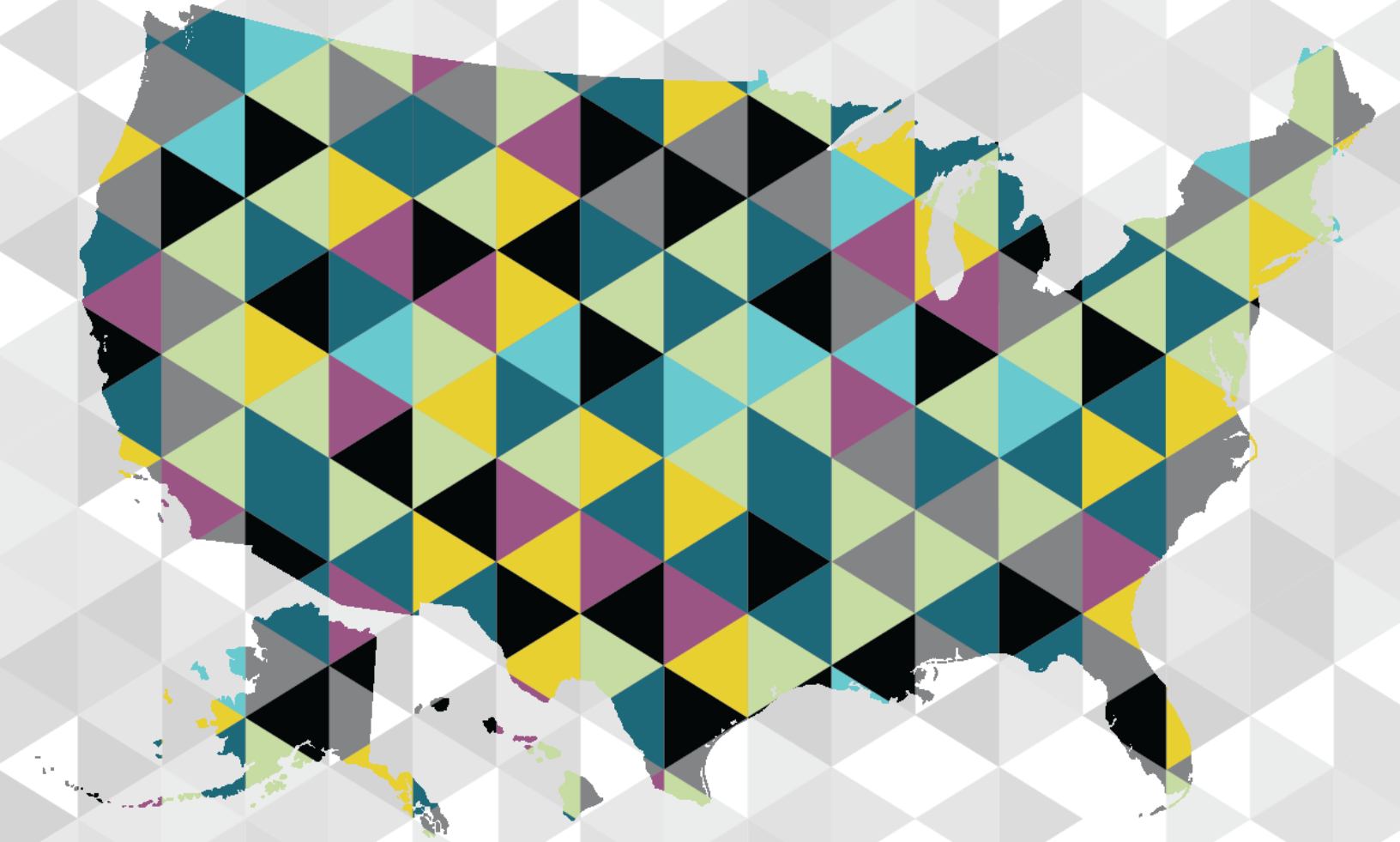
THE STATE OF MENTAL HEALTH IN AMERICA 2020



Mental Health America

Acknowledgments

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care and treatment for those who need them, with recovery as the goal.

MHA dedicates this report to mental health advocates who fight tirelessly to help create parity and reduce disparity for people with mental health concerns. To our affiliates, thank you for your incredible state level advocacy and dedication to promoting recovery and protecting consumers' rights!

This publication was made possible by the generous support of Otsuka America Pharmaceutical Companies and Alkermes.

Special Thanks To:

The Substance Abuse and Mental Health Services Administration (SAMHSA), The Centers for Disease Control and Prevention (CDC), and the Department of Education (DoE) who every year invest time and money to collecting the national survey data for which this report would not be possible.

This report was researched, written and prepared by Maddy Reinert, Theresa Nguyen and Danielle Fritze.

500 Montgomery Street, Suite 820
Alexandria, VA 22314-1520
www.mentalhealthamerica.net
Copyright © 2019 by Mental Health America, Inc.

Table of Contents

05 Ranking Overview and Guidelines

08 Spotlight: 6 Years Since the ACA

15 State Rankings

20 Ranking Changes: 2011-2017

28 Adult Prevalence of Mental Illness

31 Youth Prevalence of Mental Illness

34 Adult Access to Care

38 Youth Access to Care

44 Mental Health Workforce Availability

45 Appendix

53 Glossary

MHA is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, with recovery as the goal. We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

Our report is a collection of data across all 50 states and the District of Columbia that seeks to answer the following questions**:**

- How many adults and youth have mental health issues?
- How many adults and youth have substance use issues?
- How many adults and youth have access to insurance?
- How many adults and youth have access to adequate insurance?
- How many adults and youth have access to mental health care?
- Which states have higher barriers to accessing mental health care?

Our Goal:

- To provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation;
- To track changes in prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and
- To increase dialogue and improve outcomes for individuals and families with mental health needs.

Why Gather this Information?

- Using national survey data allows us to measure a community's mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies.
- Rankings explore which states are more effective at addressing issues related to mental health and substance use.
- Analysis may reveal similarities and differences among states to begin assessing how federal and state mental health policies result in more or less access to care.

Ranking Overview and Guidelines

This chart book presents a collection of data that provides a baseline for answering some questions about how many people in America need and have access to mental health services. This report is a companion to the online interactive data on the MHA website (https://www.mhanational.org/issues/state-mental-health-america). The data and table include state and national data and sharable infographics.

MHA Guidelines

Given the variability of data, MHA developed guidelines to identify mental health measures that are most appropriate for inclusion in our ranking. Indicators were chosen that met the following guidelines:

- Data that are publicly available and as current as possible to provide up-to-date results.
- Data that are available for all 50 states and the District of Columbia.
- Data for both adults and youth.
- Data that captured information regardless of varying utilization of the private and public mental health system.
- Data that could be collected over time to allow for analysis of future changes and trends.

Our 2020 Measures

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

A Complete Picture

While the above 15 measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. MHA will continue to explore new measures that allow us to more accurately and comprehensively capture the needs of those with mental illness and their access to care.

Ranking

To better understand the rankings, it's important to compare similar states.

Factors to consider include geography and size. For example, California and New York are similar. Both are large states with densely populated cities. They are less comparable to less populous states like South Dakota North Dakota, Alabama, or Wyoming. Keep in mind that size of states and populations matter, both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alabama, and Wyoming combined.

The rankings are based on the percentages, or rates, for each state collected from the most recently available data. For most indicators, the data represent data collected up to 2017. States with positive outcomes are ranked higher (closer to 1) than states with poorer outcomes. The overall, adult, youth, prevalence and access rankings were analyzed by calculating a standardized score (Z score) for each measure and ranking the sum of the standardized scores. For most measures, lower percentages equated to more positive outcomes (e.g. lower rates of substance use or those who are uninsured). There are two measures where high percentages equate to better outcomes. These include Youth with Severe MDE (Major Depressive Episode) who Received Some Consistent Treatment, and Students Identified with Emotional Disturbance for an Individualized Education Program. Here, the calculated standardized score was multiplied by -1 to obtain a Reverse Z Score that was used in the sum. All measures were considered equally important, and no weights were given to any measure in the rankings.

Along with calculated rankings, each measure is ranked individually with an accompanying chart and table. The table provides the percentage and estimated population for each ranking. The estimated population number is weighted and calculated by the agency conducting the applicable federal survey. The ranking is based on the percentage or rate. Data are presented with 2 decimal places when available.

The measure Adults with Disability who Could Not See a Doctor Due to Costs was previously calculated using the Behavioral Risk Factor Surveillance System (BRFSS) question: "Are you limited in any way in any activities because of physical, mental or emotional problems?" (QLACTLM2). The QLACTLM2 question was removed from the BRFSS questionnaire after 2016, and therefore could not be calculated using 2017 BRFSS data. For this report, the indicator was amended to Adults with Cognitive Disability who Could Not See a Doctor Due to Costs, using the BRFSS question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (DECIDE). This indicator likely serves as a better measure for individuals who experience disability tied to mental, cognitive or emotional problems, as it is less likely to include people who experience limitations due to a physical disability and is therefore a more sensitive measure for the population we are attempting to count.

For the measure Students Identified with Emotional Disturbance for an Individualized Education Program, due to limitations in sample size, the 2016 and 2017 figures for Wisconsin, and the 2017 figures for Vermont and Maine were not available. This report notes the 2016 figures for Vermont and Maine, and the 2015 figure for Wisconsin.

2010-2013 measures used for comparison in the following section were calculated using the same methodology used to calculate each measure for 2016-2017, with the exception of the measure Adults with Disability who Could Not See a Doctor Due to Costs. The measures Adults with Any Mental Illness (AMI), Adults with Substance Use Disorder in the Past Year, Adults with Serious Thoughts of Suicide, Youth with at Least One Major Depressive Episode (MDE) in the Past Year and Youth with Substance Use Disorder in the Past Year were each taken from the 2011-2012 *National Survey of Drug Use and Health* (NSDUH). Youth with Severe MDE, Adults with AMI who Did Not Receive Treatment, Adults with AMI Reporting Unmet Need, Adults with AMI who are Uninsured and Youth with MDE who Did Not Receive Mental Health Services were derived using the 2012-2013 year pair Restricted-use Data Analysis System (RDAS). The measure Youth with Severe MDE who Received Some Consistent Treatment had to be derived using the 2010-2013 4-year RDAS due to data suppression. Students with Emotional Disturbance for an Individualized Education Program was calculated using 2012 data, and Mental Health Workforce Availability was calculated using 2013 data. Adults with Disability who Could Not See a Doctor Due to Costs was calculated using 2012 BRFSS data, with the original variable for disability QLACTLM2, discussed above.

Survey Limitations

Each survey has its own strengths and limitations. For example, strengths of both SAMHSA's *National Survey of Drug Use and Health* (NSDUH) and the CDC's *Behavioral Risk Factor Surveillance System* (BRFSS) are that they include national survey data with large sample sizes and utilized statistical modeling to provide weighted estimates of each state population. This means that the data is more representative of the general population. An example limitation of particular importance to the mental health community is that the NSDUH does not collect information from persons who are homeless and who do not stay at shelters, are active duty military personnel, or are institutionalized (i.e., in jails or hospitals). This limitation means that those individuals who have a mental illness who are also homeless or incarcerated are not represented in the data presented by the NSDUH. If the data did include individuals who were homeless and/or incarcerated, we would possibly see prevalence of behavioral health issues increase and access to treatment rates worsen. It is MHA's goal to continue to search for the best possible data in future reports. Additional information on the methodology and limitations of the surveys can be found online as outlined in the glossary.

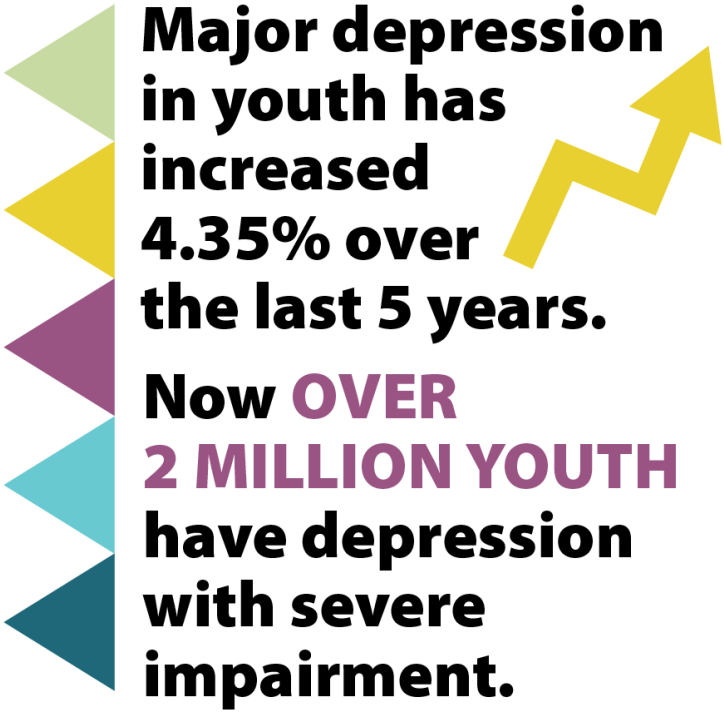
The State of Mental Health in America: 6 Years Since the ACA

It has been six years since MHA began analyzing a common set of data indicators for mental health that could help us understand the successes and failures of both federal and state initiatives to improve population mental health in the wake of the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Patient Protection and Affordable Care Act (ACA). Now, in our sixth year of producing the State of Mental Health in America, we reflect on the trends we have seen in mental health across the United States:

Youth mental health is worsening.

From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. This signifies an increase of over one million youth. There has also been an increase in the prevalence of MDE with severe role impairment in the past year, from 7 percent of youth to 9.2 percent in 2017. These findings are consistent with trends reported from a 2019 study which found that between 2008 and 2017, the proportion of adolescents that experienced serious psychological distress in the last 30 days increased by 71 percent and the proportion that seriously considered attempting suicide increased by 47 percent.[1] The increase in these mental health issues was found to be sharpest after 2011, indicating a cultural shift that has created a mental health crisis for youth in the United States. While ensuring that youth with mental health conditions have greater access to care is vitally important, the only way to address the rising prevalence of mental health conditions in youth is to address the upstream causes on a population level. States must invest time and resources into researching and understanding the causes for this drastic worsening of mental health in youth ages 12-17 and generating meaningful and effective policies and programs to address mental health concerns before they reach the point of becoming a diagnosable mental health condition.

States also must develop a framework for addressing youth mental health in schools and other systems that directly interact with youth. For example, states should create a framework for addressing mental health through implementation of the Every Student Succeeds Act (ESSA). For more information on how states can effectively implement ESSA to support whole child mental health and education in schools, refer to *Framework for Action: Addressing Mental Health and Wellbeing through ESSA Implementation* here.



[1] Twenge, J. et al. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*, 128(3): 185-199. Available at https://www.apa.org/pubs/journals/releases/abn-abn0000410.pdf.

Adult prevalence of mental health is relatively stagnant, but suicidal ideation is increasing.

The prevalence of any mental illness (AMI) among adults ages 18 and over increased slightly from 18.19 percent in 2012 to 18.57 percent in 2017. Suicidal ideation among adults increased from 3.77 percent in 2012 to 4.19 percent in 2017. These findings are consistent with SAMHSA's report on the NSDUH data in 2015, which found that the suicide rate had statistically significantly increased between 2011 and 2015 (when the rate reached four percent). The highest increases in rates of suicidal ideation were found in young adults, ages 18-25.[2] Based on the findings above about the worsening of mental health conditions, including those with severe functional impairment among youth, it unfortunately should not be surprising that the data is showing an increase in suicidal ideation in adults, particularly young adults. Investment in understanding and addressing worsening youth mental health, as explained above, is crucial to suicide prevention in adults. Without upstream prevention, early identification and treatment, youth experiencing mental health conditions become adults experiencing suicidal ideation and reaching a point of crisis.

Further, studies have shown evidence for sociocultural and socioeconomic determinants for depression and suicide. A 2018 meta-analysis found that exposure to childhood maltreatment and job strain were risk factors for depression, among others.[3] An ecological cross-country study found that unemployment had a strong association with suicide at the population level, and the presence of family members seemed to be a protective factor.[4] To make meaningful change in rates of adult suicidal ideation, states must not only identify and address mental health conditions early, but must also invest in inclusive social and economic development that affect the key determinants of depression and suicidal ideation, such as increasing access to meaningful work and social support within communities.

Prevalence of substance use disorder (SUD) decreased in both youth and adults.

The prevalence rate of substance use disorder, including illicit drug or alcohol dependence or abuse, in adults in the past year decreased from 8.46 percent in 2012 to 7.68 percent in 2017. The prevalence rate of substance use disorder in youth ages 12-17 decreased from 6.48 percent in 2012 to 4.13 percent in 2017. These declines in prevalence were consistent with findings from the NIH's Monitoring the Future (MTF) survey of adolescents

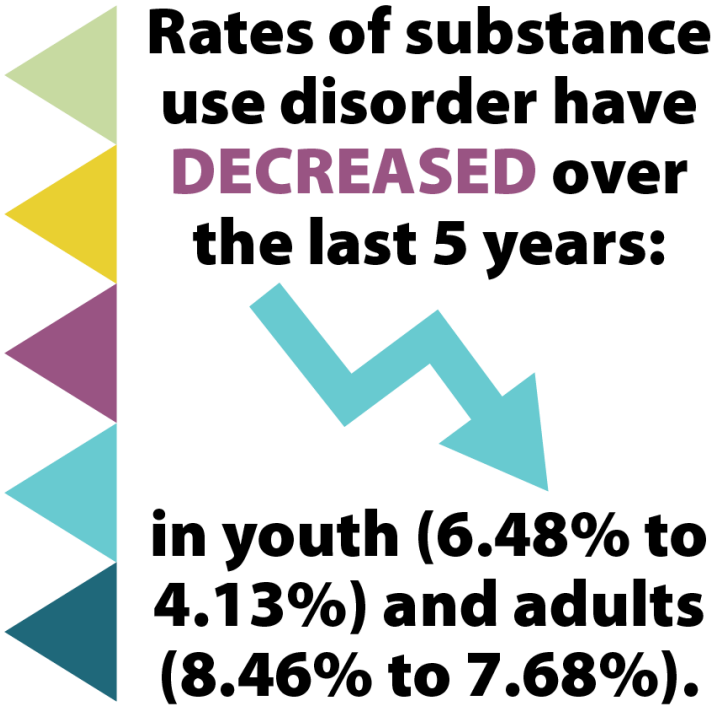
[2] Piscopo, K. et al. (September 2016). Suicidal thoughts and behavior among adults: Results form the 2015 National Survey on Drug Use and Health. *NSDUH Data Review.* Available at https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2015/NSDUH-DR-FFR3-2015.htm.

