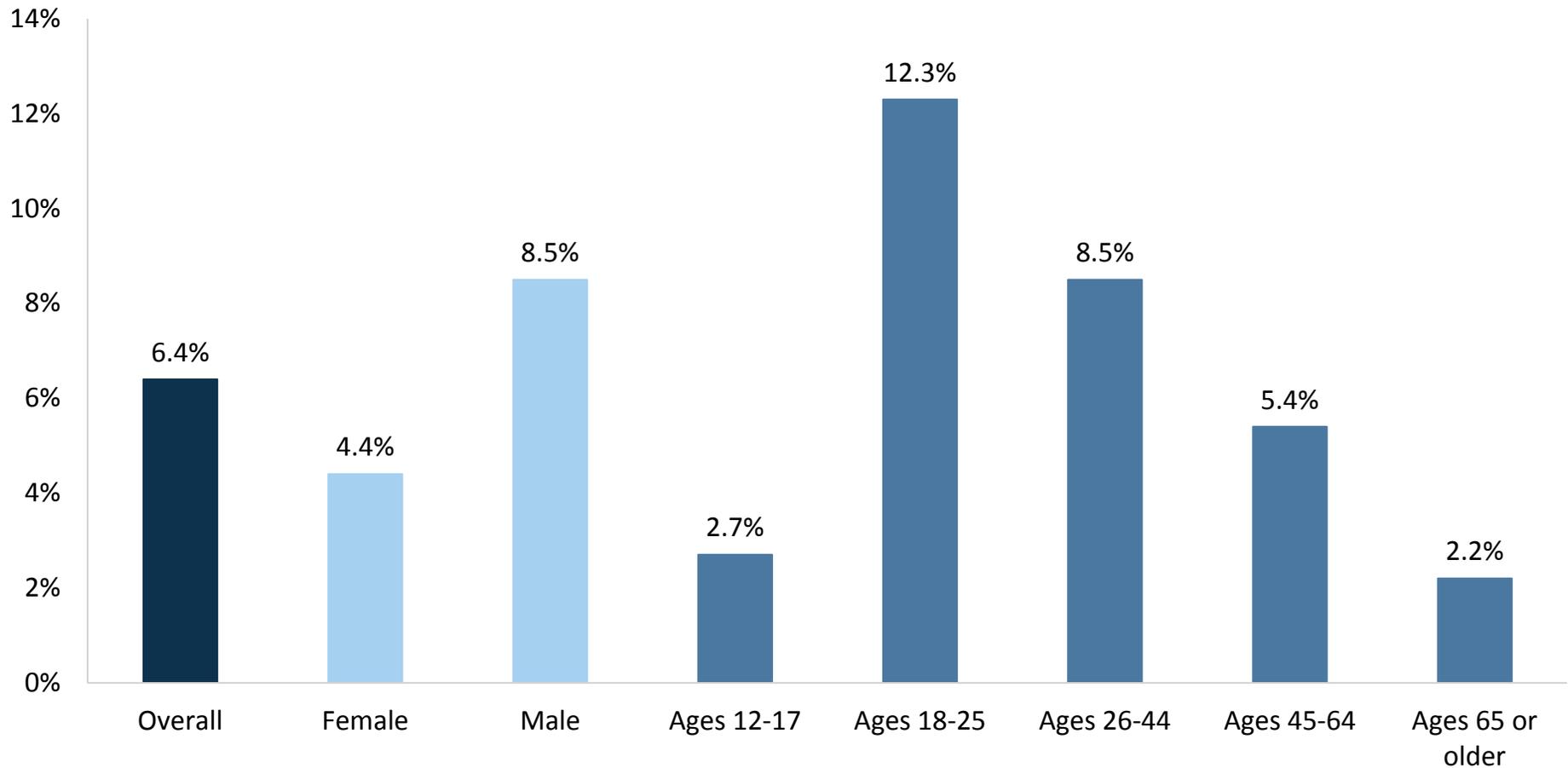


Source: SAMHSA 2014 NSDUH <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

Peterson-Kaiser Health System Tracker

Alcohol dependence or abuse is relatively high among those ages 18-25 and more prevalent among males

12-month prevalence among population age 12+, by gender and age, 2014

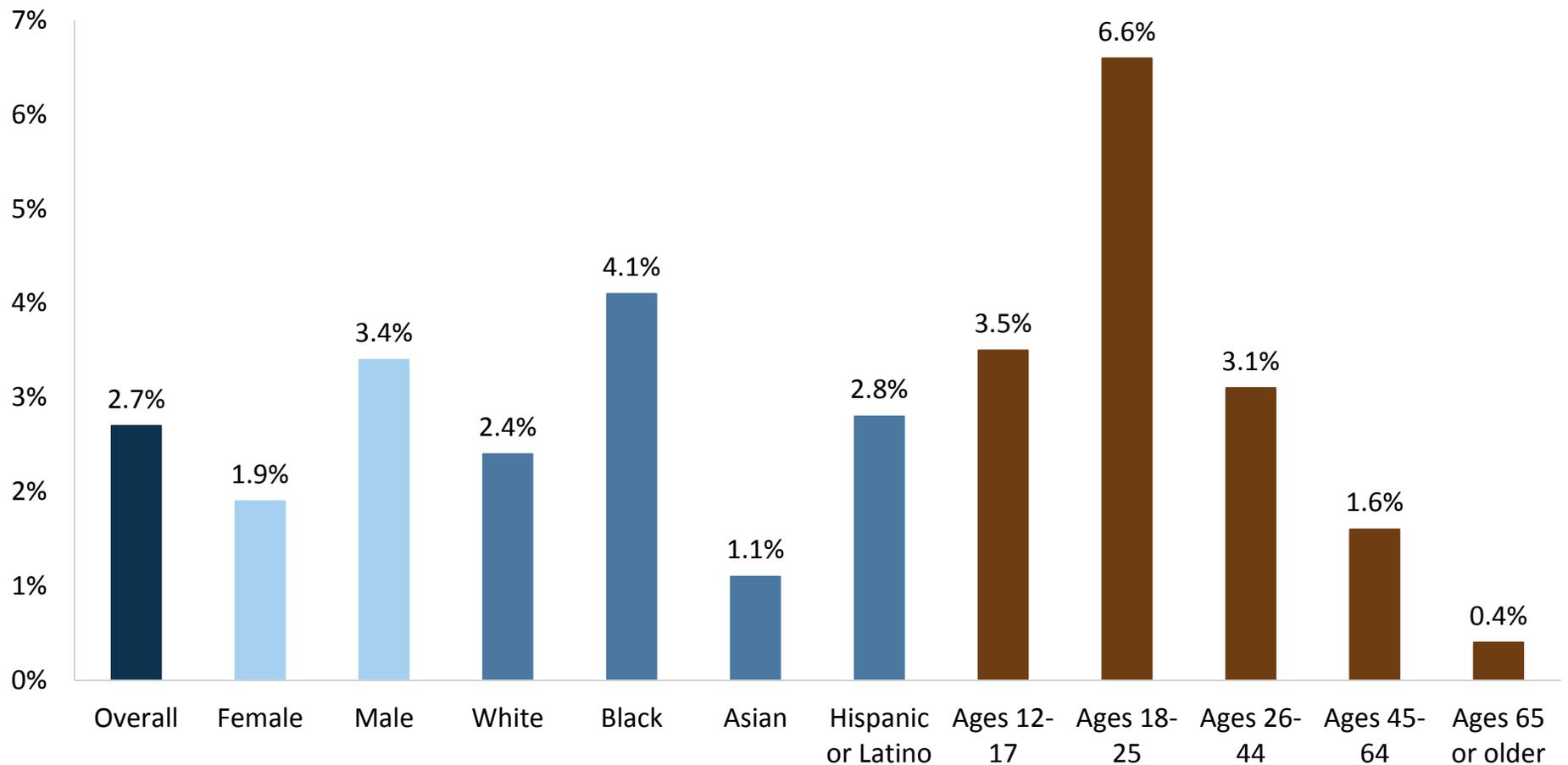


Source: SAMHSA 2014 NSDUH http://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf

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Almost 3% of people age 12 or older reported illicit drug dependence or abuse in the past year

12-month prevalence among population age 12+, by gender, age, and race/ethnicity, 2014

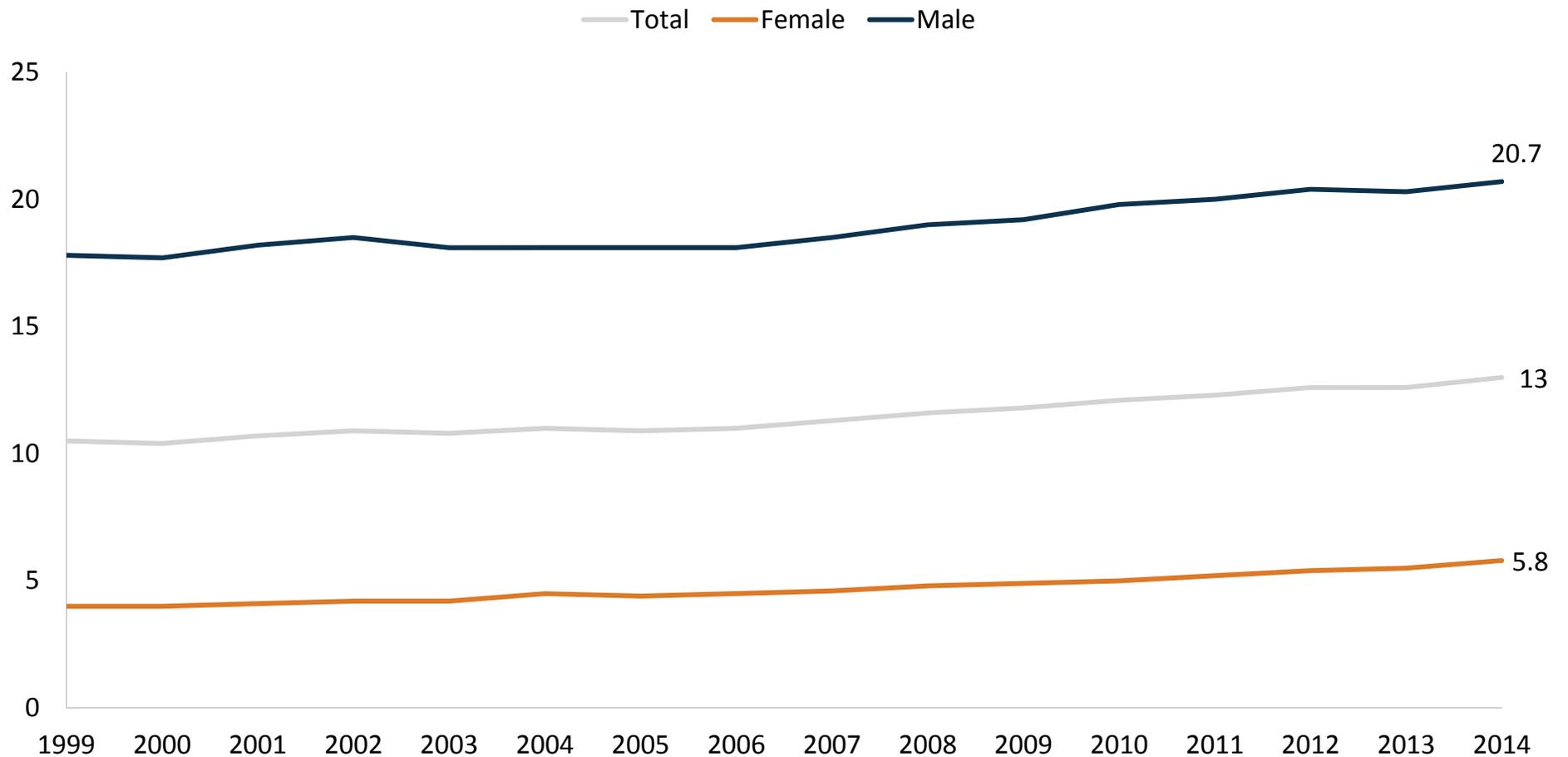


Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, http://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf

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The U.S. suicide rate has grown since 2006

Age-adjusted suicide rates, by sex, 1999-2014

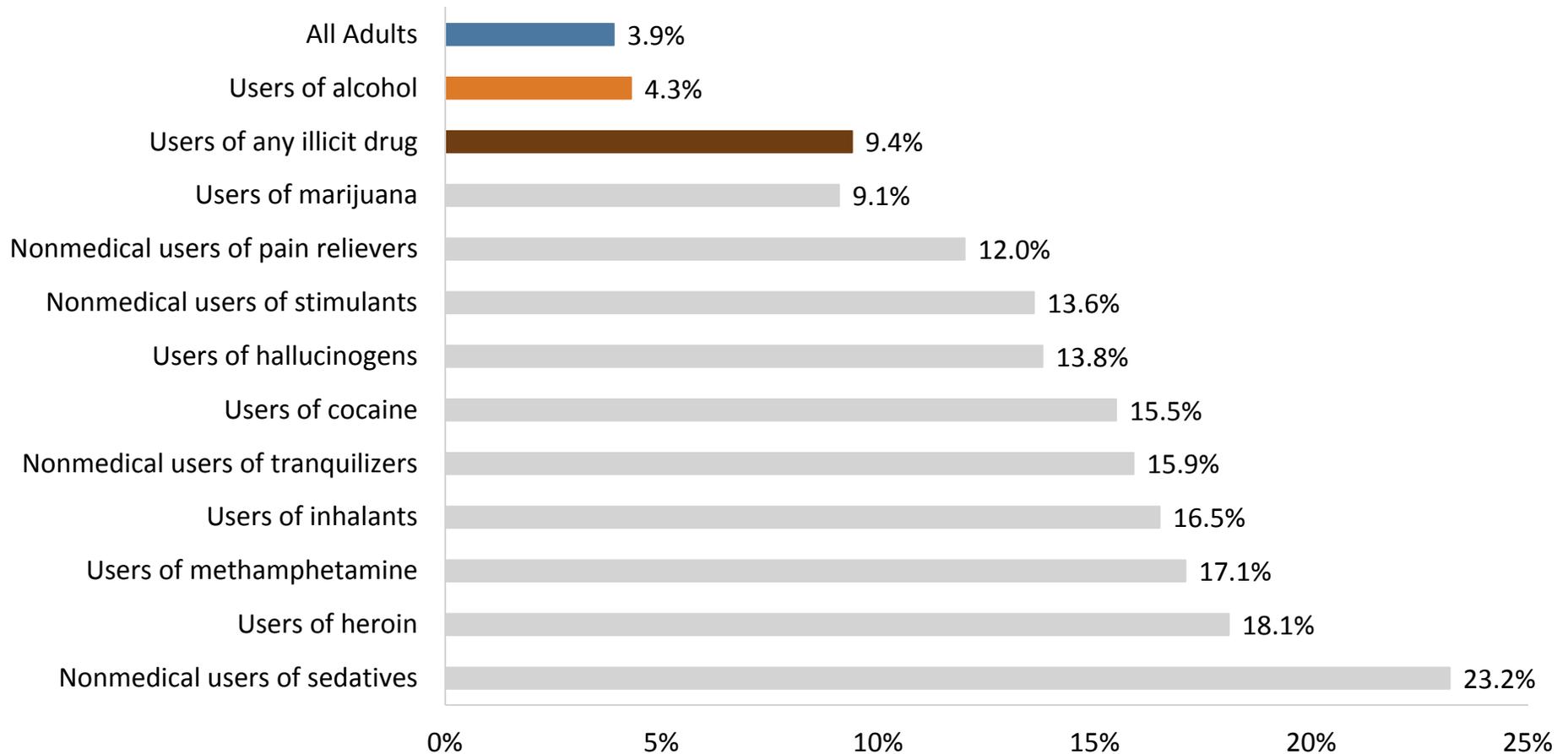


Source: CDC <http://www.cdc.gov/nchs/products/databriefs/db241.htm>

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Nine percent of adults who have suicidal thoughts report using an illicit drug

