

Healthy People 2010 Operational Definition

18-9. Increase the proportion of adults with mental disorders who receive treatment.

18-9a. Adults aged 18 and older with serious mental illness.

National Data Source	National Comorbidity Survey-Replication (NCS-R), NIH, NIMH.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Changes since the 2000 Publication	Revised data source (see Comments). Revised baseline (see Comments). Revised target (see Comments).
Measure	Percent.
Baseline (Year)	62 (2002)
Target	68
Target-Setting Method	Better than the best racial/ethnic subgroup. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of persons aged 18 years and older with serious mental illness who report having been seen by a mental health professional and/or prescribed psychotropic medications.
Denominator	Number of persons aged 18 years and older who report having a serious mental illness.
Population Targeted	U.S. civilian, non-institutionalized population.
Questions Used To Obtain the National Baseline Data	See Comments.
Expected Periodicity	Periodic.
Comments	The National Comorbidity Survey - Replication (NCS-R) used the WHO World Mental Health initiative version of the Composite International Diagnostic Interview (WMH-CIDI) to collect data for

this objective.

The SMI definition required at least one Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) diagnosis other than substance use disorder in the past 12 months and functional impairment that substantially interfered with or limited one or more major life activities. Severe mental illness is operationalized in the NCS-R as: 1) a diagnosable mental, behavioral, or emotional disorder that meets DSM-IV criteria; 2) 12-month prevalence of nonaffective psychosis or mania; 3) lifetime occurrence of nonaffective psychosis or mania; or 4) a 12-month suicide attempt with serious lethality intent. The SMI definition included those with a 12-month mental disorder that interfered with their vocational capacity, their main productive role, or was associated with serious interpersonal impairment.

The original data source was the National Household Survey on Drug Abuse (NHSDA), SAMSHA, OAS. The original 1991 baseline of 47 percent was revised to 62 percent (data year 2002) when the revised data source was adopted. The target was proportionally adjusted from 55 percent to 68 percent to reflect the revised baseline using the original target-setting method.

Several factors account for the selection of the NCS-R as the revised data source: 1) the NCS-R ascertains actual mental disorder diagnoses by administering a structured psychiatric interview to a national probability sample, 2) the NCS-R data have been used to estimate the prevalence of a variety of psychiatric disorders in the non-institutionalized civilian population in the U.S., 3) prevalence estimates derived from the NCS-R have been published in prestigious scientific journals and are well known to the field and 4) the NCS-R is being used to measure Objectives 18-4, 18-9a, 18-9b, 18-9d and 18-10, so data collection methods for all five objectives are identical.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People

2010 data systems has been published in a *Healthy People Statistical Note*.¹

See Appendix A for focus area contact information.

References

1. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.