

The CBHSQ Report

May 6, 2014

Serious Mental Health Challenges among Older Adolescents and Young Adults

In the United States, the transition into adulthood begins in the late teens and continues through the mid-20s. This can be a stressful process because young people become more self-sufficient and make decisions that shape their futures. For example, they are finding their own places to live, making educational plans, starting careers, and entering serious relationships. The challenges that older adolescents and young adults face are made more difficult if they have a mental disorder (e.g., schizophrenia or bipolar disorder) or substance use disorder (SUD).^{1,2}

Mental disorders can emerge in young people during their transition into adulthood.² Furthermore, the prevalence of major depressive episode (MDE) and SUD generally increases with age through the adolescent years.³ Studies have shown that there is nearly a twofold increase in mood disorders from the 13-to-14-year-old age group to the 17-to-18-year-old age group.⁴ Older adolescents have higher rates of mental issues than younger adolescents.^{3,4} Young adults have higher rates of co-occurring mental illness and SUD than older adults.⁵ When compared with adults aged 26 or older, the rate of SUD among young adults aged 18 to 25 is more than twice as high (18.9 vs. 7.0 percent), and young adults also have higher rates of co-occurring mental illness and SUD than adults aged 26 or older.^{5,6}

Although older adolescents and young adults have mental health vulnerability, many do not receive mental health services.^{5,6} Clinical interventions can minimize impairments associated with mental health problems while supporting the transition to independence and adulthood.⁷ Thus, older adolescence and young adulthood are important periods for both promoting positive mental health and reducing the negative consequences of mental illness.⁷ Ensuring that the behavioral health needs of this age group are met is an important priority and has long-term consequences.

This issue of *The CBHSQ Report* focuses on mental health problems, co-occurring mental health problems and SUD, and mental health service use among persons aged 16 or 17 (hereafter referred to as “older adolescents”) and persons aged 18 to 25 (hereafter referred to as “young adults”). Data from the National Survey on Drug Use and Health (NSDUH) are used to provide a snapshot of mental health issues among older adolescents and



IN BRIEF

Combined 2010 to 2012 NSDUH data indicate that 1 in 10 older adolescents aged 16 to 17 had a major depressive episode (MDE) in the past year. One in five young adults aged 18 to 25 (18.7 percent) had any mental illness (AMI) in the past year and 3.9 percent had a serious mental illness (SMI).

In the past year, 3.1 percent of older adolescents had co-occurring MDE and substance use disorder (SUD); 6.4 percent of young adults had co-occurring AMI and SUD, and 1.6 percent of young adults had co-occurring SMI and SUD.

Among older adolescents with MDE, 60.1 percent did not receive treatment for depression in the past year. Among young adults with AMI, 66.6 percent did not receive mental health services in the past year. Among young adults with SMI, 47.0 percent did not receive treatment.

Older adolescents with MDE and young adults with mental illness generally had poorer quality of life than those without mental illness.



young adults overall and by key issues for the transition into adulthood (e.g., housing, employment, education, and insurance coverage).⁸ Data are presented separately for older adolescents and young adults as questions asked of each age group varied and estimates could not be combined.

NSDUH asks persons aged 12 to 17 about past year psychological symptoms to estimate if they had MDE in the past year. MDE is defined using the diagnostic criteria from the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).⁹ Adolescents were assessed as having MDE if they had a period of 2 weeks or longer during which there was either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-worth.

NSDUH asks persons aged 18 or older about past year psychological symptoms to estimate if they had any mental illness (AMI) or serious mental illness (SMI) in the past year. AMI and SMI are determined by using diagnostic criteria from DSM-IV.⁹ AMI is defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental and substance use disorders). Adults were assessed as having SMI if they had any mental, behavioral, or emotional disorder that caused substantial functional impairment (i.e., substantially interfered with or limited one or more major life activities).

NSDUH also includes a series of questions to assess dependence on or abuse of alcohol or illicit drugs.¹⁰ These questions are designed to measure dependence and abuse based on criteria specified in the DSM-IV. For the

purpose of this report, individuals with either alcohol or drug dependence or abuse are defined as having a SUD. Individuals with both a mental health issue and a substance use disorder are defined as having a co-occurring mental health problem and SUD.

All estimates in this report are annual averages based on combined 2010 to 2012 NSDUH data. Only comparisons that are statistically significant are discussed in this report.¹¹

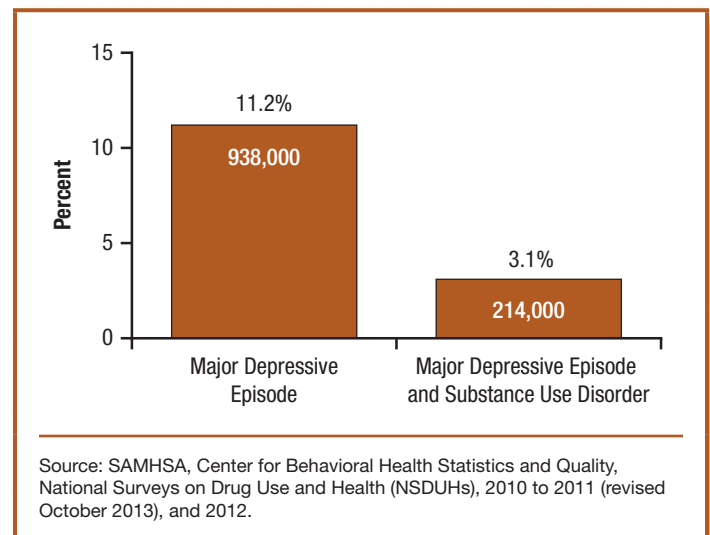
Older Adolescents

Major Depressive Episode and Co-Occurring Substance Use Disorder

Understanding the challenges that older adolescents face as they begin to transition into adulthood is important. Therefore, it is essential to know how many have MDE or co-occurring MDE and SUD.

- Approximately 938,000 U.S. adolescents aged 16 to 17 had MDE in the past year. This represents 1 out of every 10 older adolescents in this country (11.2 percent) (Figure 1).
- Older adolescents aged 16 or 17 were more likely than younger adolescents aged 12 to 15 to have had MDE in the past year (11.2 vs. 7.0 percent).
- About 214,000 older adolescents (3.1 percent) had co-occurring MDE and SUD in the past year.
- Nearly three quarters of adolescents aged 16 to 17 with MDE were female (71.2 percent).