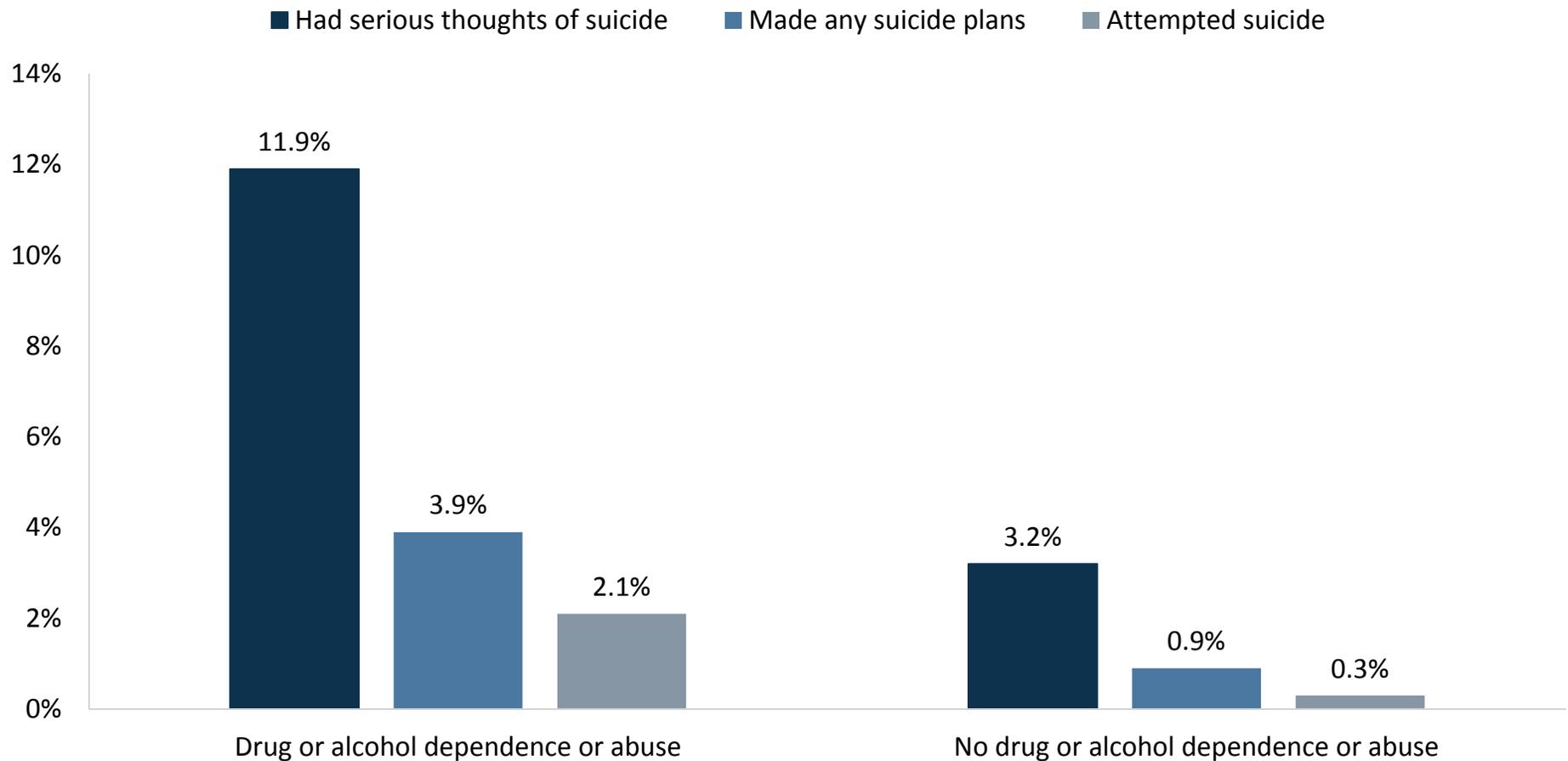
Suicidal thoughts in the past year among all adults age 18+ and among past year users of illicit drugs, 2014



Source: SAMHSA 2014 NSDUH <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2014/NSDUH-FRR2-2014.pdf> **Note:** Difference between estimated prevalence for all adults and each type of illicit drug use is significant for all shown values at the .05 level.

Drug or alcohol dependence or abuse is linked to higher likelihood of suicidal thoughts and behavior

Suicidal thoughts and behavior in the past year among adults with and without drug or alcohol problem, 2014

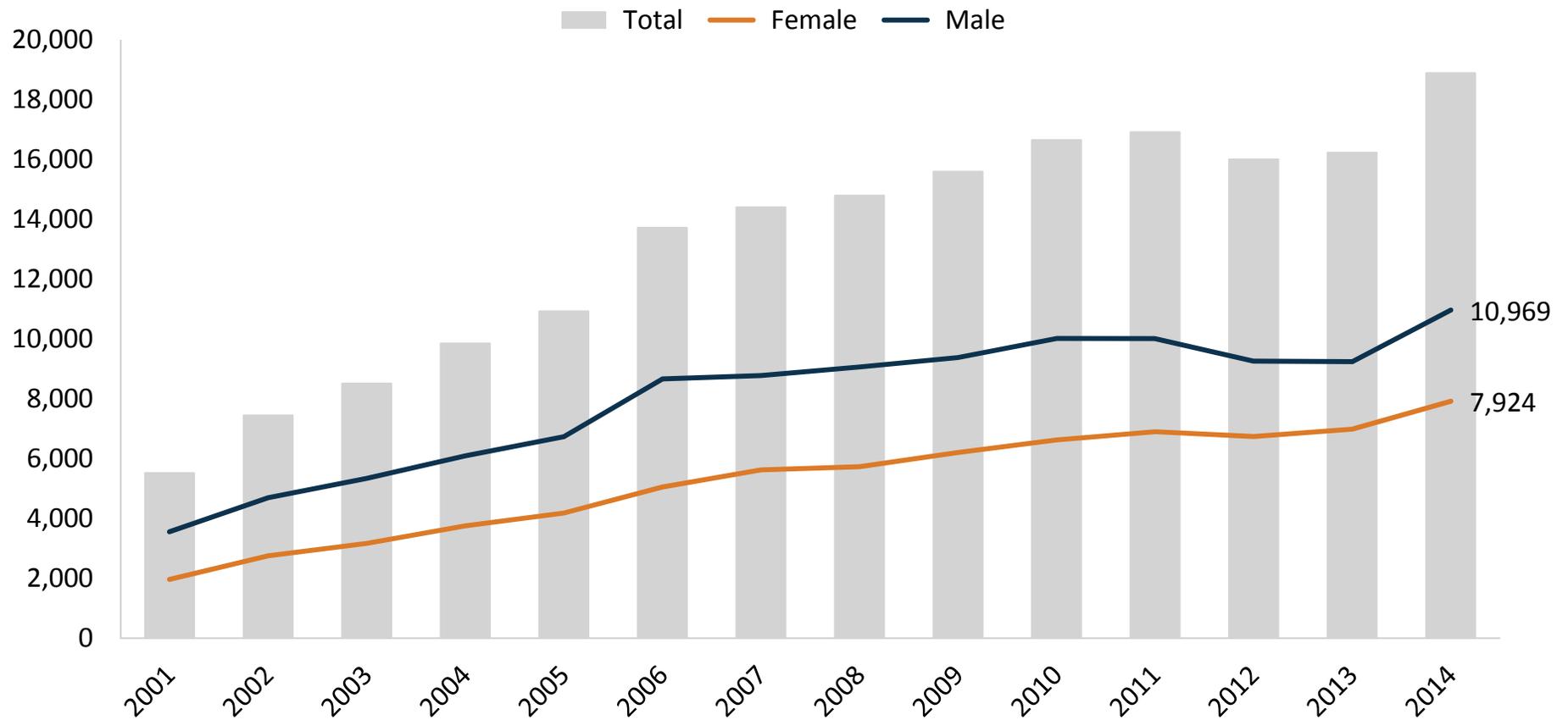


Source: SAMHSA 2014 NSDUH <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2014/NSDUH-FRR2-2014.pdf>

Peterson-Kaiser Health System Tracker

The U.S. has seen a sharp increase in deaths due to prescription painkiller overdose since 2001

Deaths from prescription opioid painkiller overdose, by sex, 2001-2014

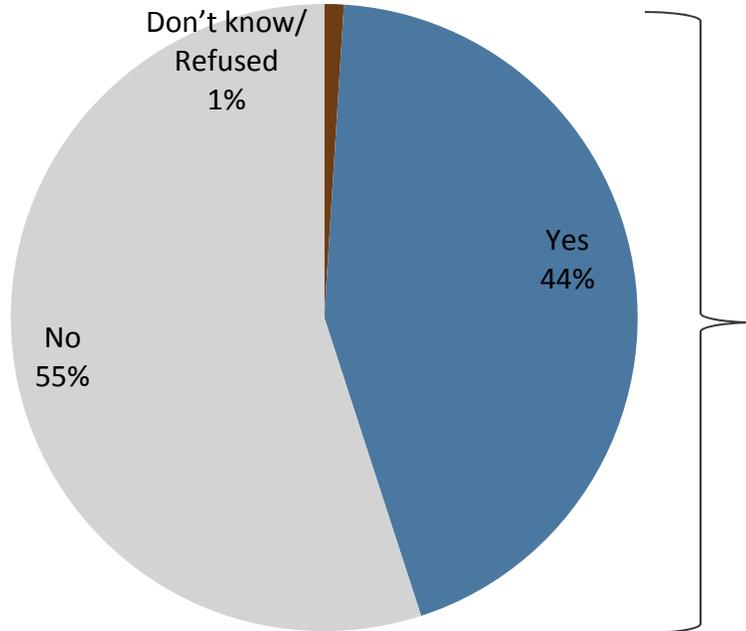


Source: National Institute on Drug Abuse, Trends and Statistics: Overdose Death Rates, from the National Center for Health Statistics. Available as supporting data download at <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates> (Accessed on May 4, 2016).

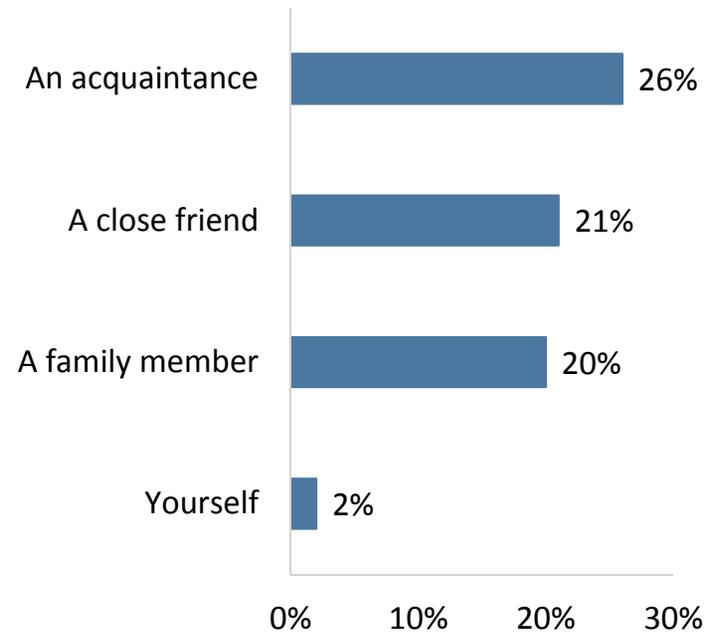
Over 4 in 10 Americans know someone who has been addicted to prescription painkillers

Percentage of respondents with the following answers to questions asked in April 2016:

Do you personally know anyone who has ever been addicted to prescription painkillers, or not?



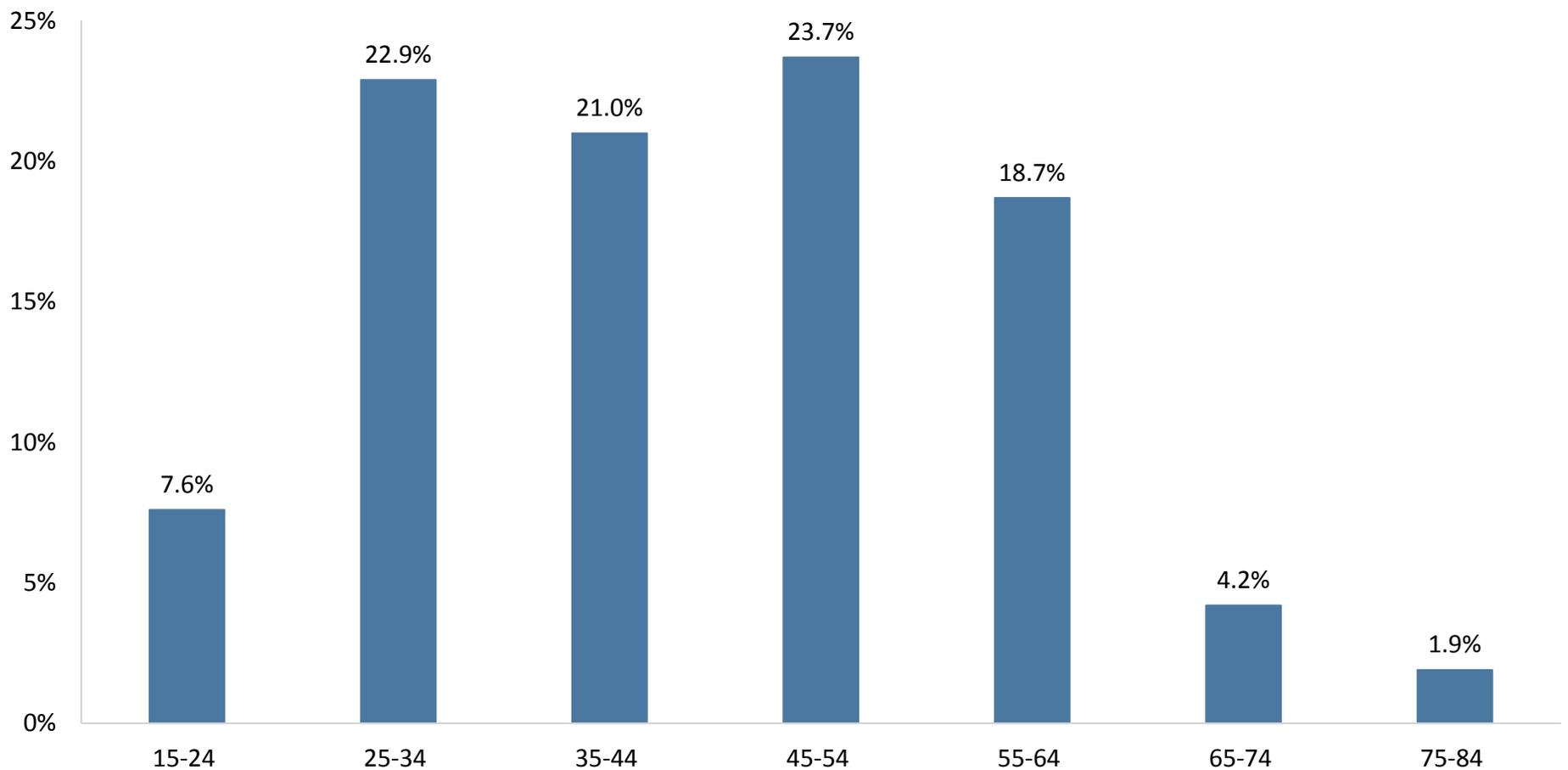
Asked of those who reported knowing someone who has been addicted: Who do you know that has ever been addicted to prescription painkillers?