[3] Köhler, C.A. et al. (2018). Mapping risk factors for depression across the lifespan: An umbrella review of evidence from meta-analyses and Mendelian randomization studies. *Journal of Psychiatric Research,* 103:189-207. Available at https://www.ncbi.nlm.nih.gov/pubmed/29886003

[4] Milner, A., McClure, R. & De Leo, D. (2012). Socio-economic determinants of suicide: An ecological analysis of 35 countries. *Social Psychiatry and Psychiatric Epidemiology,* 47(1):19-27. Available at https://link.springer.com/article/10.1007%2Fs00127-010-0316-x

across the country. That survey found declining rates of past-year illicit drug use other than marijuana until 2015. From 2015-2018, those rates have remained at the lowest levels since the creation of the survey over two decades ago. Despite the opioid crisis in the United States, this survey also found that misuse of prescription opioids had decreased significantly in adolescents since 2013.[5]

Public health and large-scale prevention efforts to limit the availability of drugs have been successful in reducing the prevalence of substance use disorder among children and adults in the U.S., but there are still several areas for improvement. Alcohol continues to be the most commonly used substance among adolescents and adults, with nearly three-quarters of people over the age of 12 with a substance use disorder (SUD) in the last year having an alcohol use disorder.[6] Additionally, while the prevalence of substance use is decreasing, the unmet need for treatment remains at an unacceptable level. In 2016, while 7.8 percent of NSDUH respondents 12 or older reported a need for substance use treatment, only 1.4 percent had received any substance use treatment in the past year.[7] There is a substantial relationship between mental health and substance use disorders, and care for the treatment of both must be integrated to ensure greater access and reduce discrimination against people in recovery for substance use disorders. Early identification of both mental health and substance use disorders must be met with early treatment, which requires not only integration of substance use and mental health treatment, but the integration of behavioral health with other health treatment and reducing both funding and data silos, as exist under 42 CFR Part 2.



[5] National Institute on Drug Abuse (NIDA). (December 2018). Monitoring the Future Survey: High school and youth trends. *DrugFacts*. Available at https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-high-school-youth-trends

[6] Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Available at https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report

[7] SAMHSA. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Available at https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#tx

There is still unmet need for mental health treatment among youth and adults.

The mental health workforce shortage is improving throughout the United States, however, there is still a significant unmet need for mental health care. Youth with severe MDE who receive some consistent treatment increased from 21.7 percent in 2012 to 28.2 percent in 2017, but still leaves over 70 percent of youth with severe MDE in need of treatment. Adults with any mental illness who did not receive any mental health treatment has remained about the same, despite increases in insurance coverage: 57.2 percent of adults with AMI did not receive any mental health treatment in 2012-2013 and in 2016-2017. There was also a slight increase in adults reporting unmet need, from 20.1 percent in 2012-2013 to 22.3 percent in 2016-2017. The most commonly reported reason for adults with AMI who did not receive treatment and reported an unmet need was that they could not afford the cost of care (44.6 percent in 2017). This suggests that, while more Americans are covered by some form of health insurance, the coverage is not sufficient to ensure access to necessary mental health treatment, as will be discussed further in the following section.

Insurance coverage is increasing but may not be getting more comprehensive.

From 2012 to 2017 there was a decrease in adults with any mental illness who were uninsured, from 18.5 percent to 10.3 percent. A 2019 report from the Commonwealth Fund also found that, compared to 2010 when the ACA was passed, fewer adults are uninsured and the duration of gaps in insurance coverage have decreased. However, 45 percent of U.S. adults are still inadequately insured, in large part because of employer health plans that are underinsuring their employees, causing them to face cost-related barriers in access to care despite having health insurance.[8]

[8] Collins, S.R., Bhupal, H.K. & Doty, M.M. (February 2019). Health insurance coverage eight years after the ACA: Fewer uninsured Americans and shorter coverage gaps, but more underinsured. *The Commonwealth Fund.* Available at https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca.

Youth also face a lack of comprehensive mental health coverage, despite having health insurance. The proportion of youth with private insurance that did not cover mental or emotional difficulties increased, from 4.6 percent in 2012 to 8.1 percent in 2017. A 2017 study in *Pediatrics* found that, during the implementation years of the Mental Health Parity and Addiction Equity Act (MHPAEA) from 2010-2013, the number of outpatient mental health visits increased for children, however, annual out-of-pocket spending for behavioral health service visits have also increased, especially in consumer-driven and high-deductible health plans.[9] According to the Health Care Cost Institute, from 2013-2017, out-of-pocket spending for inpatient mental health care increased by 20 percent and spending for inpatient substance use increased 64 percent, compared to 16 percent in labor/delivery/newborns admissions (which had the next highest level of spending).[10] With the prevalence of mental health conditions increasing among youth, and only half of youth with already diagnosed mental health conditions receiving treatment,[11] we must increase mental health coverage for children and eliminate cost-related barriers to care.

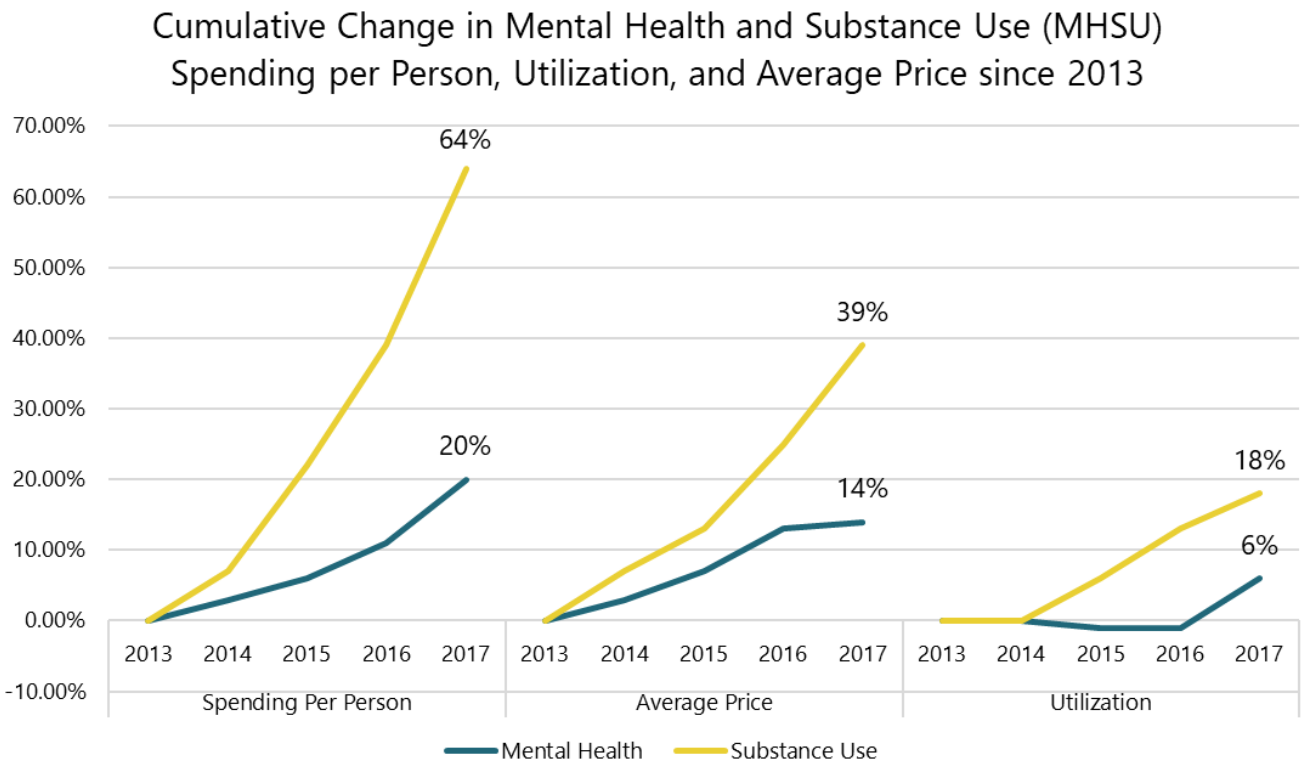


Figure 19. Cumulative Change in Mental Health and Substance Use (MHSU) Spending per Person, Utilization, and Average Price since 2013. Adapted from "Health Care Cost and Utilization Report," by the Health Care Cost Institute (HCCI), 2019.

[9] Wangari Walter, A., Yuan, Y. & Cabral, H.J. (May 2017). Mental health services utilization and expenditures among children enrolled in employer-sponsored health plans. *Pediatrics,* 139(s2). Available at https://pediatrics.aappublications.org/content/139/Supplement_2/S127

[10] Health Care Cost Institute (HCCI). (February 2019). 2017 Health care cost and utilization report. Available at https://www.healthcostinstitute.org/research/annual-reports/entry/2017-health-care-cost-and-utilization-report

[11] Whitney, D.G. & Peterson, M.D. (February 2019). U.S. national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics,* 173(4):389-391. Doi: 10.1001/jamapediatrics.2018.5399. Available at https://jamanetwork.com/journals/jamapediatrics/article-abstract/2724377

Youth are not receiving necessary accommodations in education settings.

The proportion of students identified with an Emotional Disturbance for an Individualized Education Program (IEP) decreased from 8.08 percent in 2012 to 7.33 percent per 1,000 students in 2017. The decrease in the proportion of students identified as having an emotional disturbance for an IEP is especially concerning given the increase in prevalence rates of mental health conditions with severe impairment among youth, which suggests there may be more children in need of IEPs for these conditions, not fewer. There are several potential reasons the proportion of children identified with ED is decreasing. The first is the difficulty in determining what qualifies as an emotional disturbance that necessitates special education. According to a 2018 study in *Psychology in the Schools,* the federal eligibility criteria for emotional disturbance showed extremely poor reliability among school psychologists.[12] The language used to determine a classification of emotional disturbance is vague enough to be open to the interpretation or perspective of the professionals making the determination. Thus, the difference between one child being identified as having an ED and another going unidentified may not be based on severity of the condition, but rather the school's atmosphere and the interpretation of the person making the determination. According to Mark Weist, the founder of the Center for School Mental Health, whether a school is able to pay for the resources that a child identified with an emotional disturbance as their primary disability may need can also play a role, and in some cases schools may create "artificial barriers to slow down the process."[13] Finally, the proportion of students in schools with a determination of Emotional Disturbance for an IEP may be lower because students with ED are being removed from schools at higher rates than students with other disabilities. According to the 2017 Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA) by the Department of Education, students reported under the category of emotional disturbance received out-of-school suspensions of expulsions at a rate nearly 3 times higher than students reported under the disability category with the next highest rate.[14] To ensure that schools have the resources necessary for children identified with emotional disturbance for IEPs, and to remove the cost barriers that may deter schools from identifying children in need, the federal government must first fulfill their promise by fully funding IDEA. Under the IDEA, passed in 1975, the federal government promised to pay 40 percent of the average expenditure per student for special education. However, the government's funding in 2017 was only 14.6 percent,[15] leaving schools with a critical funding gap to ensure access to needed resources in special education to their students.

[12] Scardamalia, K., Bentley-Edwards, K.L. & Grasty, K. (April 2019). Consistently inconsistent: An examination of the variability in the identification of emotional disturbance. *Psychology in the Schools,* 56(4): 569-581. Available at https://onlinelibrary.wiley.com/doi/pdf/10.1002/pits.22213

[13] Samuels, C.A. (March 2018). Students with emotional disabilities: Facts about this vulnerable population. *Education Week,* 37(24):14-15. Available at https://www.edweek.org/ew/articles/2018/03/21/students-with-emotional-disabilities-facts-about-this.html

[14] U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2017). 39th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2017. Available at https://www2.ed.gov/about/reports/annual/osep/2017/parts-b-c/39th-arc-for-idea.pdf

[15] National Center for Learning Disabilities (2018). IDEA full funding: Why should Congress invest in special education? Available at https://www.ncld.org/archives/action-center/what-we-ve-done/idea-full-funding-why-should-congress-invest-in-special-education

To further close the existing gap in funding, the process for billing services in schools under Medicaid must be streamlined. Schools should be able to either employ providers in schools or contract with community-based resources, and to coordinate the process of necessary care delivery for students in need with the process of establishing and following an individualized education program (IEP) for emotional disturbance. Outside of Medicaid, states should convene private insurers to establish common coverage patterns across students, such that there is not variation in coverage between plans for children in IEPs.

LESS THAN 1% of students in the U.S. are identified with emotional disturbance DESPITE THE MILLIONS of youth with depression with severe impairment.

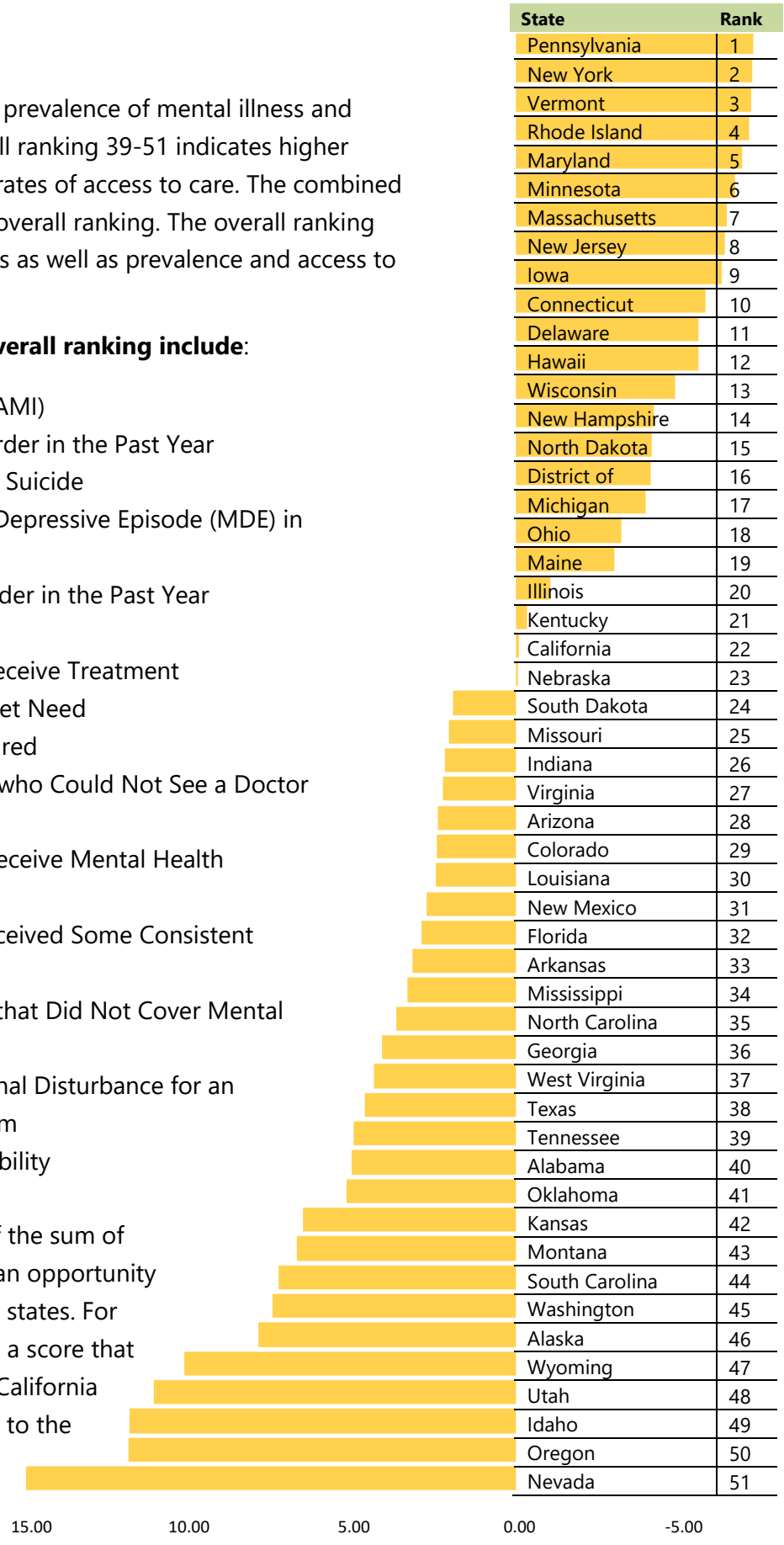
Overall Ranking

An overall ranking 1-10 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

The 15 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

The chart is a visual representation of the sum of the scores for each state. It provides an opportunity to see the difference between ranked states. For example, Rhode Island (ranked 1) has a score that is higher than Maryland (ranked 12). California (ranked 23) has a score that is closest to the average.

