

# Chapter 11: Mental Health and Substance Abuse

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Thanks to Chris Koyanagi of the Bazelon Center for Mental Health Law for helpful suggestions.

**M**ental illness and substance abuse lend themselves to "quick hit" news stories - the depressed German teenager who shoots up his former school, the heroin addict on the six o'clock news with her face in shadow and her voice disguised.

But the tougher-to-do stories in this area are more useful, and can help spur community understanding, support and resources for those needing help.

## BACKGROUND: MENTAL ILLNESS

Each year, about one in four adults (26.2 percent) suffers from a diagnosable mental illness, according to National Institute of Mental Health.<sup>1</sup> The recession that began in 2008 could raise this percentage, since unemployment increases a person's risk of mental health problems.<sup>2</sup>

In 2007, almost 30 million adults in the U.S. received mental health services during the previous 12 months (13.2 percent of the population age 18+). Another 5.4 million adults had a need for such care, but did not receive any mental health services.<sup>3</sup>

In 2003, \$100.3 billion was spent in the U.S. to treat mental illness and \$20.7 billion was spent to treat substance abuse, totaling 7.5 percent of the \$1.6 trillion spent on all health care that year.<sup>4</sup> (See chart, "Spending for Mental Health Treatment.") Mental illness also costs individuals and society in terms of lost productivity, lost earnings due to illness and social disruptions linked to mental problems.<sup>5</sup>

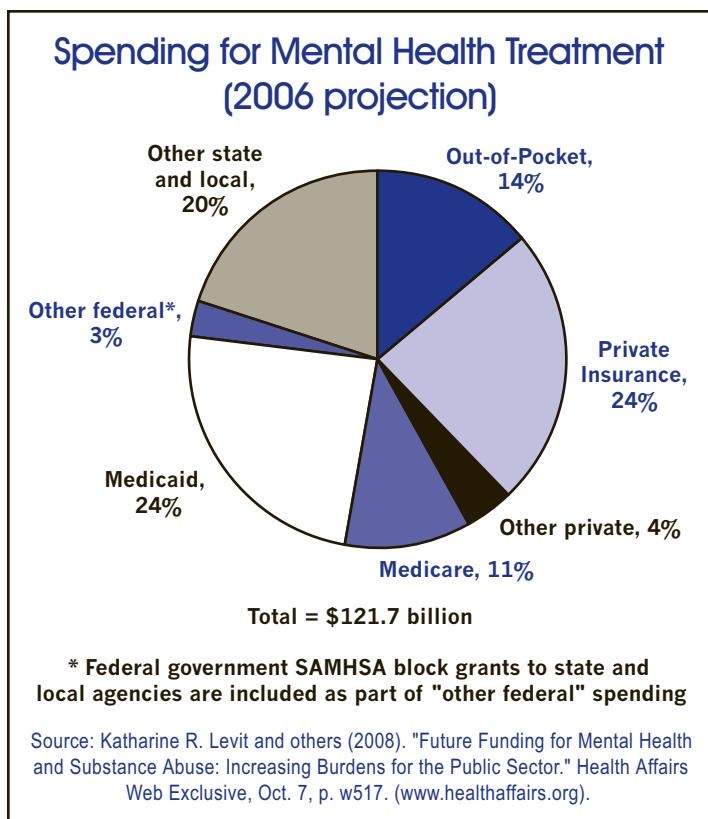
In their severity, mental illnesses range from occasionally troubling to life-consuming. (See box, "Major Categories of Mental Illness.") To cope with temporary problems, such as depression following illness or a traumatic event, many people need only a short-term intervention. But others experience more debilitating and long-lasting conditions that interfere with routine activities such as work, school, and family, and can require lifelong treatment. (See chart, "Adults Suffering Selected Mental Illnesses in a Given Year.")

Effective, well-documented treatments for mental illness and substance abuse have been developed and widely disseminated, including psychotherapy regimens, other psycho-

## FAST FACTS

- Each year, about one in four adults (26.2 percent) suffers from a diagnosable mental illness, according to National Institute of Mental Health.<sup>a</sup>
- An estimated 22.3 million people were classified as substance dependent or substance abusers in 2007.<sup>b</sup> Substances abused range from alcohol, pain relievers and tranquilizers to hallucinogens, cocaine and heroin.
- In 2007, an estimated 29.4 million adults received any kind of mental health service during the past year.<sup>c</sup>
- An estimated 5.4 million adults reported needing mental health services but hadn't received any mental health care in the past year.<sup>d</sup>
- The cost of care is cited most often by people who recognize that they need mental health treatment but don't get it.<sup>e</sup>
- Alcohol is the most commonly abused substance, with an estimated 18.7 million people classified as abusing or dependent in 2007.<sup>f</sup>
- 3.9 million people aged 12 or older received any kind of treatment related to the use of alcohol or illegal drugs (about one-sixth of the number dependent or abusing).<sup>g</sup>
- As of October 3, 2009, mental health and substance abuse treatment are on a parity with treatment of medical and surgical conditions when covered by most group health plans. Because most plan benefits change at the beginning of the year, most health plans will implement this law on January 1, 2010.<sup>h</sup>

For story ideas on mental health, see page 123. A list of experts and websites begins on page 124.



## BACKGROUND: SUBSTANCE ABUSE

Substance abuse involves the overuse of common products such as alcohol, pain relievers and tranquilizers, and also illegal drugs, such as cocaine and heroin. An estimated 22.3 million people were substance dependent or substance abusers in 2007.<sup>8</sup> (There are technical definitions for both "substance abuse" and "substance dependence."<sup>9</sup> See the glossary for more.)

