

Prevalence of Serious Mental Illness and Substance Use Disorders

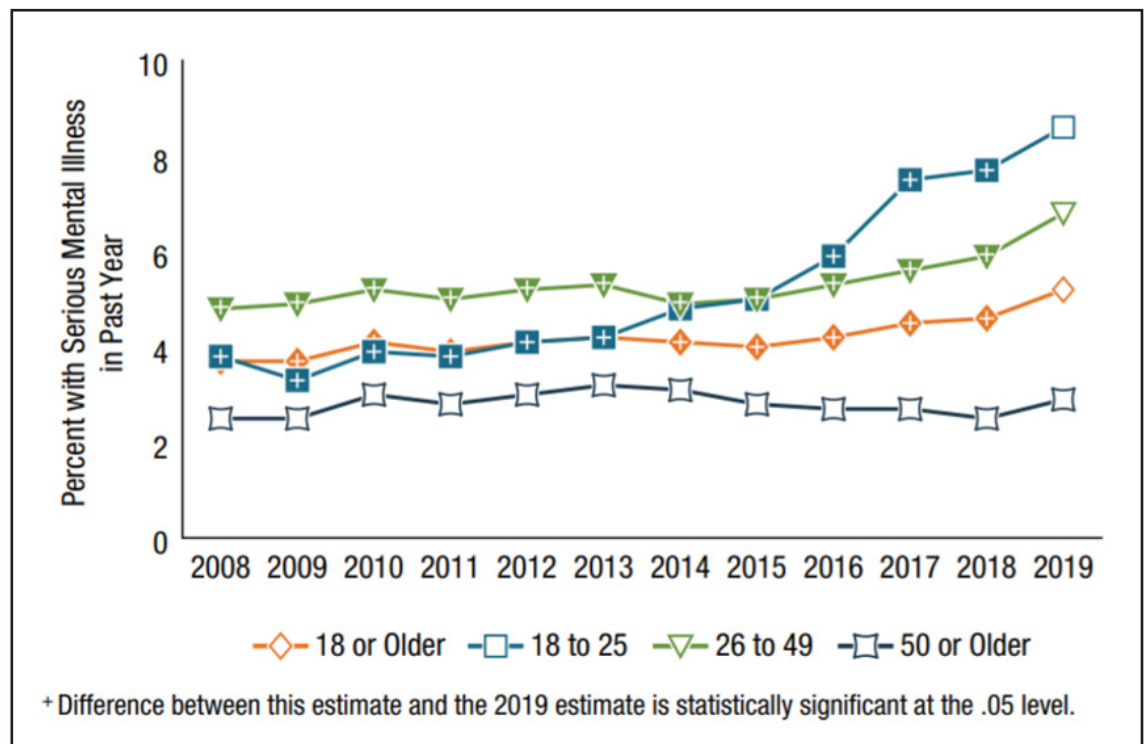
Dr. Michael K. Champion, Medical Director, Hawaii Department of Health, Adult Mental Health Division

Millions of people in the United States are living with Serious Mental Illness (SMI) and Substance Use Disorders (SUD), and many do not receive the treatment they need.

SERIOUS MENTAL ILLNESS

Adults with any mental illness are classified as having SMI if they have any mental, behavioral, or emotional disorder that substantially interferes with or limits one or more major life activities. SMI includes disorders such as bipolar disorder, major depressive disorder, schizophrenia, and schizoaffective disorder. **In 2019, the percentage of adults in the U.S. with SMI grew to 5.2%, or 13.1 million people** (up from 3.7%, or 8.3 million people, in 2008).

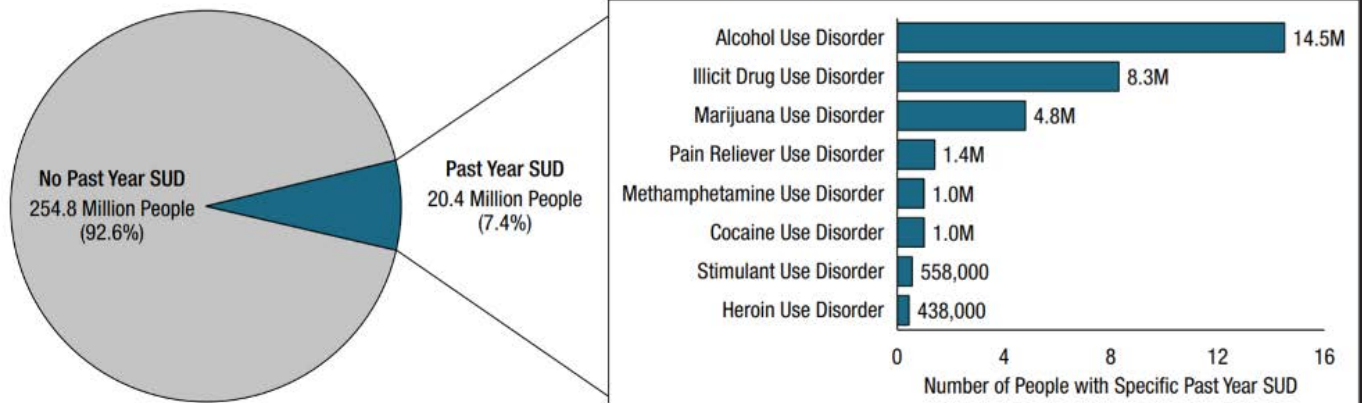
SERIOUS MENTAL ILLNESS IN THE PAST YEAR AMONG ADULTS AGED 18 OR OLDER: 2008-2019¹