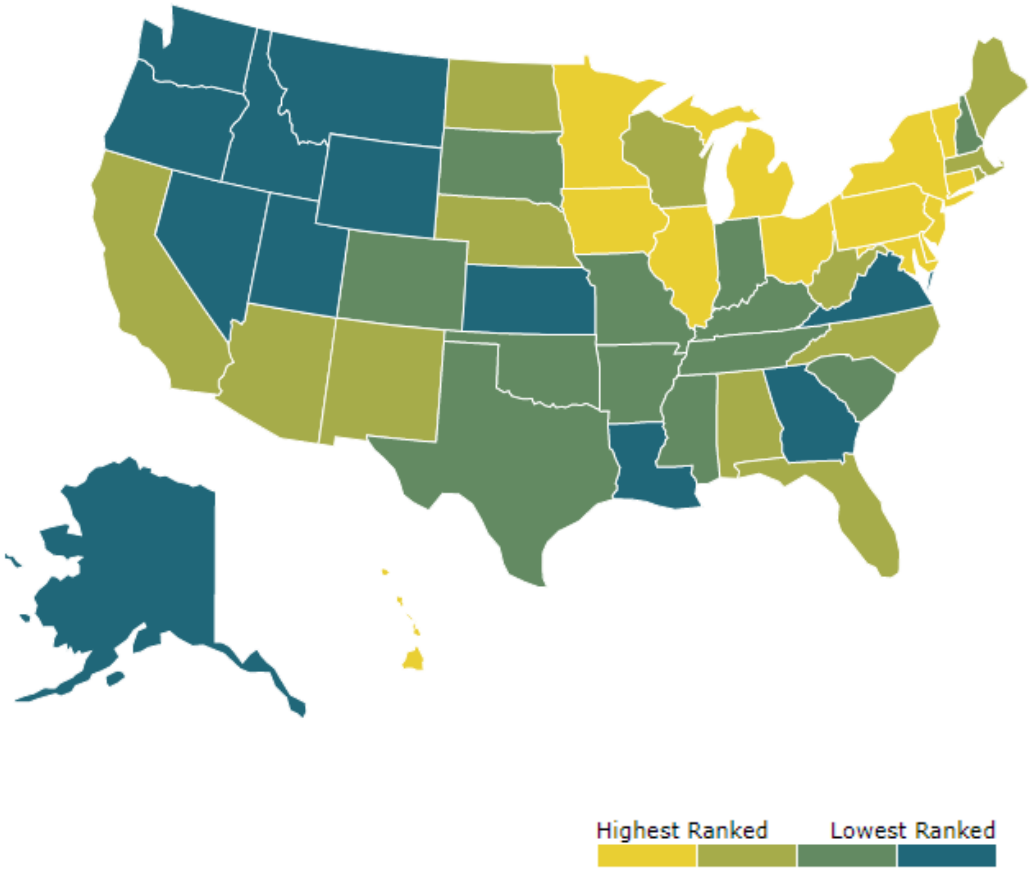


Adult Rankings

States that are ranked 1-10 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need
6. Adults with AMI who are Uninsured
7. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs



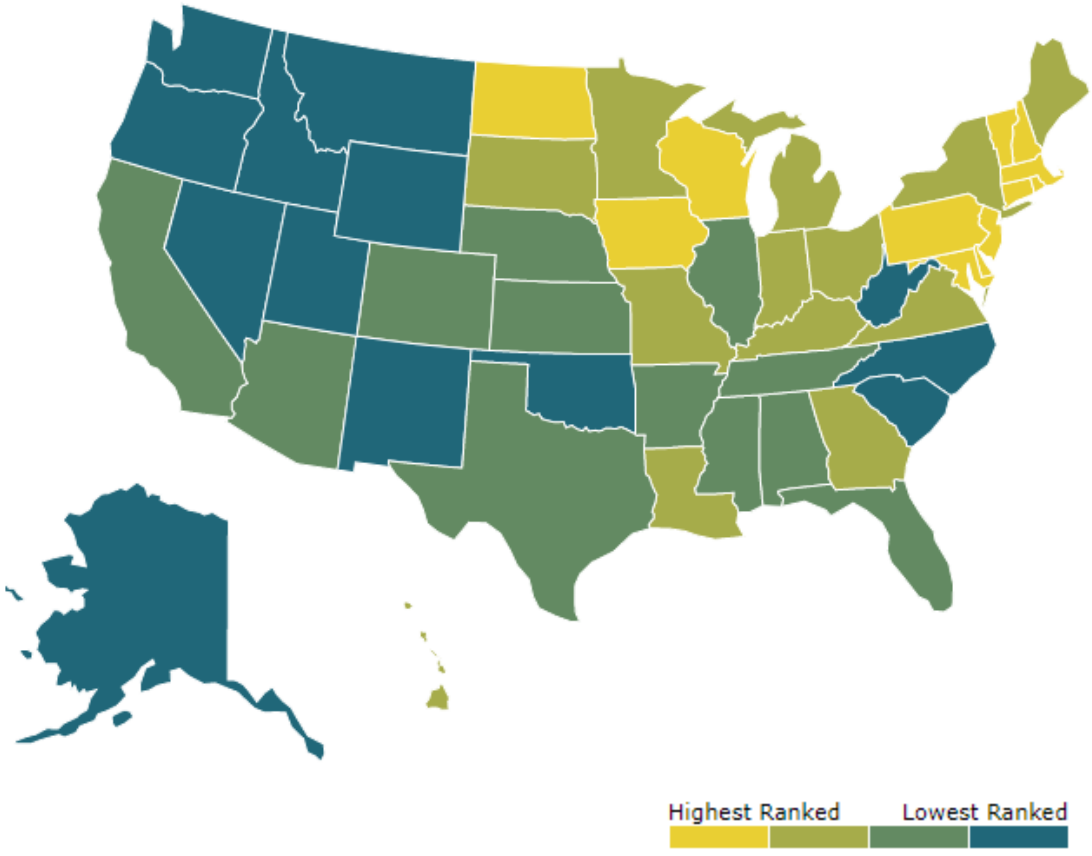
Rank	State
1	Hawaii
2	Iowa
3	Minnesota
4	New York
5	Maryland
6	Michigan
7	New Jersey
8	Delaware
9	Pennsylvania
10	Connecticut
11	Illinois
12	Vermont
13	Ohio
14	Nebraska
15	Rhode Island
16	California
17	Maine
18	Arizona
19	Wisconsin
20	West Virginia
21	North Carolina
22	New Mexico
23	Massachusetts
24	Florida
25	Alabama
26	North Dakota
27	New Hampshire
28	Tennessee
29	Mississippi
30	Texas
31	Missouri
32	Kentucky
33	Colorado
34	South Dakota
35	South Carolina
36	Arkansas
37	Indiana
38	Oklahoma
39	Montana
40	Georgia
41	District of Columbia
42	Virginia
43	Kansas
44	Alaska
45	Louisiana
46	Washington
47	Nevada
48	Wyoming
49	Idaho
50	Utah
51	Oregon

Youth Rankings

States with rankings 1-10 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Youth Ranking include:

1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth with Substance Use Disorder in the Past Year
3. Youth with Severe MDE
4. Youth with MDE who Did Not Receive Mental Health Services
5. Youth with Severe MDE who Received Some Consistent Treatment
6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
7. Students Identified with Emotional Disturbance for an Individualized Education Program



Rank	State
1	District of Columbia
2	Pennsylvania
3	North Dakota
4	Rhode Island
5	Massachusetts
6	Wisconsin
7	Vermont
8	New Hampshire
9	Maryland
10	New Jersey
11	Delaware
12	Iowa
13	Connecticut
14	New York
15	Minnesota
16	Kentucky
17	Virginia
18	Ohio
19	Indiana
20	Michigan
21	Louisiana
22	Maine
23	Georgia
24	South Dakota
25	Hawaii
26	Missouri
27	Illinois
28	Texas
29	Mississippi
30	Arizona
31	Arkansas
32	Alabama
33	California
34	Colorado
35	Nebraska
36	Florida
37	Kansas
38	Tennessee
39	West Virginia
40	Oklahoma
41	Utah
42	New Mexico
43	Washington
44	North Carolina
45	Montana
46	Idaho
47	Oregon
48	South Carolina
49	Alaska
50	Wyoming
51	Nevada

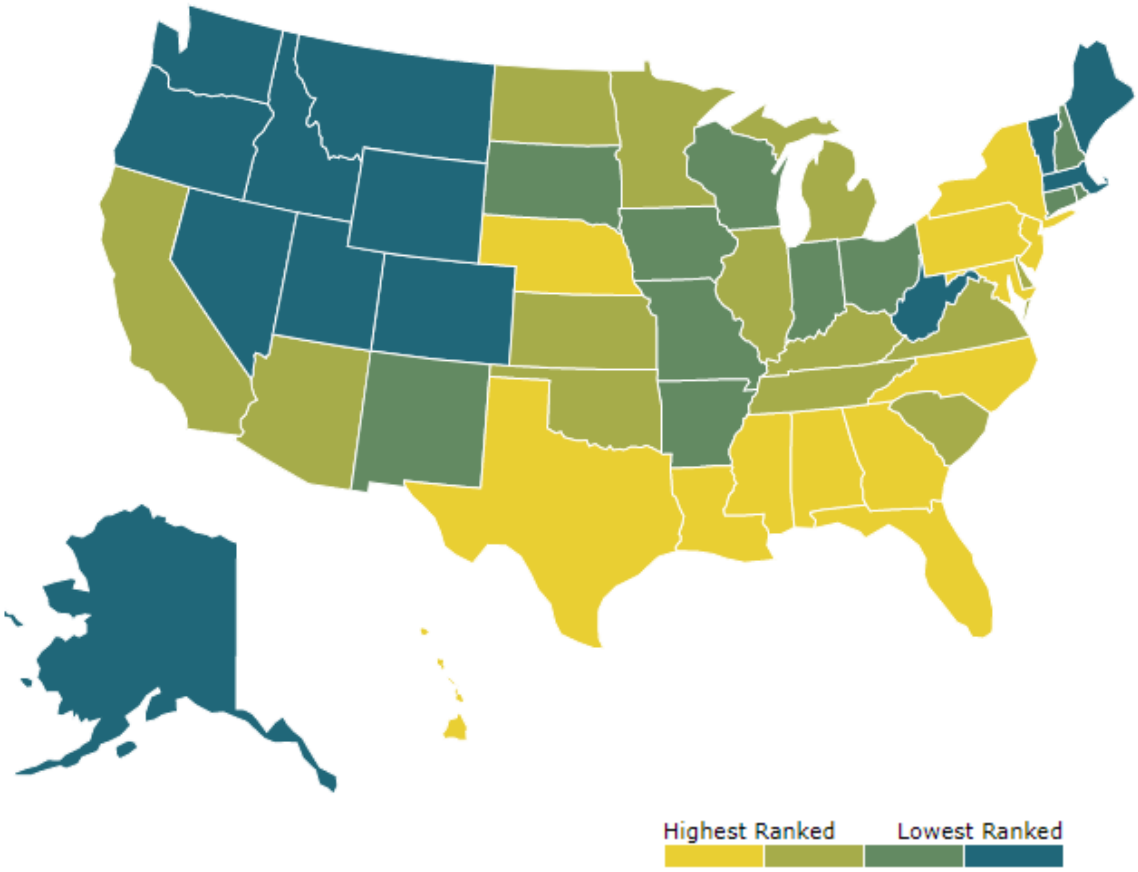
Prevalence of Mental Illness

The scores for the six prevalence measures make up the Prevalence Ranking.

The 6 measures that make up the Prevalence Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adult with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE

A ranking 1-10 for Prevalence indicates a lower prevalence of mental health and substance use issues compared to states that ranked 42-51.



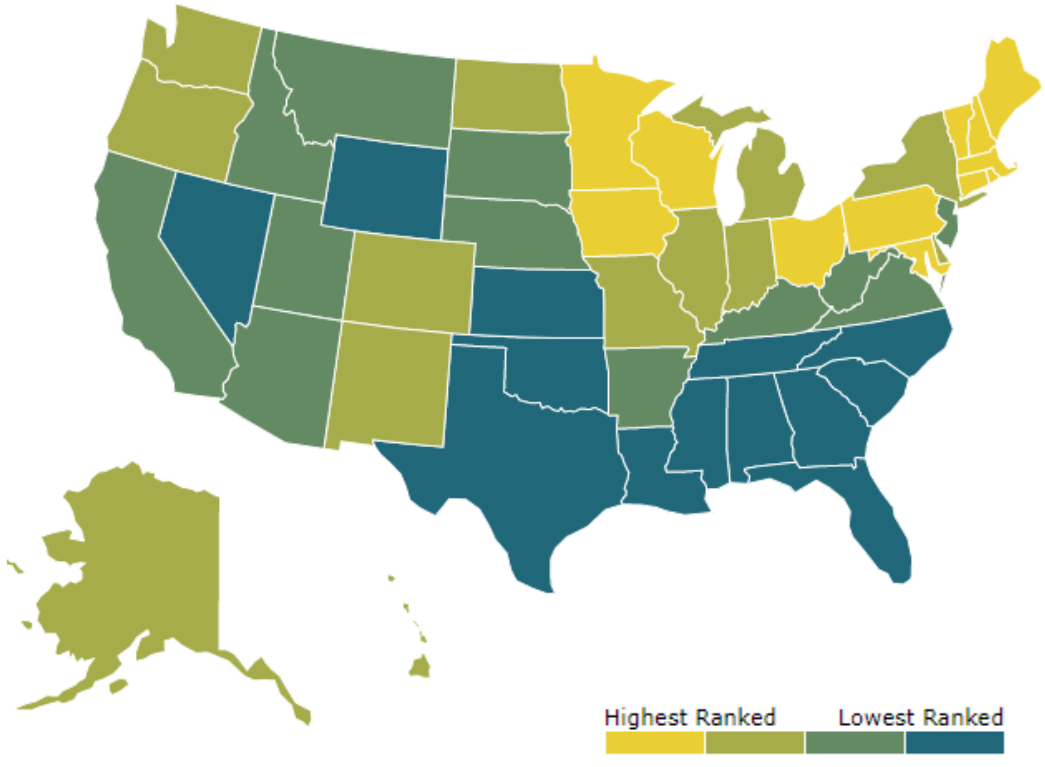
Rank	State
1	New Jersey
2	Mississippi
3	Texas
4	Georgia
5	New York
6	Hawaii
7	Pennsylvania
8	Alabama
9	Louisiana
10	North Carolina
11	Maryland
12	Florida
13	Nebraska
14	Delaware
15	North Dakota
16	South Carolina
17	Kentucky
18	Virginia
19	Michigan
20	Arizona
21	California
22	Tennessee
23	Illinois
24	Minnesota
25	Oklahoma
26	Kansas
27	Arkansas
28	Connecticut
29	South Dakota
30	Iowa
31	Missouri
32	New Hampshire
33	Indiana
34	Ohio
35	Wisconsin
36	District of Columbia
37	Rhode Island
38	New Mexico
39	West Virginia
40	Wyoming
41	Maine
42	Massachusetts
43	Vermont
44	Colorado
45	Nevada
46	Montana
47	Utah
48	Washington
49	Alaska
50	Idaho
51	Oregon

Access to Care Rankings

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A high Access Ranking indicates that a state provides relatively more access to insurance and mental health treatment.

The 9 measures that make up the Access Ranking include:

1. Adults with AMI who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI who are Uninsured
4. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
5. Youth with MDE who Did Not Receive Mental Health Services
6. Youth with Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability



Rank	State
1	Vermont
2	Massachusetts
3	Rhode Island
4	Iowa
5	Maine
6	Wisconsin
7	Minnesota
8	Connecticut
9	District of Columbia
10	New Hampshire
11	Ohio
12	Maryland
13	Pennsylvania
14	Delaware
15	Michigan
16	New York
17	Colorado
18	North Dakota
19	Hawaii
20	Illinois
21	New Mexico
22	Indiana
23	Alaska
24	Oregon
25	Washington
26	Missouri
27	California
28	Montana
29	West Virginia
30	South Dakota
31	Kentucky
32	Idaho
33	New Jersey
34	Nebraska
35	Arkansas
36	Arizona
37	Virginia
38	Utah
39	Oklahoma
40	Florida
41	Louisiana
42	Tennessee
43	Kansas
44	North Carolina
45	Wyoming
46	Alabama
47	South Carolina
48	Mississippi
49	Nevada
50	Georgia
51	Texas

Overall Ranking 2011-2017

Using data from 2011-2012, we ran the sum of scores for the overall ranking and compared those rankings to our most recently available rankings.

Fourteen of the 15 measures included data from 2011-2013.

- Youth with severe MDE who received some consistent treatment is from 2010-2013.

The connecting lines in the chart point to several changes among states that had significant movements in rankings over the 5-year period.

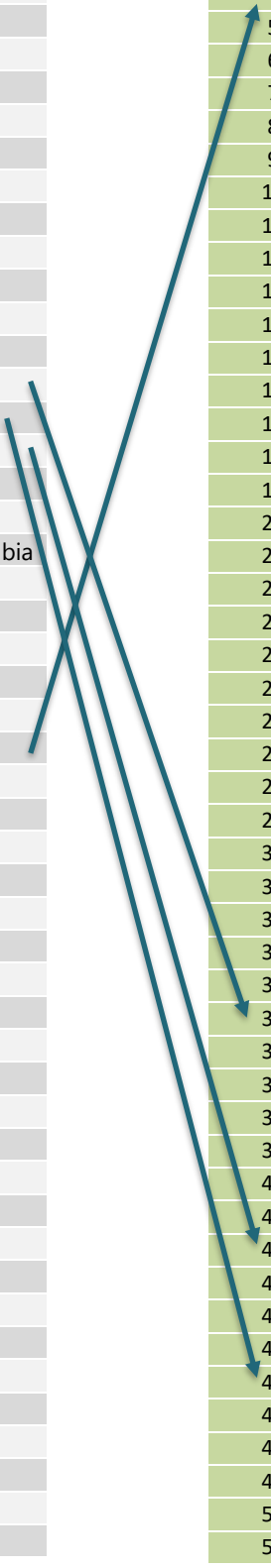
Alaska moved from 17th to 46th. Kansas moved from 18th to 42nd. North Carolina moved from 16th to 35th.

Rhode Island jumped from 27th to 4th.

Tables for the 2011 ranking can be found in the Appendix.

In the following pages, the indicators that caused the biggest changes in the state's sum of Z scores for each ranking are discussed.

2011-2012	State
1	Massachusetts
2	Minnesota
3	Vermont
4	Connecticut
5	New Jersey
6	New York
7	Maine
8	Delaware
9	New Hampshire
10	Maryland
11	Iowa
12	South Dakota
13	Pennsylvania
14	North Dakota
15	Illinois
16	North Carolina
17	Alaska
18	Kansas
19	Nebraska
20	Colorado
21	District of Columbia
22	Hawaii
23	Ohio
24	Wisconsin
25	Missouri
26	California
27	Rhode Island
28	Florida
29	Georgia
30	Virginia
31	Kentucky
32	Michigan
33	Texas
34	Wyoming
35	Louisiana
36	West Virginia
37	Tennessee
38	Indiana
39	Arkansas
40	Mississippi
41	Alabama
42	Oregon
43	Oklahoma
44	Idaho
45	Utah
46	Montana
47	New Mexico
48	Arizona
49	Washington
50	South Carolina
51	Nevada



2016-2017	State
1	Pennsylvania
2	New York
3	Vermont
4	Rhode Island
5	Maryland
6	Minnesota
7	Massachusetts
8	New Jersey
9	Iowa
10	Connecticut
11	Delaware
12	Hawaii
13	Wisconsin
14	New Hampshire
15	North Dakota
16	District of Columbia
17	Michigan
18	Ohio
19	Maine
20	Illinois
21	Kentucky
22	California
23	Nebraska
24	South Dakota
25	Missouri
26	Indiana
27	Virginia
28	Arizona
29	Colorado
30	Louisiana
31	New Mexico
32	Florida
33	Arkansas
34	Mississippi
35	North Carolina
36	Georgia
37	West Virginia
38	Texas
39	Tennessee
40	Alabama
41	Oklahoma
42	Kansas
43	Montana
44	South Carolina
45	Washington
46	Alaska
47	Wyoming
48	Utah
49	Idaho
50	Oregon
51	Nevada

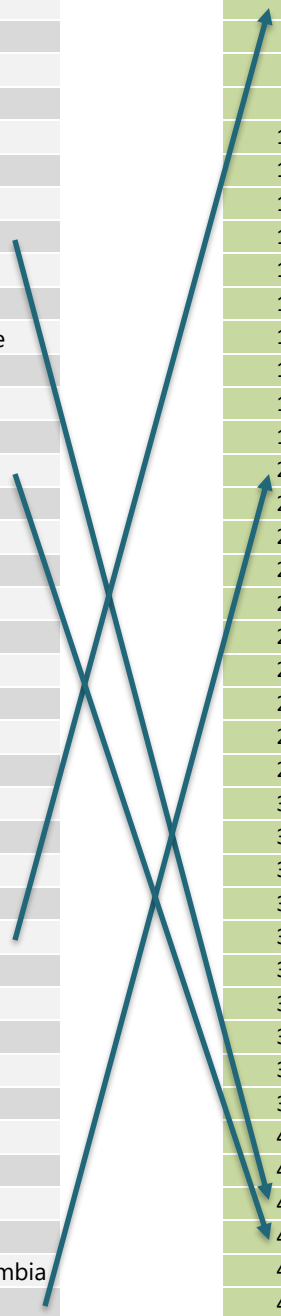
Adult Ranking 2011-2017

Virginia moved from 13th to 42nd. Kansas moved from 20th to 43rd.