Alcohol is the most commonly abused substance, with an estimated 18.7 million people age 12 and older classified as abusing or dependent on alcohol in 2007 (7.6 percent of the population age 12+).<sup>10</sup> Among illicit drugs, marijuana is abused most often (3.9 million people abusing or dependent).<sup>11</sup> (See chart, "Dependence on, or Abuse of, Selected Substances.") An estimated 3.2 million people were dependent on, or abused, both alcohol and drugs.<sup>12</sup>

A relatively small number of substance abusers get treatment. In 2007, 3.9 million people aged 12 or older received any treatment related to the use of alcohol or drugs.<sup>13</sup> Among those who received treatment, a majority (56 percent - 2.2 million) got treatment at a self-help group. The next most commonly mentioned treatment site was an outpatient rehabilitation facility (44 percent - 1.7 million).<sup>14</sup>

Substance abuse and dependence vary considerably with age and gender. Among all people in the U.S. aged 18 to 25, one out of five (20.7 percent) was classified as substance dependent or substance abusing in 2007. In contrast, 7.2 percent of those older than 25 were abusers or dependent.<sup>15</sup> The rate for males is about twice as high as for females.<sup>16</sup>

## CO-OCCURRING CONDITIONS

A significant number of individuals suffer from more than one problem at the same time, such as mental illness and substance abuse, or mental illness and a chronic health condition. For instance, in 2007, 3.6 million people suffered at least one major depressive episode in the past year and also abused, or were dependent on, alcohol or drugs.<sup>17</sup>

Individuals with schizophrenia have a significant

social treatment and prescription medications.<sup>6</sup>

But a significant number of Americans do not have adequate access to treatment or do not take advantage of available help. The reason most often cited for not getting care was cost (43 percent). Other reasons mentioned were:

- "could handle the problem without treatment at the time" - 29 percent;
- "health insurance did not cover enough treatment" - 11 percent;
- "concerned about confidentiality" - 11 percent;
- "might cause neighbors/community to have a negative opinion" - 9 percent;
- "might have a negative effect on job" - 9 percent.<sup>7</sup>

(See chart, "Reasons for Not Getting Care for a Mental Health Need.")

rate of diabetes, in part due to side effects of their medications.<sup>18</sup> Such co-occurring conditions contribute to the fact that people with serious mental illness die, on average, 25 years earlier than the general population. Their increased morbidity and mortality are largely due to treatable medical conditions, researchers say, caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.

The World Health Organization (WHO) has pointed out the need to address these problems in a coordinated way. As WHO's 2008 World Health Report puts it: "Addressing co-morbidity - including mental health problems, addictions and violence - emphasizes the importance of dealing with the person as a whole."<sup>19</sup>

Among the estimated 5.4 million adults with both serious psychological distress and substance dependence or abuse, only about one in 10 got both mental health care and specialty treatment for substance abuse.<sup>20</sup>

Studies suggest that some individuals with mental illness "self-medicate" with alcohol or drugs. A 2008 study found that almost a quarter of those with mood disorders such as major depression or bipolar disorders used alcohol or drugs to relieve symptoms.<sup>21</sup>

More than a third of people with mental illnesses (34 percent) are uninsured - twice the rate in the population as a whole.<sup>22</sup> This is one reason why many suffering from mental illnesses don't get the medical care they need for other disorders. Some other reasons include: fearfulness or lack of motivation on the part of the patient, discomfort on the part of providers, and inadequate funding and fragmentation of services within the health care system as a whole.<sup>23</sup>

## LIKELY POLICY DEBATES

Parity in health insurance for mental health and substance abuse has been the number one priority of mental health advocates for many years. "Parity" means simply that, as far as health insurance is concerned, treatment for mental health problems is considered as valuable as treatment for medical and surgical problems, without added limits or barriers. Now that parity is law (see text box, "Mental Health

## Major Categories of Mental Illness

### Anxiety disorders

These disorders - Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder (PTSD) and Social Phobia - cause overwhelming anxiety and fear. They are chronic, and can grow progressively worse if not treated.

### Depression and Bipolar Disorder

These mood disorders' symptoms may include mood swings such as extreme sadness or elation, sleep and eating disturbances, and changes in activity and energy levels. People with bipolar disorder, also known as manic-depressive illness, have mood swings, going from severe highs (mania) to lows (depression).

### Schizophrenia

Schizophrenia affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary, may be unresponsive or withdrawn, and may have difficulty expressing normal emotions in social situations.

### Dementias

These disorders includes diseases such as Alzheimer's which lead to loss of mental functions, including memory loss and the ability to carry out daily activities.