Source: Kaiser Family Foundation Health Tracking Poll: April 2016. Available at: <http://kff.org/report-section/kaiser-health-tracking-poll-april-2016-substance-abuse-and-mental-health/>

When deaths from mental and behavioral problems are caused by underlying opioid use, it is largely among people age 25 to 64

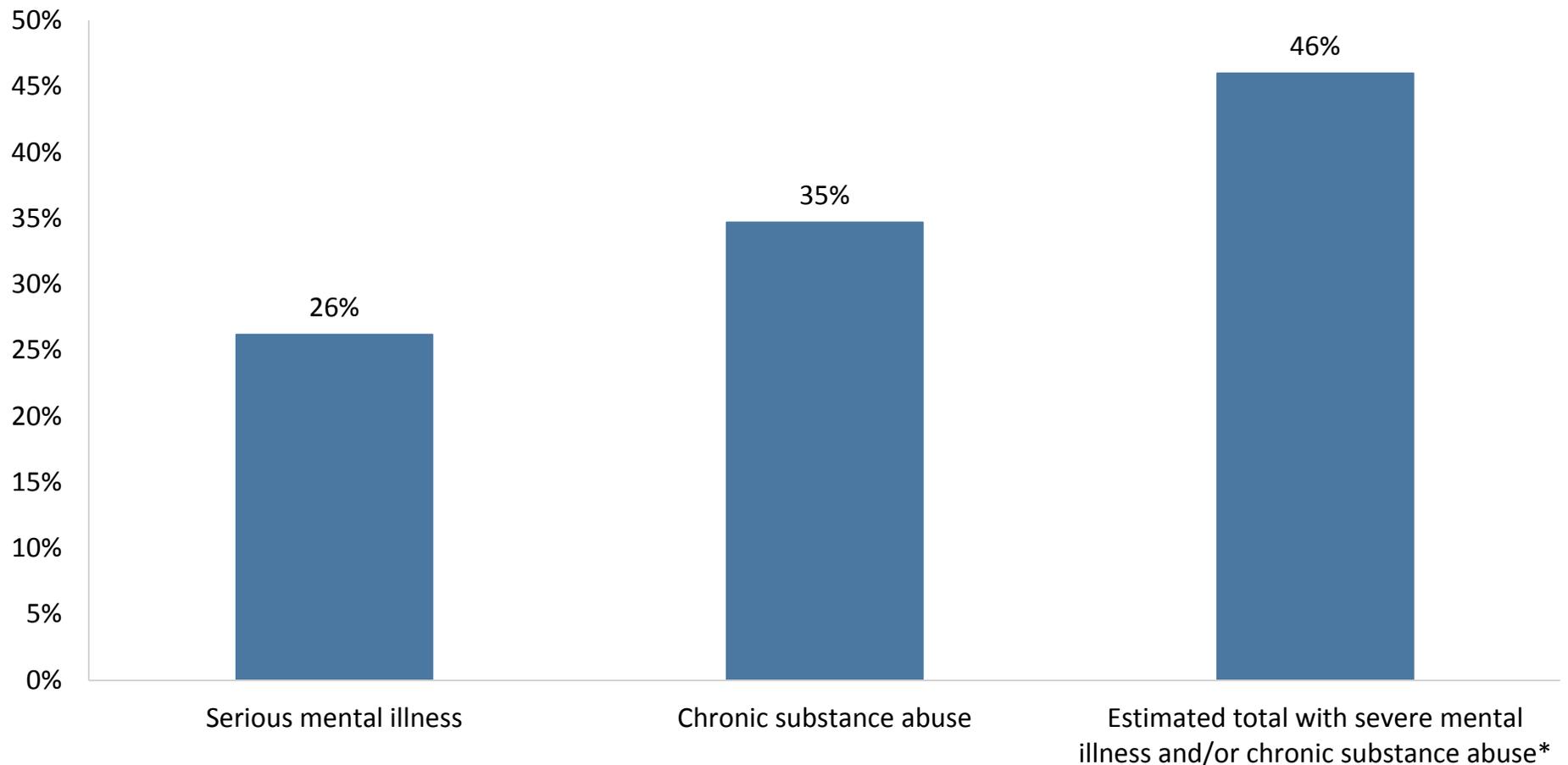
Distribution of total deaths due to mental and behavioral disorders caused by opioid use, ages 15 to 84, 2014



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 29, 2016 5:14:30 PM

Serious mental illness, substance abuse, or both may affect up to half of adults in homeless shelters

Point-in-time percent of adults in shelters with serious mental illness and/or substance abuse, 2010 estimates

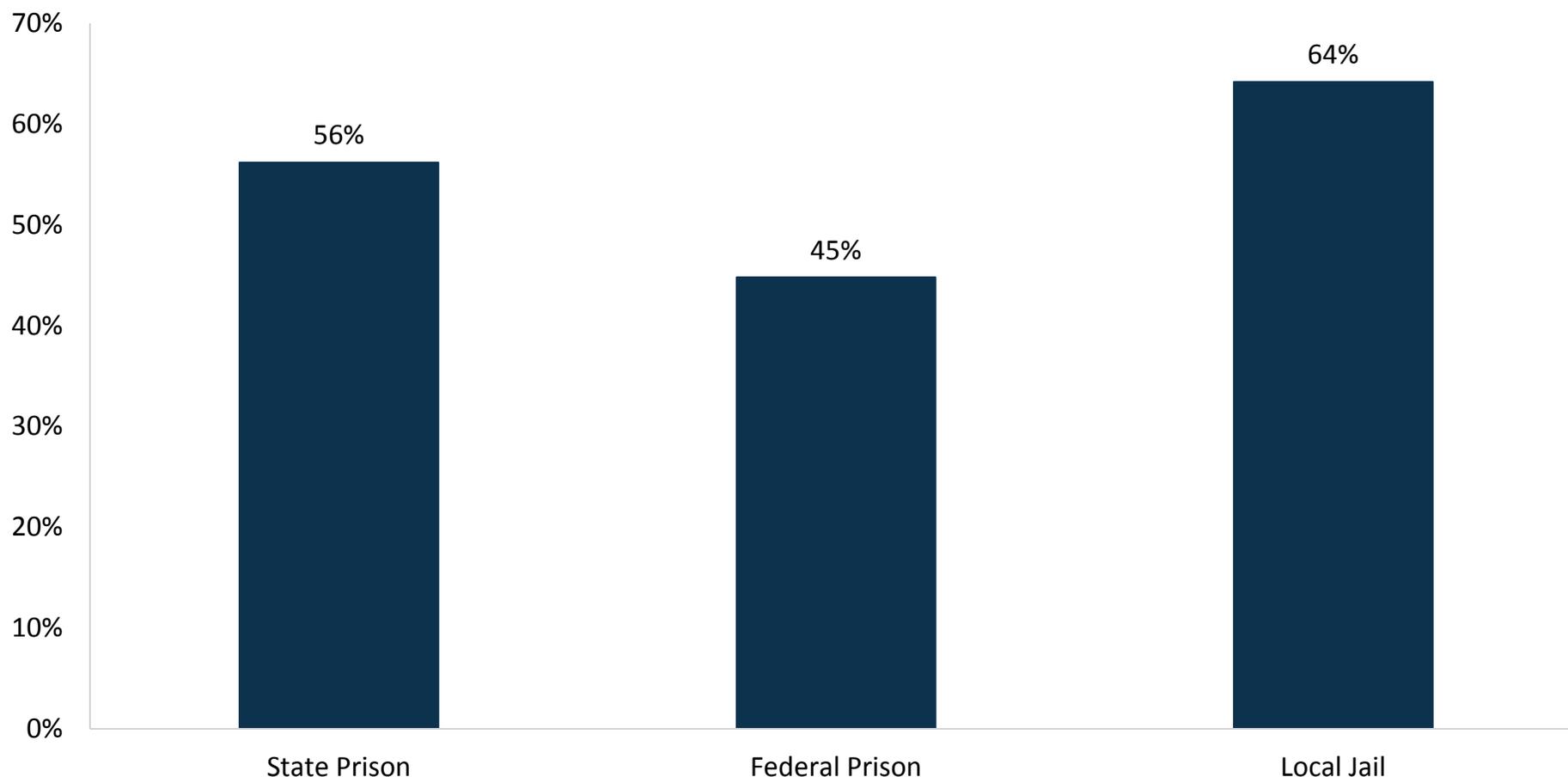


Source: U.S. Department of Housing and Urban Development <https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport.pdf>

Note: *Based on co-occurrence of mental illness and substance abuse observed among adults in permanent supportive housing.

In the early 2000s, over half of those incarcerated in state and local prisons had a mental health problem within the year

12-month prevalence of mental health problems among inmates in state and federal prisons (2004) and local jails (2002)

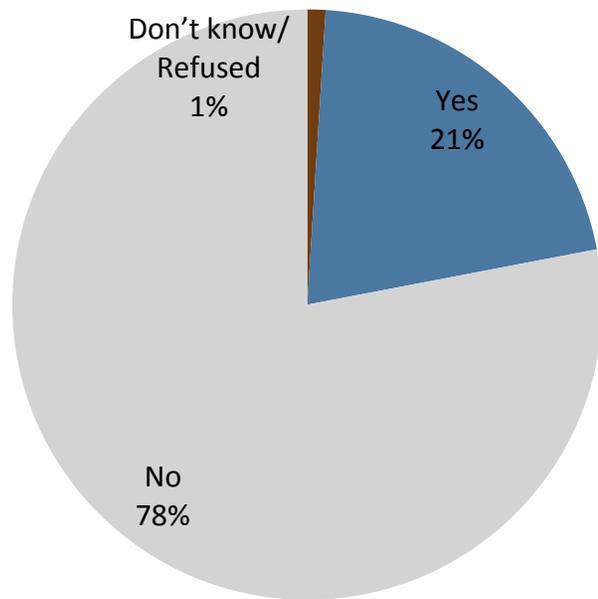


Source: U.S. Department of Justice, Bureau of Justice Statistics Special Report, available at: <http://www.bjs.gov/content/pub/pdf/mhppji.pdf> **Note:** State and federal prison data are from a 2004 survey conducted by the Department of Justice. Local jail data are from a 2002 Department of Justice survey.

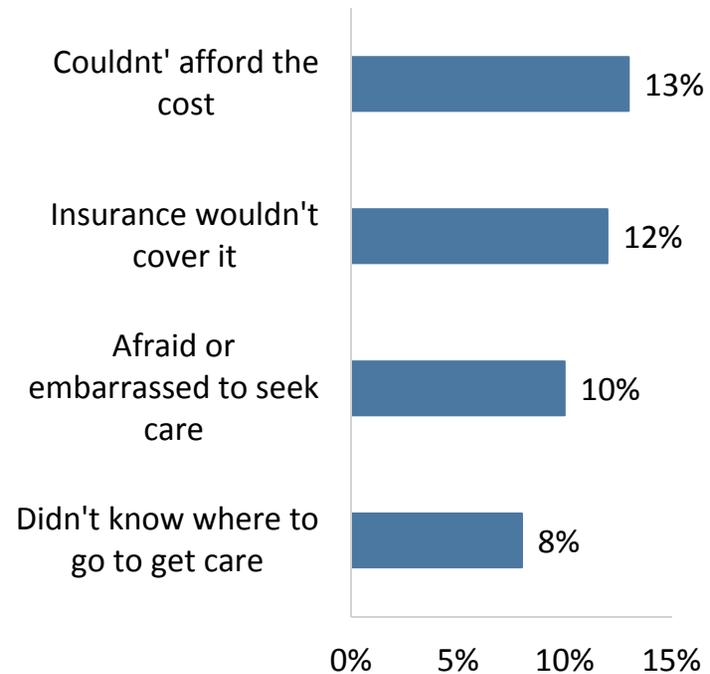
One in five Americans report they or a family member did not receive mental health services

Percentage of respondents with the following answers to questions asked in April 2016:

Was there ever a time when you or another family member in your household thought you might need mental health services but did not get them?



