## Priority Area 6 Mental Health and Mental Disorders

Health Status Objective: Suicide

PHS Agency Assignment: National Institute of Mental Health
6.1 Reduce suicides to no more than 10.5 per 100,000 people.
(7.2)


Data Source: National Vital Statistics System, CDC, NCHS.
6.2 Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17. (7.8)

| Injurious suicide attempts | Baseline Year | Baseline | 1991 | $\underline{1993}$ | $\underline{1995}$ | 1997 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Adolescents aged 14 through 17 | 1990 | 2.1\% | 1.7\% | 2.7\% | 2.8\% | 2.6\% | 1.8\% |
| 6.2a Female adolescents 14 through 17 | 1991 | 2.5\% | --- | 3.8\% | 3.4\% | 3.3\% | 2.0\% |

Data Sources: National School - based Youth Risk Behavior Survey, CDC, NCCDPHP(1990). Youth Risk Behavior Survey (YRBS), CDC, NCCDPHP (1991, 1993, 1995, 1997).

PHS Agency Assignment: National Institute of Mental Health
6.3 Reduce to less than 17 ua percent the prevalence of mental disorders among children and adolescents.


Data Sources: Bird, HR. Estimates of the prevalence of childhood maladjustment in a community survey in Puerto Rico.
Archives of General Psychiatry 45:1120-26, 1988. Costello, ET et al, Psychiatric disorders in pediatric Primary Care: Prevalence Risk
Factors, Archives of General Psychiatry 45:1107-16, 1988.

PHS Agency Assignment: National Institute of Mental Health
6.4 Reduce the prevalence of mental disorders (exclusive of substance abuse) among adults living in the community to less than 10.7 percent.

| Prevalence of mental disorder | Baseline Year | Baseline | 1981-85 | 1990-92 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Persons aged 18 and older (one month prevalence) | 1981-85 | 12.6\% | --- | --- | 10.7\% |
| Persons aged 18 and older (one year prevalence) | ... | --- | 20.4\% | 16.0\% ua | $\ldots$ |
| u Update is for Non-institutionalized, Non-rural, White, Black or Hispanic persons ages 18-54. |  |  |  |  |  |

Data Sources: Baseline data from the Epidemiologic Catchment Area Study, NIH, NIMH, 1981-1985. Update: National Comorbidity Survey, conducted by the University of Michigan and funded by NIH, NIMH, 1990-92.

Health Status Objective: Adverse health effects from stress

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health
$\square$


| Adverse health effects from stress | Baseline Year | Baseline | 1990 | 1993 | 1995 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| People aged 18 and older | 1985 | 44.2\% | 40.6\% | 39.2\% | 33.9\% | 35\% |
| Special Population Target |  |  |  |  |  |  |
| 6.5a People with disabilities | 1985 | 53.5\% | 54.2\% | 54.9\% | 49.1\% | 40\% |
| Note: For this objective, people who reported experiencing "a lot or some adverse health effects during the past year" were included. People who did not know what stress is and missing values were excluded. People with disabilities are people who report any limitation in activity due to chronic conditions. |  |  |  |  |  |  |

Data Source: National Health Interview Survey, CDC, NCHS. Next available data: 1999

## PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

### 6.6 Increase to at least 30 percent the proportion of people aged 18 and older with severe, persistent mental disorders who use

 community support programs| Use of community support programs | Baseline |  |  | 2000 |
| :---: | :---: | :---: | :---: | :---: |
| by people with mental disorders | Year | Baseline | 1994 ua | Target |
| People aged 18 and older | 1986 | 15\% | 34.6\% | 30\% |

Data Source: National Institute of Mental Health Community Support Program Client Follow-up Study, SAMHSA. Update: National Health Interview Survey - Disability Supplement.
6.7 Increase to at least 54 percent the proportion of people with major depressive disorders who obtain treatment.

| People with major depressive disorder | Baseline Year | Baseline | 1981-85 | 1990-92 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| People who obtain treatment (six month services) | 1981-85 | $31 \%$ |  | --- | 54\% |
| People who obtain treatment (one year services) |  | --- | 34.7\% ua | 34.2\% ua | $\ldots$ |
| u Data are for Non-institutionalized, Non-rural, White, Black or Hispanic persons aged 18-54. |  |  |  |  |  |

## PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.8 Increase to at least 20 percent the proportion of people aged 18 and older who seek help in coping with personal and emotional problems.

| Seeking help with personal and emotional problems | Baseline Year | Baseline | 1990 | 1993 | 1995a | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| People aged 18 and older | 1985 | 11.1\% | 12.5\% | 14.3\% | 18.9\% | 20\% |
| Special Population Target |  |  |  |  |  | 30\% |
| a In 1995, the structure of the questions on the NHIS was changed to include separate items for therapist, minister and family member. <br> The column values reflect the proportion of people who sought help from a family member, minister (or rabbi) or therapist. <br> The values for each of these sources of help were therapist, $6.8 \%$ ( $11.8 \%$ for people with disabilities), minister, $4.4 \%$ ( $6.9 \%$ for people with disabilities), and family member, $15.6 \%$ ( $21.0 \%$ for people with disabilities). |  |  |  |  |  |  |