### Eating Disorders

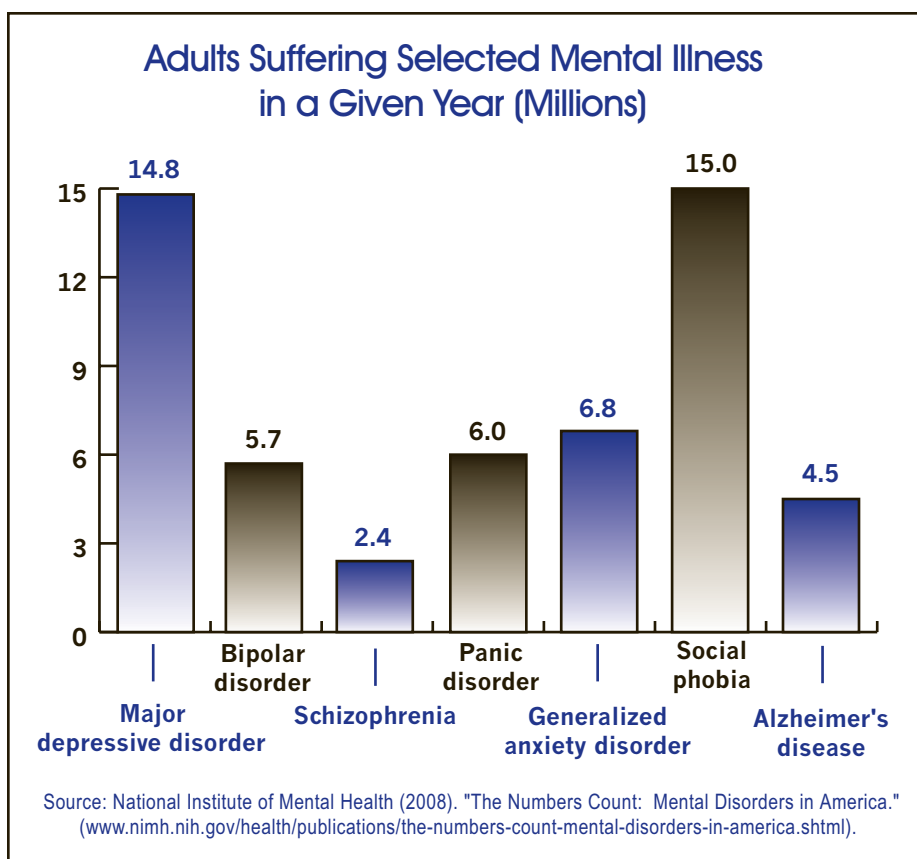
People with anorexia nervosa and bulimia nervosa, the two main types of eating disorders, have a preoccupation with food and an irrational fear of being fat. Women are much more likely than men to develop an eating disorder, which can include self-starvation (anorexia) or cycles of bingeing and purging (bulimia).

Sources: Mental Health America: (<http://www.mentalhealthamerica.net/go/get-info>) and National Institute of Mental Health: ([www.nimh.nih.gov/healthinformation/index.cfm](http://www.nimh.nih.gov/healthinformation/index.cfm))

and Substance Abuse Parity"), advocates and interested policymakers will turn their attention to other concerns, including:

## MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE IN NATIONAL HEALTH REFORM

Advocacy groups are concerned that if health coverage is expanded or if new public insurance programs are created for the uninsured, those with mental illness may be shortchanged. Some worry, for example, that mandated benefits under universal health coverage may include only nominal mental



health services.<sup>24</sup>

The costs of any new health reform legislation will be an issue. Mental health advocates will emphasize the cost-effectiveness of treating mental illness early, as well as data indicating that treatment for mental illness can improve outcomes and reduce costs of certain other illnesses.<sup>25</sup>

### PROTECTING CONFIDENTIALITY WITH INCREASING USE OF HEALTH INFORMATION TECHNOLOGY

Mental health advocates are also concerned about appropriate privacy and access to health records in IT systems. The debate here involves how to both protect client privacy and also satisfy the needs of health researchers, public health officials and clinicians. The Common Framework developed by the Markle Foundation's Connecting for Health Initiative is supported by several mental health groups.<sup>26</sup>

### TIPS FOR REPORTERS

- Most people feel a little uncomfortable discussing mental illness. Thus, your editor, producer or assignment editor may well resist sugges-

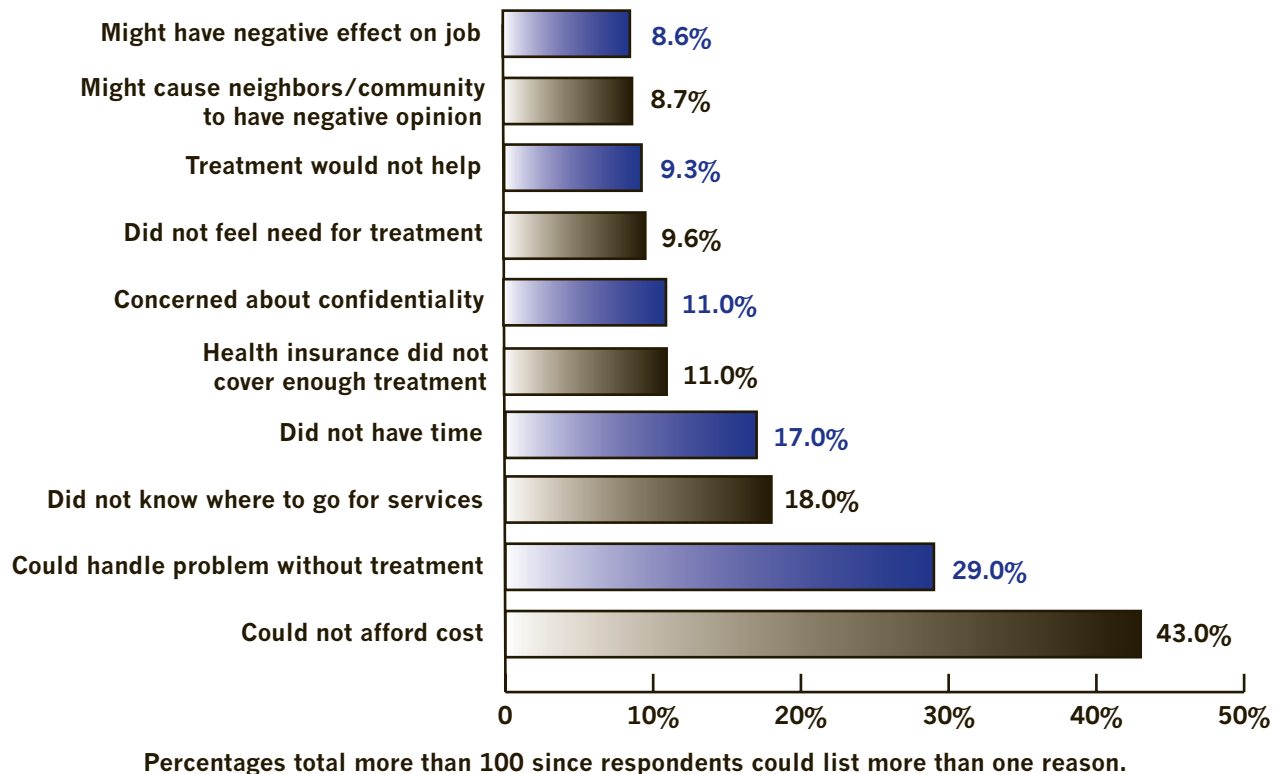
tions to do a story or series on mental illness. You can help them get over this by pointing out the large numbers of people affected and by mentioning that your stories could encourage readers or viewers to get help instead of trying to "tough out" a truly debilitating mental problem. (See the Patrick Kennedy example in #3 below.)