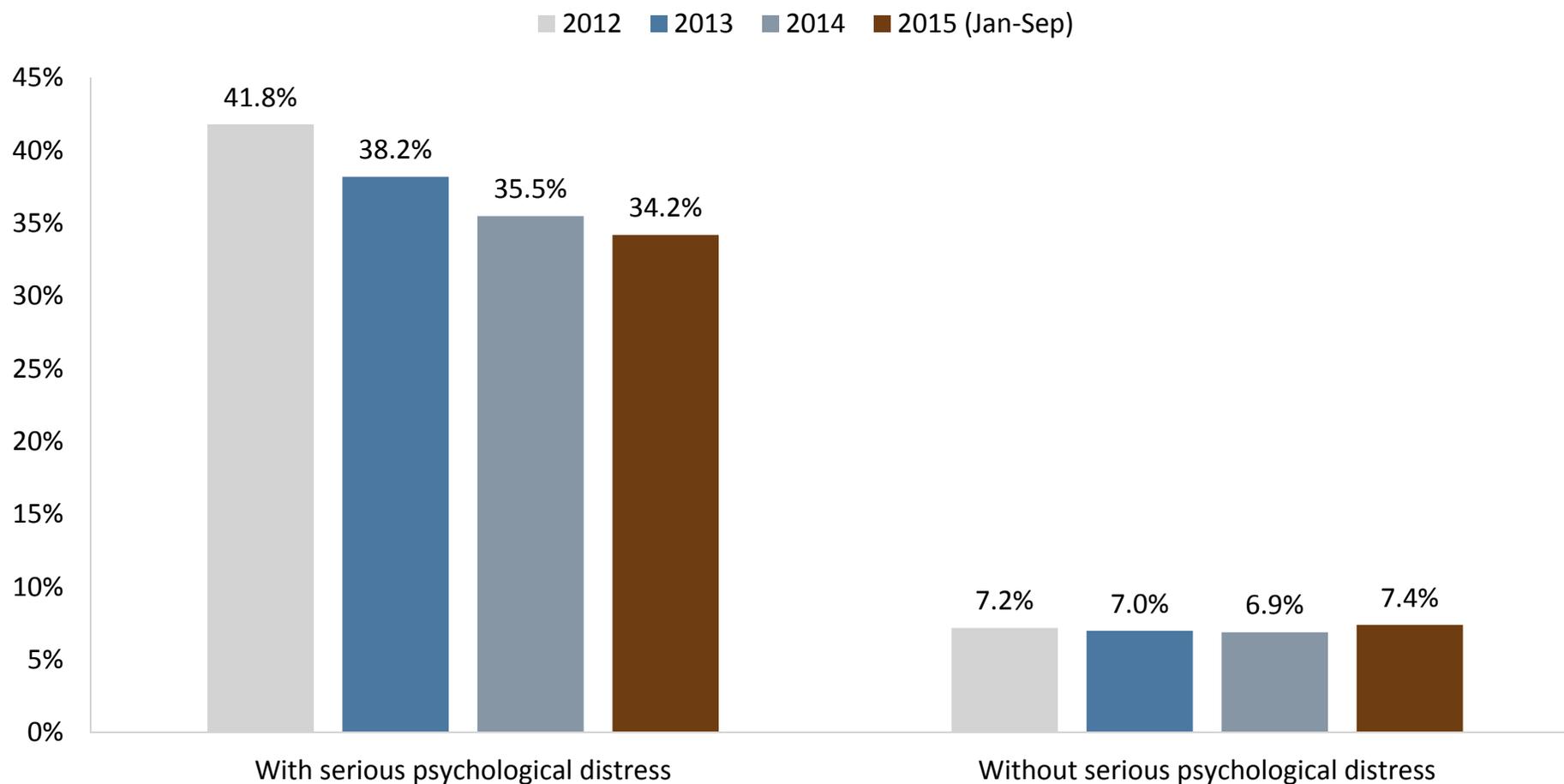
Of those who reported not receiving care, the following percentage reported the reason for foregoing care as:



Source: Kaiser Family Foundation Health Tracking Poll: April 2016. Available at: <http://kff.org/report-section/kaiser-health-tracking-poll-april-2016-substance-abuse-and-mental-health/>

Fewer adults experiencing serious psychological distress are seeing or speaking with a mental health professional

Percentage of adults aged 18–64 with and without serious psychological distress who have seen or talked to a mental health professional in the past 30 days, 2012–September 2015

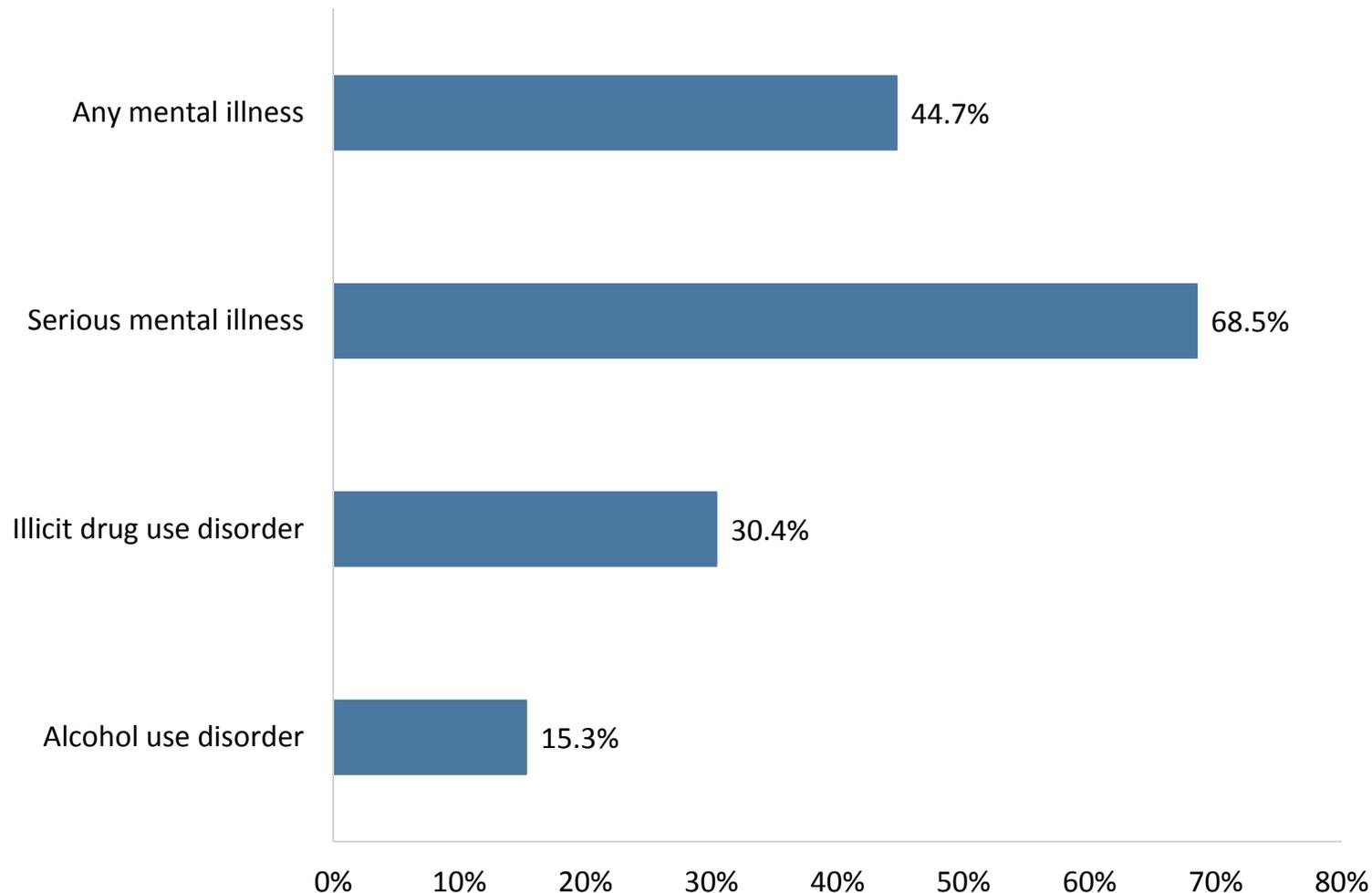


Source: CDC National Health Interview Survey Early Release Program. http://www.cdc.gov/nchs/data/nhis/earlyrelease/er_spd_access_2015_f_auer.pdf

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About 30 percent of adults with serious mental illness are not receiving mental health treatment

Percent of adults needing care who received treatment in the past year, by mental illness category (age 18+) or substance use disorder (age 12+), 2014

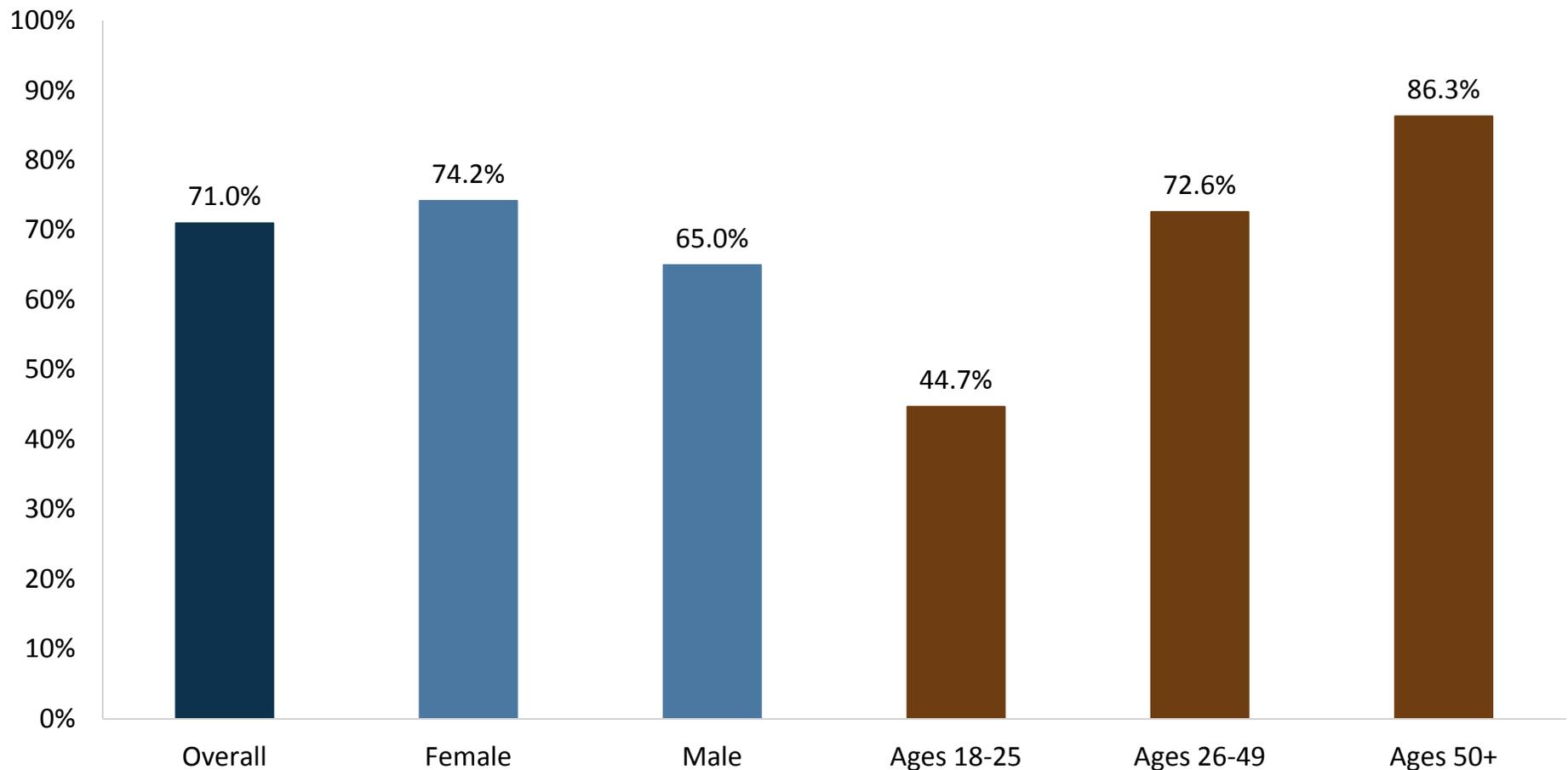


Source: SAMHSA <http://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014.htm>

Note: The NSDUH defines needing substance use treatment as either having an SUD in the past year or receiving specialty facility treatment for the use of illicit drugs or alcohol. Need for illicit drug use disorder treatment or alcohol use disorder treatment are not mutually exclusive.

70 percent of adults in the United States with major depression receive mental health treatment

Percent of adults with major depression who received mental health treatment, by gender and age, 2008

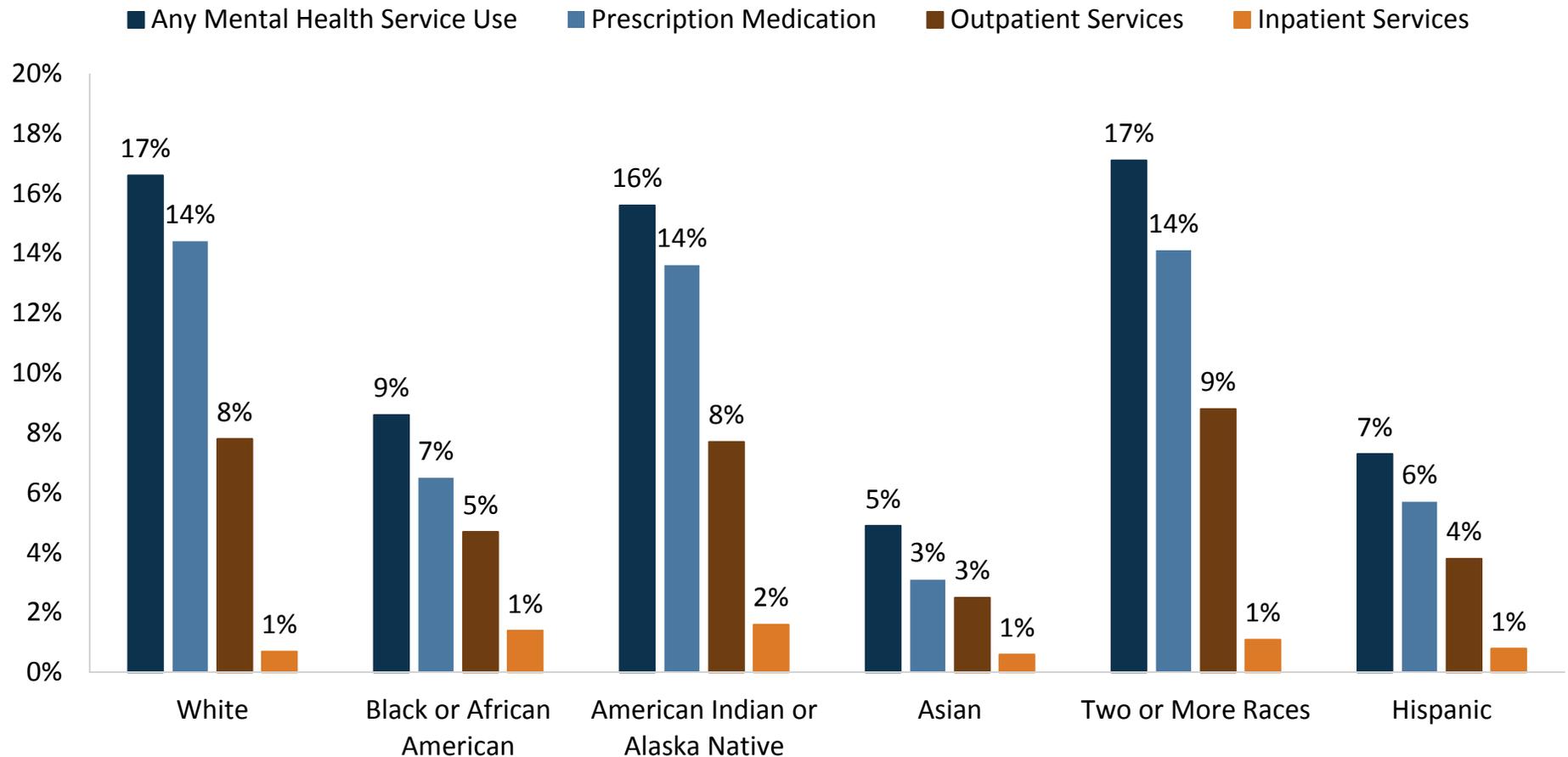


Source: National Institute of Mental Health <http://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-adults.shtml>