SUBSTANCE USE DISORDERS

SUDs are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. **In 2019, 20.4 million people aged 12 or older (7.4% of this population) had an SUD in the past year.**²

PEOPLE AGED 12 OR OLDER WITH A PAST YEAR SUBSTANCE USE DISORDER (SUD): 2019³



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

CO-OCCURRING DISORDERS

Among adults aged 18 or older, the percentage with both SMI and an SUD was 1.4%, or 3.6 million people, in 2019. This represents a 57% increase in co-occurring disorders from 2.3 million people in 2015.⁴

UNTREATED SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

Among the 13.1 million adults aged 18 or older in 2019 with past year SMI, 65.5% received mental health services in the past year. **This left 4.5 million people, or 34.5%, without treatment.**

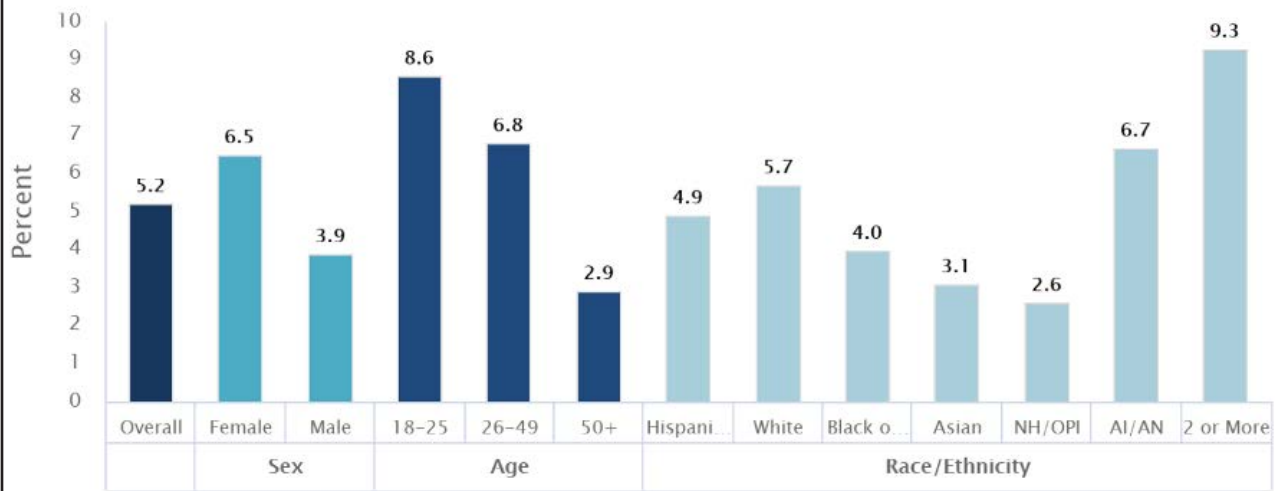
Among people aged 12 or older in 2019 who had a past year SUD, only 10.3%, or 2.1 million people, received any substance use treatment. This left 18.3 million, or 89.7%, without treatment.

GROUP DISPARITIES IN THE PREVALENCE AND TREATMENT OF SMI

The prevalence of SMI is disproportionately higher among women than among men. The prevalence of SMI is also higher among some racial and ethnic groups.⁵

Past Year Prevalence of Serious Mental Illness Among U.S. Adults (2019)