- When covering experts for mental health or substance abuse stories (as well as for other medical stories), find out if the experts are being paid by pharmaceutical companies to conduct research or give speeches. If a drug company is financing research, it may maintain control over whether the results get published. But if the researcher is free to publish the informa-

tion no matter what the results, or if the researcher donates the money he or she gets for speeches, that's less of a problem.

- A number of people working in the mental health and substance abuse field have a history of mental illness or substance abuse, or are close to someone who does. It's worth asking about; sometimes you'll get a much better story if you do. For example, Rep. Patrick Kennedy (D-R.I.) has been open about his struggles with depression, alcoholism and addiction to prescription pain medication, saying "I hope my openness...and my acknowledgement that I need help will encourage others to get help if they need it."<sup>27</sup>
- Look into the links between mental illness and homelessness, mental illness and substance abuse, mental illness and incarceration. Talk with experts in your community who deal with such related problems. Talk with individuals affected by more than one problem.
- Where can you find people with mental illnesses

## Reasons for Not Getting Care for a Mental Health Need, 2007 (Age 18+)



Source: Substance Abuse and Mental Health Services Administration (2007). "Results from the 2007 National Survey on Drug Use and Health: National Findings." Section 8.1. (<http://www.oas.samhsa.gov/>).

who are willing for you to interview them? Try the national office or your state affiliate of Mental Health America - [www.nmha.org/go/searchMHA](http://www.nmha.org/go/searchMHA) or the National Alliance on Mental Illness - [www.nami.org/Template.cfm?section=your\\_local\\_NAMI](http://www.nami.org/Template.cfm?section=your_local_NAMI). Also check out the Bazelon Center for Mental Health Law ([www.bazelon.org](http://www.bazelon.org)) for access to people with serious mental disorders and information on other mental health policy issues.

- Get to know the people in your state's mental health and substance agencies. For a list, check the website of the National Association of State Mental Health Programs - [www.nasmhpd.org](http://www.nasmhpd.org) - and the National Association of State Alcohol and Drug Abuse Directors - [www.nasadad.org](http://www.nasadad.org).

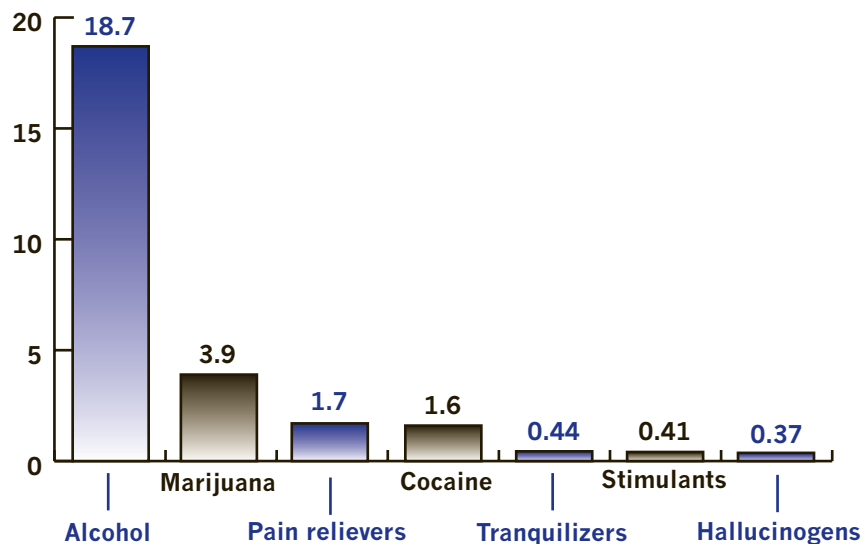
### STORY IDEAS

- Most states and communities are cutting their budgets because of the recession. How is this affecting people in your community with mental

health and substance abuse problems?