Figure 1. Major Depressive Episode in the Past Year among Older Adolescents Aged 16 to 17: Annual Averages, 2010 to 2012

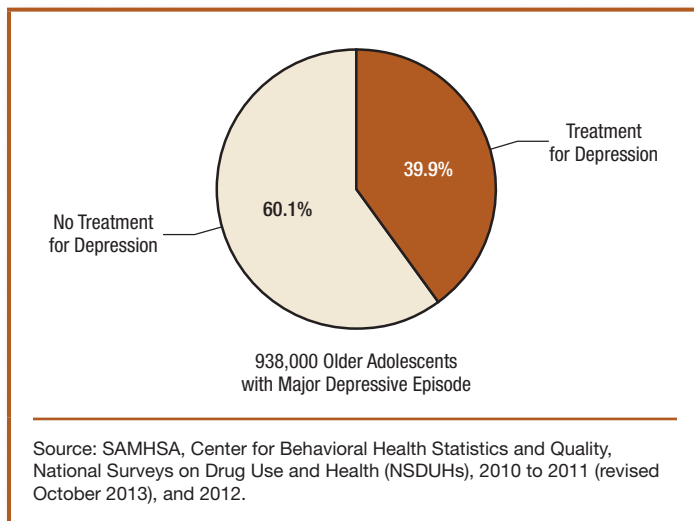


Treatment for Depression and Substance Use

Overall, 4.5 percent of *all* adolescents aged 16 or 17 (374,000 persons) had MDE and received treatment for depression in the past year.¹² Many older adolescents with MDE do not receive treatment for their depression.

- Among the 938,000 older adolescents aged 16 or 17 with MDE, 60.1 percent did not receive treatment for depression in the past year (Figure 2).
- Older adolescents with MDE had a higher rate of treatment for depression than younger adolescents with MDE (39.9 vs. 35.7 percent).

Figure 2. Receipt of Treatment for Depression in the Past Year among Older Adolescents Aged 16 or 17 with Major Depressive Episode in the Past Year: Annual Averages, 2010 to 2012



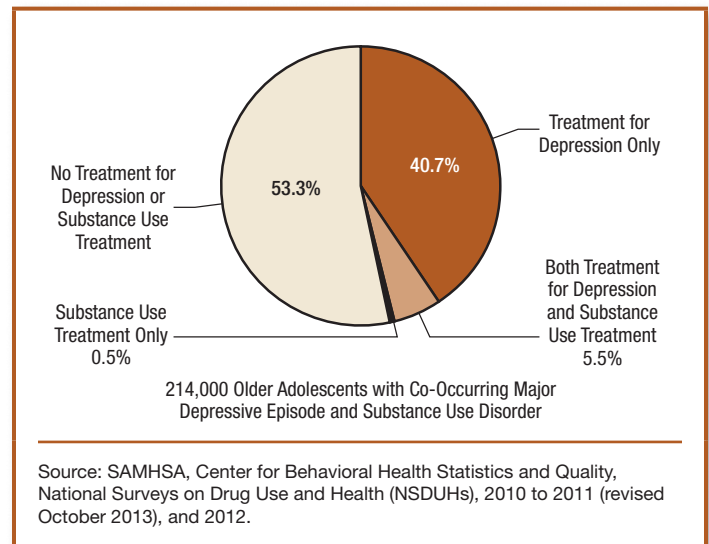
Of the 214,000 older adolescents who had both MDE and SUD in the past year:

- 53.3 percent did not receive treatment for depression or specialty substance use treatment¹³ (Figure 3);
- 40.7 percent received treatment for depression only;
- 0.5 percent received specialty substance use treatment only; and
- 5.5 percent received both treatment for depression and substance use treatment.

Transitioning into Adulthood, by MDE Status

As older adolescents begin to transition into young adulthood, it is important to understand if they have a stable housing situation, are enrolled in school, have insurance coverage, or exhibit delinquent behavior.

Figure 3. Receipt of Treatment for Depression and Treatment for Substance Use Disorder in the Past Year among Older Adolescents Aged 16 or 17 with Co-Occurring Major Depressive Episode and Substance Use Disorder in the Past Year: Annual Averages, 2010 to 2012



Residential Stability. Although becoming an adult is often marked by moving out of the parental home, adolescents typically do not relocate repeatedly during a single year. However, frequent relocations can make it difficult for youths to develop the foundations needed for the transition to adulthood. For example, relocating can make it difficult for youths to complete their high school education. Additionally, if a young person has mental health issues, relocating may hinder his or her ability to receive consistent mental health services. To assess residential stability, NSDUH asks youths how many times they have moved in the past year. In this report, youths who have moved three or more times in the past year are considered to have high residential instability.

- Compared with older adolescents without MDE, those with MDE were more likely to have moved three or more times in the past year (4.9 vs. 3.2 percent).
- About 7.7 percent of older adolescents with co-occurring MDE and SUD moved three or more times in the past year.

Education. Obtaining a high school diploma has a lasting economic impact on youths as they transition into adult roles. Among adolescents aged 16 to 17, youths with MDE were equally likely to be enrolled in high school as their peers without MDE; however, adolescents with MDE do not share the same level of academic success as their peers.

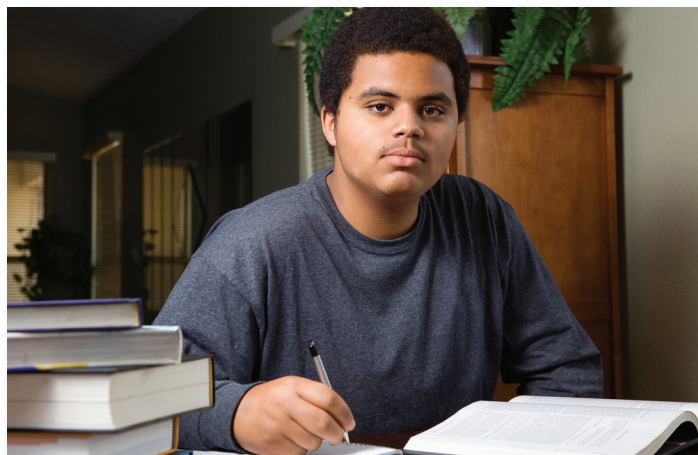
- Among older adolescents who were enrolled in school, those with MDE were more likely than those without MDE to have a grade average of “D” or lower (7.2 vs. 5.1 percent).
- More than 1 in 10 adolescents with co-occurring MDE and SUD who were enrolled in school (13.5 percent) had a grade average of “D” or lower.