The largest effects on the adult ranking for Kansas between 2011 and 2017 were increases in adults with suicidal ideation, from 3.83 percent in 2011-2012 to 4.87 percent in 2016-2017, and in adults with any mental illness (AMI) who report unmet need for mental health treatment, from 20.4 percent to 25.9 percent.

Virginia experienced losses in ranking because of reductions in access to care for adults. The two measures that had the most effect on Virginia's Z score were increases in adults with disability who could not see a doctor due to costs and adults with AMI who are uninsured. As this report is using data from 2016-2017 and Virginia did not expand Medicaid until 2018, it is likely that these numbers will improve in later reports.

2011-2012	State
1	Massachusetts
2	New Jersey
3	Hawaii
4	North Carolina
5	Minnesota
6	Connecticut
7	Delaware
8	Iowa
9	Maryland
10	Illinois
11	Vermont
12	Pennsylvania
13	Virginia
14	New York
15	California
16	New Hampshire
17	Alabama
18	Maine
19	Wisconsin
20	Kansas
21	Texas
22	South Dakota
23	North Dakota
24	Nebraska
25	Florida
26	Louisiana
27	Montana
28	Colorado
29	Arkansas
30	Georgia
31	Ohio
32	Missouri
33	Rhode Island
34	Michigan
35	Tennessee
36	Kentucky
37	Wyoming
38	Alaska
39	New Mexico
40	Arizona
41	South Carolina
42	Oregon
43	Idaho
44	District of Columbia
45	West Virginia
46	Nevada
47	Indiana
48	Mississippi
49	Oklahoma
50	Washington
51	Utah



2016-2017	State
1	Hawaii
2	Iowa
3	Minnesota
4	New York
5	Maryland
6	Michigan
7	New Jersey
8	Delaware
9	Pennsylvania
10	Connecticut
11	Illinois
12	Vermont
13	Ohio
14	Nebraska
15	Rhode Island
16	California
17	Maine
18	Arizona
19	Wisconsin
20	West Virginia
21	North Carolina
22	New Mexico
23	Massachusetts
24	Florida
25	Alabama
26	North Dakota
27	New Hampshire
28	Tennessee
29	Mississippi
30	Texas
31	Missouri
32	Kentucky
33	Colorado
34	South Dakota
35	South Carolina
36	Arkansas
37	Indiana
38	Oklahoma
39	Montana
40	Georgia
41	District of Columbia
42	Virginia
43	Kansas
44	Alaska
45	Louisiana
46	Washington
47	Nevada
48	Wyoming
49	Idaho
50	Utah
51	Oregon

West Virginia moved from 45th to 20th. Michigan moved from 34th to 6th.

West Virginia improved most in reducing the rate of adults with AMI who are uninsured, from 21.6 percent to 6.8 percent. This is likely due to Medicaid expansion in West Virginia in 2014. In 2017, West Virginia was the state with the highest share of the population in Medicaid, at 29 percent.[16] West Virginia's adult ranking score also improved based on the rate of adults with suicidal ideation. While their rate increased from 4.69 percent of adults in 2011-2012 to 4.75 percent in 2016-2017, unfortunately, many other states experienced a more drastic increase, causing West Virginia's ranking to improve.

Michigan, however, jumped in the adult ranking due to their reduction of adults with suicidal ideation, from 4.43 percent in 2011-2012, one of the highest rates in the country at the time, to 3.99 percent, one of the lowest. They also had a reduction in the rate of adults with any mental illness (AMI), from 19.81 percent to 18.34 percent, despite increases in adult AMI in several other states throughout the country.

[16] Kaiser Family Foundation (July 2017). Medicaid's role in West Virginia. Available at https://www.kff.org/medicaid/fact-sheet/medicaids-role-in-west-virginia/

Youth Ranking 2011-2017

Alaska moved from 5th to 49th.

Alaska's youth ranking from 2011-2017 was mainly impacted by their rate of youth with substance use disorder, which remained about the same, from 6.53 to 6.54 percent, while rates in every other state in the U.S. decreased. Alaska now has the highest rate of youth substance use in the country. Alaska also had a large increase in the rate of youth with past year Depression who did not receive treatment, from 48.1 percent in 2011-2012 to 65.6 percent in 2016-2017.

Rhode Island moved from 29th to 4th. Wisconsin moved from 31st to 6th. Virginia moved from 42nd to 17th.

Each of the three states that had the greatest improvement in Youth Rankings did so through large increases in access to care for youth, despite the increasing prevalence of behavioral health conditions in the youth population.

Rhode Island's youth ranking was most improved by the reduction in the rate of youth with past year Depression who did not receive treatment, from 67.1 percent to 39.5 percent. Similarly, Rhode Island had a large increase in youth with severe MDE who received some consistent treatment, from 23.7 percent to 47.6 percent.

2011-2012	State
1	Vermont
2	Minnesota
3	Massachusetts
4	New York
5	Alaska
6	North Dakota
7	South Dakota
8	Connecticut
9	Maine
10	New Hampshire
11	District of Columbia
12	Iowa
13	Pennsylvania
14	New Jersey
15	West Virginia
16	Maryland
17	Delaware
18	Ohio
19	Georgia
20	Kansas
21	Missouri
22	Colorado
23	Mississippi
24	Kentucky
25	Nebraska
26	Illinois
27	Indiana
28	Florida
29	Rhode Island
30	Utah
31	Wisconsin
32	Oklahoma
33	Texas
34	Michigan
35	Tennessee
36	Wyoming
37	Washington
38	Louisiana
39	North Carolina
40	Idaho
41	California
42	Virginia
43	Oregon
44	Nevada
45	Alabama
46	Arizona
47	Arkansas
48	South Carolina
49	Hawaii
50	New Mexico
51	Montana

2016-2017	State
1	District of Columbia
2	Pennsylvania
3	North Dakota
4	Rhode Island
5	Massachusetts
6	Wisconsin
7	Vermont
8	New Hampshire
9	Maryland
10	New Jersey
11	Delaware
12	Iowa
13	Connecticut
14	New York
15	Minnesota
16	Kentucky
17	Virginia
18	Ohio
19	Indiana
20	Michigan
21	Louisiana
22	Maine
23	Georgia
24	South Dakota
25	Hawaii
26	Missouri
27	Illinois
28	Texas
29	Mississippi
30	Arizona
31	Arkansas
32	Alabama
33	California
34	Colorado
35	Nebraska
36	Florida
37	Kansas
38	Tennessee
39	West Virginia
40	Oklahoma
41	Utah
42	New Mexico
43	Washington
44	North Carolina
45	Montana
46	Idaho
47	Oregon
48	South Carolina
49	Alaska
50	Wyoming
51	Nevada

Wisconsin's ranking was most affected by the same two indicators. In Wisconsin, the rate of youth with past year Depression who did not receive treatment decreased from 69.4 percent to 44.3 percent, and the rate of youth with severe MDE who received some consistent treatment increased from 23.4 percent to 47.6 percent in 2016-2017.

Virginia's improvement in Youth ranking was also caused primarily because of a decrease in the rate of youth with past year Depression who did not receive treatment, from 76.4 percent to 51.3 percent.

Need or Prevalence Ranking 2011-2017

Massachusetts moved from 17th to 42nd. Nevada moved from 18th to 45th.

Both Massachusetts and Nevada had large changes in their Need or Prevalence Ranking because of increasing rates of youth with Severe MDE. The rate of youth with severe MDE in Massachusetts increased from 4.8 percent in 2012-2013 to 10.5 percent in 2016-2017. The rate in Nevada increased from 5.9 percent to 13.2 percent.

2011-2012	State
1	New Jersey
2	Georgia
3	Florida
4	Illinois
5	North Dakota
6	New York
7	Alabama
8	Texas
9	North Carolina
10	Minnesota
11	Maryland
12	Mississippi
13	Tennessee
14	Nebraska
15	Kansas
16	Connecticut
17	Massachusetts
18	Nevada
19	Delaware
20	Virginia
21	Missouri
22	Kentucky
23	Pennsylvania
24	Louisiana
25	Ohio
26	South Dakota
27	Iowa
28	Arkansas
29	Indiana
30	Colorado
31	California
32	Hawaii
33	South Carolina
34	Wisconsin
35	New Hampshire
36	Idaho
37	Alaska
38	Utah
39	Montana
40	Maine
41	West Virginia
42	Vermont
43	Arizona
44	Wyoming
45	Oklahoma
46	District of Columbia
47	Rhode Island
48	Michigan
49	Oregon
50	Washington
51	New Mexico

2016-2017	State
1	New Jersey
2	Mississippi
3	Texas
4	Georgia
5	New York
6	Hawaii
7	Pennsylvania
8	Alabama
9	Louisiana
10	North Carolina
11	Maryland
12	Florida
13	Nebraska
14	Delaware
15	North Dakota
16	South Carolina
17	Kentucky
18	Virginia
19	Michigan
20	Arizona
21	California
22	Tennessee
23	Illinois
24	Minnesota
25	Oklahoma
26	Kansas
27	Arkansas
28	Connecticut
29	South Dakota
30	Iowa
31	Missouri
32	New Hampshire
33	Indiana
34	Ohio
35	Wisconsin
36	District of Columbia
37	Rhode Island
38	New Mexico
39	West Virginia
40	Wyoming
41	Maine
42	Massachusetts
43	Vermont
44	Colorado
45	Nevada
46	Montana
47	Utah
48	Washington
49	Alaska
50	Idaho
51	Oregon

Hawaii moved from 32nd to 6th. Michigan moved from 48th to 19th.

Hawaii's Need or Prevalence ranking improved because of changes in the prevalence of behavioral health conditions among youth, while Michigan's resulted from reductions in the prevalence among adults.

In Michigan, adult suicidal ideation decreased from 4.43 percent to 3.99 percent, and the rate of adults with AMI decreased from 19.81 percent to 18.34 percent.

In Hawaii, the prevalence of youth with substance use disorder in the past year decreased from 7.52 percent to 3.93 percent. The rate of youth with MDE in the past year increased from 9.79 percent to 11.97 percent. However, the rate of youth with MDE across the country drastically increased, causing Hawaii to move from the 10 states with the highest rate of youth with past year MDE to the 10 states with the lowest rate, despite the increase in prevalence in the state.

Access to Care Ranking 2011-2017

South Dakota moved from 10th to 30th. Wyoming moved from 24th to 45th.

South Dakota's largest changes in Z scores were caused by a decrease in youth with severe MDE who received some consistent treatment, and an increase in adults with cognitive disability who could not see a doctor due to cost.

Wyoming's rate of youth with severe MDE who received some consistent treatment also decreased, from 27.3 percent in 2010-2013 to 16.4 percent in 2016-2017, while the rate of adults with AMI who are uninsured increased, from 19.3 percent to 22.9 percent.

Neither South Dakota nor Wyoming have expanded Medicaid.

Indiana moved from 42nd to 22nd.

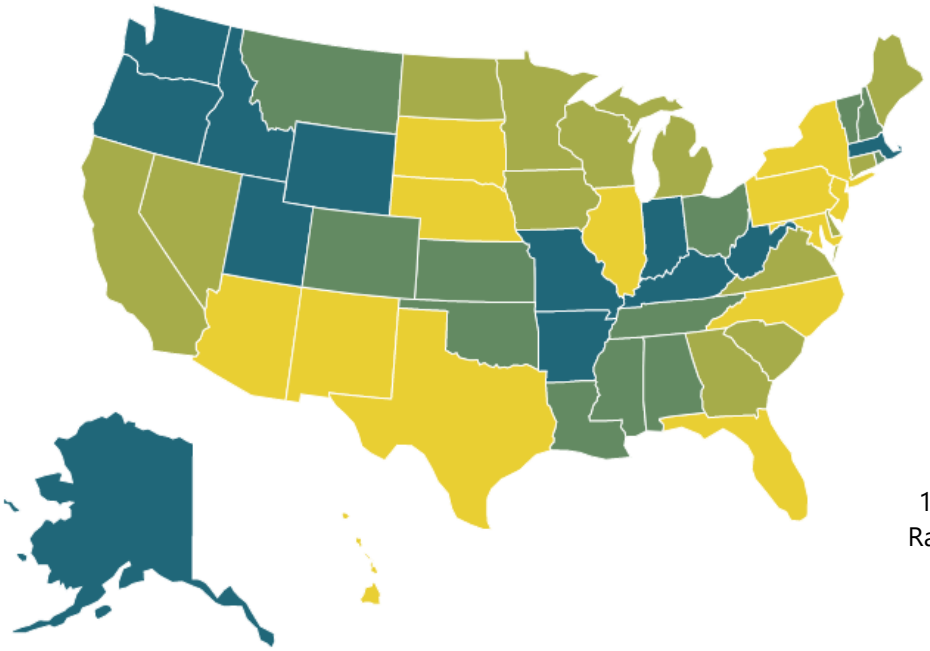
Indiana had large reductions in youth and adults who were unable to access treatment from 2011-2017. The rate of youth with past year Depression who did not receive treatment decreased from 71.1 percent to 54.8 percent, and the rate of adults with AMI who did not receive treatment decreased from 61.7 percent to 53.8 percent.

2011-2012	State
1	Vermont
2	Massachusetts
3	Maine
4	Minnesota
5	Connecticut
6	New Hampshire
7	Alaska
8	Iowa
9	Delaware
10	South Dakota
11	Rhode Island
12	District of Columbia
13	New York
14	Pennsylvania
15	Maryland
16	Michigan
17	Wisconsin
18	New Jersey
19	Colorado
20	New Mexico
21	Oregon
22	Hawaii
23	North Dakota
24	Wyoming
25	North Carolina
26	California
27	Kansas
28	Ohio
29	Washington
30	Nebraska
31	West Virginia
32	Illinois
33	Missouri
34	Oklahoma
35	Kentucky
36	Virginia
37	Montana
38	Utah
39	Arizona
40	Louisiana
41	Idaho
42	Indiana
43	Florida
44	Arkansas
45	Georgia
46	Texas
47	Tennessee
48	Mississippi
49	South Carolina
50	Alabama
51	Nevada

2016-2017	State
1	Vermont
2	Massachusetts
3	Rhode Island
4	Iowa
5	Maine
6	Wisconsin
7	Minnesota
8	Connecticut
9	District of Columbia
10	New Hampshire
11	Ohio
12	Maryland
13	Pennsylvania
14	Delaware
15	Michigan
16	New York
17	Colorado
18	North Dakota
19	Hawaii
20	Illinois
21	New Mexico
22	Indiana
23	Alaska
24	Oregon
25	Washington
26	Missouri
27	California
28	Montana
29	West Virginia
30	South Dakota
31	Kentucky
32	Idaho
33	New Jersey
34	Nebraska
35	Arkansas
36	Arizona
37	Virginia
38	Utah
39	Oklahoma
40	Florida
41	Louisiana
42	Tennessee
43	Kansas
44	North Carolina
45	Wyoming
46	Alabama
47	South Carolina
48	Mississippi
49	Nevada
50	Georgia
51	Texas

Adult Prevalence of Mental Illness

Adults with Any Mental Illness (AMI)



18.57 percent of adults are experiencing a mental illness.

Equivalent to over 45 million Americans.

4.38 percent are experiencing a *severe* mental illness.

The state prevalence of adult mental illness ranges from:

16.19% (NJ)
Ranked 1-10

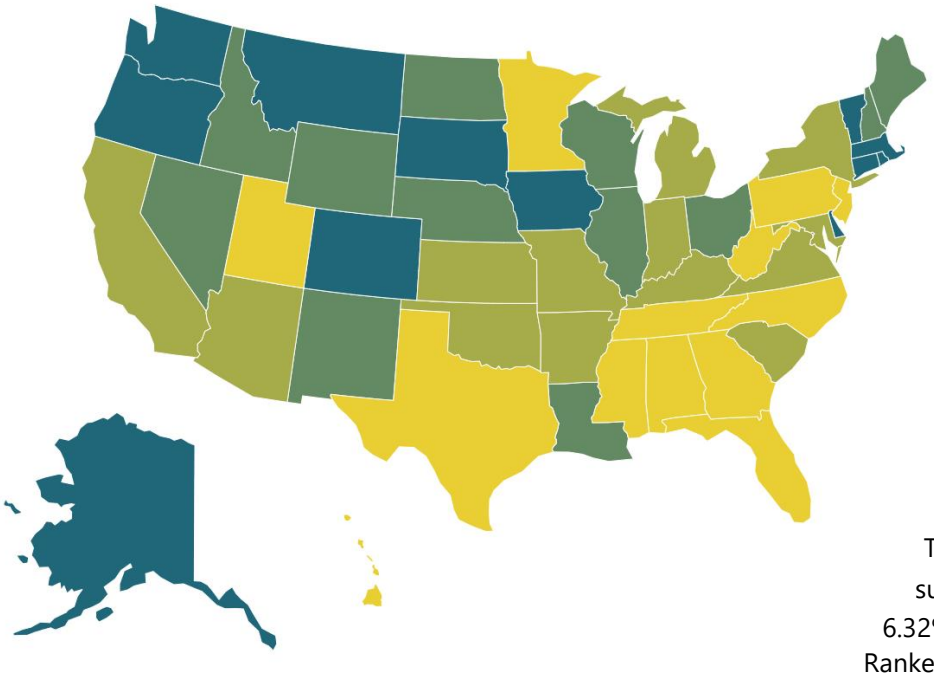
25.03 % (ID)
Ranked 39-51

Rank	State	%	#
1	New Jersey	16.19	1,115,000
2	Hawaii	16.27	173,000
3	Texas	16.32	3,309,000
4	Illinois	16.76	1,627,000
5	Maryland	16.94	778,000
6	Florida	17.54	2,861,000
7	New York	17.61	2,713,000
8	South Dakota	17.70	113,000
9	New Mexico	17.73	276,000
10	Nebraska	17.88	252,000
11	Pennsylvania	17.98	1,786,000
12	North Carolina	18.02	1,387,000
13	Arizona	18.02	944,000
14	Georgia	18.07	1,385,000
15	California	18.18	5,419,000
16	Connecticut	18.18	506,000
17	Minnesota	18.21	765,000
18	North Dakota	18.30	103,000
19	Michigan	18.34	1,405,000
20	Wisconsin	18.54	822,000
21	South Carolina	18.56	704,000
22	Delaware	18.65	138,000
23	Virginia	18.78	1,195,000
24	Nevada	18.87	424,000
25	Maine	19.01	203,000
26	Iowa	19.02	450,000

Rank	State	%	#
27	Mississippi	19.04	420,000
28	Louisiana	19.11	663,000
29	New Hampshire	19.15	203,000
30	Tennessee	19.24	977,000
31	Rhode Island	19.59	164,000
32	Kansas	19.71	421,000
33	Montana	19.78	159,000
34	Vermont	19.84	99,000
35	Ohio	19.85	1,759,000
36	Colorado	19.86	838,000
37	Alabama	19.95	737,000
38	Oklahoma	20.02	578,000
39	Missouri	20.05	925,000
40	Wyoming	20.25	88,000
41	Alaska	20.32	107,000
42	Massachusetts	20.57	1,109,000
43	Arkansas	20.73	464,000
44	Indiana	20.90	1,041,000
45	District of Columbia	21.17	117,000
46	Kentucky	22.29	747,000
47	Washington	22.81	1,277,000
48	West Virginia	22.89	326,000
49	Utah	23.47	500,000
50	Oregon	23.59	757,000
51	Idaho	25.03	310,000
	National	18.57	45,641,000

According to SAMHSA, "Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness."