- Unemployment increases a person's chance of developing mental health problems. Are mental health professionals in your community seeing an increased number of clients with problems caused by, or made worse by, the recession?
- An estimated 16 percent of homeless single people have a severe or persistent mental illness.<sup>28</sup> Advocates point to a lack of community-based programs and outpatient services for low-income people as exacerbating the combined problems of homelessness and mental illness. Is there a lack of such services in your region? For helpful fact sheets, try the National Coalition for the Homeless ([www.nationalhomeless.org/publications/facts/Mental\\_Illness.pdf](http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf)) and the National Resource Center on Homelessness and Mental Illness ([www.nrchmi.samhsa.gov/Default.aspx](http://www.nrchmi.samhsa.gov/Default.aspx)).
- A number of cities, including Los Angeles,

### Dependence on, or Abuse of, Selected Substances, 2007 (Millions Age 12+)



Source: Substance Abuse and Mental Health Services Administration (2007). Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Substance Dependence or Abuse" in section 7.1 (<http://www.oas.samhsa.gov/>)

Seattle and Miami, have concluded that homeless people who are mentally ill should have secure housing before they can benefit from services for their mental problems.<sup>29</sup> Nationally, the movement is called "Housing First."<sup>30</sup> Are cities in your state considering this idea? If they've already implemented it, how is it working?

- Persons with mental illness often end up seeking treatment, for mental or physical conditions, at hospital emergency departments. How much of a contributing factor is that in overcrowding EDs in your area?
- Is the stigma of mental illness diminishing? Look again in the background section of this chapter at the reasons to review why people needing mental health care say they don't get it.
- The mental health problems of military personnel returning from Iraq and Afghanistan will reverberate in your community for decades to come. Talk with some of these veterans to find out how they are coping and whether the health

care system is meeting their needs. If it isn't, what changes do they think are needed?

- Self-help groups are the #1 source for substance abuse treatment in the U.S. How effective are they? How do they deal with individuals suffering from truly severe problems, or multiple problems? Is their funding being cut during the recession and, if so, what is this doing to their ability to help those in need?

### EXPERTS AND WEBSITES

#### Analysts/Advocates

Diane Archer, *Special Counsel*, Medicare Rights Center, 212/204-6216

Peter Ashenden, *Acting President*, Depression and Bipolar Support Alliance, 800/826-3632 ext.164, to schedule interview, contact GloriaPope: [gpoppe@dbsalliance.org](mailto:gpoppe@dbsalliance.org)

Audrey Burnam, *Director*, Center for Research on Alcohol, Drug Abuse, and Mental Health, RAND Corporation, 310/393-0411 ext. 6370

Joe Califano, *Chairman*, National Center on Addiction and Substance Abuse, Columbia University, 212/841-5200, [contact@casacolumbia.org](mailto:contact@casacolumbia.org)

Nancy Chockley, *President*, National Institute for Health Care Management, 202-296-4426, [nchockley@nihcm.org](mailto:nchockley@nihcm.org)

Thomas Croghan, *Senior Fellow*, Mathematica Policy Research, 202/554-7532

Stephen Day, *Executive Director*, Technical Assistance Collaborative, 617/266-5657

Curtis Decker, *Executive Director*, National Disability Rights Network, 202/408-9514, [curt.decker@NDRN.org](mailto:curt.decker@NDRN.org)

## Mental Health and Substance Abuse Parity

One of the biggest U.S. mental health/substance abuse stories in many years occurred in October 2008. When President Bush signed the Wall Street rescue/bailout bill, he also signed into law long-awaited mental health and substance-abuse parity requirements. "Parity" means that when a group health plan covers mental health or substance-abuse conditions, no treatment limitations or financial requirements can be imposed that are stricter than for the medical or surgical benefits provided by the plan.

The law corrects practices that had been commonplace, such as putting a limit on the number of times an insured person could see a mental health professional or capping the number of days the person could spend in a mental health or substance abuse facility.

The parity requirements apply to health plans beginning in the first plan coverage year that begins one year after the date of enactment (which was October 3, 2008). Most health plans change benefits only at the beginning of the calendar year. Thus, most consumers won't see the new parity provisions reflected in their health plans until January 1, 2010.

Here are some important facts about the parity provisions:

1. They affect people covered in health plans of 51 or more employees.
2. They don't require that a health plan cover mental health and substance-abuse conditions - but if these services are covered, the provisions apply.
3. If a health plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network equivalent coverage for mental health and addiction treatment.
4. State parity laws and other consumer protection laws remain in effect unless the state law conflicts with the federal ban on inequitable financial requirements and treatment limitations.
5. Parity provisions apply to people covered by self-insured plans as well as those covered by plans that are subject to state regulation.
6. A health plan can be exempted from the new parity law only if the plan can prove that parity is raising its total plan costs by more than 2 percent in the first year after enactment and 1 percent thereafter. But plans must first implement parity for at least six months.

<sup>1</sup> Mental Health America (2008). "Overview: Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008." ([http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity\\_Campaign\\_detailed\\_summary](http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity_Campaign_detailed_summary))

<sup>2</sup> Mental Health America (2008). "Fact Sheet: Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008." ([http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity\\_Campaign\\_detailed\\_summary](http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity_Campaign_detailed_summary))

<sup>3</sup> Mental Health America (2008). "Fact Sheet: Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008." ([http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity\\_Campaign\\_detailed\\_summary](http://takeaction.mentalhealthamerica.net/site/PageServer?pagename=Equity_Campaign_detailed_summary))

Benjamin Druss, *Rosalynn Carter Chair in Mental Health*, Rollins School of Public Health, Emory University, 404/712-9602, [bdruss@emory.edu](mailto:bdruss@emory.edu)

William Emmet, *Project Director*, National Association of State Mental Health Program Directors, 703/739-9333 ext. 136

Mary Jane England, *President*, Regis College, Chair, Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders, Regis College, 781/768-7122

Michael Fitzpatrick, *Executive Director*, National Alliance on Mental Illness, 703/524-7600

Richard Frank, *Margaret T. Morris Professor of Health Economics*, Harvard Medical School, Harvard University, 617/432-0178