Health Insurance Coverage. Having health insurance may impact whether a youth receives mental health services.¹⁴ Adolescents aged 16 or 17 with MDE were as likely to have health insurance as adolescents aged 12 to 15 with MDE (91.9 and 92.7 percent, respectively). Furthermore, the rate of having at least some type of insurance coverage is similar for older adolescents regardless of whether they have MDE or co-occurring MDE and SUD; however, specific types of insurance can vary by MDE status.

- Older adolescents with MDE were more likely than their counterparts without MDE to be covered by Medicaid or the Children’s Health Insurance Program (32.2 vs. 29.2 percent) and less likely to be covered by private insurance only (54.7 vs. 58.1 percent).

Delinquency and Criminal Activity. Delinquency, including criminal activity, can make the transition to adulthood more difficult. For example, juvenile incarceration is associated with lower high school completion rates, lower wages as adults, and higher likelihood of future criminal activity.¹⁵ Youths with early depressive symptoms are more likely to engage in delinquent behaviors as they get older.¹⁶ NSDUH asks adolescents if they have engaged in delinquent behaviors in the past year and if they were on probation or parole in the past year.

- Older adolescents with MDE were more likely than those without MDE to have engaged in delinquent behaviors in the past year. Specifically, older adolescents with MDE were more likely than those without MDE to:
 - get into a serious fight at school or work (23.7 vs. 15.9 percent),
 - take part in a group-against-group fight (14.1 vs. 11.3 percent), or
 - attack someone with the intent to seriously hurt them (10.8 vs. 5.6 percent).
- Among older adolescents with co-occurring MDE and SUD, 40.2 percent got into a serious fight at school or work, 25.3 percent took part in a group-



against-group fight, and 18.8 percent attacked someone with the intent to seriously hurt them.

- Older adolescents with co-occurring MDE and SUD were 3 times as likely to have been on probation or parole in the past year as those without either MDE or SUD (10.0 vs. 3.1 percent).

Young Adults

Mental Illness

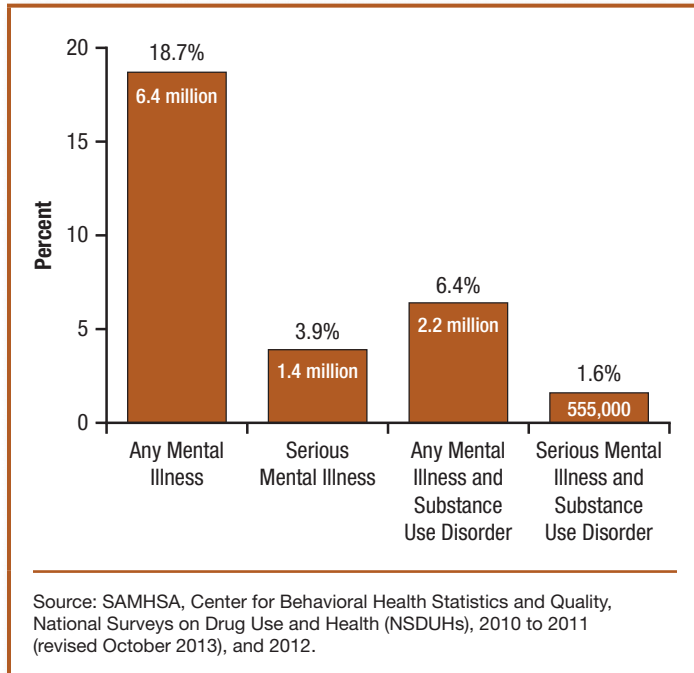
To understand the challenges that young adults face, it is important to know how many young adults have mental illness or co-occurring mental illness and SUD.

- About 6.4 million U.S. adults aged 18 to 25 had AMI in the past year. This represents nearly one in five young adults in this country (18.7 percent of this population) (Figure 4).
- About 1.4 million young adults had SMI in the past year. Thus, 3.9 percent of **all** young adults had SMI in the past year.
- Among young adults with AMI, one in five had SMI in the past year (21.0 percent of young adults with AMI).
- About 2.2 million (6.4 percent) young adults had co-occurring AMI and SUD in the past year, and 555,000 (1.6 percent) had co-occurring SMI and SUD in the past year.
- More than 60 percent of young adults aged 18 to 25 with AMI or SMI were female.

Use of Mental Health Services and Substance Use Treatment

Overall, 11.4 percent of **all** young adults (3.9 million persons) received mental health services in the past year.¹⁷ NSDUH data suggest that young adults were less likely to

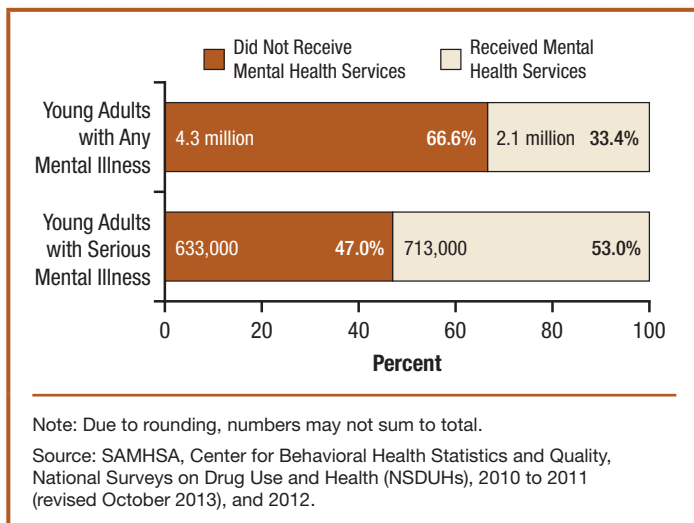
Figure 4. Mental Illness in the Past Year among Young Adults Aged 18 to 25: Annual Averages, 2010 to 2012



access services than adults aged 26 or older (11.4 vs. 14.4 percent). Many young adults with AMI and SMI do not receive mental health services.

- Among the 6.4 million young adults aged 18 to 25 with AMI in the past year, 66.6 percent did not receive mental health services in the past year (Figure 5).
- Among the 1.4 million young adults with SMI in the past year, 47.0 percent did not receive treatment.