Adult with Substance Use Disorder in the Past Year



7.68 percent of adults in America reported having a substance use disorder in the past year.

2.72 percent of adults in America reported having an illicit drug use disorder in the past year.

5.82 percent of adults in America reported having an alcohol use disorder in the past year.

The state prevalence of adults with substance use disorder ranges from:

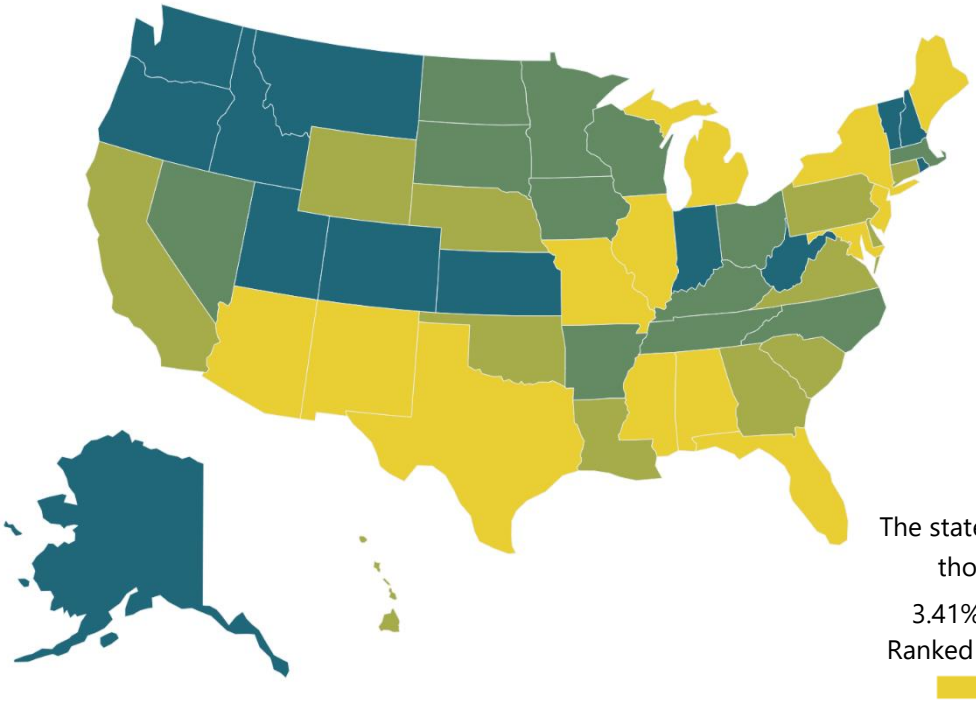
6.32% (GA) Ranked 1-10

11.55% (D.C.) Ranked 39-51

Rank	State	%	#
1	Georgia	6.32	484,000
2	Texas	6.44	1,307,000
3	West Virginia	6.47	92,000
4	New Jersey	6.52	449,000
5	North Carolina	6.54	504,000
6	Mississippi	6.77	149,000
7	Alabama	6.86	253,000
8	Tennessee	6.94	353,000
9	Minnesota	6.97	293,000
10	Hawaii	7.03	75,000
11	Florida	7.16	1,166,000
12	Utah	7.19	153,000
13	Pennsylvania	7.22	717,000
14	Kansas	7.24	155,000
15	Kentucky	7.47	251,000
16	Indiana	7.56	377,000
17	Missouri	7.66	353,000
18	Arkansas	7.72	173,000
19	Arizona	7.73	405,000
20	California	7.78	2,319,000
21	Oklahoma	7.78	225,000
22	Virginia	7.78	495,000
23	South Carolina	7.86	298,000
24	Maryland	7.89	362,000
25	Michigan	7.93	608,000
26	New York	8.04	1,238,000

Rank	State	%	#
27	Wyoming	8.05	35,000
28	Ohio	8.05	713,000
29	Nebraska	8.08	114,000
30	Idaho	8.18	101,000
31	New Mexico	8.22	128,000
32	Illinois	8.32	808,000
33	Nevada	8.32	187,000
34	Maine	8.36	89,000
35	Louisiana	8.46	293,000
36	Wisconsin	8.52	378,000
37	North Dakota	8.60	49,000
38	New Hampshire	8.69	92,000
39	Rhode Island	8.77	73,000
40	Connecticut	8.77	244,000
41	Washington	8.89	497,000
42	Delaware	8.93	66,000
43	Colorado	9.07	383,000
44	Iowa	9.20	218,000
45	Montana	9.23	74,000
46	Alaska	9.26	49,000
47	South Dakota	9.56	61,000
48	Oregon	9.76	313,000
49	Vermont	9.99	50,000
50	Massachusetts	10.13	546,000
51	District of Columbia	11.55	64,000
	National	7.68	18,878,000

Adults with Serious Thoughts of Suicide



The percentage of adults reporting serious thoughts of suicide is 4.19 percent. The estimated number of adults with serious suicidal thoughts is over 10.3 million—**an increase of nearly 450,000 people from last year's data set.**

The state prevalence of adults with serious thoughts of suicide ranges from:

3.41% (NJ) Ranked 1-10

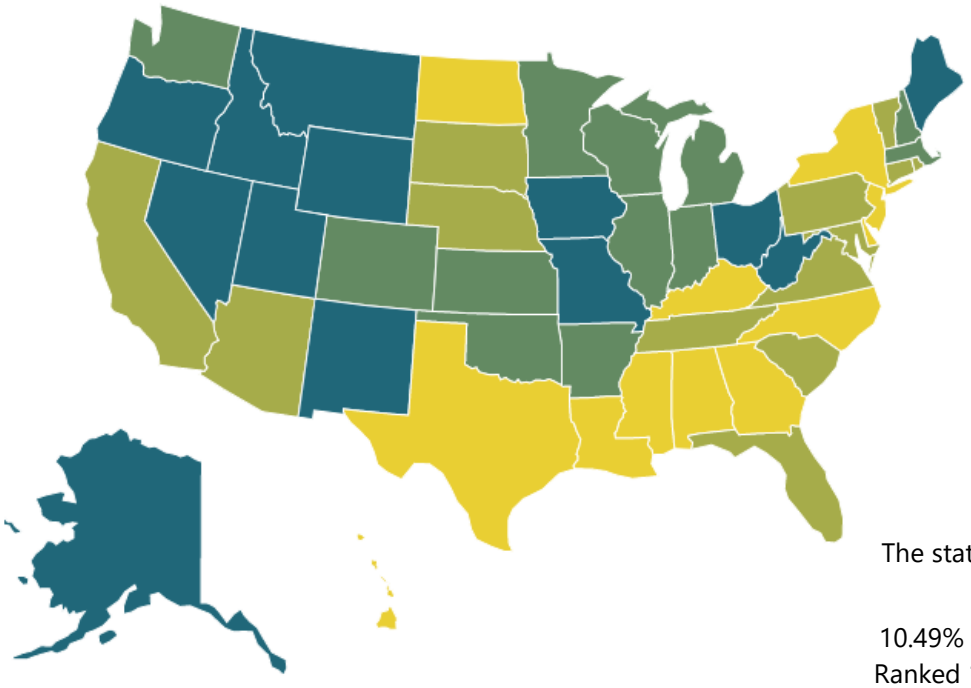
5.99% (UT) Ranked 39-51

Rank	State	%	#
1	New Jersey	3.41	235,000
2	Florida	3.49	569,000
3	New York	3.68	568,000
4	Texas	3.72	754,000
5	Illinois	3.87	376,000
6	Alabama	3.89	144,000
7	Michigan	3.99	306,000
8	Maine	3.99	43,000
9	Maryland	4.00	184,000
10	Mississippi	4.01	88,000
11	New Mexico	4.01	63,000
12	Arizona	4.02	211,000
13	Missouri	4.04	186,000
14	California	4.04	1,205,000
15	Nebraska	4.05	57,000
16	Connecticut	4.05	113,000
17	Hawaii	4.08	43,000
18	Oklahoma	4.10	118,000
19	District of Columbia	4.11	23,000
20	South Carolina	4.11	156,000
21	Delaware	4.16	31,000
22	Virginia	4.20	268,000
23	Louisiana	4.25	147,000
24	Pennsylvania	4.28	426,000
25	Georgia	4.38	336,000
26	Wyoming	4.39	19,000

Rank	State	%	#
27	South Dakota	4.40	28,000
28	Tennessee	4.50	228,000
29	Minnesota	4.52	190,000
30	Ohio	4.56	404,000
31	North Dakota	4.57	26,000
32	North Carolina	4.57	352,000
33	Massachusetts	4.57	247,000
34	Arkansas	4.59	103,000
35	Wisconsin	4.60	204,000
36	Nevada	4.62	104,000
37	Iowa	4.69	111,000
38	Kentucky	4.71	158,000
39	West Virginia	4.75	68,000
40	Rhode Island	4.78	40,000
41	Kansas	4.87	104,000
42	New Hampshire	4.89	52,000
43	Montana	4.91	39,000
44	Indiana	5.04	251,000
45	Washington	5.06	283,000
46	Oregon	5.18	166,000
47	Vermont	5.31	27,000
48	Alaska	5.34	28,000
49	Colorado	5.41	229,000
50	Idaho	5.60	70,000
51	Utah	5.99	128,000
	National	4.19	10,308,000

Youth Prevalence of Mental Illness

Youth with At Least One Major Depressive Episode (MDE) in the Past Year



13.01 percent of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year.

Childhood depression is more likely to persist into adulthood if gone untreated.

The number of youths experiencing MDE increased by 99,000 from last year's dataset.

The state prevalence of youth with MDE ranges from:

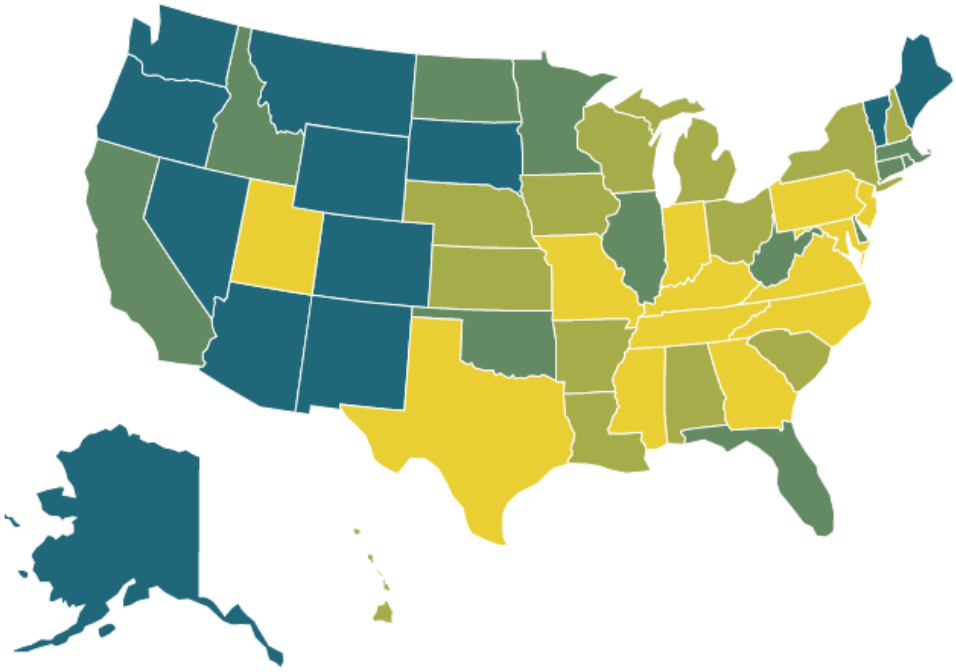
10.49% (DC) Ranked 1-10

16.34% (OR) Ranked 39-51

Rank	State	%	#
1	District of Columbia	10.49	3,000
2	Louisiana	10.76	39,000
3	New Jersey	11.17	77,000
4	Georgia	11.44	99,000
5	New York	11.46	161,000
6	Mississippi	11.56	28,000
7	Delaware	11.58	8,000
8	Alabama	11.90	45,000
9	Kentucky	11.94	41,000
10	Hawaii	11.97	11,000
11	North Carolina	12.03	95,000
12	North Dakota	12.13	6,000
13	Texas	12.19	296,000
14	Pennsylvania	12.23	113,000
15	South Carolina	12.31	46,000
16	South Dakota	12.56	8,000
17	Tennessee	12.79	65,000
18	Vermont	12.83	5,000
19	Maryland	12.91	59,000
20	Nebraska	13.01	20,000
21	Arizona	13.06	72,000
22	Florida	13.09	185,000
23	Connecticut	13.16	36,000
24	Virginia	13.22	83,000
25	California	13.23	401,000
26	Rhode Island	13.30	10,000

Rank	State	%	#
27	Arkansas	13.36	32,000
28	Minnesota	13.56	58,000
29	Massachusetts	13.60	66,000
30	Wisconsin	13.66	61,000
31	Indiana	13.77	74,000
32	Kansas	13.84	33,000
33	Oklahoma	13.86	44,000
34	Michigan	13.87	107,000
35	Colorado	13.89	59,000
36	New Hampshire	13.91	13,000
37	Washington	13.98	75,000
38	Illinois	14.00	141,000
39	West Virginia	14.05	18,000
40	Montana	14.07	11,000
41	Iowa	14.10	34,000
42	Wyoming	14.20	6,000
43	Alaska	14.27	8,000
44	Ohio	14.35	129,000
45	Missouri	14.57	68,000
46	New Mexico	14.88	25,000
47	Nevada	14.97	34,000
48	Maine	15.07	14,000
49	Utah	15.48	47,000
50	Idaho	16.22	24,000
51	Oregon	16.34	48,000
	National	13.01	3,243,000

Youth with Substance Use Disorder in the Past Year



4.13 percent of youth in the U.S. reported a substance use disorder in the past year.

1.87 percent had an alcohol use disorder in the past year, while 3.07 percent had an illicit drug use disorder.

The state prevalence of youth with substance use disorder ranges from:

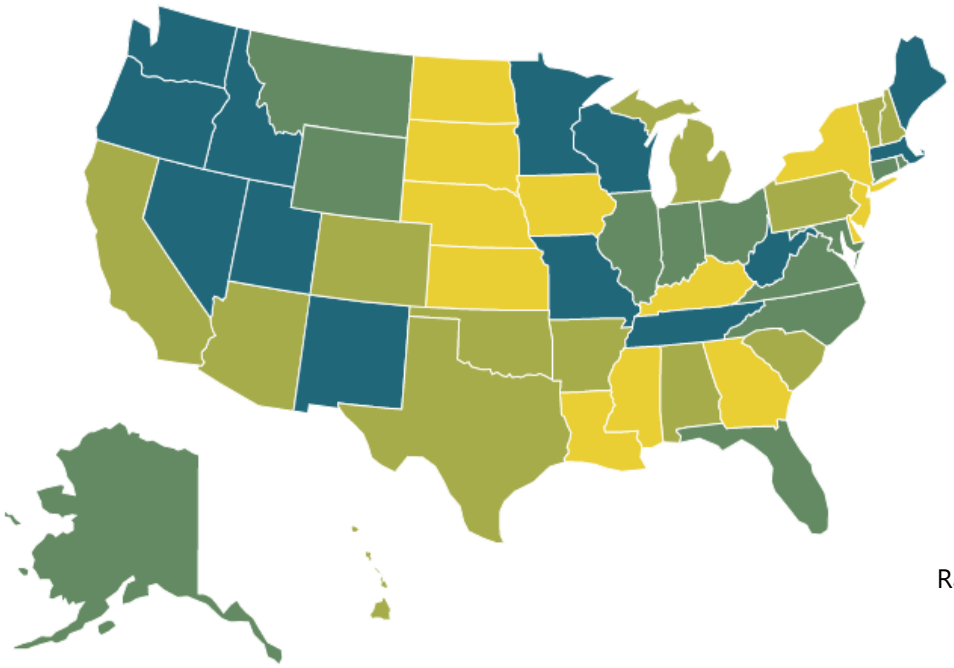
3.18% (GA) Ranked 1-10

6.54% (AK) Ranked 39-51

Rank	State	%	#
1	Georgia	3.18	27,000
2	Pennsylvania	3.19	29,000
3	Indiana	3.29	18,000
4	New Jersey	3.34	23,000
5	Maryland	3.45	16,000
6	Mississippi	3.49	9,000
7	Texas	3.61	88,000
8	Kentucky	3.62	12,000
9	North Carolina	3.63	29,000
10	Virginia	3.65	23,000
11	Missouri	3.72	17,000
12	Utah	3.84	12,000
13	Tennessee	3.86	20,000
14	Michigan	3.87	30,000
15	Louisiana	3.89	14,000
16	Hawaii	3.93	4,000
17	Alabama	3.96	15,000
18	Ohio	3.99	36,000
19	New York	4.04	57,000
20	Nebraska	4.05	6,000
21	South Carolina	4.09	15,000
22	Kansas	4.09	10,000
23	Arkansas	4.10	10,000
24	Iowa	4.18	10,000
25	Wisconsin	4.23	19,000
26	New Hampshire	4.25	4,000

Rank	State	%	#
27	Massachusetts	4.26	21,000
28	Minnesota	4.27	18,000
29	Delaware	4.32	3,000
30	Oklahoma	4.36	14,000
31	North Dakota	4.39	2,000
32	West Virginia	4.42	6,000
33	Florida	4.54	64,000
34	California	4.63	140,000
35	Connecticut	4.64	13,000
36	Idaho	4.65	7,000
37	Illinois	4.67	47,000
38	Rhode Island	4.69	3,000
39	Maine	4.75	4,000
40	Arizona	4.77	26,000
41	District of Columbia	5.14	2,000
42	Washington	5.18	28,000
43	Nevada	5.20	12,000
44	Oregon	5.30	16,000
45	Wyoming	5.40	2,000
46	Vermont	5.47	2,000
47	South Dakota	5.59	4,000
48	Colorado	5.60	24,000
49	New Mexico	6.01	10,000
50	Montana	6.30	5,000
51	Alaska	6.54	4,000
	National	4.13	1,028,000

Youth with Severe Major Depressive Episode



9.2 percent of youth (over 2.2 million youth) cope with severe major depression. Depression in youth often co-occurs with other disorders like substance use, anxiety and disorderly behavior.