Peterson-Kaiser Health System Tracker

Utilization of mental health services is relatively low among Blacks, Asians, and Hispanics

Annual average percent utilization by adults of mental health services in the past year, by race/ethnicity and service type, 2008-2012

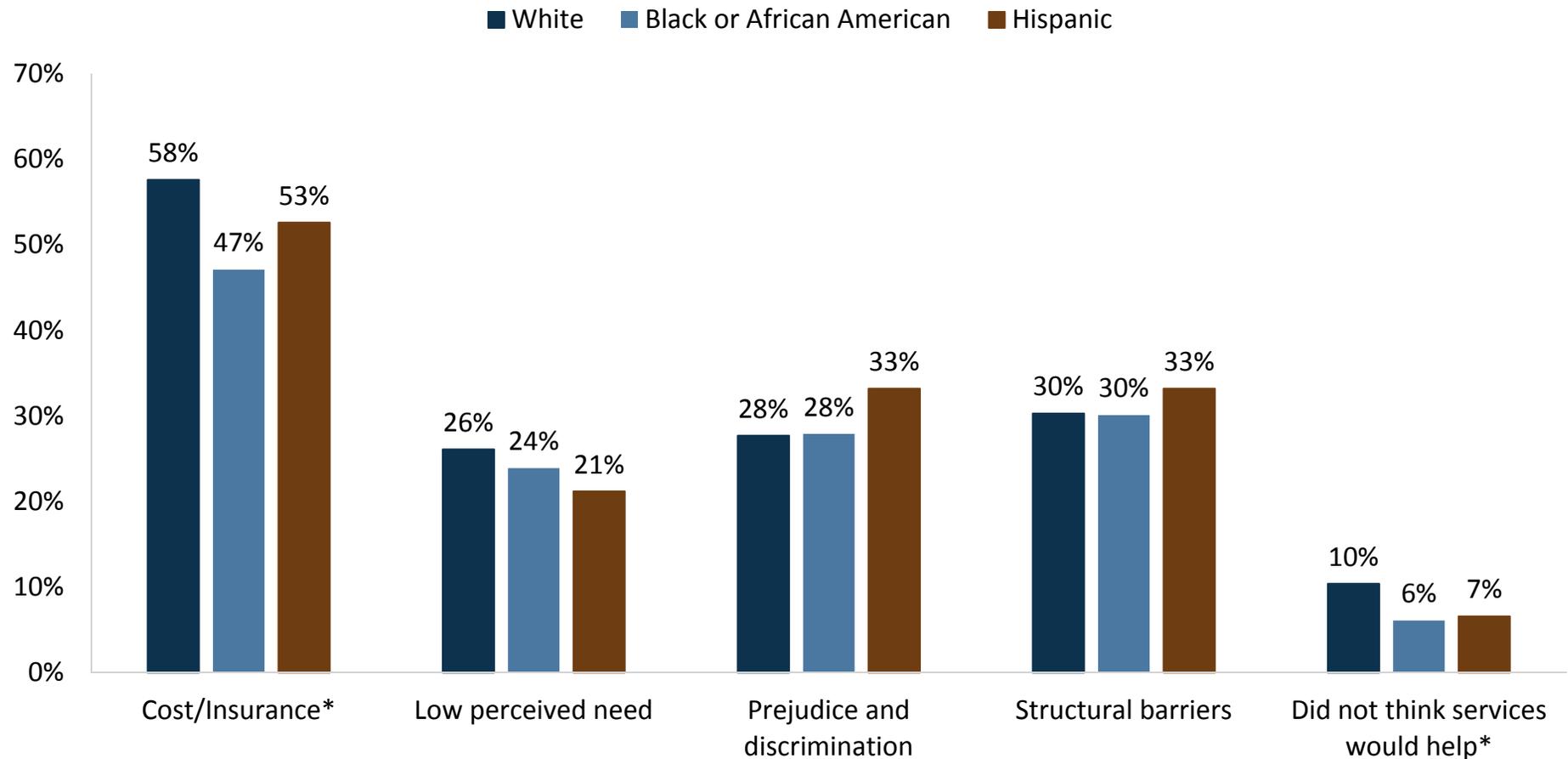


Source: SAMHSA <http://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf>

Peterson-Kaiser Health System Tracker

Cost is the most commonly reported barrier to using mental health services

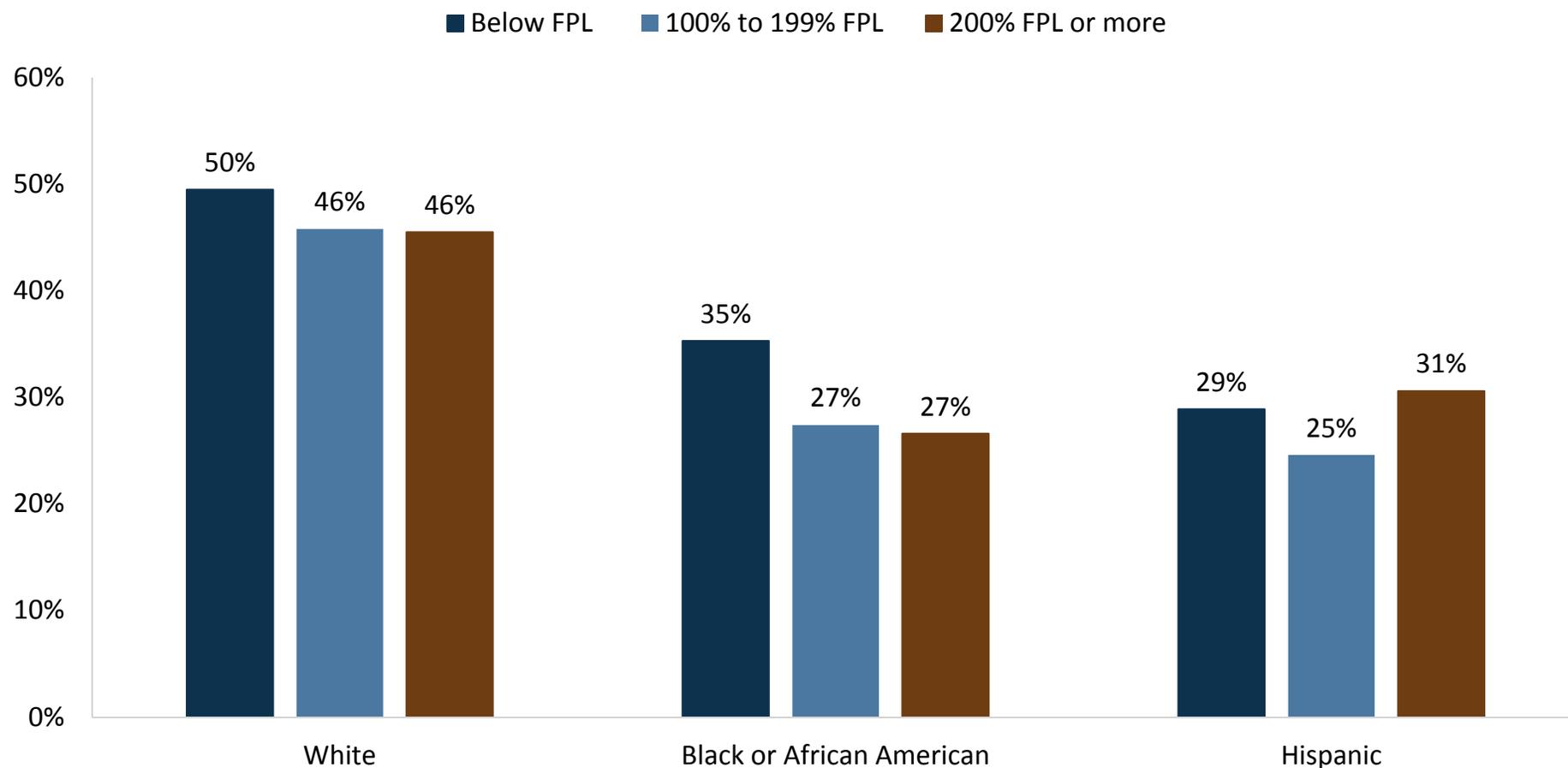
Annual average percent of adults with any mental illness who had an unmet need for services, by reason for unmet need and race/ethnicity, 2008 - 2012



Source: SAMHSA <http://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf> Note: * Indicates significant difference by race/ethnicity.

Among poor adults with a mental illness, Whites use mental health services more than those who are Black or Hispanic

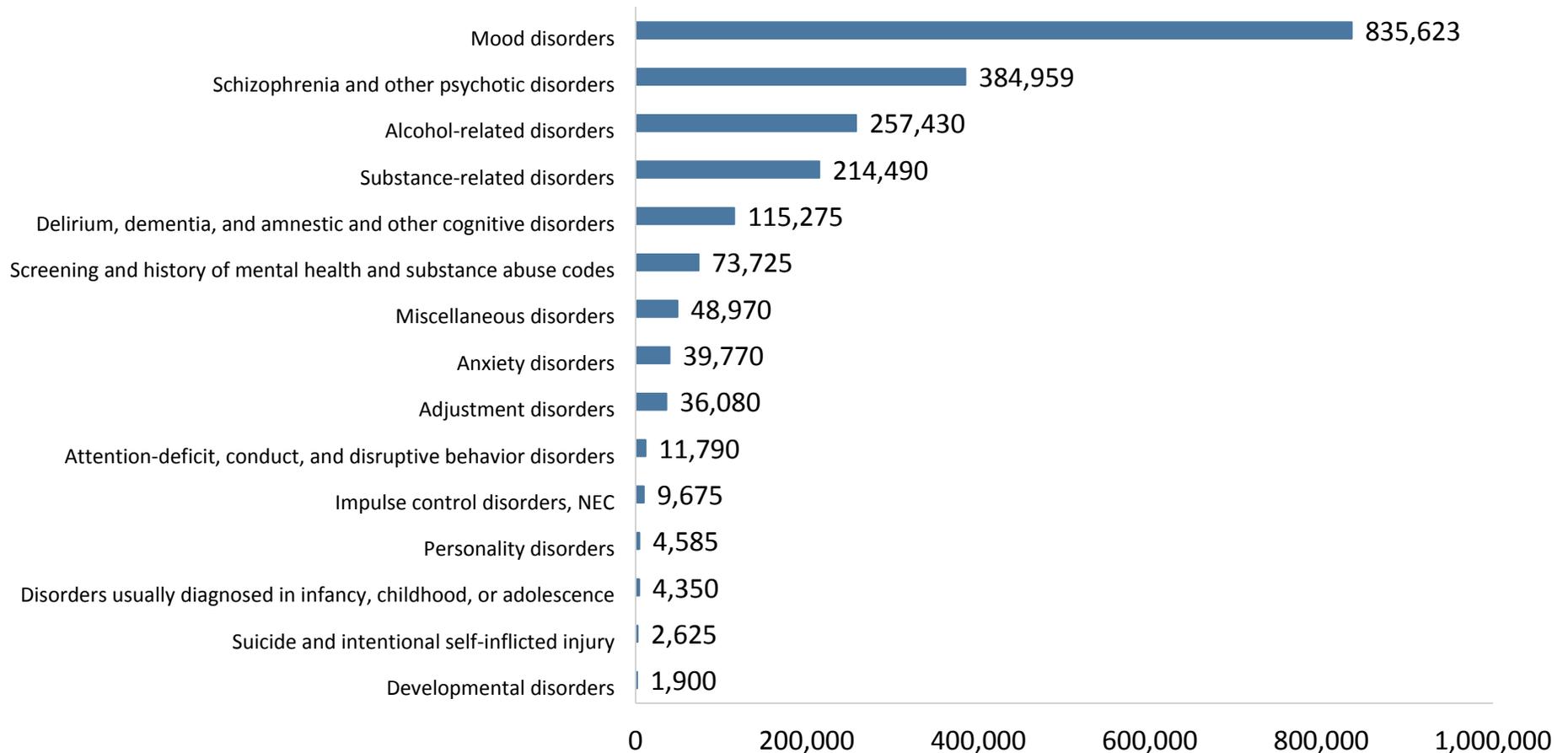
Annual average percent of adults with any mental illness who used mental health services in the past year, by race/ethnicity & poverty status, 2008 - 2012



Source: SAMHSA <http://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf> Note: FPL is the federal poverty level.

Inpatient treatment is mostly for schizophrenia and mood disorders, such as major depression and bipolar disorder

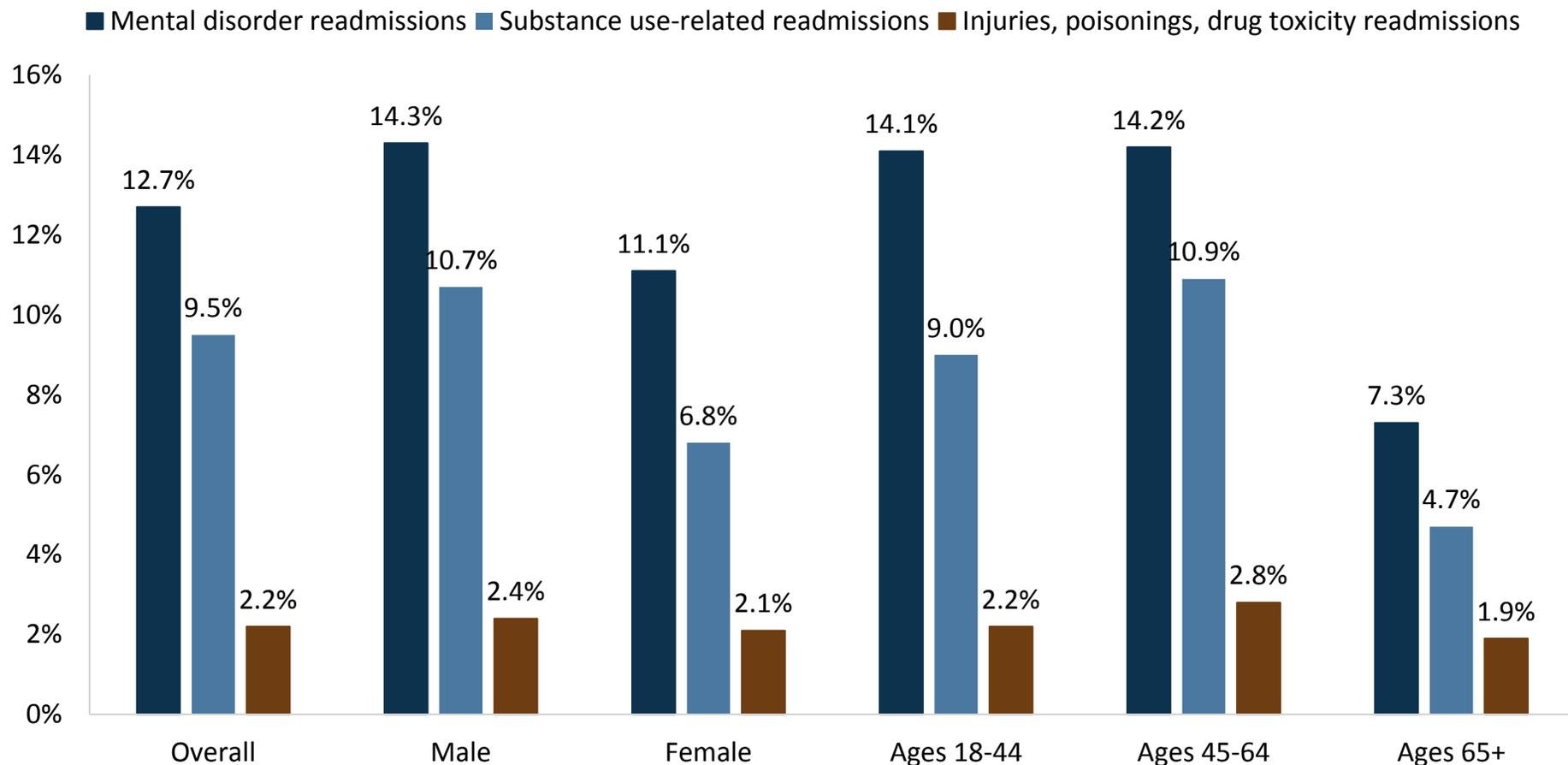
Total number of discharges by principal diagnosis, national estimates, 2013



Source: Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample (NIS), 2013, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Available at: http://hcupnet.ahrq.gov/HCUPnet.jsp?Parms=H4sIAAAAAAAAAAAEsxTyxOzE_08ww2NE5NMTNMzEpLcOnKTCpOKghJSkxKSkxOTsxMy0wEwlRLEEiDAaAQAKtsk989AAAAFCFDAA4715DA255D960213EAD2FC3935089287E7 (Accessed on March 16, 2016).