Figure 5. Receipt of Mental Health Services in the Past Year among Young Adults Aged 18 to 25 with Mental Illness in the Past Year: Annual Averages, 2010 to 2012

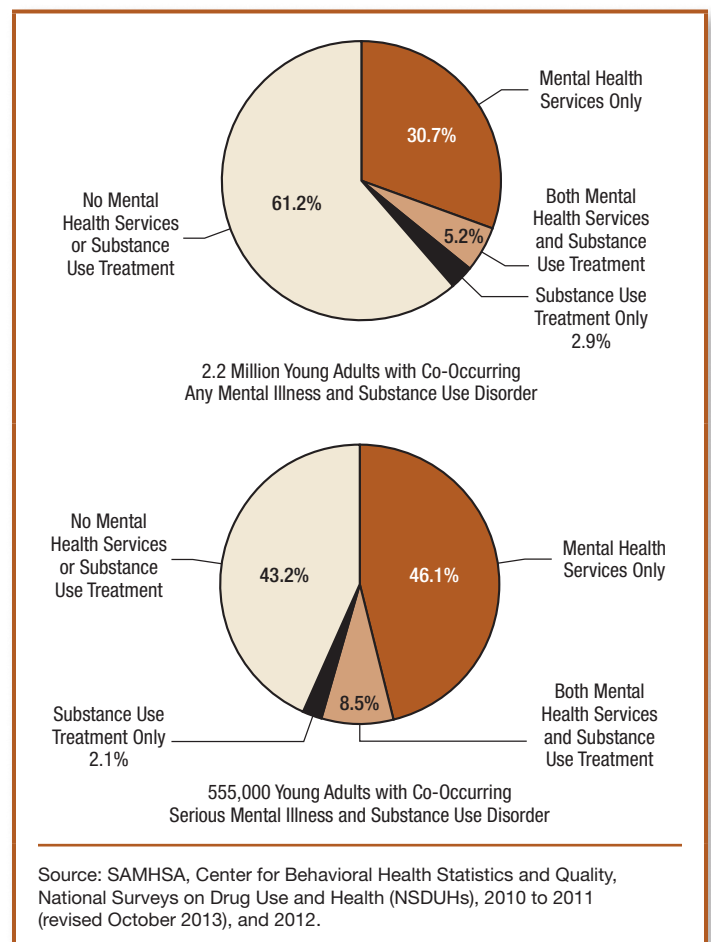


- Young adults with AMI had a lower rate of mental health service use than adults aged 26 or older with AMI (33.4 vs. 42.8 percent).
- Mental health service use was lower among young adults with SMI than among adults aged 26 or older with SMI (53.0 vs. 67.1 percent).

Of the 2.2 million young adults who had both AMI and SUD in the past year:

- 61.2 percent did not receive mental health services or specialty substance use treatment (Figure 6);
- 30.7 percent received mental health services only;
- 2.9 percent received specialty substance use treatment only; and
- 5.2 percent received both mental health services and substance use treatment.

Figure 6. Receipt of Mental Health Services and Treatment for Substance Use Disorder in the Past Year among Young Adults Aged 18 to 25 with Co-Occurring Any Mental Illness and Substance Use Disorder or Co-Occurring Serious Mental Illness and Substance Use Disorder in the Past Year: Annual Averages, 2010 to 2012





Of the 555,000 young adults who experienced both SMI and SUD in the past year:

- 43.2 percent did not receive mental health services or substance use treatment (Figure 6);
- 46.1 percent received mental health services only;
- 2.1 percent received specialty substance use treatment only; and
- 8.5 percent received both mental health services and substance use treatment.

Key Markers/Issues of Adulthood, by Mental Illness Status

Young adults with mental illness are likely to have a difficult transition to adulthood. Addressing the behavioral health needs of this age group is a critical public health issue because mental health disorders are associated with residential instability, lower educational attainment, unemployment, and poorer access to health services.^{18,19}

Residential Stability. Residential instability makes it difficult for young persons to transition into adult roles. For example, relocating can make it difficult to maintain employment or enter into serious relationships. Furthermore, if a young person is experiencing mental illness, relocating may hinder his or her ability to receive consistent mental health services.

- Compared with young adults without mental illness, young adults with AMI or SMI were more likely to have moved three or more times in the past year (6.7 vs. 12.0 and 15.2 percent).
- About 15.2 percent of young adults with co-occurring AMI and SUD and 18.5 percent of those with co-occurring SMI and SUD moved three or more times in the past year.

Employment. Employment is a goal for many young adults as they transition away from financial dependence on their parents. Because they are just beginning their careers, young adults form the backbone of the entry-level workforce in the United States, and their ability to participate in the labor force is critical to the U.S. economy. However, for young adults with a mental illness, obtaining employment can be a challenge.

- Compared with young adults without mental illness, young adults with AMI and SMI were more likely to be unemployed (12.3 vs. 14.6 and 16.2 percent) and less likely to have full-time employment (38.3 vs. 33.0 and 29.7 percent).
- About 16.7 percent of young adults with co-occurring AMI and SUD and 17.4 percent of those with SMI and SUD were unemployed.

When young adults with mental illness are able to gain employment, they can still have difficulty maintaining employment. To assess instability in employment, NSDUH asks adults how many employers they have had in the past year. Those who have had more than three employers are considered to have high employment instability.

- Young adults with AMI or SMI were also more likely than their peers without mental illness to have had more than three employers in the past year (3.9 and 4.5 vs. 2.6 percent).
- About 4.4 percent of young adults with co-occurring AMI and SUD and 3.8 percent of those with SMI and SUD had more than three employers in the past year.

Education. Having a high school diploma has a tremendous impact on young adults' ability to obtain employment. Having a mental illness, however, can make high school graduation difficult to accomplish.

- Young adults with AMI were slightly less likely to have a high school diploma/GED as their highest level of education than young adults with no mental illness (33.0 vs. 34.4 percent).
- Young adults with co-occurring AMI and SUD were less likely to have a high school diploma/GED as their highest level of education than those with no mental illness or SUD (32.5 vs. 34.9 percent).
- Young adults with SMI who received treatment in the past year were more likely to be high school graduates than their peers with SMI who did not receive treatment (86.3 vs. 81.5 percent).