The number of youths experiencing Severe MDE increased by 121,000 from last year's dataset.

The state prevalence of youth with severe MDE ranges from:

6.0% (MS) Ranked 1-10

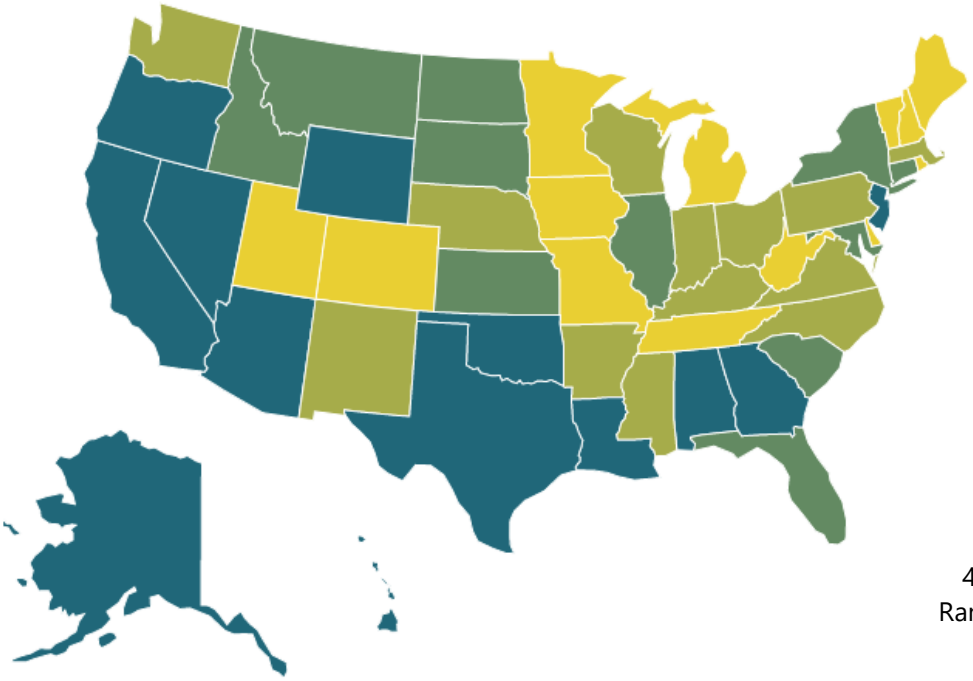
13.2% (NV) Ranked 39-51

Rank	State	%	#	Rank	State	%	#
1	Mississippi	6.0	14,000	27	Virginia	9.1	55,000
2	North Dakota	6.0	3,000	28	Montana	9.2	7,000
3	Kentucky	6.3	21,000	29	Alaska	9.3	5,000
4	Delaware	6.6	4,000	30	North Carolina	9.8	75,000
5	Iowa	6.9	17,000	31	Ohio	9.9	87,000
6	New Jersey	7.0	47,000	32	Florida	10.0	137,000
7	South Dakota	7.3	5,000	33	Maryland	10.0	43,000
8	Louisiana	7.5	27,000	34	Illinois	10.1	98,000
9	New York	7.5	102,000	35	Wyoming	10.1	4,000
10	Georgia	7.7	65,000	36	Connecticut	10.2	27,000
11	Nebraska	7.7	12,000	37	Rhode Island	10.2	7,000
12	Kansas	7.8	18,000	38	Indiana	10.4	54,000
13	District of Columbia	7.9	2,000	39	Tennessee	10.4	52,000
14	Alabama	8.1	29,000	40	Massachusetts	10.5	50,000
15	Vermont	8.2	3,000	41	Minnesota	10.5	44,000
16	Colorado	8.3	35,000	42	New Mexico	10.5	17,000
17	New Hampshire	8.3	8,000	43	Utah	10.7	31,000
18	Arkansas	8.4	19,000	44	Washington	10.7	56,000
19	Oklahoma	8.4	26,000	45	Wisconsin	10.8	47,000
20	Pennsylvania	8.6	77,000	46	Missouri	11.3	51,000
21	California	8.8	258,000	47	West Virginia	11.3	14,000
22	Arizona	8.9	47,000	48	Idaho	11.7	17,000
23	South Carolina	8.9	32,000	49	Oregon	12.7	36,000
24	Hawaii	9.0	8,000	50	Maine	13.1	12,000
25	Texas	9.0	211,000	51	Nevada	13.2	28,000
26	Michigan	9.1	68,000		National	9.2	2,217,000

According to SAMHSA, youth who experience a Major Depressive Episode (MDE) in the last year with severe role impairment (Youth with Severe MDE) reported the maximum level of interference over four role domains including: chores at home, school or work, family relationships, and social life.

Adult Access to Care

Adults with AMI who Did Not Receive Treatment



57.2 percent of adults with a mental illness receive no treatment.

Over 26 million individuals experiencing a mental illness are going untreated.

The state prevalence of untreated adults with mental illness ranges from:

40.7% (VT)
Ranked 1-10

64.8% (CA)
Ranked 39-51

Rank	State	%	#
1	Vermont	40.7	42,000
2	New Hampshire	44.6	89,000
3	Rhode Island	45.7	73,000
4	Iowa	47.3	214,000
5	Delaware	47.5	64,000
6	Colorado	48.7	407,000
7	Minnesota	49.5	360,000
8	Maine	49.6	99,000
9	Missouri	50.9	485,000
10	Michigan	51.1	713,000
11	Tennessee	51.4	485,000
12	Utah	51.4	269,000
13	West Virginia	51.4	177,000
14	Massachusetts	52.0	603,000
15	Arkansas	52.5	251,000
16	Nebraska	52.7	126,000
17	Wisconsin	52.9	427,000
18	Washington	53.1	707,000
19	Indiana	53.8	577,000
20	Ohio	54.0	958,000
21	Pennsylvania	54.3	960,000
22	New Mexico	54.4	148,000
23	North Carolina	54.6	754,000
24	Mississippi	54.8	230,000
25	Virginia	54.8	651,000
26	Kentucky	55.0	425,000

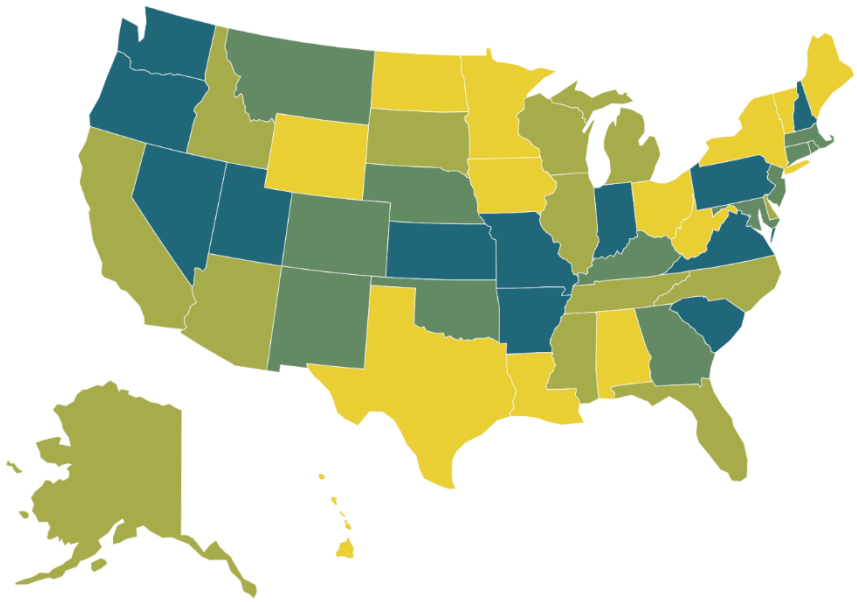
Rank	State	%	#
27	District of Columbia	55.4	68,000
28	North Dakota	55.6	54,000
29	South Dakota	55.6	61,000
30	Connecticut	55.7	277,000
31	Illinois	55.7	847,000
32	Maryland	55.9	446,000
33	Kansas	56.8	238,000
34	Idaho	57.1	188,000
35	South Carolina	57.4	397,000
36	Montana	58.3	92,000
37	Florida	59.3	1,705,000
38	New York	59.7	1,590,000
39	Oklahoma	59.7	344,000
40	New Jersey	59.9	663,000
41	Oregon	60.2	475,000
42	Georgia	60.9	829,000
43	Arizona	61.3	543,000
44	Texas	61.7	1,991,000
45	Louisiana	62.2	409,000
46	Alaska	62.4	66,000
47	Nevada	63.9	270,000
48	Alabama	64.3	474,000
49	Wyoming	64.3	57,000
50	Hawaii	64.6	111,000
51	California	64.8	3,533,000
	National	57.2	26,017,000

Adults with AMI Reporting Unmet Need

Almost a quarter (22.3 percent) of all adults with a mental illness reported that they were not able to receive the treatment they needed. **This number has not declined since 2011.**

Individuals seeking treatment but still not receiving needed services face the same barriers that contribute to the number of individuals not receiving treatment:

1) No insurance or limited coverage of services.
2) Shortfall in psychiatrists, and an overall undersized mental health workforce.
3) Lack of available treatment types (inpatient treatment, individual therapy, intensive community services).
4) Disconnect between primary care systems and behavioral health systems.
5) Insufficient finances to cover costs – including copays, uncovered treatment types, or when providers do not take insurance.



The state prevalence of adults with AMI reporting unmet treatment needs ranges from:

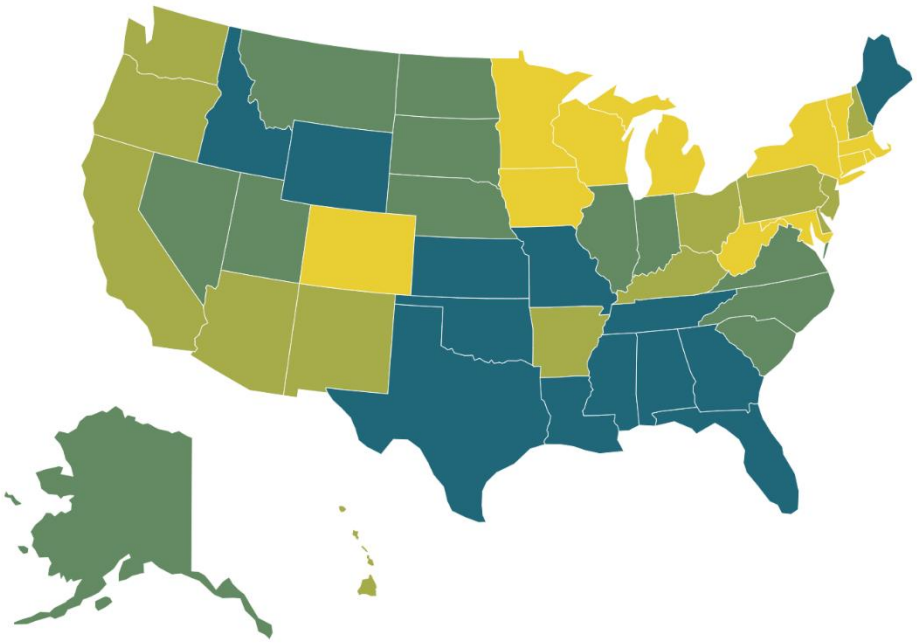
14.3% (AL) Ranked 1-10

31.2% (UT) Ranked 39-51

Rank	State	%	#
1	Alabama	14.3	106,000
2	Hawaii	14.7	25,000
3	Iowa	18.2	82,000
4	Texas	19.2	620,000
5	Wyoming	19.2	17,000
6	Minnesota	19.4	141,000
7	Maine	19.7	39,000
8	New York	20.1	536,000
9	Louisiana	20.2	133,000
10	Ohio	20.4	363,000
11	West Virginia	20.4	70,000
12	Vermont	20.7	21,000
13	North Dakota	21.2	21,000
14	Arizona	21.3	189,000
15	Idaho	21.7	72,000
16	South Dakota	21.7	24,000
17	Delaware	21.8	29,000
18	Illinois	21.8	331,000
19	North Carolina	21.8	302,000
20	California	21.9	1,196,000
21	Mississippi	21.9	92,000
22	Alaska	22.0	23,000
23	Florida	22.0	632,000
24	Michigan	22.0	307,000
25	Tennessee	22.0	208,000
26	Wisconsin	22.0	178,000

Rank	State	%	#
27	Colorado	22.2	186,000
28	Massachusetts	22.3	262,000
29	Oklahoma	22.4	129,000
30	Georgia	22.5	309,000
31	Maryland	22.6	180,000
32	Nebraska	22.6	54,000
33	Connecticut	22.9	113,000
34	Kentucky	22.9	178,000
35	New Jersey	22.9	254,000
36	Montana	23.3	36,000
37	New Mexico	23.8	65,000
38	Rhode Island	24.3	39,000
39	District of Columbia	24.5	30,000
40	Washington	24.5	327,000
41	Pennsylvania	24.7	435,000
42	South Carolina	24.8	173,000
43	Arkansas	25.0	119,000
44	Missouri	25.0	238,000
45	Indiana	25.2	272,000
46	Kansas	25.9	109,000
47	Virginia	28.3	337,000
48	Oregon	28.5	224,000
49	Nevada	28.6	121,000
50	New Hampshire	28.8	57,000
51	Utah	31.2	163,000
	National	22.30	10,168,000

Adults with AMI who are Uninsured



The state prevalence of uninsured adults with mental illness ranges from:

2.7% (MA) Ranked 1-10

22.9% (WY) Ranked 39-51

10.3 percent (over 4.7 million) of adults with a mental illness remain uninsured.

Under the Affordable Care Act (ACA), the U.S. continues to see a decline in Americans who are uninsured. There was a 1.9 percent reduction from last year's dataset.

Thirty-nine states saw a reduction in Adults with AMI who are uninsured. The largest reductions were seen in Louisiana (5.3 percent), New York (4.7 percent), Iowa (4.6 percent) and Arkansas (4.2 percent).

Each of the bottom 17 states, with the exception of Louisiana, are states that have not expanded Medicaid. Louisiana, however, has had the largest reductions in the rate of uninsured adults with AMI since the state expanded Medicaid in 2016, from 20 percent of adults with AMI to 14.7 percent.

The rankings for this indicator used data from the 2016-2017 NSDUH. Some states, such as Arkansas, that had a reduction in uninsured adults with AMI passed Medicaid work requirements in 2018, which may lead to a large change in coverage in future reports.

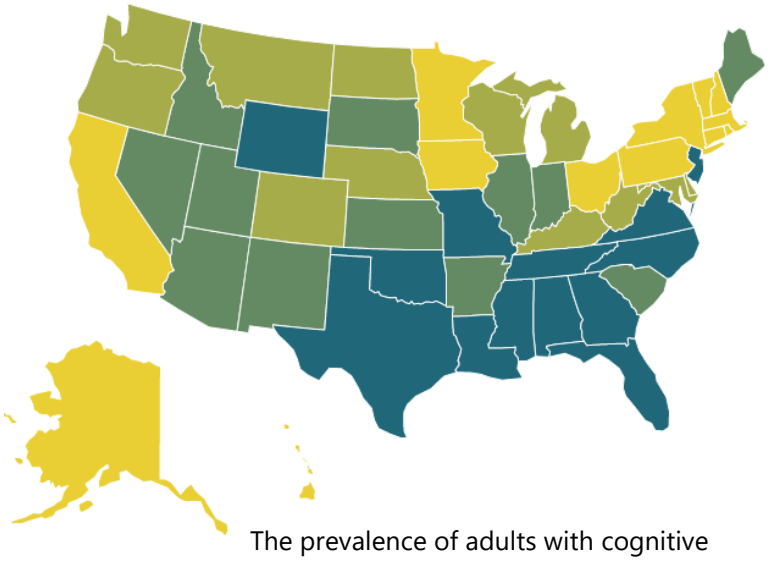
Rank	State	Rate	#
1	Massachusetts	2.7	32,000
2	Iowa	3.3	15,000
3	District of Columbia	3.8	5,000
4	New York	4.0	107,000
5	Connecticut	5.1	26,000
6	Vermont	6.0	6,000
7	Maryland	6.1	49,000
8	Minnesota	6.1	44,000
9	Michigan	6.2	86,000
10	Colorado	6.4	54,000
11	Wisconsin	6.4	52,000
12	Rhode Island	6.8	11,000
13	West Virginia	6.8	23,000
14	Ohio	6.9	123,000
15	Arizona	7.1	63,000
16	New Hampshire	7.1	14,000
17	Arkansas	7.2	35,000
18	Kentucky	7.2	56,000
19	New Jersey	7.2	80,000
20	Delaware	7.3	10,000
21	Pennsylvania	7.5	133,000
22	California	7.7	422,000
23	Hawaii	8.0	14,000
24	Oregon	8.3	65,000
25	New Mexico	8.4	23,000
26	Washington	8.8	118,000
27	Illinois	9.2	141,000
28	Indiana	9.5	102,000
29	Montana	9.7	15,000
30	Nebraska	10.2	24,000
31	Alaska	10.3	11,000
32	North Dakota	10.3	10,000
33	North Carolina	10.8	151,000
34	Nevada	10.9	48,000
35	Utah	11.3	59,000
36	South Dakota	11.5	12,000
37	Virginia	12.4	147,000
38	South Carolina	12.7	88,000
39	Missouri	13.0	124,000
40	Maine	14.1	28,000
41	Oklahoma	14.1	81,000
42	Kansas	14.6	61,000
43	Louisiana	14.7	97,000
44	Idaho	15.2	51,000
45	Florida	16.0	461,000
46	Tennessee	16.0	151,000
47	Alabama	16.6	123,000
48	Mississippi	18.3	77,000
49	Georgia	20.3	278,000
50	Texas	21.4	694,000
51	Wyoming	22.9	20,000
	National	10.3	4,720,000

Adults with Cognitive Disability who Could Not See a Doctor Due to Costs

29.4 percent of adults with a cognitive disability were not able to see a doctor due to costs.