At U.S. hospitals, about 13% of mental health discharges and 10% of substance use discharges are readmitted within 30 days

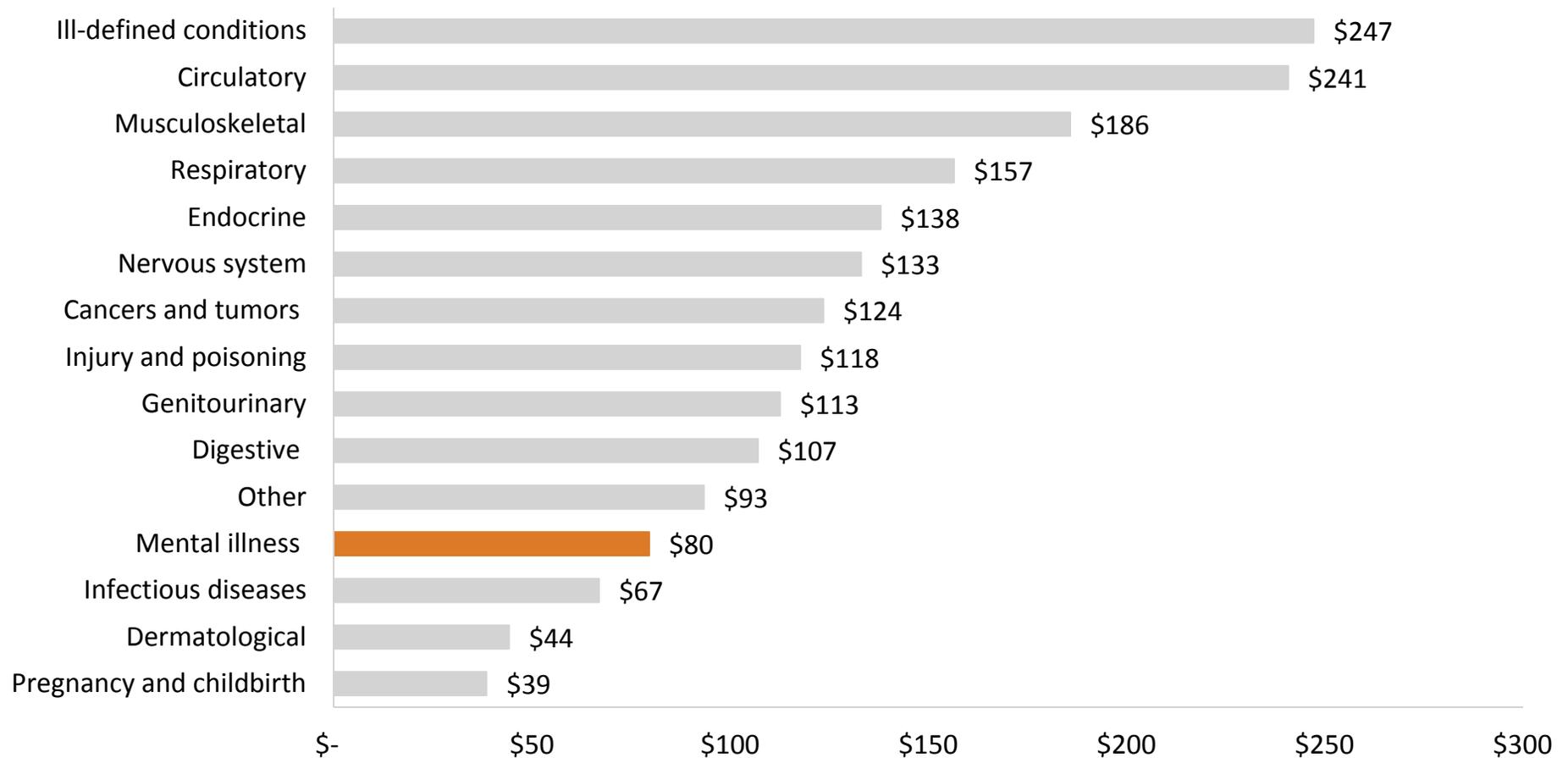
Percent of index stays with at least one readmission within 30 days of discharge, by type of diagnosis, gender and age, 2013



Source: HCUP National Inpatient Sample (NIS), 2013, Agency for Healthcare Research and Quality (AHRQ). Available at: <http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=950EC07F11A888AF&Form=DispTab&GoTo=SelDXPR&JS=Y> (Accessed on March 16, 2016).

Spending on mental illness treatment accounts for \$80 billion of total health spending

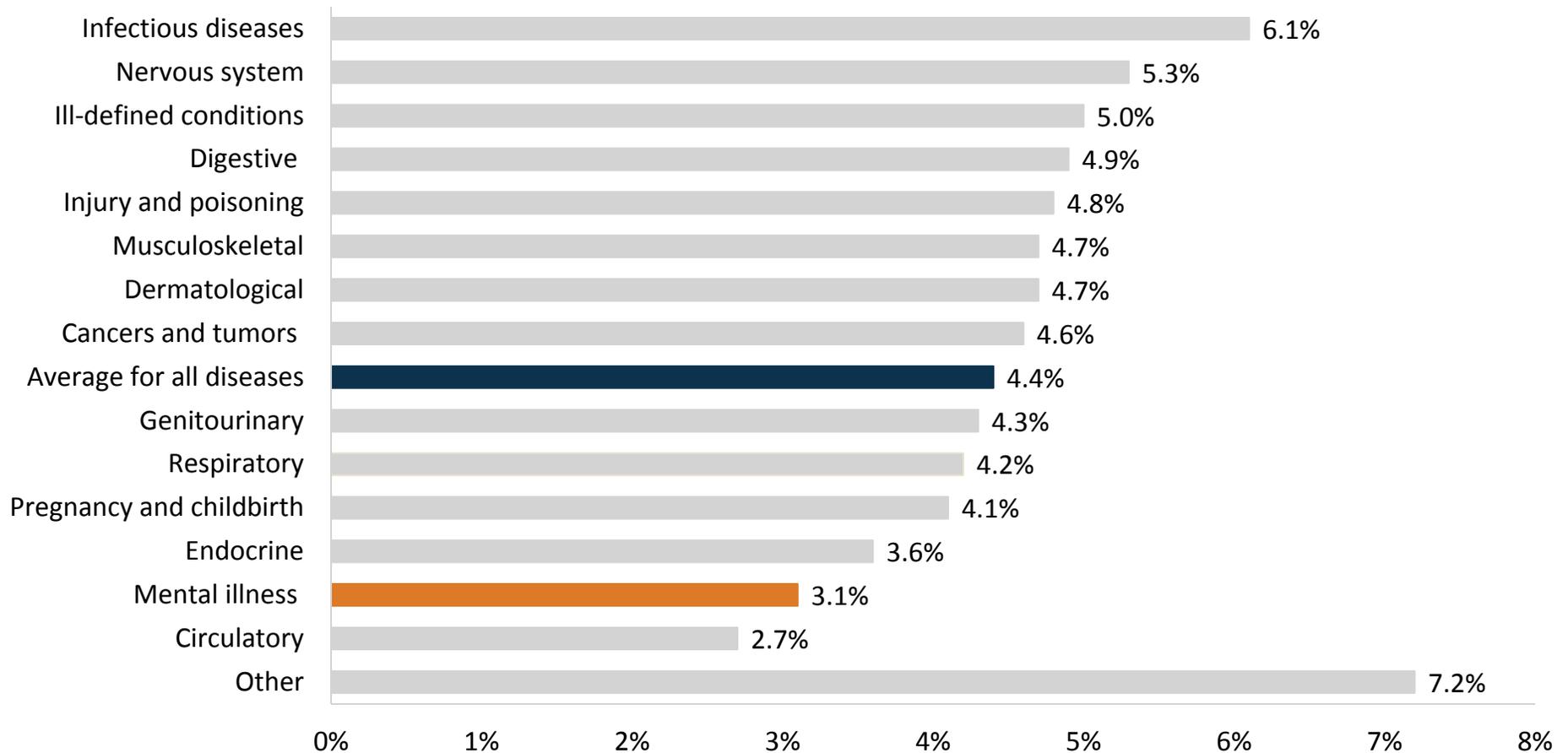
Total expenditures in \$ billions by disease category, 2012



Source: Bureau of Economic Analysis Health Care Satellite Account (Blended Account). Accessed January 25, 2016. **Note:** Expenditures on nursing home and dental care are not included in health services spending by disease. Data does not include spending on institutionalized population.

The cost per case to treat mental illness grew about 3 percent between 2000 and 2012

Average annual growth in price index by disease category, 2000-2012

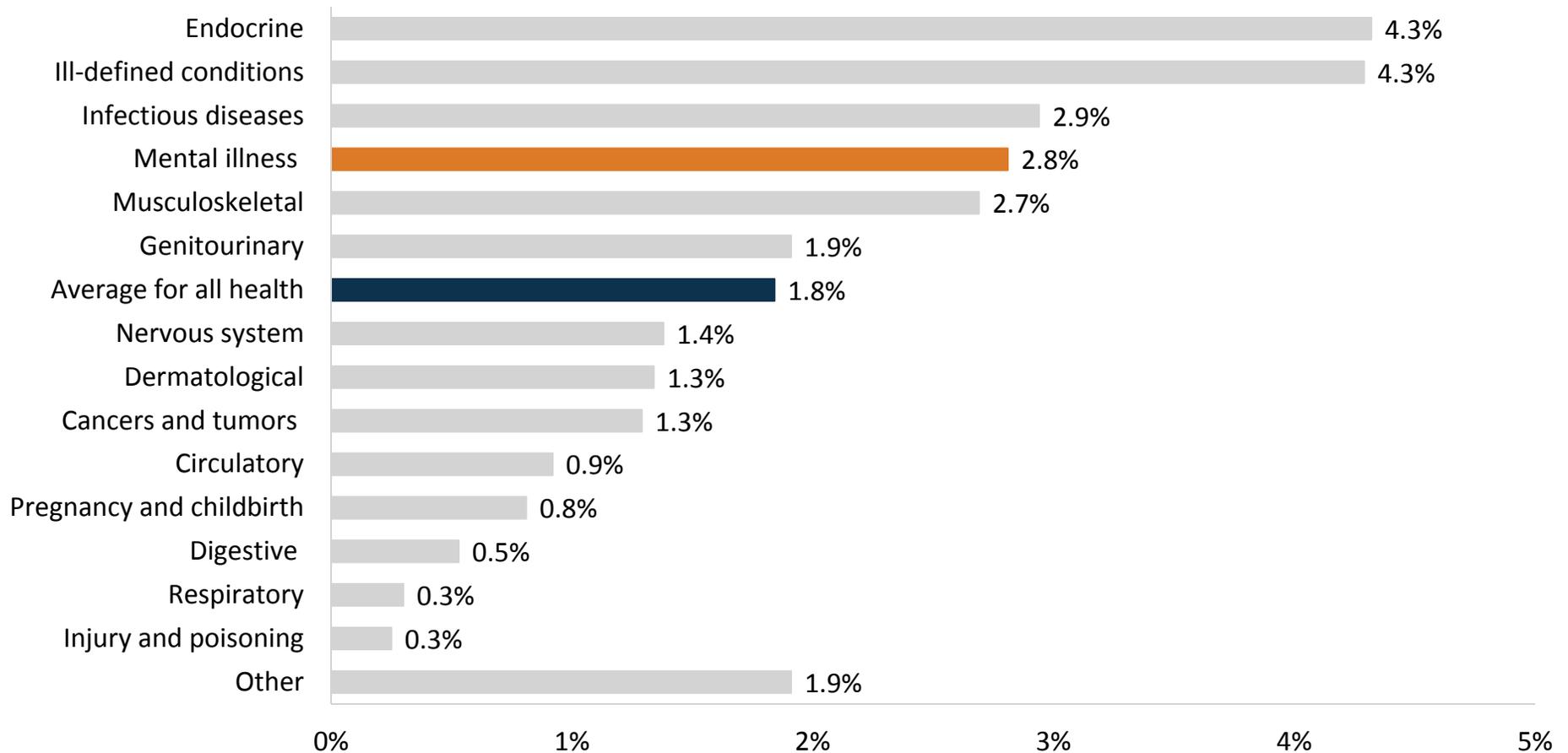


Source: Kaiser Family Foundation Analysis of Bureau of Economic Analysis Health Care Satellite Account (Blended Account). Accessed January 25, 2016.

Note: Expenditures on nursing home and dental care are not included in health services spending by disease. Data does not include spending on institutionalized population.