Lewis Gallant, *Executive Director*, National Association of State Alcohol and Drug Abuse Directors, 202/293-0090, [lgallant@nasadad.org](mailto:lgallant@nasadad.org)

Paul Ginsburg, *President*, Center for Studying Health System Change, 202/484-5261, [pginsburg@hschange.org](mailto:pginsburg@hschange.org)

Sherry Glied, *Department Chair*, Professor of Health Policy and Management, Columbia University, 212/305-0299

Robert Glover, *Executive Director*, National Association of State Mental Health Program Directors, 703/739-9333

Howard Goldman, *Professor of Psychiatry*, Director of Mental Health Policy Studies, School of Medicine, University of Maryland, 301/983-1671

David Gustafson, *Director*, Network for the Improvement of Addiction Treatment, University of Wisconsin, 608-263-4882, dhgustaf@facstaff.wisc.edu

John Holahan, *Director of Health Policy Research*, Urban Institute, 202/261-5666

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Stephen McConnell, *Ageing Programme Executive*, Atlantic Philanthropies, 212/916-7300, s.mcconnell@atlanticphilanthropies.org

Thomas McLellan, *Executive Director*, Treatment Research Institute, 215/399-0980, tmclellan@tresearch.org

David Mechanic, *Rene Dubos University Professor of Behavioral Sciences*, Rutgers University, 732/932-8415, mechanic@rci.rutgers.edu

Jack Meyer, *Principal*, Health Management Associates, (202)785-3669, jmeyer@healthmanagement.com

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Diane Rowland, *Executive Vice President*, Kaiser Family Foundation, 202/347-5270, drowland@kff.org

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David Shern, *President and CEO*, Mental Health America, 703/684-7722

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Patricia Taylor, *Executive Director*, Faces & Voices of Recovery, 202/737-0690, pat.taylor@verizon.net

John Weisz, *President*, Judge Baker Children's Center, 617-278-4298, jweisz@jbcc.harvard.edu

Tim Westmoreland, *Visiting Professor of Law*, Law Center, Georgetown University, 202/662-9876

### Government

Eric Broderick, *Administrator*, Substance Abuse and Mental Health Services Administration, 240/276-2000

Jeff Buck, *Branch Chief*, Survey Analysis, Substance Abuse and Mental Health Services Administration, 240/276-1757

Thomas Insel, *Director*, National Institute of Mental Health, National Institutes of Health, 301/443-3673, insel@mail.nih.gov

Mila Kofman, *Superintendent of Insurance*, Maine Bureau of Insurance, 207/624-8550, mila.kofman@maine.gov

Ting-Kai Li, *Director*, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, 301/443-3885

A. Kathryn Power, *Director*, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 240/276-1937, [kathryn.power@samsa.hhs.gov](mailto:kathryn.power@samsa.hhs.gov)

### **Stakeholders**

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Mark Covall, *Executive Director*, National Association of Psychiatric Health Systems, 202/393-6700, [mark@naphs.org](mailto:mark@naphs.org)

Brenda Craine, *Director, Washington Media Relations*, American Medical Association, 202/789-7447, [brenda.craine@ama-assn.org](mailto:brenda.craine@ama-assn.org)

Pamela Greenberg, *Executive Director*, American Managed Behavioral Healthcare Association, 202/756-7726, [greenbergp@erols.com](mailto:greenbergp@erols.com)

Carolyn Robinowitz, *Immediate Past President*, American Psychiatric Association, 703/907-7300

Rick Smith, *Senior Vice President for Policy and Strategic Communications*, PhRMA, 202/835-3400

Nada L. Stotland, *President*, American Psychiatric Association, 703/907-8640

Bruce Yarwood, *Acting President and CEO*, American Health Care Association, 202/842-4444, [byarwood@ahca.org](mailto:byarwood@ahca.org)

### **Websites**

AARP Public Policy Institute  
[www.aarp.org/research/ppi](http://www.aarp.org/research/ppi)

Agency for Healthcare Research and Quality  
[www.ahrq.gov/research/mentalix.htm](http://www.ahrq.gov/research/mentalix.htm)

Alliance for Health Reform  
[www.allhealth.org](http://www.allhealth.org)

Alzheimer's Association  
[www.alz.org](http://www.alz.org)

American Academy of Child and Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

American Health Care Association  
[www.ahca.org](http://www.ahca.org)

American Psychiatric Association  
[www.psych.org](http://www.psych.org)

American Psychological Association  
[www.apa.org](http://www.apa.org)

Association for Behavioral Health & Wellness  
[abhw.org](http://abhw.org)

Bazelon Center for Mental Health Law  
[www.bazelon.org](http://www.bazelon.org)

California HealthCare Foundation  
[www.chcf.org](http://www.chcf.org)

California Institute for Mental Health  
[www.cimh.org](http://www.cimh.org)

Campaign for Mental Health Reform, The  
[www.mhreform.org](http://www.mhreform.org)

Center for Mental Health Services, SAMHSA  
<http://mentalhealth.samhsa.gov/cmhs>

Center for Studying Health System Change  
[www.hschange.org](http://www.hschange.org)

Center for the Advancement of Children's Mental Health  
[www.cacmh.org](http://www.cacmh.org)

Columbia University, Mailman School of Public Health  
[www.mailman.hs.columbia.edu](http://www.mailman.hs.columbia.edu)

Commonwealth Fund, The  
[www.commonwealthfund.org](http://www.commonwealthfund.org)

Depression and Bipolar Support Alliance  
[www.dbsalliance.org](http://www.dbsalliance.org)

Disabled American Veterans  
[www.dav.org](http://www.dav.org)

