

MENTAL HEALTH TREATMENT

Mental disorders are the most common cause of disability and are responsible for 25 percent of all years of life lost to disability and premature mortality.¹ Besides disability, untreated mental disorders may lead to unemployment, substance abuse, homelessness, incarceration, and suicide, and cost the U.S. economy \$100 billion a year. Early implementation of treatment accelerates recovery and reduces the impacts of mental disorders. Treatment can reduce symptoms and improve the quality of life.²

In 2012, 3.1 million (12.7 percent) of adolescents aged 12–17 received past-year treatment or counseling for problems with emotions or behavior (not related to drug or alcohol use) in a specialty mental health setting, including both outpatient and inpatient care (11.5 and 2.4 percent, respectively). A similar proportion of adolescents received mental health services in an educational setting (12.9 percent), 2.5 percent received services in a medical setting, and 5.5 percent received services in both a specialty mental health setting as well as either an educational or medical setting (figure 1).

The most commonly reported reason for past year receipt of mental health services was feeling depressed, reported by 44.3 percent of adolescents who accessed mental health services. Other reasons

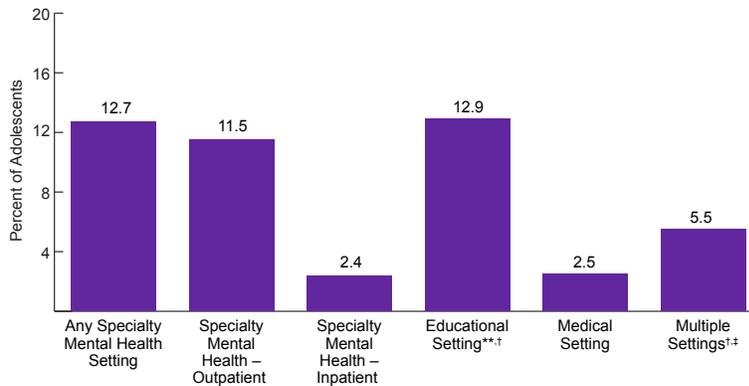
include feeling afraid and tense (16.2 percent), having thoughts of or attempting suicide (14.8 percent), breaking rules and “acting out” (14.8 percent), having problems at school (14.8 percent), and having problems with home or family (14.2 percent).

Increasing the proportion of people with mental disorders who receive treatment is a national *Healthy People 2020* objective.¹ Among adolescents who experienced a past-year major depressive episode (MDE – see definition on mental health page), 37.0 percent received treatment for their depression. Treatment included seeing or talking to a professional or using prescription medication for depression.

The rate of treatment varied by sex, race, ethnicity, geographic region, and insurance coverage. Females were more likely to receive treatment for depression than males (40.1 versus 28.3 percent, respectively; figure 2). Non-Hispanic White youth were more likely to receive treatment than Hispanic youth (40.7 versus 30.8 percent, respectively); 33.5 percent of non-Hispanic Black youth received treatment for depression.

With regard to geographic region, adolescents who experienced a past-year MDE from the Northeast and Midwest (42.2 and 41.2 percent, respectively) were more likely to receive treatment than those

Figure 1. Past Year Mental Health Service* Use Among Adolescents Aged 12–17 Years, by Service Source, 2012



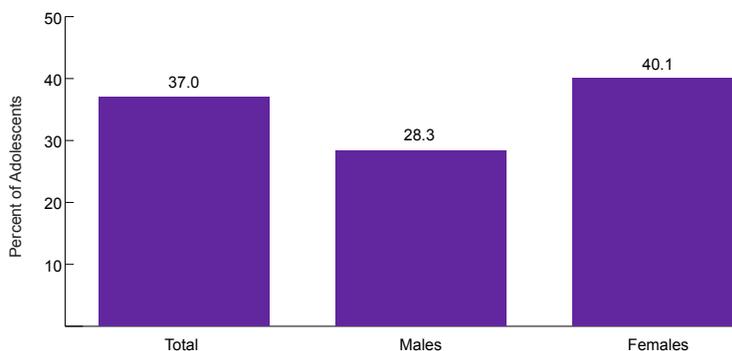
*Respondents could indicate multiple service sources; thus, response categories are not mutually exclusive. **Respondents who did not report their school enrollment status or reported being home-schooled were not asked about receipt of mental health treatment or counseling in an educational setting; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment or counseling from this source. †Because of revisions to the Source of Youth Mental Health Education Services questions in 2009, these estimates are not comparable with estimates presented before 2009. ‡Includes receipt of any specialty mental health services and receipt of services from either education or medical sources.

from the South and West (34.1 and 34.9 percent, respectively). Adolescents with no insurance coverage (23.0 percent) were less likely to receive treatment for their depression compared to adolescents with Medicaid/Children's Health Insurance Program or private coverage (36.9 and 38.1 percent, respectively).

Some barriers to treatment for mental disorders include discrimination and prejudice and accessibility. Discrimination and prejudice may cause individuals to avoid talking about their illness with friends and

family and inhibit receipt of care.³ Individuals may fear that symptoms will not be taken seriously, especially those of adolescents that may be mistaken for puberty instead of a mental disorder.⁴ The Mental Health Parity Act under the Affordable Care Act requires health insurance to cover mental and physical health equally.⁵ The expansion of coverage includes preventive services, such as behavioral assessments for children, free of charge and insurance companies no longer being allowed to deny coverage or charge more for mental disorders.⁶

Figure 2. Receipt of Past Year Treatment* for Depression Among Adolescents Aged 12–17 Years with Major Depressive Disorder (MDE), by Sex, 2012**



*Treatment is defined as seeing or talking to a professional or using prescription medication for depression in the past year. Respondents with unknown treatment data were excluded. **An MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of pleasure in daily activities and had a majority of specific depression symptoms.

Data Sources

Figure 1 and 2. Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: detailed tables*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. Available at: <http://www.samhsa.gov/data/nsduh/2012summnatfinddettabs/dettabs/nsduh-dettabstoc2012.htm>. Accessed April 18, 2014.

Endnotes

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Suggested Citation

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