According to the Centers for Disease Control (CDC), 11.4 percent of people in the United States had a cognitive disability, even when adjusted for age. [1] The percentage of people with cognitive disability ranged from 7.8 percent in some states to 19.1 percent.

A 2017 study found that compared to working-age adults without disabilities, those with disabilities are more likely to live below the federal poverty level and to use public insurance. Their average health costs were also 3-7 times higher than those without disabilities, and they were more likely to face access problems to care, including cost.[2]



The prevalence of adults with cognitive disability who couldn't see a MD due to cost ranges from:

16.87% (IA) Ranked 1-10

41.03% (TX) Ranked 39-51

Rank	State	%	#
1	Iowa	16.87	37,908
2	Vermont	18.63	9,188
3	Massachusetts	20.44	110,799
4	Alaska	20.69	9,859
5	Rhode Island	20.70	20,592
6	Hawaii	20.86	19,358
7	Ohio	22.23	239,773
8	New York	22.35	315,572
9	California	22.47	647,176
10	Pennsylvania	22.97	254,064
11	Connecticut	23.06	51,647
12	New Hampshire	23.99	23,315
13	Minnesota	24.81	98,572
14	Montana	25.10	22,931
15	Delaware	25.40	24,687
16	Maryland	25.74	100,730
17	District of Columbia	25.88	14,059
18	Nebraska	26.66	33,510
19	Kentucky	26.77	145,055
20	Wisconsin	26.98	112,237
21	Washington	27.19	158,208
22	Michigan	27.29	280,450
23	West Virginia	27.54	74,517
24	North Dakota	27.67	12,131
25	Colorado	27.72	102,075
26	Oregon	28.37	103,596

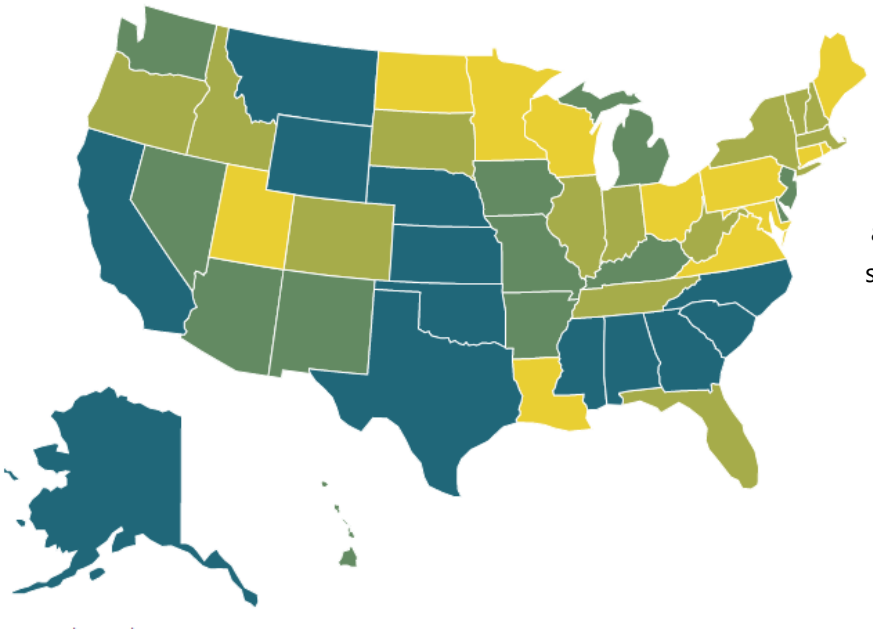
Rank	State	%	#
27	Idaho	28.49	33,213
28	Indiana	28.78	167,315
29	Illinois	29.06	237,367
30	Maine	29.34	32,555
31	Arizona	29.84	170,006
32	Kansas	29.99	65,857
33	South Dakota	30.13	18,219
34	Nevada	30.76	77,939
35	South Carolina	30.79	147,202
36	Utah	31.19	70,771
37	Arkansas	31.42	107,117
38	New Mexico	31.51	61,938
39	Missouri	32.21	195,362
40	Tennessee	33.23	239,969
41	Alabama	33.24	191,499
42	North Carolina	33.36	290,888
43	Florida	33.37	684,912
44	Mississippi	33.97	113,045
45	Wyoming	34.35	15,974
46	Oklahoma	34.43	150,379
47	Virginia	34.48	213,282
48	New Jersey	35.07	245,583
49	Georgia	36.06	322,610
50	Louisiana	38.23	201,908
51	Texas	41.03	983,751
	National	29.40	8,181,777

[1]Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. (2017). Available at https://dhds.cdc.gov

[2] Kennedy, J., Geneva Wood, E. & Frieden, L. (2017). Disparities in insurance coverage, health services use, and access following implementation of the Affordable Care Act: A comparison of disabled and nondisabled working-age adults. *Inquiry,* 54. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798675/

Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services



59 percent of youth with major depression do not receive any mental health treatment.

Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, almost 50 percent of youth are still not receiving the mental health services they need.

The state prevalence of untreated youth with depression ranges from:

39.5% (RI) Ranked 1-10

74.3% (NC) Ranked 39-51

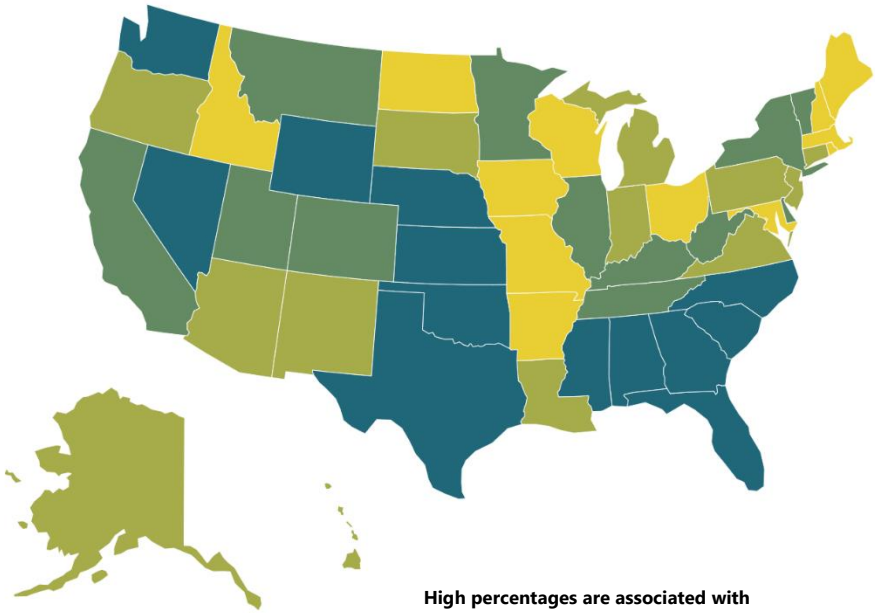
Rank	State	%	#
1	Rhode Island	39.5	4,000
2	Connecticut	43.9	16,000
3	Wisconsin	44.3	27,000
4	Maine	45.3	7,000
5	North Dakota	46.7	2,000
6	Minnesota	47.5	27,000
7	Ohio	48.6	63,000
8	District of Columbia	48.7	1,000
9	Virginia	51.3	44,000
10	Maryland	52.5	33,000
11	Louisiana	52.7	18,000
12	Utah	53.8	24,000
13	Pennsylvania	53.9	59,000
14	West Virginia	54.2	10,000
15	Massachusetts	54.5	38,000
16	New Hampshire	54.7	7,000
17	Indiana	54.8	40,000
18	New York	55.1	83,000
19	Vermont	55.3	3,000
20	Colorado	55.6	30,000
21	Oregon	55.6	27,000
22	Idaho	55.7	13,000
23	South Dakota	55.7	4,000
24	Illinois	56.1	80,000
25	Tennessee	57.0	37,000
26	Florida	57.2	106,000

Rank	State	%	#
27	Delaware	57.3	4,000
28	New Jersey	57.8	40,000
29	Hawaii	57.9	6,000
30	Missouri	59.0	45,000
31	Washington	59.1	40,000
32	Iowa	59.8	20,000
33	Michigan	59.8	64,000
34	Arizona	60.2	38,000
35	Arkansas	61.3	19,000
36	Nevada	61.4	22,000
37	New Mexico	61.4	16,000
38	Kentucky	62.0	19,000
39	Wyoming	62.5	4,000
40	Montana	63.2	6,000
41	Mississippi	63.7	16,000
42	California	63.9	245,000
43	Texas	65.4	180,000
44	Alaska	65.6	5,000
45	Oklahoma	65.8	28,000
46	Alabama	67.5	26,000
47	Kansas	70.8	22,000
48	Georgia	70.9	67,000
49	Nebraska	71.3	14,000
50	South Carolina	73.7	33,000
51	North Carolina	74.3	68,000
	National	59.0	1,848,000

Youth with Severe MDE who Received Some Consistent Treatment

Nationally, only 28.2 percent of youth with severe depression receive some consistent treatment (7-25+ visits in a year).

Late recognition in primary care settings and limited coverage of mental health services often prevent youth from receiving timely and effective treatment.



The state prevalence of youth with severe depression who received some outpatient treatment ranges from:

53.9% (MD) Ranked 1-10

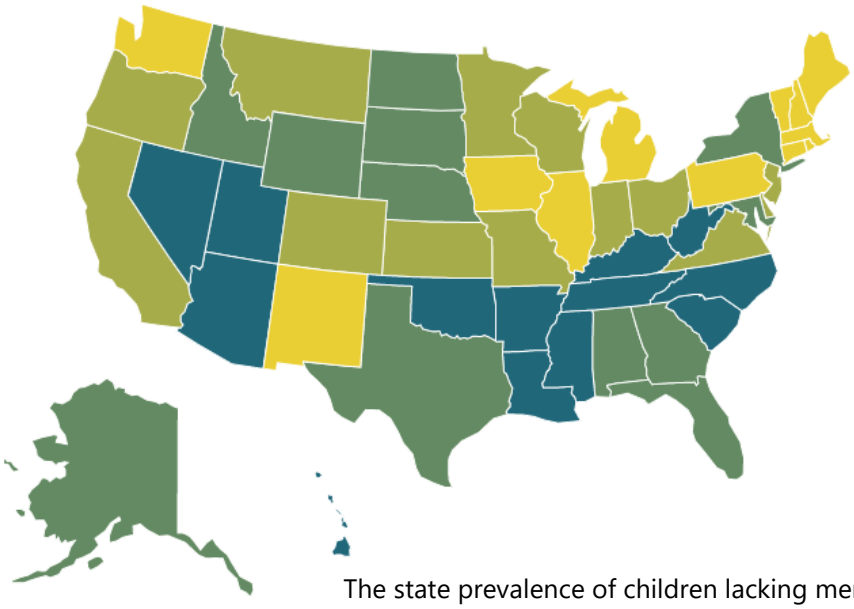
13.5% (SC) Ranked 39-51

High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

Rank	State	%	#
1	Maryland	53.90%	23,000
2	Rhode Island	48.30%	3,000
3	Wisconsin	47.60%	22,000
4	Massachusetts	46.00%	22,000
5	Maine	41.30%	4,000
6	New Hampshire	39.70%	3,000
7	District of Columbia	38.10%	1,000
8	Ohio	37.10%	32,000
9	Missouri	36.70%	19,000
10	Iowa	36.60%	6,000
11	Idaho	36.00%	6,000
12	North Dakota	35.90%	1,000
13	Arkansas	35.40%	7,000
14	Connecticut	35.40%	9,000
15	Louisiana	34.20%	9,000
16	Arizona	33.20%	14,000
17	New Mexico	32.60%	5,000
18	Pennsylvania	32.30%	23,000
19	Alaska	31.40%	2,000
20	New Jersey	30.40%	13,000
21	Michigan	29.20%	19,000
22	Oregon	29.20%	10,000
23	Hawaii	29.00%	2,000
24	South Dakota	28.80%	1,000
25	Virginia	28.30%	15,000
26	Indiana	27.80%	14,000

Rank	State	%	#
27	California	27.50%	68,000
28	West Virginia	27.50%	4,000
29	Illinois	27.40%	26,000
30	Kentucky	27.20%	5,000
31	New York	27.20%	26,000
32	Delaware	27.00%	1,000
33	Colorado	25.60%	8,000
34	Vermont	25.50%	1,000
35	Utah	25.10%	8,000
36	Minnesota	24.80%	10,000
37	Montana	24.70%	2,000
38	Tennessee	23.80%	11,000
39	Florida	23.60%	31,000
40	Texas	23.50%	48,000
41	Oklahoma	22.70%	6,000
42	Alabama	21.20%	6,000
43	Nebraska	20.70%	2,000
44	Kansas	20.10%	3,000
45	Georgia	20.00%	13,000
46	Nevada	18.00%	5,000
47	Mississippi	17.70%	2,000
48	North Carolina	17.00%	12,000
49	Wyoming	16.40%	1,000
50	Washington	15.80%	8,000
51	South Carolina	13.50%	4,000
	National	**28.2**	599,000

Children with Private Insurance that Did Not Cover Mental or Emotional Problems



The state prevalence of children lacking mental health coverage ranges from:

2.0% (New Hampshire) Ranked 1-10

18.1% (Mississippi) Ranked 39-51

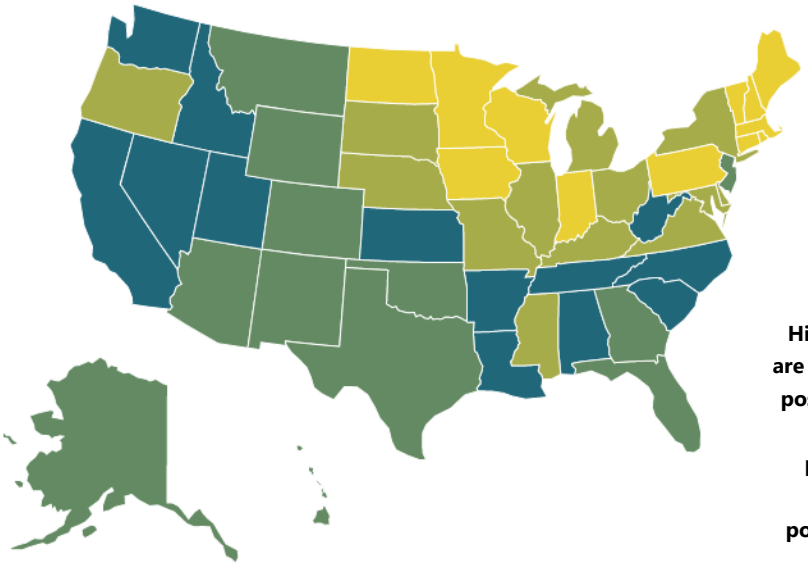
Rank	State	%	#
1	New Hampshire	2.0	1,000
2	Massachusetts	3.6	10,000
3	Vermont	4.0	1,000
4	District of Columbia	4.1	0
5	Michigan	4.3	18,000
6	Maine	4.5	2,000
7	Connecticut	5.2	8,000
8	Washington	5.2	15,000
9	Iowa	5.6	8,000
10	New Mexico	5.7	3,000
11	Illinois	5.8	28,000
12	Rhode Island	5.8	2,000
13	Pennsylvania	5.9	29,000
14	Delaware	6.0	2,000
15	Missouri	6.3	16,000
16	Montana	6.3	2,000
17	California	7.0	92,000
18	Colorado	7.0	14,000
19	Oregon	7.0	11,000
20	Wisconsin	7.0	20,000
21	New Jersey	7.3	27,000
22	Ohio	7.4	33,000
23	Indiana	7.7	22,000
24	Minnesota	7.8	20,000
25	Virginia	7.8	25,000
26	Kansas	7.9	10,000
27	Georgia	8.3	31,000
28	Maryland	8.5	22,000
29	North Dakota	8.5	3,000
30	Florida	8.6	45,000
31	South Dakota	8.7	3,000
32	New York	8.8	56,000
33	Alaska	8.9	2,000
34	Alabama	9.0	13,000
35	Wyoming	9.1	2,000
36	Nebraska	10.1	8,000
37	Texas	10.1	93,000
38	Idaho	10.3	7,000
39	Kentucky	10.4	16,000
40	West Virginia	10.4	5,000
41	Hawaii	10.6	4,000
42	Utah	11.2	21,000
43	Oklahoma	11.5	16,000
44	Arizona	11.7	31,000
45	Arkansas	11.8	11,000
46	North Carolina	11.9	38,000
47	South Carolina	11.9	20,000
48	Tennessee	13.0	27,000
49	Nevada	16.0	16,000
50	Louisiana	16.5	22,000
51	Mississippi	18.1	12,000
	National	8.1	944,000

The Mental Health Parity and Addiction Equity law (MHPAE) was enacted a decade ago and promised the equal coverage of mental health and substance use services. However, the rate of children with private insurance that does not cover mental or emotional problems continues to increase, and private insurance companies continue to place subtle restrictions on coverage for mental health treatments.

Earlier this year, a federal judge ruled that United Behavioral Health, the nation's largest behavioral health insurer, had violated parity by using overly restrictive guidelines for coverage of mental health and substance use services. In his decision, Judge Spero wrote, "one of the most troubling aspects of UBH's guidelines is their failure to address in any meaningful way the different standards that apply to children and adolescents with respect to the treatment of mental health and substance use disorders."[1] To improve the worsening mental health of children and adolescents in the U.S., insurance companies must achieve parity in coverage.

[1] David Wit v. United Behavioral Health. (N.D. Cal., 3:14-cv-02346). Available at https://www.courtlistener.com/recap/gov.uscourts.cand.277588/gov.uscourts.cand.277588.418.0.pdf

Students Identified with Emotional Disturbance for an Individualized Education Program



High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

The state rate of students identified as having an Emotional Disturbance (ED) for an Individual Education Program (IEP) ranges from:

27.72% (VT)
Ranked 1-10

2.02% (AL)
Ranked 39-51

Only .73 percent* of students are identified as having an ED for IEP.