Data Source: National Health Interview Survey, CDC, NCHS.
Next available data: 1999
6.9 Decrease to no more than 5 percent the proportion of people aged 18 older who report experiencing significant levels of stress who do not take the steps to reduce or control their stress.

| Not reducing or controlling stress | Baseline Year | Baseline | 1990 | 1991 | 1992 | $\underline{1994}$ | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| People aged 18 and older with significant levels of stress | 1985 | 24\% | 28\% | 34\% | 35\% | 35\% | 5\% |

Data Source: Prevention Index, Rodale Press, Inc.
Next available data: Rodale Index has been administered annually; if the stress questions are retained, an update will be available in 1997.

## Services and Protection Objective: Suicide prevention in jails <br> PHS Agency Assignment: Substance Abuse and Mental Health Services Administration

6.10 Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public (7.18) health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent to preve

| Suicide prevention in jails | Baseline Year | Baseline ua | $\underline{1989}$ | $\underline{1990}$ | 1991 | $\underline{1992}$ | 1993 | $\underline{1994}$ | 1995 | 1996 | $\begin{gathered} 2000 \\ \text { Target } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| States meeting NCIA standards | 1992 | 2 | ... | ... | $\ldots$ | $\ldots$ | --- | --- | 2 |  | 50 States |
| Proportion of jails with suicide policies ub | $\ldots$ | --- | --- | --- | --- | --- | 79.5\% | --- | --- | ... |  |
| Proportion of jails with ACA accreditation uc | $\ldots$ | --- | 1\% | 1\% | 1\% | 1\% | 2\% | 2\% | 2\% | $\ldots$ |  |
| u Baseline was revised. <br> u 1993 data from Bureau of Justice Statistic u ACA accreditation includes standards whi and other interventions. | es may in te written | risk assessme and staff partic | taff trai ion in ris | and assess | appro | es. mana | ment , |  |  |  |  |

Data Sources: National Study of Jails, National Center on Institutions and Alternatives, CDC, NCIPC; American Correctional Association; National Census of Jails,
Department of Justice, Bureau of Justice Statistics.
Services and Protection Objective: Worksite stress management programs
PHS Agency Assignment: Substance Abuse and Mental Health Services Administration
6.11 Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress.

| Worksite stress management programs | Baseline Year | Baseline | 1992 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| Worksites with 50 or more employees | 1985 | 26.6\% | 37.0\% | 40\% |

Data Source: National Survey of Worksite Health Promotion Activities, OPHS, ODPHP. Next available data: 1998
6.12 Establish a network to facilitate mutual self-help activities, resources, and information by people and their family members who are experiencing emotional distress resulting from mental or physical illness.

|  | Baseline Year | Baseline | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| Federal clearinghouses | 1995 | 2 | . . ./a |
| State clearinghouses | 1995 | 8 | . . . $/ \mathrm{a}$ |
| a Clearinghouses provide coverage for all 50 States establishing the required network. |  |  |  |

Data Sources: SAMHSA

## Services and Protection Objective: Clinician review of patients' mental functioning

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health
6.13 Increase to at least 60 percent the proportion of primary care providers who routinely review with patients their patients' cognitive, emotional and behavioral functioning and the resources available to deal with any problems that are identified.


Data Source: Baseline: Primary Care Provider Surveys, OPHS, ODPHP Update: Prevention in Primary Care Study, ACPM

## Services and Protection Obiective: Clinician review of childrens' mental functioning

## PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

6.14 emotional, and parent-child functioning, with appropriate counseling, referral, and follow-up, in their clinical practices.


Data Source: Primary Care Provider Surveys, OPHS, ODPHP. Update: Prevention in Primary Care Study, ACPM

PHS Agency Assignment: Substance Abuse and Mental Health Services Administration; National Institute of Mental Health

### 6.15 Reduce to prevalence of depressive (affective) disorders among adults living in the community to less than 4.3 percent.

| Prevalence of depressive disorders | Baseline Year | Baseline | 1981-85 | 1990-92 | $\begin{aligned} & 2000 \\ & \text { Target } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| People aged 18 and older (one-month prevalence) | 1981-85 | 5.1\% | $\ldots$ | --- | 4.3\% |
| People aged 18 and older (one-year prevalence) | ... | --- | 10.9\% ua | 11.1\% ua | ... |
| 6.15a Women (one-month prevalence) | 1981-85 | 6.6\% |  | --- | 5.5\% |
| Women (one-year prevalence) | ... | --- | 14.2\% ua | 13.1\% ua | ... |
| u Data are for Non-institutionalized, Non-rural, White, Black or Hispanic persons aged 18-54. |  |  |  |  |  |

Data Sources: Baseline data from the Epidemiologic Catchment Area Study, NIH, NIMH, 1981-1985. Update: National Comorbidity Survey,

