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FACT SHEET ON BEHAVIORAL HEALTH CONDITIONS

Behavioral Health Disorders – All-Encompassing Condition

Behavioral health care encompasses a broad array of services for people with mental health or substance abuse problems (or both). These problems range in severity: at one end of the spectrum, individuals face situational problems that disrupt their everyday lives but are short-term while at the other end, individuals have chronic, sometimes disabling behavioral health disorders (e.g., schizophrenia, bipolar disorder, or drug dependence).

- Nearly a third of adults have met diagnostic criteria for a behavioral health problem in the past year, and over half meet criteria at some point in their lifetime.
- The most common type of disorder among adults is anxiety disorder, which includes such diagnoses as phobia, panic disorder, anxiety disorder, and post-traumatic stress disorder (among others). Mood disorders (e.g., major depressive disorder, dysthymia, or bipolar disorder) are a common mental health problem among adults affecting one in five adults at some point in their lifetimes. Co-morbidity – or simultaneous diagnosis of more than one illness (such as depression co-occurring with diabetes), is common, affecting about 14 percent of adults within the past 12 months and nearly 28 percent over their lifetime.ⁱ
- Excessive alcohol use and illicit drug use also are linked directly to the increased burden from chronic disease such as diabetes, lung disease and cardiovascular problems. In 2008, nearly three million persons aged 12 and older used an illicit drug for the first time within the past 12 months, an average of 8,000 initiates per day.ⁱⁱ
- In 2009, an estimated 24 million Americans aged 12 and older needed treatment for substance abuse problems.ⁱⁱⁱ The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.^{iv}
- Children also experience behavioral health problems. The most common disorders among youth include depression, anxiety disorders, eating disorders, attention-deficit/hyperactivity disorder, and substance abuse disorder. Studies show that these problems are fairly common among children, with approximately one in five reporting symptoms and one in ten reporting serious behavioral health difficulties.^v

- Children’s behavioral health is clearly a public health issue. One estimate puts the total economic costs of behavioral health disorders among youth at nearly \$250 billion annually.^{vi} Behavioral health disorders among young people burden not only traditional behavioral health programs, but also multiple state service systems that support young people and their families – most notably the education, child welfare, foster care, primary medical care and juvenile justice systems. Over half of all lifetime cases of behavioral health disorders begin by age fourteen (14).^{vii}

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Paying the Societal Toll – A Tragedy Runs Through It

On a societal level, a conservative estimate of nearly \$3.2 trillion represents the total economic burden of mental illness (direct care costs and indirect costs) from 2001 to 2010.^{viii} This burden *excludes* the costs of incarceration, homelessness, co-morbid conditions, and early mortality associated with the lack of access to behavioral health care services.

- According to the *Global Burden of Disease* study conducted by the World Health Organization (WHO), 33 percent of the years lived with disability (YLD) – without mortality, are due to behavioral health disorders, a further 2.1 percent due to intentional injuries.^{ix} Unipolar depressive disorders alone lead to 12 percent of years lived with disability, and rank as the third (3rd) leading contributor to the global burden of diseases.^x
- Of the 10 leading causes of disability worldwide, measured in years lived with a disability, five are behavioral health conditions: unipolar depression, excessive alcohol use, bipolar disorder or manic depression, schizophrenia, and obsessive-compulsive disorder. Behavioral health disorders collectively account for more than 15% of the overall burden of disease from all causes and more than the burden associated with all forms of cancer.^{xi}
- Research has shown that 60 percent of Americans with a behavioral health disorder received no treatment for their ailment at all.^{xii} SBHAs recognize that untreated behavioral health disorders are costly to society and cause unnecessary disability, unemployment, family disruption, homelessness, and inappropriate incarceration.^{xiii}
- The Centers for Disease Prevention and Control (CDC) found that substance abuse is linked to three of the top ten causes of actual deaths of Americans each year. In particular, tobacco, alcohol and illicit drugs combined to contribute to 537,000 actual deaths in the United States in 2000. Other causes making the list included motor vehicle crashes (43,000) and incidents involving firearms (29,000).^{xiv}
- People living with serious mental illnesses die 25 years earlier than people with similar demographic characteristics in the general population, in large part due to unmanaged yet treatable *physical* health conditions.^{xv} These conditions are frequently caused by modifiable risk factors such as smoking, obesity, substance abuse and inadequate access to medical care. Individuals with addiction and co-occurring mental illness die, on



average, 37 years earlier than Americans without severe addictions and mental health problems.^{xvi}

- Individuals with severe behavioral health disorders not only have higher mortality rates, but their health care costs throughout their lives are substantially higher, primarily due to preventable emergency department visits and hospital admissions and readmissions.^{xvii}

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Behavioral Health Care Treatment Saves Money: The Business Case for Investment and the Return

The vast majority of individuals with serious mental illness and/or substance abuse disorders, if appropriately diagnosed and treated, will go on to live full and productive lives. And the return on investment (ROI) is significant.