Health Insurance Coverage. Some studies have indicated that having health insurance may be a factor impacting whether mental health services are received, and this may be particularly salient for young adults.²⁰ Young adults aged 18 to 25 were less likely to have health insurance than adults aged 26 or older (74.8 vs. 85.1 percent). However, insurance coverage was similar among young adults regardless of whether they had mental illness.

- Young adults with AMI or SMI were as likely as their peers without mental illness to have health insurance (75.1, 74.2, and 74.8 percent, respectively).
- Young adults with co-occurring AMI and SUD and co-occurring SMI and SUD were as likely as their peers without mental illness to have health insurance (74.9, 73.8, and 74.9 percent, respectively).
- Young adults with AMI were more likely than their peers without mental illness to be covered by Medicaid or the Children's Health Insurance Program (16.9 vs. 15.1 percent) and less likely to be covered by private insurance (51.3 vs. 53.4 percent).

Probation or Parole. Being incarcerated can make it more difficult to succeed in adulthood. For example, former prisoners typically have trouble obtaining adequate employment and stable housing; additionally, many suffer from stress-related illnesses.^{21,22} NSDUH asks respondents if they were on probation or parole in the past year.

- Young adults with AMI or SMI were more likely to be on probation or parole in the past year than their peers without mental illness (6.8 and 7.1 vs. 4.7 percent).
- Young adults with co-occurring AMI and SUD were 3 times as likely to have been on probation or parole in the past year as young adults without either AMI or SUD (11.8 vs. 3.5 percent).

Discussion

To help older adolescents and young adults become healthy and productive members of society, it is essential to understand the mental health and co-occurring substance use issues in this population and how these problems impact their ability to succeed in life. As this report shows, 938,000 adolescents aged 16 to 17 had MDE in the past year, and 6.4 million young adults aged 18 to 25 had any mental illness in the past year (1.4 million of these young adults had SMI). Early intervention may help these older adolescents and young adults successfully transition into their adult roles.⁷



The data in this report indicate that older adolescents with MDE are less likely than their peers without MDE to have the foundation needed to succeed as young adults. For example, compared with their peers without MDE, these youth were more likely to do poorly in school and to engage in delinquent behaviors. Among those who are already in their young adult years, NSDUH data indicate that young adults with mental illness or co-occurring mental illness and SUD have poorer quality of life. For example, they were less likely to be employed and more likely to experience residential instability than those without mental illness.

Older adolescents and young adults comprise the next generation of the U.S. population, and regardless of whether they have a mental illness, depression, or SUD, their success will reflect the success of the Nation. Resources to help parents, teachers, and caregivers recognize the signs and symptoms of mental illness and locate mental health services are available from <http://www.mentalhealth.gov/>. Information on locating substance abuse treatment is available from <http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>. Resources and information about the importance of youths' mental health is also available on SAMHSA's National Children's Mental Health Awareness Day Web site: <http://www.samhsa.gov/children/national.asp>.

End Notes

1. Sham, P. C., MacLean, C. J., & Kendler, K. S. (1994). A typological model of schizophrenia based on age at onset, sex and familial morbidity. *Acta Psychiatrica Scandinavica*, 89(2), 135-141.
2. Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359-364.

3. Center for Behavioral Health Statistics and Quality. (2011). *The NSDUH Report: Major depressive episode and treatment among adolescents: 2009*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Merikangas, K. R., He, J.-P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.
5. Center for Behavioral Health Statistics and Quality. (2013). *Results from the 2012 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 13-4805, NSDUH Series H-47). Rockville, MD: Substance Abuse and Mental Health Services Administration.
6. Center for Behavioral Health Statistics and Quality. (2013). *Results from the 2012 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 13-4795, NSDUH Series H-46). Rockville, MD: Substance Abuse and Mental Health Services Administration.
7. Government Accountability Office. (2008). *Young adults with serious mental illness: Some States and Federal agencies are taking steps to address their transition challenges* (GAO-08-678). Washington, DC: Author.
8. Although NSDUH provides the most up-to-date assessment of the mental health of the Nation, the survey excludes subpopulations that may have high rates of mental illness, such as homeless persons who do not use shelters and long-term residents of jails or prisons. Other sources can be used to examine mental health problems among these subpopulations. For example, according to the 2004 Survey of Inmates in State and Federal Correctional Facilities, 62.6 percent of State prison inmates and 57.8 percent of Federal prison inmates aged 24 or younger had a mental health problem. Bureau of Justice Statistics. (2006, September). *Bureau of Justice Statistics Special Report: Mental health problems of prison and jail inmates*. Washington, DC: Author.
9. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
10. NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.
11. Statistical tests have been conducted for all statements appearing in the text that compare estimates between subgroups of the population. All statements that described differences are significant at the .05 level.
12. Treatment for depression 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.
13. Specialty substance use treatment is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers. Specialty substance use treatment excludes treatment in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.
14. Miller, S., Ringeisen, H., Munoz, B., Rohloff, H., Hedden, S., Colpe, L., & Embry, V. (2014). *Predictors of mental health service use in young adulthood: Results from the National Survey on Drug Use and Health*. Unpublished manuscript.
15. Aizer, A., & Doyle, J. J. Jr. (2013, June). *Juvenile incarceration, human capital and future crime: Evidence from randomly-assigned judges* (NBER Working Paper No. 19102). Cambridge, MA: National Bureau of Economic Research
16. Kofler, M. J., McCart, M. R., Zajac, K., Ruggiero, K. J., Saunders, B. E., & Kilpatrick, D. G. (2011). Depression and delinquency covariation in an accelerated longitudinal sample of adolescents. *Journal of Consulting and Clinical Psychology*, 79(4), 458-469.
17. Mental health treatment/counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded.
18. Gibb, S. J., Fergusson, D. M., & Horwood, J. L. (2010). Burden of psychiatric disorder in young adulthood and life outcomes at age 30. *British Journal of Psychiatry*, 197(2), 122-127.
19. Gralinski-Bakker, J. H., Hauser, S., Billings, R., Allen, J., Lyons, P., Jr., & Melton, G. (2005, July). Transitioning to adulthood for young adults with mental health issues. *Network on Transitions to Adulthood Policy Brief*, 21.
20. Elhai, J. D., & Ford, J. D. (2007). Correlates of mental health service use intensity in the National Comorbidity Survey and National Comorbidity Survey Replication. *Psychiatric Services*, 58(8), 1108-1115.
21. Pager, D. (2003). The mark of a criminal record. *American Journal of Sociology*, 108(3), 937-975.
22. Massoglia, M. (2008). Incarceration as exposure: The prison, infectious disease, and other stress-related illnesses. *Journal of Health and Social Behavior*, 49(1), 56-71.

