

Healthy People 2010 Operational Definition

18-10. Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

National Data Source	National Co-morbidity Survey-Replication (NCS-R), NIH, NIMH.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Changes since the 2000 Publication	None.
Measure	Percent.
Baseline (Year)	51 (2002)
Target	57
Target-Setting Method	10 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of persons aged 18 years and older who receive treatment for co-occurring disorders.
Denominator	Number of persons aged 18 years and older with co-occurring disorders.
Population Targeted	U.S. civilian, non-institutionalized population.
Questions Used To Obtain the National Baseline Data	See Comments.
Expected Periodicity	Periodic.
Comments	<p>The National Comorbidity Survey (NCS) used a modified version of the Composite International Diagnostic Interview (CIDI) to collect data for this objective.</p> <p>The SMI definition required at least one DSM-III-R disorder other than substance use disorders in the past 12 months and serious impairment. Severe mental illness is defined as: 1) a diagnosis of</p>

schizophrenia, schizoaffective disorder, manic depressive disorder, autism, severe forms of major depression, panic disorder, and obsessive compulsive disorder; 2) 12-month prevalence of nonaffective psychosis or mania; 3) lifetime prevalence of nonaffective psychosis or mania; or 1-2-month prevalence of either major depression or panic disorder with evidence of severity. 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. Substance abuse is also ascertained and must be diagnosed along with SMI to define the numerator as co-occurring.

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

This objective moved from developmental to measurable during the Healthy People 2010 Midcourse Review.

Several factors account for the selection of the NCS-R as the 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. (including SMI diagnoses), 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.