Economic & Social Research Institute  
[www.esresearch.org](http://www.esresearch.org)

Faces & Voices of Recovery  
[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

Georgetown University Health Policy Institute  
<http://ihcrp.georgetown.edu>

Georgetown University Law Center  
[www.law.georgetown.edu](http://www.law.georgetown.edu)

Harvard Medical School, Department of Health Care Policy  
[www.hcp.med.harvard.edu](http://www.hcp.med.harvard.edu)

Health Research and Educational Trust  
[www.hret.org](http://www.hret.org)

Institute of Medicine, National Academies of Science, Board on Health Care Services  
[www.iom.edu/CMS/3809.aspx](http://www.iom.edu/CMS/3809.aspx)

Judge Baker Children's Center  
[www.jbcc.harvard.edu](http://www.jbcc.harvard.edu)

Kaiser Family Foundation  
[www.kff.org](http://www.kff.org)

Mathematica Policy Research  
[www.mathematica-mpr.com](http://www.mathematica-mpr.com)

Medicare Rights Center  
[www.medicarerights.org](http://www.medicarerights.org)

Mental Health America  
[www.nmha.org](http://www.nmha.org)

National Alliance on Mental Illness (NAMI)  
[www.nami.org](http://www.nami.org)

National Association of Psychiatric Health Systems  
[www.naphs.org](http://www.naphs.org)

National Association of State Alcohol and Drug Abuse Directors  
[www.nasadad.org](http://www.nasadad.org)

National Association of State Mental Health Program Directors  
[www.nasmhpd.org](http://www.nasmhpd.org)

National Center for Primary Care, Morehouse School of Medicine  
[www.msm.edu/NCPC](http://www.msm.edu/NCPC)

National Center on Addiction and Substance Abuse at Columbia University  
[www.casacolumbia.org](http://www.casacolumbia.org)

National Council on Disability  
[www.ncd.gov](http://www.ncd.gov)

National Disability Rights Network  
[www.napas.org](http://www.napas.org)

National Governors Association  
[www.nga.org](http://www.nga.org)

National Health Law Program  
[www.healthlaw.org](http://www.healthlaw.org)

National Institute for Health Care Management  
[www.nihcm.org](http://www.nihcm.org)

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Institute on Alcohol Abuse and Alcoholism  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

NIHCM Foundation  
[www.nihcm.org](http://www.nihcm.org)

Pharmaceutical Research and Manufacturers of America (PhRMA)  
[www.phrma.org](http://www.phrma.org)

Robert Wood Johnson Foundation  
[www.rwjf.org](http://www.rwjf.org)

Rollins School of Public Health, Emory University  
[www.sph.emory.edu](http://www.sph.emory.edu)

SAMHSA's National Clearinghouse for Alcohol and Drug Information  
<http://ncadi.samhsa.gov>

SAMHSA's National Mental Health Information Center  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

Substance Abuse and Mental Health Service Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Technical Assistance Collaborative  
[www.tacinc.org](http://www.tacinc.org)

Treatment Research Institute  
[www.tresearch.org](http://www.tresearch.org)

## ENDNOTES

- a National Institute of Mental Health. "The Numbers Count: Mental Disorders in America." ([www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Intro](http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Intro)).
- b Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See Section 7.1 titled "Substance Dependence or Abuse." ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- c Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Mental Health Service Use and Unmet Need for Mental Health Care among Adults" in Section 8.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).

- <sup>d</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Mental Health Service Use and Unmet Need for Mental Health Care among Adults" in Section 8.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>e</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See Figure 8.7. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>f</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See Section 7.1 titled "Substance Dependence or Abuse." ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>g</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See section 7.2 titled "Past Year Treatment for a Substance Use Problem." ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>h</sup> Mental Health America (2008). "Fact Sheet: Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008." ([www.nmha.org](http://www.nmha.org)).
- <sup>1</sup> National Institute of Mental Health. "The Numbers Count: Mental Disorders in America." ([www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Intro](http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Intro)).
- <sup>2</sup> Artazcoz, Lucía; Benach, Joan; Borrell, Carme; Cortès, Immaculada (2004). "Unemployment and Mental Health: Understanding the Interactions Among Gender, Family Roles, and Social Class." *American Journal of Public Health*, January, Vol. 94, No. 1, p. 82. ([www.ajph.org/cgi/reprint/94/1/82.pdf](http://www.ajph.org/cgi/reprint/94/1/82.pdf)).
- <sup>3</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Mental Health Service Use and Unmet Need for Mental Health Care among Adults" in Section 8.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>4</sup> Levit, Katharine; Kassed, Cheryl; Coffey, Rosanna, and others (2008). "Future Funding For Mental Health And Substance Abuse: Increasing Burdens For the Public Sector." *Health Affairs Web Exclusive*, Oct. 7, Exhibit 1, p. w515. ([www.healthaffairs.org](http://www.healthaffairs.org)).
- <sup>5</sup> See, for instance, Kessler, Ronald; Heeringa, Steven; Lakoma, Matthew, and others (2008). "Individual and Societal Effects of Mental Disorders on Earnings in the United States: Results from the National Co-Morbidity Survey Replication" *American Journal of Psychiatry*, 165: 703-711, June. (<http://ajp.psychiatryonline.org/cgi/content/abstract/165/6/703>). See also: Mental Health America. "Mental Health Matters to America." (<http://www1.nmha.org/access/mentalhealthmatters.cfm>).
- <sup>6</sup> For mental illness, there are three established forms of psychotherapy and six major categories of pharmacological treatment, including antipsychotics, antidepressants and anti-anxiety drugs. For substance abuse, treatments frequently combine psychotherapy and medications such as buprenorphine (for opioid use), and naltrexone and acamprosate (for alcohol abuse). These drugs, developed relatively recently, join methadone and disulfiram as effective treatments, and are frequently offered in conjunction with counseling, peer support and aftercare. See: Institute of Medicine (2006). "Improving the Quality of Health Care for Mental and Substance-Use Conditions" Chapter 1, p. 29-33; *Mental Health: A Report of the Surgeon General*, (1999). Chapter 2, Overview of Mental Illness and Introduction to Range of Treatments. ([www.surgeongeneral.gov/library/mentalhealth/chapter2/sec6.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec6.html)); *Join Together Web site* ([www.jointogether.org/keyissues/medications/treatment-medications-readmore.html](http://www.jointogether.org/keyissues/medications/treatment-medications-readmore.html)).
- <sup>7</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See Figure 8.7. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>8</sup> See section B.4.3 at Substance Abuse and Mental Health Services Administration. "2007 National Survey on Drug Use & Health: National Results, Appendix C, Key Definitions." U.S. Department of Health and Human Services. ([www.oas.samhsa.gov/nsduh/2k7nsduh/AppB.htm#B.4.3](http://www.oas.samhsa.gov/nsduh/2k7nsduh/AppB.htm#B.4.3)).
- <sup>9</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Substance Dependence or Abuse" in Section 7.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>10</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Substance Dependence or Abuse" in Section 7.1.
- <sup>11</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See Figure 7.2. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- <sup>12</sup> Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Substance Dependence or Abuse" in Section 7.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).