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2010 to 2012 data used in this report are based on information obtained from 23,200 persons aged 16 or 17 and 68,200 persons aged 18 to 25. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The CBHSQ Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2013). *Results from the 2012 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 13-4795, NSDUH Series H-46). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.samhsa.gov/data/>.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Substance Abuse & Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
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Supporting Tables

Table S1. Past Year Major Depressive Episode among Adolescents Aged 16 or 17: NSDUH 2010 to 2012 (Supports Figure 1)

	Number (in Thousands)	Percentage	Standard Error
MDE ¹	938	11.2	0.27
Co-Occurring SUD and MDE ²	214	3.1	0.16

¹ Major Depressive Episode (MDE) is defined as in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

² Substance Use Disorder (SUD) is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in DSM-IV.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S2. Receipt of Mental Health Services in the Past Year among Adolescents Aged 16 or 17 with Past Year Major Depressive Episode: NSDUH 2010 to 2012 (Supports Figure 2)

	MDE : Number (in Thousands)	MDE : Percentage	MDE : Standard Error
Treatment for Depression in the Past Year ²	374	39.9	1.25
No Treatment for Depression in the Past Year ²	563	60.1	1.25

¹ Major Depressive Episode (MDE) is defined as in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

² Treatment for Depression 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.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S3. Past Year Receipt of Mental Health Services and Treatment for Substance Use Disorders among Adolescents Aged 16 or 17 with Co-Occurring Past Year Substance Use Disorders and Major Depressive Episode: NSDUH 2010 to 2012 (Supports Figures 3 and 4)

	SUD ¹ and MDE : Number (in Thousands)	SUD ¹ and MDE : Percentage	SUD ¹ and MDE : Standard Error
No Treatment for Depression ³ or Substance Use Treatment ⁴	114	53.3	2.60
Treatment for Depression ³ Only	87	40.7	2.53
Substance Use Treatment ⁴ Only	1	0.5	0.29
Both Treatment for Depression ³ and Substance Use Treatment ⁴	12	5.5	1.18

¹ Substance Use Disorder (SUD) is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

² Major Depressive Episode (MDE) is defined as in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

³ Treatment for Depression 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.

⁴ Substance Use Treatment refers to treatment received in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S4. Characteristics of Adolescents Aged 16 or 17 with and without Major Depressive Episode in the Past Year: NSDUH 2010 to 2012 (Supports Text)

Characteristics	No MDE			Major Depressive Episode		
	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error
Total	7,431	100.0	0.00	938	100.0	0.00
Male	4,002	53.9 ^a	0.48	271	28.8	1.13
Female	3,430	46.1 ^a	0.48	667	71.2	1.13
Did Not Move in Past Year ¹	5,904		0.41	707	75.4	1.12
Moved 1 to 2 Times in Past Year	1,283	17.3 ^a	0.39	185	19.7	1.02
Moved 3 or More Times in Past Year	241	3.2 ^a	0.18	46	4.9	0.52
Enrolled in High School	7,024	94.5	0.22	890	94.9	0.50
Not Enrolled in High School	407	5.5	0.22	48	5.1	0.50
Insured	6,818	91.7	0.28	862	91.9	0.74
Medicaid/CHIP ³	2,173	29.2 ^a	0.50	302	32.2	1.26
Private Only	4,317	58.1 ^a	0.56	513	54.7	1.30
Other ⁴	328	4.4	0.23	47	5.0	0.56
Uninsured	613	8.3	0.28	76	8.1	0.74
On Probation/Parole in Past Year ^{1,5}	331	4.5	0.20	42	4.5	0.48
Not on Probation/Parole in the Past Year	7,082	95.5	0.20	894	95.5	0.48
Grade Average for Last Completed Period was Higher than "D" ⁶	6,585	94.9 ^a	0.22	829	92.8	0.64
"A" Average ⁶	2,036	29.3 ^a	0.44	223	24.9	1.13
"B" Average ⁶	3,058	44.1	0.47	375	42.0	1.32
"C" Average ⁶	1,491	21.5 ^a	0.39	231	25.9	1.19
Grade Average for Last Completed Period Was "D" or Lower ⁶	353	5.1 ^a	0.22	65	7.2	0.64
Got into a Serious Fight at School or Work	1,183	15.9 ^a	0.34	221	23.7	1.08
Did Not Get into a Serious Fight at School or Work	6,237	84.1 ^a	0.34	714	76.3	1.08
Took Part in a Group-against-Group Fight	836	11.3 ^a	0.30	132	14.1	0.87
Did Not Take Part in a Group-against-Group Fight	6,585	88.7 ^a	0.30	805	85.9	0.87
Attacked Someone with the Intent to Seriously Hurt Them	418	5.6 ^a	0.21	102	10.8	0.75
Did Not Attack Someone with the Intent to Seriously Hurt Them	7,003	94.4 ^a	0.21	836	89.2	0.75

NOTE: Major Depressive Episode (MDE) is defined as in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

^a Difference between MDE estimate and No MDE estimate is statistically significant at the .05 level.

¹ Respondents with unknown information were excluded.

² The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁴ The Other insurance category includes other types of health insurance or other combinations of health insurance.

⁵ Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year.

⁶ Response categories for Grade Average include "An 'A+', 'A,' or 'A-minus' average"; "A 'B+', 'B,' or 'B-minus' average"; "A 'C+', 'C,' or 'C-minus' average"; "A 'D' or less than a 'D' average"; and "My school does not give these grades." Respondents reporting that their school does not give these grades were excluded from the analysis.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S5. Characteristics of Adolescents Aged 16 or 17 with and without Co-Occurring Major Depressive Episode and Substance Use Disorder in the Past Year: NSDUH 2010 to 2012 (Supports Text)