Data Courtesy of SAMHSA

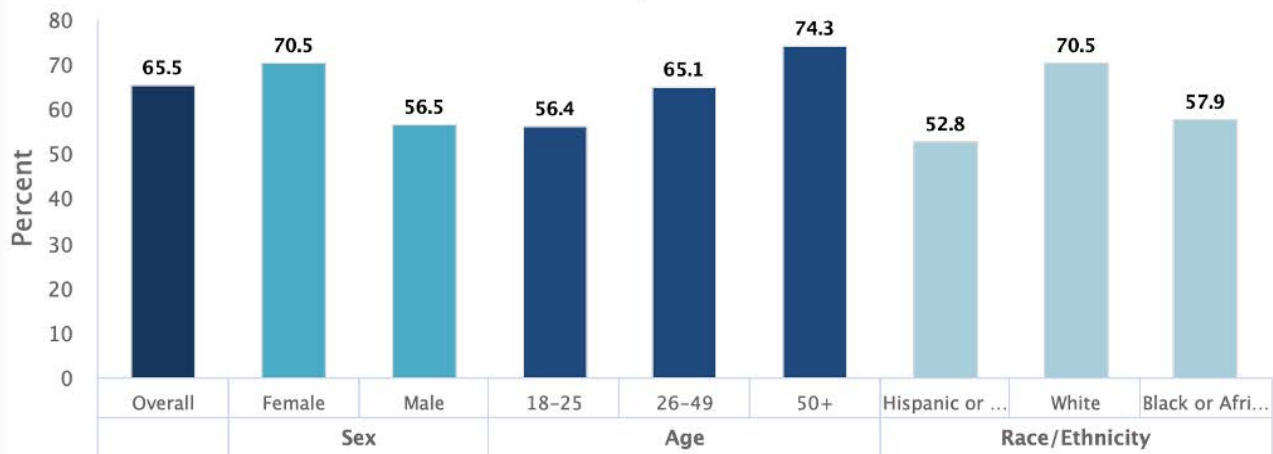


* Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic.
 NH/OPI=Native Hawaiian/Other Pacific Islander; AI/AN=American Indian/Alaskan Native.

Treatment of SMI also varies among different gender, age, and racial/ethnic groups.⁶

Mental Health Services Received in Past Year Among U.S. Adults with Serious Mental Illness (2019)

Data Courtesy of SAMHSA



* Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic.
 Note: Estimates for Asian, Native Hawaiian/Other Pacific Islander, and American Indian/Native groups are not reported in the above figure due to low precision.

MENTAL ILLNESS IS OVERREPRESENTED IN THE COURTS

People living with mental illness are overrepresented in the courts and in the incarcerated population.⁷ The rate of serious mental illness is four to six times higher in jail (14.5% of men and 31% of women in jails) than in the general population.⁸ Substance use disorders are even more prevalent than serious mental illnesses in jails and prisons; 68% of people in custody in jails, 53% of people in custody in state prisons, and 46% of people in custody in federal prisons report symptoms consistent with SUD in the year prior to their incarceration.⁹

State courts need better data on justice-involved people living with SMI and SUD. The National Center for State Courts published a Behavioral Health Data Elements Interim Guide, which begins to lay out the data elements needed to thoroughly understand and evaluate the courts' processing of cases involving behavioral health issues. NCSC is currently developing the updated version of the Behavioral Health Data Elements Guide.

ENDNOTES

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>.
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 National Institute of Mental Health, Mental Illness, https://www.nimh.nih.gov/health/statistics/mental-illness#part_154788
- 6 Magee, L.A., Fortenberry, J.D., Rosenman, M. et al. (2021). Two-year prevalence rates of mental health and substance use disorder diagnoses among repeat arrestees. *Health Justice*, 9, 2. <https://doi.org/10.1186/s40352-020-00126-2>
- 7 McNeil, D. E., & Binder (2005). Incarceration associated with homelessness, mental disorder, and violence. *Psychiatric Services*, 56, 699–704; Osher, F., D'Amora, D., Plotkin, M., Jarrett, N., & Eggleston, A. (2012). Adults with Behavioral Health Needs under Correctional Supervision. Council of State Governments Justice Center, https://csgjusticecenter.org/wp-content/uploads/2020/02/9-24-12_Behavioral-Health-Framework-final.pdf
- 8 Vera Institute of Justice, *Incarceration's Front Door: The Misuse of Jails in America* (February 2015), https://www.vera.org/downloads/publications/incarcerations-front-door-report_02.pdf
- 9 Osher, F., D'Amora, D., Plotkin, M., Jarrett, N., & Eggleston, A. (2012). Adults with Behavioral Health Needs under Correctional Supervision. Council of State Governments Justice Center, https://csgjusticecenter.org/wp-content/uploads/2020/02/9-24-12_Behavioral-Health-Framework-final.pdf.



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This report was developed and approved by the Education and Partnerships Work Group of the National Judicial Task Force to Examine State Courts' Response to Mental Illness in July 2021 and is pending action by the Task Force Executive Committee. Reactions, comments and suggestions to the report are welcome. It is anticipated that a final version of this report and related recommendations will be adopted and published by the Task Force prior to the Annual Meeting of the Conference of Chief Justices and Conference of State Court Administrators in August 2022.