

Healthy People 2010 Operational Definition

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

18-9d. Adults aged 18 years and older with generalized anxiety disorder.

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)	60 (2002)
Target	79
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 who report symptoms of anxiety disorders and that they received help from a mental health professional.
Denominator	Number of persons aged 18 years and older who report symptoms of anxiety disorders.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Baseline Data	See Comments.
Expected Periodicity	Periodic.
Comments	The National Comorbidity Survey (NCS) used a modified version of the Composite International Diagnostic Interview (CIDI) to collect data for this objective. The CIDI uses DSM-III-R criteria to

establish a diagnosis of generalized anxiety disorder.

Treatment was based on therapeutic intervention and/or the prescription of psychotropic medications.

The original data source was the National Household Survey on Drug Abuse (NHSDA), SAMSHA, OAS. The original 1997 baseline of 38 percent was revised to 60 percent (data year 2002) when the revised data source was adopted. The target was proportionally adjusted from 50 percent to 79 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.