Characteristics	Neither MDE nor SUD			Co-Occurring MDE and SUD		
	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error
Total	6,632	100.0	0.00	214	100.0	0.00
Male	3,526	53.2 ^a	0.51	69	32.3	2.50
Female	3,106	46.8 ^a	0.51	145	67.7	2.50
Did Not Move in Past Year ¹	5,315	80.2 ^a	0.43	155	72.5	2.40
Moved 1 to 2 Times in Past Year	1,110	16.7	0.41	42	19.9	2.10
Moved 3 or More Times in Past Year	205	3.1 ^a	0.19	16	7.7	1.42
Enrolled in High School	6,300	95.0 ^a	0.23	197	92.1	1.35
Not Enrolled in High School	332	5.0 ^a	0.23	17	7.9	1.35
Insured	6,099	92.0	0.29	193	90.4	1.81
Medicaid/CHIP ³	1,935	29.2	0.54	68	31.6	2.53
Private Only	3,869	58.3	0.59	116	54.3	2.65
Other ⁴	295	4.4	0.23	10	4.6	1.06
Uninsured	533	8.0	0.29	20	9.6	1.81
On Probation/Parole in Past Year ^{1,5}	208	3.1 ^a	0.19	21	10.0	1.54
Not on Probation/Parole in the Past Year	6,407	96.9 ^a	0.19	192	90.0	1.54
Grade Average for Last Completed Period was Higher than "D" ⁶	5,922	95.7 ^a	0.22	177	86.5	1.81
"A" Average ⁶	1,932	31.2 ^a	0.47	36	17.4	1.96
"B" Average ⁶	2,737	44.2	0.49	81	39.5	2.64
"C" Average ⁶	1,253	20.2 ^a	0.40	61	29.5	2.60
Grade Average for Last Completed Period Was "D" or Lower ⁶	266	4.3 ^a	0.22	28	13.5	1.81
Got into a Serious Fight at School or Work	909	13.7 ^a	0.34	85	40.2	2.69
Did Not Get into a Serious Fight at School or Work	5,713	86.3 ^a	0.34	127	59.8	2.69
Took Part in a Group-against-Group Fight	607	9.2 ^a	0.28	54	25.3	2.30
Did Not Take Part in a Group-against-Group Fight	6,017	90.8 ^a	0.28	160	74.7	2.30
Attacked Someone with the Intent to Seriously Hurt Them	274	4.1 ^a	0.19	40	18.8	2.03
Did Not Attack Someone with the Intent to Seriously Hurt Them	6,349	95.9 ^a	0.19	173	81.2	2.03

NOTE: Major Depressive Episode (MDE) is defined as in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE data were excluded.

NOTE: Substance Use Disorder (SUD) is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in DSM-IV.

^a Difference between MDE and SUD estimate and Neither MDE nor SUD estimate is statistically significant at the .05 level.

¹ Respondents with unknown information were excluded.

² The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁴ The Other insurance category includes other types of health insurance or other combinations of health insurance.

⁵ Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year.

⁶ Response categories for Grade Average include "An 'A+', 'A,' or 'A-minus' average"; "A 'B+', 'B,' or 'B-minus' average"; "A 'C+', 'C,' or 'C-minus' average"; "A 'D' or less than a 'D' average"; and "My school does not give these grades." Respondents reporting that their school does not give these grades were excluded from the analysis.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S6. Past Year Mental Illness among Young Adults Aged 18 to 25: NSDUH 2010 to 2012 (Supports Figure 4)

Type of Mental Illness	Number (in Thousands)	Percentage	Standard Error
AMI ¹	6,427	18.7	0.21
SMI ¹	1,351	3.9	0.10
Co-Occurring Substance Use Disorder and AMI ^{1,2}	2,194	6.4	0.14
Co-Occurring Substance Use Disorder and SMI ^{1,2}	555	1.6	0.07

¹ Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes persons in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*.

² Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the DSM-IV.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S7. Receipt of Mental Health Services in the Past Year among Young Adults Aged 18 to 25 with Past Year Mental Illness: NSDUH 2010 to 2012 (Supports Figure 5)

Receipt of Mental Health Treatment/Counseling	AMI ¹ : Number (in Thousands)	AMI ¹ : Percentage	AMI ¹ : Standard Error	SMI ¹ : Number (in Thousands)	SMI ¹ : Percentage	SMI ¹ : Standard Error
Received Mental Health Treatment/Counseling ²	2,139	33.4	0.57	713	53.0	1.29
Did Not Receive Mental Health Treatment/Counseling ²	4,274	66.6	0.57	633	47.0	1.29

¹ Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes persons in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*.

² Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S8. Past Year Receipt of Mental Health Services and Treatment for Substance Use Disorders among Young Adults Aged 18 to 25 with Co-Occurring Past Year Substance Use Disorders and Any Mental Illness or Serious Mental Illness: 2010 to 2012 (Supports Figures 6 and 7)

Receipt of Mental Health Services or Substance Use Treatment	SUD ¹ and AMI ² : Number (in Thousands)	SUD ¹ and AMI ² : Percentage	SUD ¹ and AMI ² : Standard Error	SUD ¹ and SMI ³ : Number (in Thousands)	SUD ¹ and SMI ³ : Percentage	SUD ¹ and SMI ³ : Standard Error
No Mental Health Services ³ or Substance Use Treatment ⁴	1,339	61.2	1.07	239	43.2	1.96
Mental Health Services ³ Only	672	30.7	1.00	255	46.1	2.04
Substance Use Treatment ⁴ Only	63	2.9	0.40	12	2.1	0.53
Both Mental Health Services ³ and Substance Use Treatment ⁴	115	5.2	0.43	47	8.5	1.11

¹ Substance Use Disorder (SUD) is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

² Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes persons in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*.

³ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded.

⁴ Substance Use Treatment refers to treatment received in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S9. Characteristics of Young Adults Aged 18 to 25 with and without Mental Illness in the Past Year: NSDUH 2010 to 2012 (Supports Text)