The number of treated mental illness cases grew faster than the average number for all health treatments

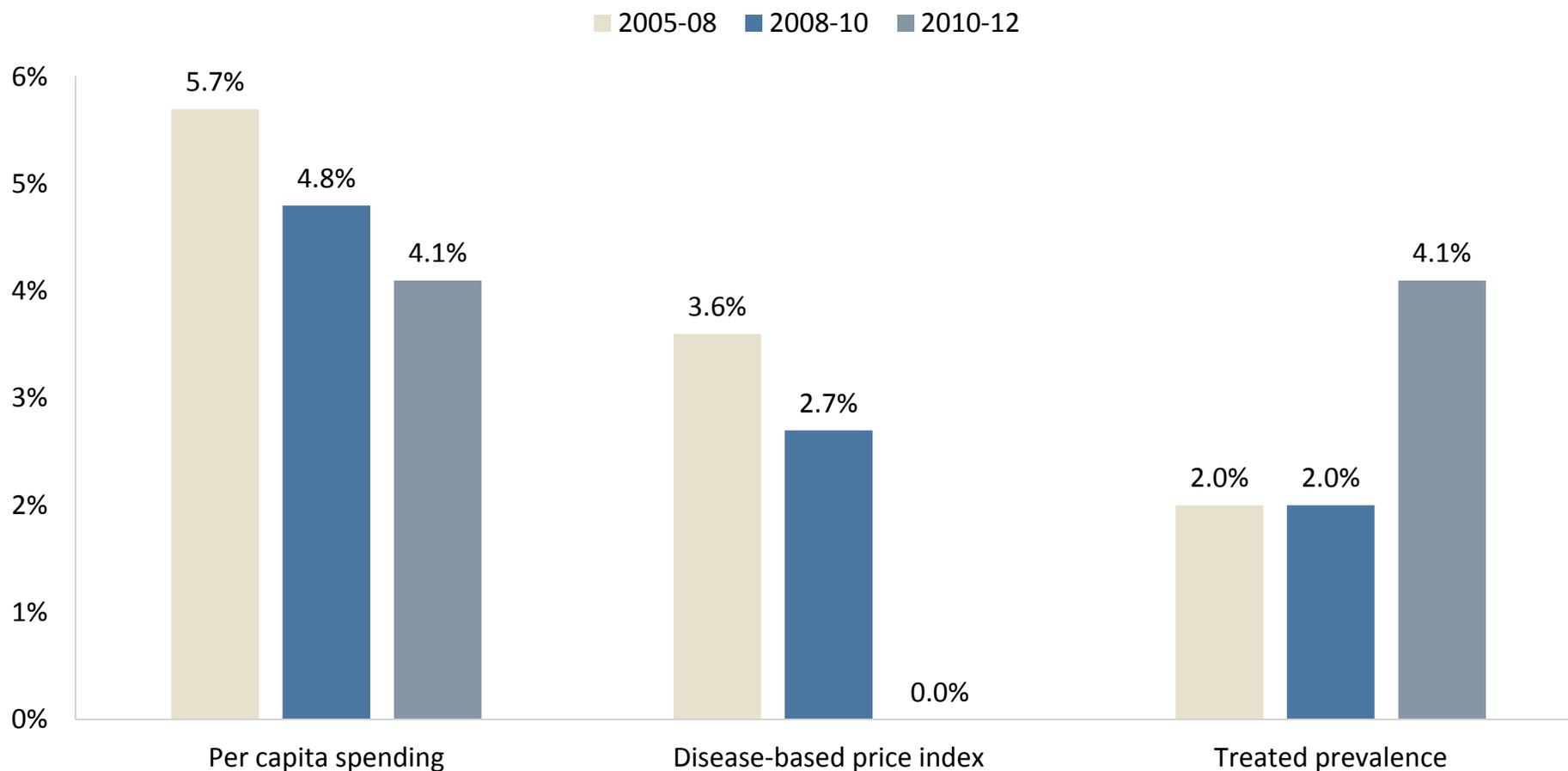
Average annual increase in real expenditures by disease category, 2000-2012



Source: Kaiser Family Foundation analysis of the Bureau of Economic Analysis Health Care Satellite Account (Blended Account). Accessed January 25, 2016. **Note:** Expenditures on nursing home and dental care are not included in health services spending by disease. Data does not include spending on institutionalized population.

Growth in per capita spending on mental illness slowed after the Great Recession, while treated prevalence rebounded

Average annual growth in per capita mental illness spending, pre-, during, and post-Great Recession

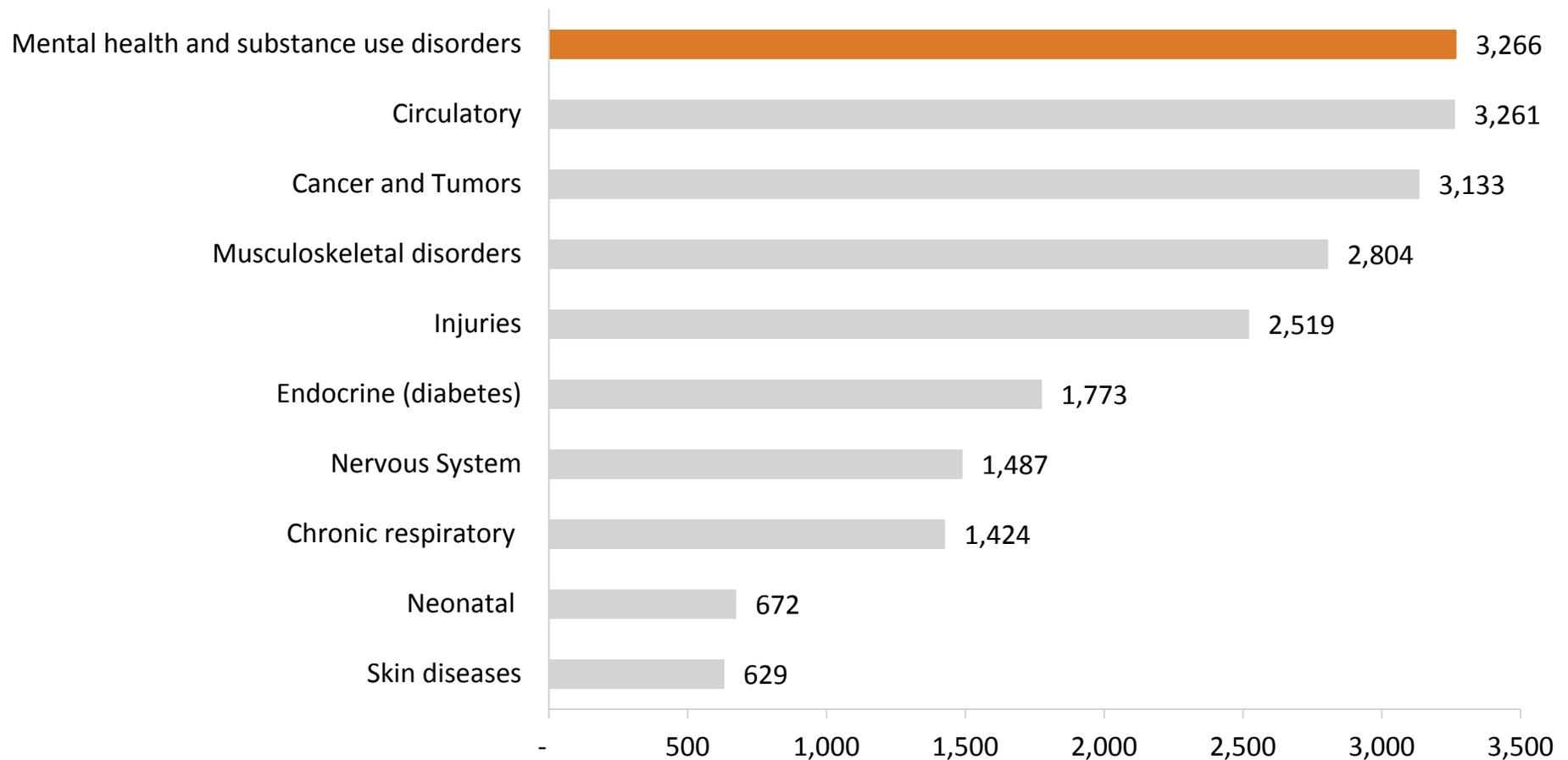


Source: Kaiser Family Foundation analysis of data from the Blended Account of the Bureau of Economic Analysis (BEA), which combines data from the Medical Expenditure Panel Survey and large claims databases. See <http://www.healthsystemtracker.org/insight/a-new-way-of-measuring-health-costs-sheds-light-on-recent-health-spending-trends/>

Peterson-Kaiser Health System Tracker

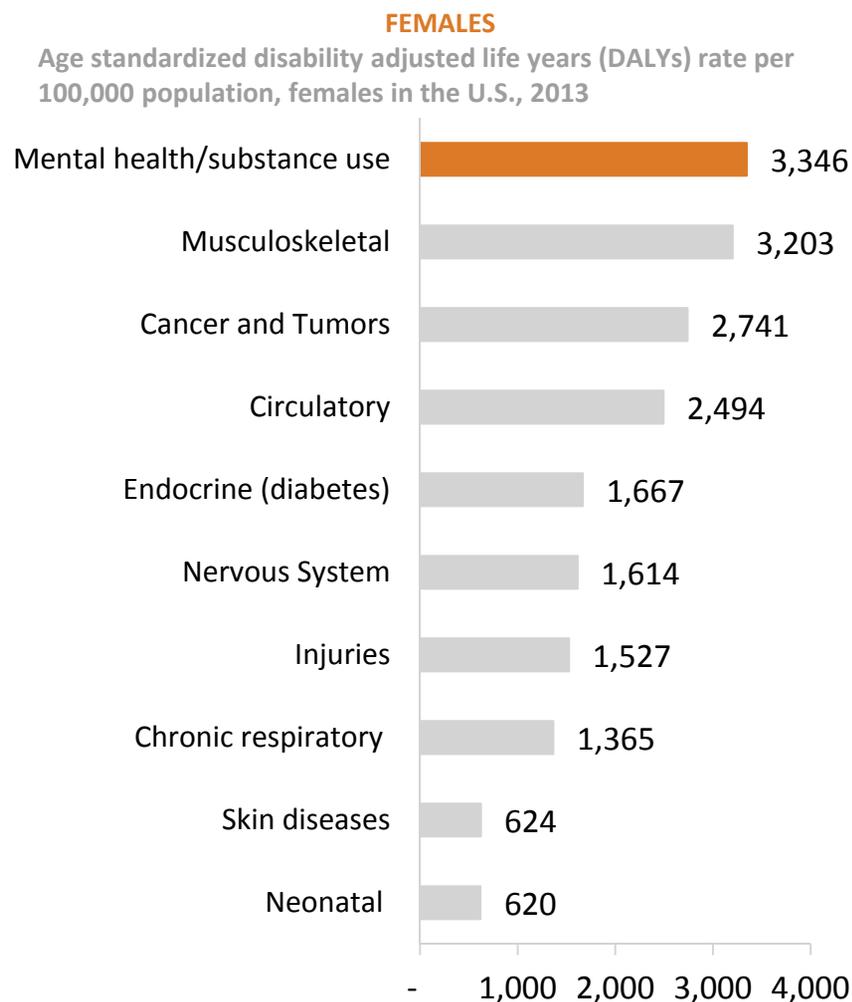
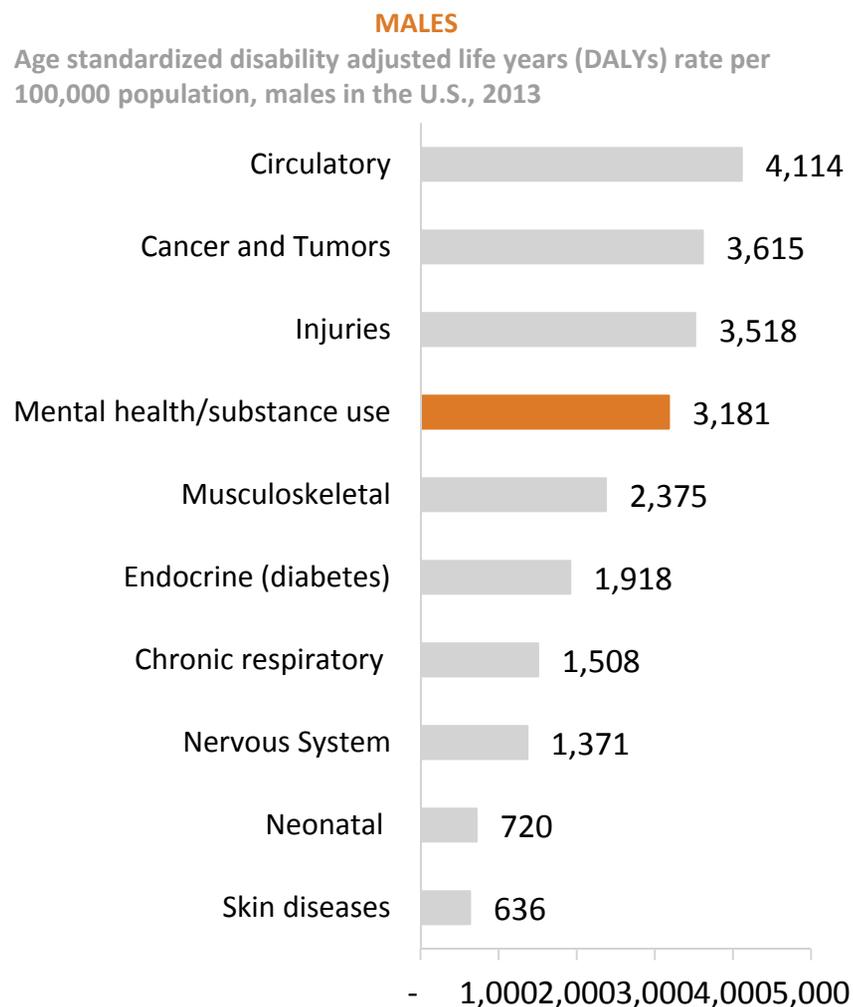
Mental health and substance use disorders are the leading causes of disease burden in the U.S.

Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 2013



Source: Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2013 (GBD 2013) Data Downloads, available here: <http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads>

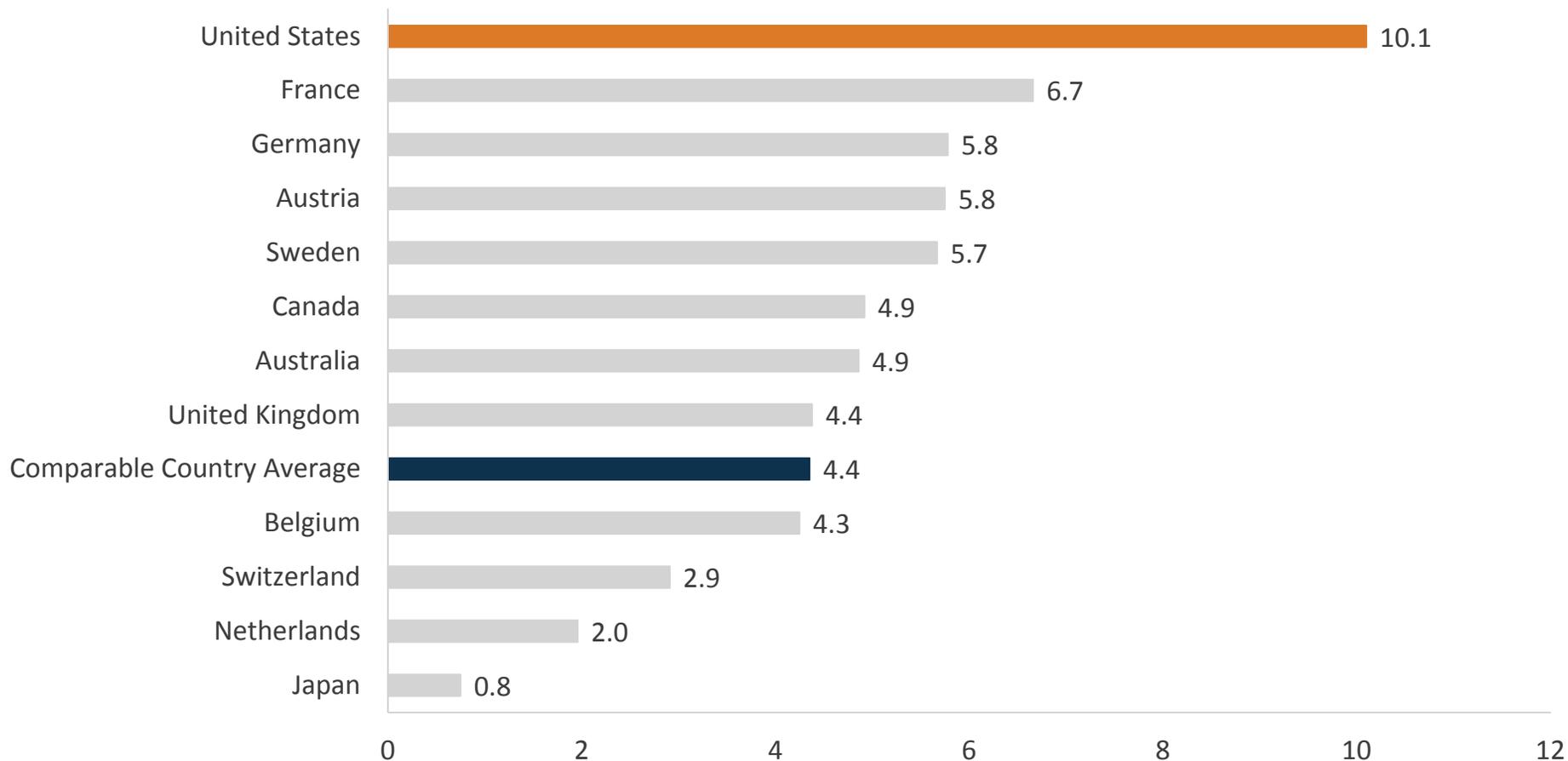
Mental health is leading cause of disease burden for females and the fourth leading cause for males



Source: Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2013 (GBD 2013) Data Downloads, available here: <http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads>

Among comparable countries, the U.S. has the highest rate of death from mental health and substance abuse disorders

Age standardized death rate per 100,000 population due to mental health and substance use disorders, both sexes, 2013

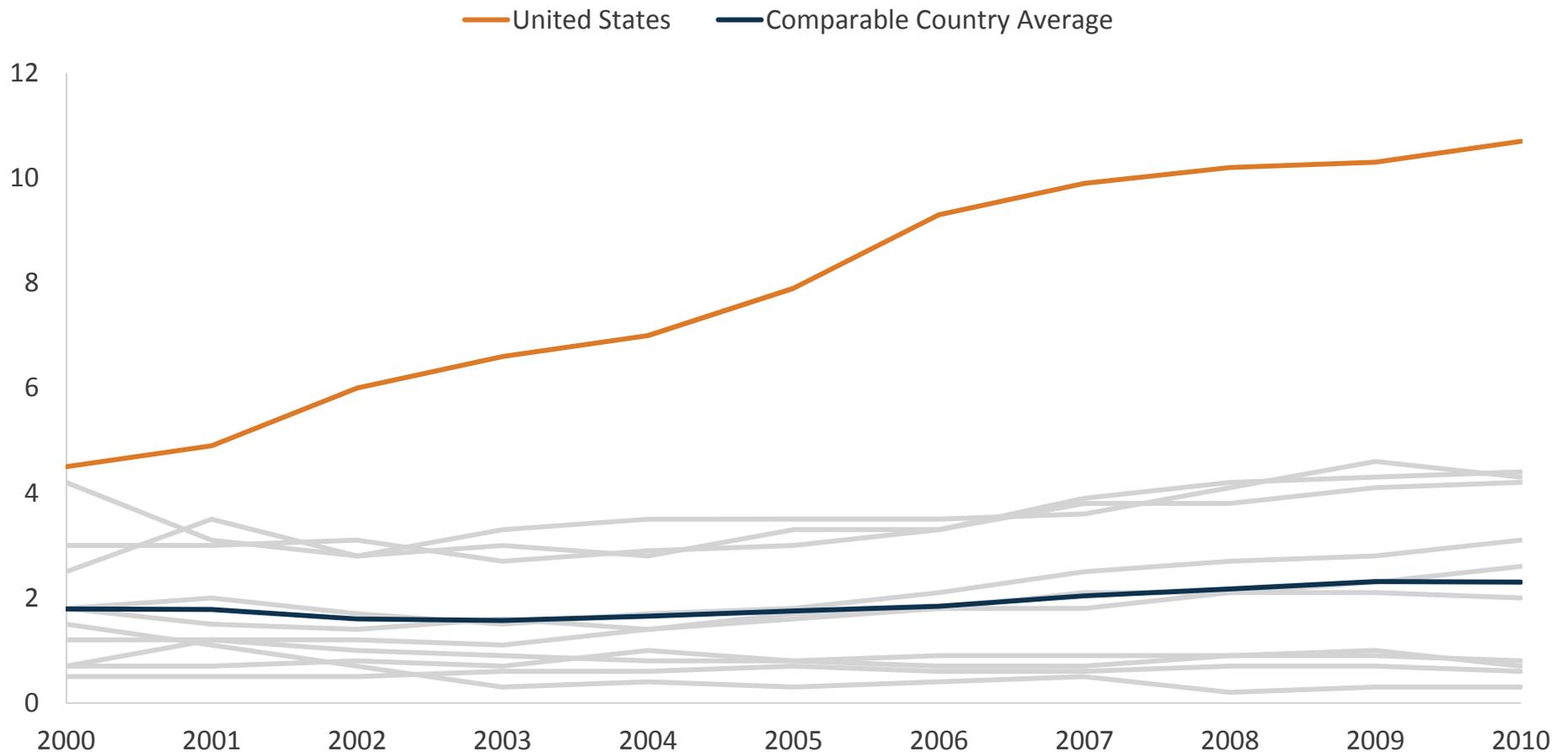


Source: Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2013 (GBD 2013) Data Downloads, available here: <http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads>

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Relative to comparable countries, the U.S. has higher rates of death from accidental poisonings, such as drug overdoses

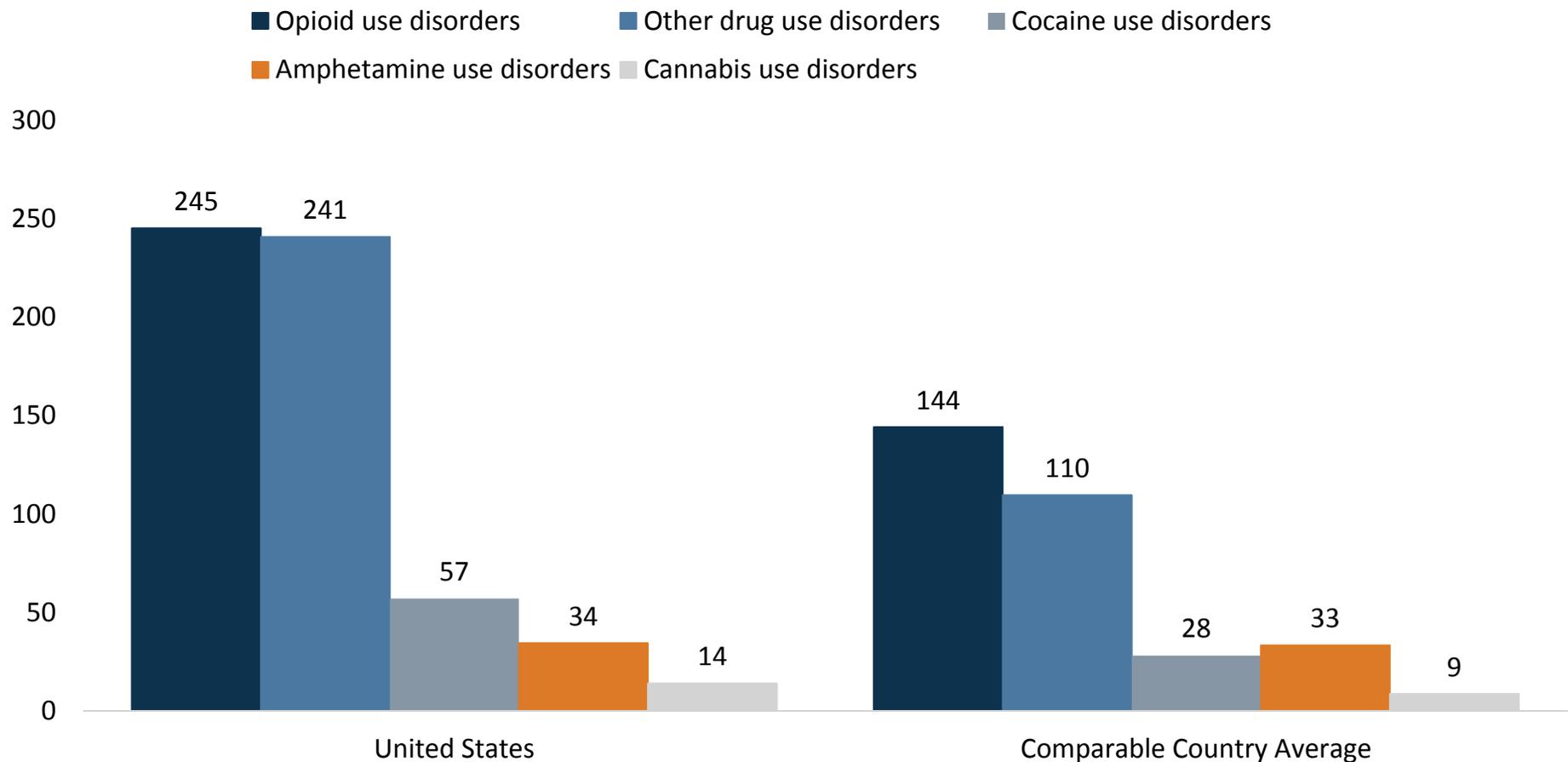
Standardized mortality rate for accidental poisonings per 100,000 population, 2000-2010



Source: Kaiser Family Foundation analysis of 2013 OECD data: OECD Health Statistics (database). doi: 10.1787/data-00540-en (Accessed on December 15, 2015). **Notes:** Where data were unavailable (United Kingdom in 2000 and Australia for 2005), the previous year's data were used. Data for Switzerland omitted. Break in series for Austria in 2002, Canada and France in 2000, and the United Kingdom in 2001.

Disease burden from drug abuse disorders is higher in the U.S. than in comparable countries

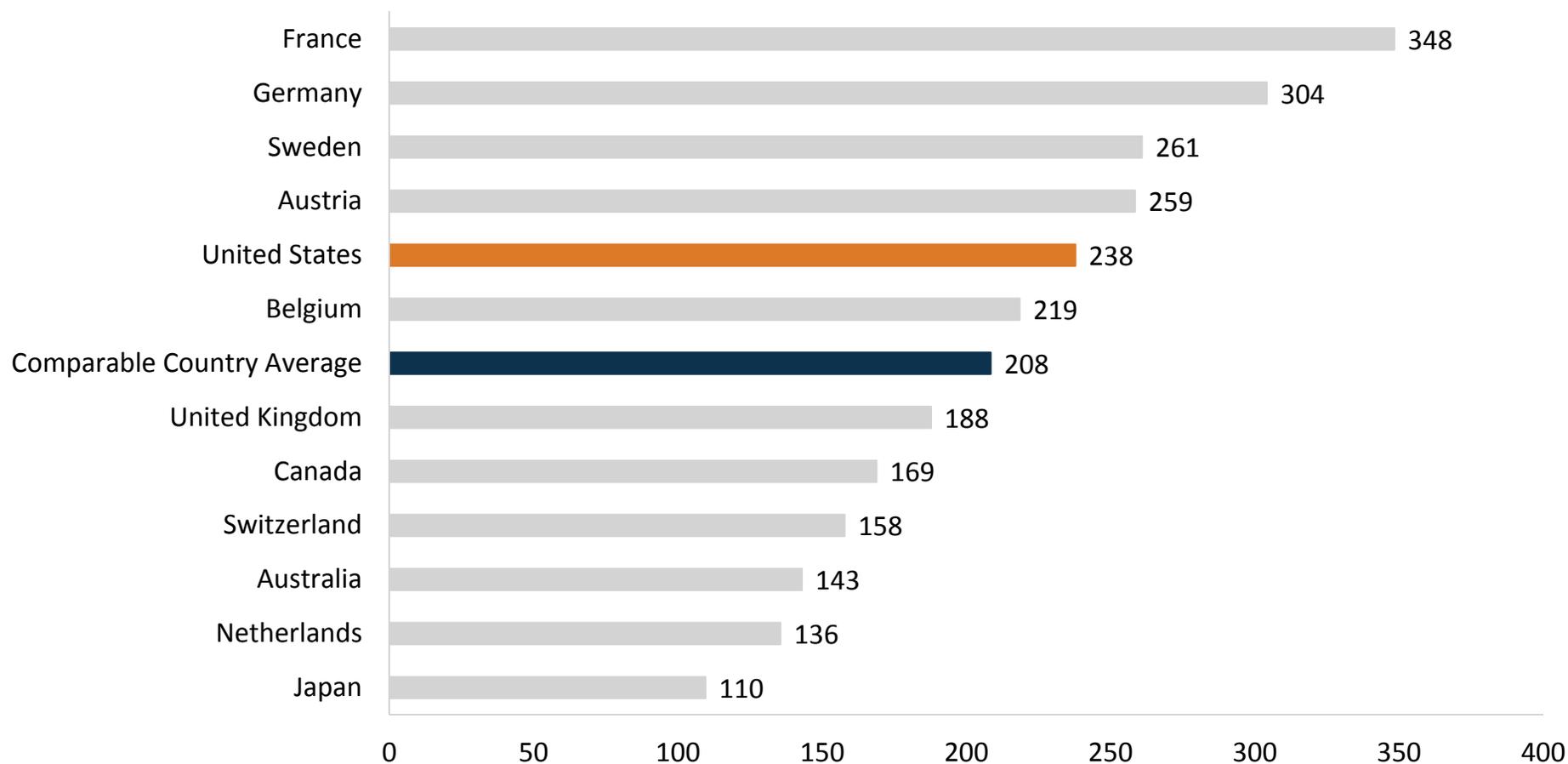
Age-standardized Disability adjusted life years (DALY) rate per 100,000 population, 2013



Source: Kaiser Family Foundation analysis of data from the University of Washington Institute for Health Metrics and Evaluation. Available at: <http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads> (Accessed on November 23, 2015).

Disease burden from alcohol use disorders is higher than average in the U.S.

Age-standardized Disability adjusted life years (DALY) rate per 100,000 population, 2013



Source: Kaiser Family Foundation analysis of data from the University of Washington Institute for Health Metrics and Evaluation. Available at: <http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads> (Accessed on November 23, 2015).