- 13 Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Past Year Treatment for a Substance Abuse Problem" in Section 7.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 14 Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See section 7.2 titled "Past Year Treatment for a Substance Use Problem." ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 15 Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Age" in Section 7.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 16 Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Gender" in Section 7.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 17 16.5 million adults had at least one major depressive episode in 2007. Of these, 21.5 percent were also dependent on, or abused, alcohol or illicit drugs, yielding 3.55 million individuals with both problems. Source: Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsections "Prevalence of Major Depressive Episode among Adults" and "Major Depressive Episode and Substance Use and Dependence or Abuse among Adults" in Section 8.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 18 Dixon, Lisa; Weiden, Peter; Delahanty, Janine, and others (2000). "Prevalence and correlates of diabetes in national schizophrenia samples. *Schizophrenia Bulletin*, 26, pp. 903-912. (<http://schizophreniabulletin.oxfordjournals.org/cgi/reprint/26/4/903>).
- 19 World Health Organization (2008). "The World Health Report 2008: Primary Health Care - Now More Than Ever." pp. 8-9. ([www.who.int/whr/2008/whr08\\_en.pdf](http://www.who.int/whr/2008/whr08_en.pdf)).
- 20 Substance Abuse and Mental Health Services Administration. "Results from the 2007 National Survey on Drug Use and Health: National Findings." See subsection titled "Mental Health Care among Adults with Co-Occurring Serious Psychological Distress and Substance Use Disorders" in Section 8.1. ([www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC](http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.cfm#TOC)).
- 21 Bolton, James; Robinson, Jennifer; Sareen, Jitender (2008). "Self-medication of mood disorders with alcohol and drugs in the National Epidemiologic Survey on Alcohol and Related Conditions." *Journal of Affective Disorders*, Nov. 11. ([www.sciencedirect.com](http://www.sciencedirect.com)).
- 22 Emmet, William (2009). "Testimony by William Emmet, Director, Campaign for Mental Health Reform, Senate Health, Education, Labor, and Pensions, Committee." January 22, p. 3. ([http://help.senate.gov/Hearings/2009\\_01\\_22/Emmet.pdf](http://help.senate.gov/Hearings/2009_01_22/Emmet.pdf)).
- 23 Emmet, William (2009). "Testimony by William Emmet, Director, Campaign for Mental Health Reform, Senate Health, Education, Labor, and Pensions, Committee." January 22, pp. 3-4. ([http://help.senate.gov/Hearings/2009\\_01\\_22/Emmet.pdf](http://help.senate.gov/Hearings/2009_01_22/Emmet.pdf)).
- 24 Mental Health America. "Issue Brief: Universal Health Insurance." ([www.nmha.org/go/action/policy-issues-a-z](http://www.nmha.org/go/action/policy-issues-a-z)).
- 25 Washington State Dept of Social and Human Services (2002). "Medical Cost Offsets Associated with Mental Health Care: A Brief Review," Research and Analysis Division, December. (<http://publications.rda.dshs.wa.gov/913/>).
- 26 Markle Foundation (2006). "Common Framework for Networked Personal Health Information: Overview and Principles." ([www.connectingforhealth.org/commonframework/overview.html/](http://www.connectingforhealth.org/commonframework/overview.html/)).
- 27 USA Today (2006). "Rep. Patrick Kennedy to enter drug rehab." May 4. ([www.usatoday.com/news/washington/2006-05-04-kennedy-crash\\_x.htm](http://www.usatoday.com/news/washington/2006-05-04-kennedy-crash_x.htm)).
- 28 National Coalition for the Homeless (2008). "Mental Illness and Homelessness." ([www.nationalhomeless.org/publications/facts/Mental\\_Illness.pdf](http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf)).
- 29 Hinton, Mick (2008). "Funding gives boost to homeless project." *Tulsa World*, July 5. ([www.tulsaworld.com](http://www.tulsaworld.com)).
- 30 National Alliance to End Homelessness. "Housing First." ([www.endhomelessness.org/section/tools/housingfirst](http://www.endhomelessness.org/section/tools/housingfirst)).