Characteristic	No Mental Illness			AMI			SMI		
	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error
Total	27,894	100.0	0.00	6,427	100.0	0.00	1,351	100.0	0.00
Male	14,787	53.0	0.29	2,482	38.6 ^a	0.60	469	34.7 ^a	1.22
Female	13,107	47.0	0.29	3,945	61.4 ^a	0.60	882	65.3 ^a	1.22
Did Not Move in Past Year ¹	15,054	54.0	0.42	3,043	47.4 ^a	0.68	606	44.9 ^a	1.28
Moved 1 to 2 Times in Past Year	10,951	39.3	0.39	2,609	40.6 ^a	0.66	539	39.9	1.25
Moved 3 or More Times in Past Year	1,867	6.7	0.16	773	12.0 ^a	0.38	206	15.2 ^a	0.87
Employed Full Time	10,671	38.3	0.38	2,123	33.0 ^a	0.61	401	29.7 ^a	1.17
Employed Part Time	7,554	27.1	0.29	1,868	29.1 ^a	0.57	400	29.6 ^a	1.18
Unemployed	3,444	12.3	0.21	939	14.6 ^a	0.44	219	16.2 ^a	0.99
Other Employment Status ²	6,224	22.3	0.33	1,497	23.3	0.55	331	24.5 ^a	1.10
No Employers in Past Year	4,888	17.5	0.25	1,198	18.7 ^a	0.51	266	19.7 ^a	1.04
1 Employer in Past Year	13,539	48.6	0.29	2,779	43.3 ^a	0.61	537	39.8 ^a	1.31
2 Employers in Past Year	6,822	24.5	0.26	1,643	25.6 ^a	0.51	366	27.1 ^a	1.11
3 Employers in Past Year	1,892	6.8	0.14	550	8.6 ^a	0.31	120	8.9 ^a	0.68
4 or More Employers in Past Year	725	2.6	0.09	250	3.9 ^a	0.22	60	4.5 ^a	0.57
<High School Education	4,629	16.6	0.26	1,038	16.1	0.47	215	15.9	0.94
High School Graduate	9,607	34.4	0.38	2,118	33.0 ^a	0.60	456	33.7	1.20
Some College	9,625	34.5	0.39	2,361	36.7 ^a	0.65	517	38.3 ^a	1.31
College Graduate	4,034	14.5	0.28	911	14.2	0.45	163	12.1 ^a	0.85
Insured	20,855	74.8	0.31	4,829	75.1	0.55	1,003	74.2	1.15
Medicaid/CHIP ³	4,219	15.1	0.26	1,087	16.9 ^a	0.47	216	16.0	0.92
Private Only	14,906	53.4	0.42	3,297	51.3 ^a	0.69	691	51.2	1.37
Other ⁴	1,730	6.2	0.15	446	6.9 ^a	0.32	95	7.1	0.65
Uninsured	7,040	25.2	0.31	1,598	24.9	0.55	349	25.8	1.15
On Probation/Parole in Past Year ^{1,5}	1,319	4.7	0.12	439	6.8 ^a	0.34	96	7.1 ^a	0.70
Not on Probation/Parole in the Past Year	26,489	95.3	0.12	5,983	93.2 ^a	0.34	1,255	92.9 ^a	0.70

NOTE: Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes persons in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*.

^a Difference between Mental Illness estimate and No Mental Illness estimate is statistically significant at the .05 level.

¹ Respondents with unknown information were excluded.

² The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁴ The Other insurance category includes other types of health insurance or other combinations of health insurance.

⁵ Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.

Table S10. Characteristics of Young Adults Aged 18 to 25 with and without Co-Occurring Mental Illness and Substance Use Disorder in the Past Year: NSDUH 2010 to 2012 (Supports Text)

Characteristics	Neither Mental Illness nor SUD			Co-Occurring AMI and SUD			Co-Occurring SMI and SUD		
	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error	Number (in Thousands)	Percent	Standard Error
Total	23,519	100.0	0.00	2,194	100.0	0.00	555	100.0	0.00
Male	11,804	50.2	0.31	1,048	47.8 ^a	1.08	216	38.8	2.01
Female	11,715	49.8	0.31	1,146	52.2 ^a	1.08	340	61.2	2.01
Did Not Move in Past Year ¹	12,927	55.0	0.43	964	44.0 ^a	1.11	225	40.6	2.03
Moved 1 to 2 Times in Past Year	9,097	38.7	0.40	895	40.8	1.11	228	41.0	1.98
Moved 3 or More Times in Past Year	1,475	6.3	0.16	334	15.2 ^a	0.74	103	18.5	1.48
Employed Full Time	8,896	37.8	0.38	759	34.6 ^a	1.09	165	29.8	1.83
Employed Part Time	6,324	26.9	0.31	633	28.9	1.03	166	30.0	1.94
Unemployed	2,846	12.1	0.22	365	16.7 ^a	0.76	97	17.4	1.62
Other Employment Status ²	5,452	23.2	0.33	436	19.9 ^a	0.97	127	22.8	1.84
No Employers in Past Year	4,398	18.7	0.27	327	14.9 ^a	0.80	92	16.6	1.63
1 Employer in Past Year	11,521	49.0	0.32	910	41.5 ^a	1.05	209	37.7	2.02
2 Employers in Past Year	5,499	23.4	0.28	639	29.2 ^a	0.96	177	31.8	1.96
3 Employers in Past Year	1,514	6.4	0.15	219	10.0 ^a	0.58	56	10.1	1.15
4 or More Employers in Past Year	560	2.4	0.09	96	4.4 ^a	0.38	21	3.8	0.73
<High School Education	3,901	16.6	0.27	345	15.7	0.79	87	15.6	1.36
High School Graduate	8,204	34.9	0.38	712	32.5 ^a	1.01	174	31.3	1.82
Some College	7,992	34.0	0.39	825	37.6 ^a	1.06	224	40.3	2.04
College Graduate	3,422	14.5	0.29	311	14.2	0.77	71	12.8	1.43
Insured	17,613	74.9	0.33	1,642	74.9	0.90	410	73.8	1.72
Medicaid/CHIP ³	3,738	15.9	0.28	308	14.0 ^a	0.74	83	14.9	1.42
Private Only	12,399	52.7	0.43	1,159	52.8	1.13	282	50.7	2.15
Other ⁴	1,476	6.3	0.16	175	8.0 ^a	0.59	46	8.2	1.20
Uninsured	5,906	25.1	0.33	551	25.1	0.90	145	26.2	1.72
On Probation/Parole in Past Year ^{1,5}	831	3.5	0.12	258	11.8 ^a	0.73	60	10.8	1.30
Not on Probation/Parole in the Past Year	22,606	96.5	0.12	1,934	88.2 ^a	0.73	495	89.2	1.30

NOTE: Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes persons in any of the three categories. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*.

NOTE: Substance Use Disorder (SUD) is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in DSM-IV.

^a Difference between AMI and SUD estimate and No Mental Illness or SUD estimate is statistically significant at the .05 level.

¹ Respondents with unknown information were excluded.

² The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

⁴ The Other insurance category includes other types of health insurance or other combinations of health insurance.

⁵ Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2011 (revised October 2013) and 2012.