- It is estimated that the economic benefits of expanded diagnosis and treatment of depression has a ROI of \$7 for every \$1 invested. Imagine that taxpayers for public insurance programs like Medicaid, save \$7 for every \$1 spent on treatment and \$5.60 for every \$1 spent on prevention, as a result of both increased productivity, and reduced health care, criminal justice, and social service costs.^{xviii}
- Health-services research shows that comprehensive community-based mental health services for children and adolescents can cut public hospital admissions and lengths of stay and reduce average days of detention by approximately 40 percent.^{xix}
- A review of the prevention literature found that school-based substance abuse prevention is generally very cost effective, for example, *"Life Skills Training"* returned \$21 dollars for every dollar spent on the intervention.^{xx}
- Cost benefit studies of substance abuse treatment have found returns of \$4-\$7 per dollar spent.^{xxi}
- Antidepressant treatment reduces overall healthcare costs not only for persons with depression alone, but also for persons with depression and co-morbid medical illnesses such as heart disease. Researchers used claims data for 1,661 patients from a large insurer to compare healthcare costs one year before and one year after initiation of antidepressant treatment. Those remaining on antidepressants for at least 6 months were 74 percent more likely to experience a large reduction in medical costs.^{xxii}
- On average, substance abuse treatment costs \$1,583 and is associated with a monetary benefit to society of \$11,487, representing a greater than 7:1 ratio of benefits to costs. These benefits were primarily because of reduced costs of crime and increased employment earnings. ^{xxiii}
- Behavioral health systems are experiencing a changing environment due to a multitude of factors. Roughly 23 percent – or nearly 72 million Americans (57 million adults and 15 million children) – are affected by mental illness or substance use disorders in any given year.^{xxiv} Demand for behavioral healthcare, and the complexity of the



circumstances affecting individuals seeking treatment for behavioral health services, is growing.

Endnotes

ⁱ 2005. National Institute of Mental Health “Mental Illness Exacts Heavy Toll.”

<http://www.nimh.nih.gov/health/topics/statistics/ncsr-study/index.shtml>

ⁱⁱ 2009. Substance Abuse and Mental Health Services Administration (SAMHSA). *Results from the 2008 National Survey on Drug Use and Health: National findings*. (Office of Applied Studies, NSDUH Series H-36, DHHS Publication No. SMA 09-4434). Rockville, MD: SAMHSA.

ⁱⁱⁱ 2010. Substance Abuse and Mental Health Services Administration (SAMHSA). *Results from the 2009 National Survey on Drug Use and Health: Vol. I. Summary of national findings*. (Office of Applied Studies, NSDUH Series H-38A, DHHS Publication No. SMA 10-4856Findings). Rockville, MD: SAMHSA.

^{iv} 2009. Miller, T., & Hendrie, D. *Substance abuse prevention dollars and cents: A cost-benefit analysis*. (HHS Pub. No. (SMA) 07-4298). Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

^v 2005. National Institute of Mental Health “Mental Illness Exacts Heavy Toll.”

<http://www.nimh.nih.gov/health/topics/statistics/ncsr-study/index.shtml>

^{vi} 2009. National Research Council & Institute of Medicine. *Preventing mental, emotional, and behavioral disorders among young people: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions. O’Connell, M. E., Boat, T., & Warner, K. E. (Eds). Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press.

^{vii} 2008, Hagan JF, Shaw JS, and Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition, Elk Grove Village, IL: American Academy of Pediatrics.

^{viii} Extrapolated from data in Insel, Thomas. “Assessing the Economic Costs of Serious Mental Illness.” *The American Journal of Psychiatry*. June 2008.

<http://www.ajp.psychiatryonline.org/cgi/content/full/165/6/663>

^{ix} 2003. World Health Organization. Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, *World Health Organization*, Geneva, Switzerland

^x Ibid.

^{xi} 1999. Global Burden of Disease study conducted by the World Health Organization, World Bank, and Harvard University. Reported in *Mental Health: A Report of the Surgeon General*. Washington, DC.

^{xii} 2004. Kessler RC, Merikangas KR. The National Comorbidity Survey Replication (NCSR): background and aims. *Int J Methods Psychiatr Res*. 2004;13:60-68.

^{xiii} 2008. New York State Office of Mental Health and Office of Alcoholism and Substance Abuse. “Screening for Co-Occurring Disorders: Guidance Document.” New York, NY.

^{xiv} Mokdad, A.H., Marks, J.S., Stroup, D.F., Gerberding, J.L. Actual Causes of Death in the U.S., 2000 *JAMA* 291:1238-45

^{xv} 2006. National Association of State Mental Health Program Directors. “Morbidity and Mortality in People with Serious Mental Illness.” Alexandria, VA.

http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf

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- ^{xvi} 2008. Oregon Department of Human Services Addiction and Mental Health Division. Measuring premature mortality among Oregonians. June 2008.
- ^{xvii} 2007. Owens, P., Mutter, R.L., & Stocks, C. (2010). *Mental health and substance abuse-related emergency department visits among adults*. Rockville, MD: Agency for Healthcare Research and Quality. Available at: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>.
- ^{xviii} 2003. Cutler, D. *Your Money or Your Life: Strong Medicine for America's Health Care System*. Oxford University Press.: 2009. *National Alliance on Mental Illness*. "Best Return on Investment (ROI): Mental Health and Substance Abuse Treatment."
- ^{xix} 1998. Coalition for Fairness in Mental Illness Coverage. "Mental Illness Parity: Costs of Parity Coverage of Mental Illness."
- ^{xx} 2009. Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.
- ^{xxi} 2009. Harwood, H. *An Inventory of Cost Offset Studies for State Substance Abuse Agencies*. National Association of State Alcohol and Drug Abuse Directors.
- ^{xxii} 1998. Thompson et al., "Predictors of a Medical-Offset Effect Among Patients Receiving Antidepressant Therapy," *American Journal of Psychiatry*, 155:6.
- ^{xxiii} 2006. Ettner SL, Huang D, Evans E, Ash DR, Hardy M, Jourabchi M, Hser YI. Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Serv Res*. 2006 Feb;41(1):192.
- ^{xxiv} CMHS/SAMHSA Uniform Reporting System, 2009 and NASMHPD and NASADAD estimates.213.