For purposes of an IEP, the term "Emotional Disturbance" is used to define youth with a mental illness that is affecting their ability to succeed in school.

Early identification for IEPs is critical. IEPs provide the services, accommodations and support students with ED need to receive a quality education. Inadequate education leads to poor outcomes such as low academic achievement, social isolation, unemployment, and involvement in the juvenile system.[1] Further, the federal eligibility criteria to identify students as having an emotional disturbance for an IEP have indicated extremely poor reliability among school psychologists,[2] and therefore must be revised to adequately identify students in need of more supports.

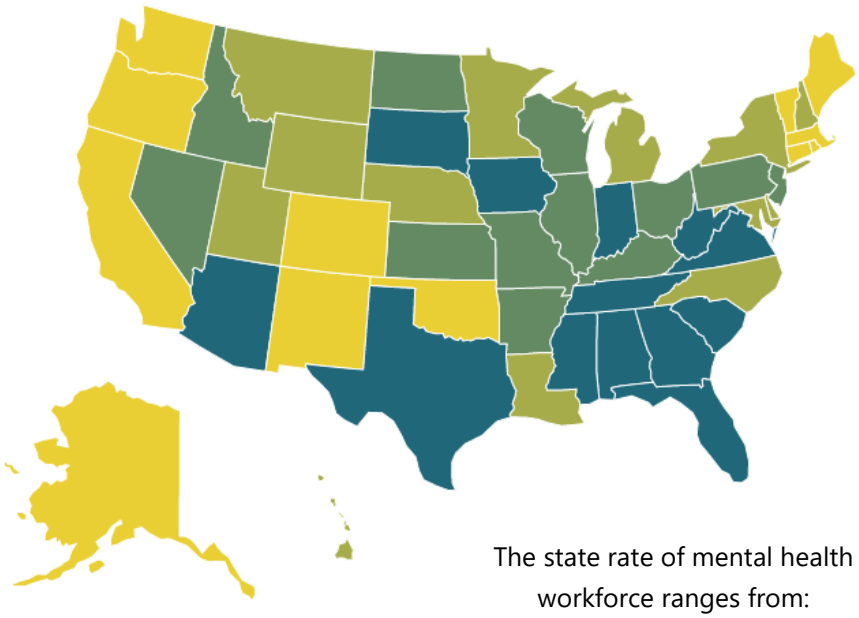
The rate for this measure is shown as a rate per 1,000 students. The calculation was made this way for ease of reading. Unfortunately, doing so hides the fact that the percentages are significantly lower. If states were doing a better job of identifying whether youth had emotional difficulties that could be better supported through an IEP – the rates would be closer to 7 percent instead of .7 percent.

Rank*	State	Rate	#
1	Vermont	27.72	2071
2	Minnesota	19.76	15666
3	Massachusetts	18.81	16338
4	Wisconsin	16.18	12217
5	Pennsylvania	15.50	24746
6	Maine	13.73	2243
7	Indiana	13.42	12798
8	Iowa	12.98	5741
9	District of Columbia	12.78	840
10	Rhode Island	12.49	1618
11	New Hampshire	12.32	2039
12	Connecticut	11.51	5526
13	North Dakota	10.86	1066
14	Illinois	10.17	18373
15	Ohio	9.80	15208
16	South Dakota	9.76	1184
17	Oregon	9.54	5122
18	Nebraska	9.50	2664
19	New York	9.49	23429
20	Virginia	8.39	9752
21	Delaware	8.32	1037
22	Michigan	8.26	11273
23	Missouri	8.25	6738
24	Mississippi	7.90	3487
25	Maryland	7.69	6085
26	Kentucky	7.35	4468
27	Arizona	7.31	7551
28	Colorado	6.90	5578
29	Oklahoma	6.78	4073
30	Georgia	6.70	10653
31	Wyoming	6.63	570
32	Montana	6.35	848
33	New Mexico	6.20	1889
34	New Jersey	6.12	7690
35	Texas	6.09	28884
36	Alaska	5.93	707
37	Hawaii	5.92	979
38	Florida	5.84	14933
39	Kansas	5.48	2409
40	Washington	5.11	5142
41	Idaho	4.95	1354
42	West Virginia	4.94	1180
43	Nevada	4.45	1931
44	California	4.36	24818
45	North Carolina	3.81	5394
46	Tennessee	3.72	3342
47	South Carolina	3.20	2208
48	Utah	3.17	1889
49	Louisiana	2.79	1773
50	Arkansas	2.24	988
51	Alabama	2.02	1365
	National	7.33	333,346

[1] Lee, Madeline Y., and Melissa Jonson-Reid. (2009). "Needs and Outcomes for Low Income Youth in Special Education: Variations by Emotional Disturbance Diagnosis and Child Welfare Contact." *Children and Youth Services Review* 31(7): 722–731. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732122/

[2] Scardamalia, K., Bentley-Edwards, K.L. & Grasty, K. (April 2019). Consistently inconsistent: An examination of the variability in the identification of emotional disturbance. *Psychology in the Schools,* 56(4): 569-581. Available at https://onlinelibrary.wiley.com/doi/pdf/10.1002/pits.22213

Mental Health Workforce Availability



The state rate of mental health workforce ranges from:

180:1 (MA)
Ranked 1-10

1,100:1 (AL)
Ranked 39-51

The term "mental health provider" includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.

The rate of mental health providers has improved in nearly every state since last year's report. However, projections from the Health Resources and Services Administration (HRSA) still indicate an immense shortage of mental health and substance use treatment providers to meet the demand in 2030. Mental health provider shortages result in little access to care, high burnout rates among providers, and long waits for necessary treatment.

Additionally, there is a maldistribution of behavioral health providers throughout the county, as illustrated by the map above. In 2016, more than half the counties throughout the U.S. had 0 psychiatrists.[1] While integrating primary care and behavioral health care is a necessary first step in reducing the impact of the shortage, primary care providers cannot solely fill the void created by a lack of psychiatrists. Further efforts must be made to improve access to necessary mental health care throughout the country, such as expanding the use of telepsychiatry and employing peer support specialists and other paraprofessionals as providers of care.

[1]University of Michigan Behavioral Health Workforce Research Center (December 2018). Estimating the distribution of the U.S. psychiatric subspecialist workforce. Available at http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf

Rank	State	#
1	Massachusetts	180:1
2	Oregon	210:1
3	District of Columbia	220:1
4	Maine	220:1
5	Vermont	230:1
6	Alaska	260:1
7	New Mexico	260:1
8	Oklahoma	260:1
9	Rhode Island	260:1
10	Connecticut	270:1
11	Colorado	300:1
12	California	310:1
13	Washington	310:1
14	Wyoming	310:1
15	Utah	330:1
16	Louisiana	340:1
17	New Hampshire	350:1
18	Montana	360:1
19	New York	370:1
20	Michigan	400:1
21	Nebraska	400:1
22	Delaware	410:1
23	Hawaii	430:1
24	Maryland	430:1
25	Minnesota	430:1
26	North Carolina	440:1
27	Arkansas	460:1
28	Ohio	470:1
29	Illinois	480:1
30	Kentucky	490:1
31	New Jersey	500:1
32	Idaho	510:1
33	Nevada	510:1
34	Kansas	530:1
35	Pennsylvania	530:1
36	Wisconsin	530:1
37	Missouri	550:1
38	North Dakota	570:1
39	South Dakota	590:1
40	South Carolina	610:1
41	Virginia	630:1
42	Florida	670:1
43	Indiana	670:1
44	Iowa	700:1
45	Mississippi	700:1
46	Tennessee	700:1
47	Arizona	790:1
48	Georgia	790:1
49	West Virginia	830:1
50	Texas	960:1
51	Alabama	1100:1

Appendix

2011-2012

Adults with Any Mental Illness

Rank	State	Rate	#
1	New Jersey	14.66	982,000
2	Illinois	15.86	1,524,000
3	Nevada	16.05	327,000
4	Connecticut	16.71	457,000
5	North Carolina	16.84	1,213,000
6	Texas	16.86	3,104,000
7	Florida	16.87	2,509,000
8	Minnesota	17.18	692,000
9	North Dakota	17.21	90,000
10	Massachusetts	17.38	893,000
11	Hawaii	17.48	179,000
12	Virginia	17.5	1,063,000
13	California	17.68	4,964,000
14	South Dakota	17.77	108,000
15	Nebraska	17.89	243,000
16	Maryland	17.93	792,000
17	Wisconsin	17.98	778,000
18	Pennsylvania	17.99	1,765,000
19	Colorado	18.12	694,000
20	Kansas	18.2	381,000
21	Delaware	18.26	126,000
22	Iowa	18.4	424,000
23	New Hampshire	18.53	190,000
24	New York	18.61	2,792,000
25	Rhode Island	18.8	154,000
26	Arizona	18.83	901,000
27	Montana	18.92	145,000
28	Alaska	18.94	97,000
29	Georgia	18.99	1,360,000
30	Missouri	18.99	855,000
31	Louisiana	19.28	649,000
32	Alabama	19.34	698,000
33	Vermont	19.39	96,000
34	District of Columbia	19.44	99,000
35	Kentucky	19.47	635,000
36	South Carolina	19.56	688,000
37	New Mexico	19.59	300,000
38	Wyoming	19.6	84,000
39	Ohio	19.64	1,709,000
40	Arkansas	19.81	432,000
41	Michigan	19.81	1,484,000
42	Indiana	19.87	961,000
43	Maine	20.05	210,000
44	Tennessee	20.25	979,000
45	Mississippi	20.27	439,000
46	Idaho	20.58	235,000
47	Washington	20.77	1,074,000
48	Oregon	20.89	624,000
49	West Virginia	21.38	308,000
50	Oklahoma	21.88	609,000
51	Utah	22.35	431,000
	National	18.19	42,546,000

2011-2012

Adults with Substance Use Disorder in Past Year

Rank	State	Rate	#
1	Alabama	6.58	238,000
2	Utah	6.79	131,000
3	Georgia	7.2	516,000
4	Mississippi	7.24	157,000
5	North Carolina	7.37	532,000
6	Kentucky	7.42	242,000
7	Virginia	7.56	459,000
8	Arkansas	7.64	167,000
9	Florida	7.71	1,146,000
10	West Virginia	7.85	113,000
11	Kansas	7.9	165,000
12	Maryland	7.92	350,000
13	Tennessee	7.95	384,000
14	Hawaii	7.96	82,000
15	New Jersey	8.03	538,000
16	Texas	8.07	1,484,000
17	Missouri	8.14	367,000
18	South Carolina	8.2	289,000
19	New York	8.36	1,255,000
20	Pennsylvania	8.4	824,000
21	Indiana	8.44	408,000
22	Idaho	8.45	97,000
23	Louisiana	8.48	285,000
24	Maine	8.52	89,000
25	New Hampshire	8.73	90,000
26	California	8.8	2,472,000
27	Illinois	8.8	845,000
28	Ohio	8.86	771,000
29	Michigan	8.92	668,000
30	Iowa	8.94	206,000
31	Nebraska	8.97	122,000
32	Wisconsin	9.08	393,000
33	Arizona	9.09	435,000
34	Delaware	9.1	63,000
35	Minnesota	9.22	372,000
36	Connecticut	9.29	254,000
37	Massachusetts	9.33	479,000
38	Wyoming	9.35	40,000
39	Oregon	9.49	283,000
40	Washington	9.5	491,000
41	New Mexico	9.54	146,000
42	Vermont	9.61	48,000
43	Oklahoma	9.94	276,000
44	Colorado	10.13	388,000
45	South Dakota	10.24	62,000
46	North Dakota	10.3	54,000
47	Nevada	10.31	210,000
48	Alaska	10.33	53,000
49	Montana	10.38	79,000
50	Rhode Island	10.91	89,000
51	District of Columbia	13.78	70,000
	National	8.46	19,777,000

2011-2012

Adults with Serious Thoughts of Suicide

Rank	State	Rate	#
1	Texas	3.34	614,000
2	New Jersey	3.37	226,000
3	Illinois	3.42	329,000
4	Maryland	3.43	152,000
5	Tennessee	3.52	170,000
6	Georgia	3.53	253,000
7	Florida	3.59	534,000
8	Minnesota	3.59	145,000
9	North Carolina	3.62	261,000
10	California	3.63	1,020,000
11	Colorado	3.65	140,000
12	Connecticut	3.66	100,000
13	Virginia	3.71	225,000
14	Alabama	3.76	136,000
15	Nevada	3.76	77,000
16	New York	3.77	566,000
17	Nebraska	3.78	52,000
18	Delaware	3.8	26,000
19	Hawaii	3.8	39,000
20	Montana	3.8	29,000
21	South Carolina	3.8	134,000
22	South Dakota	3.81	23,000
23	North Dakota	3.82	20,000
24	Kansas	3.83	80,000
25	Pennsylvania	3.88	380,000
26	Oregon	3.91	117,000
27	Massachusetts	3.92	202,000
28	Mississippi	3.92	85,000
29	Ohio	3.93	342,000
30	Iowa	3.94	91,000
31	Missouri	3.95	178,000
32	New Mexico	3.95	61,000
33	Louisiana	3.96	133,000
34	Arizona	4.02	193,000
35	New Hampshire	4.02	41,000
36	Wisconsin	4.02	174,000
37	Rhode Island	4.05	33,000
38	Idaho	4.08	47,000
39	Kentucky	4.11	134,000
40	Maine	4.12	43,000
41	Wyoming	4.17	18,000
42	District of Columbia	4.19	21,000
43	Indiana	4.25	206,000
44	Vermont	4.32	21,000
45	Washington	4.32	224,000
46	Arkansas	4.34	95,000
47	Oklahoma	4.37	122,000
48	Alaska	4.38	22,000
49	Michigan	4.43	332,000
50	Utah	4.55	88,000
51	West Virginia	4.69	68,000
	National	3.77	8,818,000

2011-2012

Youth with At Least One Major Depressive Episode (MDE) in the Past Year

Rank	State	Rate	#
1	District of Columbia	7.23%	2,000
2	North Dakota	7.27%	4,000
3	New York	7.28%	107,000
4	New Jersey	7.51%	53,000
5	Indiana	7.58%	41,000
6	Missouri	7.62%	36,000
7	Colorado	7.74%	31,000
8	Nebraska	7.97%	12,000
9	Florida	8.05%	111,000
10	Maryland	8.07%	37,000
11	North Carolina	8.11%	61,000
12	Mississippi	8.15%	20,000
13	Vermont	8.21%	4,000
14	Connecticut	8.26%	24,000
15	Minnesota	8.26%	35,000
16	Alaska	8.27%	5,000
17	Kansas	8.28%	20,000
18	Massachusetts	8.28%	41,000
19	South Dakota	8.32%	5,000
20	Georgia	8.43%	70,000
21	Texas	8.45%	191,000
22	Nevada	8.48%	19,000
23	Delaware	8.49%	6,000
24	Wisconsin	8.57%	39,000
25	Tennessee	8.57%	43,000
26	Pennsylvania	8.69%	84,000
27	Alabama	8.69%	33,000
28	Oklahoma	8.74%	27,000
29	Illinois	8.86%	94,000
30	Ohio	8.90%	83,000
31	Maine	8.91%	9,000
32	Louisiana	8.96%	33,000
33	Rhode Island	9.00%	7,000
34	Arkansas	9.01%	21,000
35	South Carolina	9.03%	32,000
36	Montana	9.04%	7,000
37	West Virginia	9.13%	12,000
38	Virginia	9.14%	57,000
39	Iowa	9.17%	22,000
40	California	9.17%	289,000
41	Arizona	9.39%	50,000
42	Wyoming	9.40%	4,000
43	Idaho	9.47%	13,000
44	Kentucky	9.52%	32,000
45	New Hampshire	9.79%	10,000
46	Hawaii	9.79%	10,000
47	Michigan	10.06%	82,000
48	Utah	10.17%	27,000
49	Oregon	10.23%	30,000
50	Washington	10.56%	56,000
51	New Mexico	11.73%	20,000
	National	8.66%	2,161,000

2011-2012

Youth with Substance Use Disorder in the Past Year

Rank	State	Rate	#
1	Utah	4.65	12,000
2	Iowa	5.55	13,000
3	Alabama	5.6	22,000
4	Ohio	5.68	53,000
5	Virginia	5.71	35,000
6	Maryland	5.76	26,000
7	Kentucky	5.77	20,000
8	Tennessee	5.78	29,000
9	Louisiana	5.8	21,000
10	Mississippi	5.81	14,000
11	Illinois	5.83	62,000
12	Maine	5.84	6,000
13	Georgia	5.88	49,000
14	Kansas	5.88	14,000
15	Indiana	5.92	32,000
16	Arkansas	5.95	14,000
17	Florida	5.96	82,000
18	New York	5.99	88,000
19	North Carolina	6.11	46,000
20	Wisconsin	6.24	28,000
21	West Virginia	6.29	8,000
22	Missouri	6.31	30,000
23	Idaho	6.32	9,000
24	Delaware	6.33	4,000
25	North Dakota	6.38	3,000
26	Oklahoma	6.41	19,000
27	Alaska	6.53	4,000
28	South Carolina	6.63	24,000
29	Pennsylvania	6.64	64,000
30	Texas	6.68	1,510,00
31	Oregon	6.71	20,000
32	Minnesota	6.76	29,000
33	Connecticut	6.85	20,000
34	Nevada	6.85	15,000
35	Rhode Island	6.89	5,000
36	South Dakota	6.9	4,000
37	New Jersey	6.94	49,000
38	Washington	6.98	37,000
39	Wyoming	7	3,000
40	Michigan	7.01	57,000
41	Massachusetts	7.03	35,000
42	New Hampshire	7.11	7,000
43	Nebraska	7.12	10,000
44	Colorado	7.29	29,000
45	District of Columbia	7.29	2,000
46	California	7.5	237,000
47	Hawaii	7.52	7,000
48	Arizona	7.53	40,000
49	Vermont	7.76	4,000
50	Montana	8.51	6,000
51	New Mexico	9.21	16,000
	National	6.48	1,618,000

2012-2013

Adults with AMI who are Uninsured

Rank	State	Rate	#
1	Massachusetts	3.30%	33,000
2	District of Columbia	3.80%	4,000
3	Vermont	6.20%	6,000
4	Delaware	6.70%	9,000
5	Hawaii	7.30%	15,000
6	Connecticut	9.10%	44,000
7	Iowa	9.90%	39,000
8	New York	10.30%	293,000
9	Minnesota	11.80%	85,000
10	Pennsylvania	12.80%	220,000
11	Colorado	12.90%	82,000
12	Wisconsin	13.00%	101,000
13	New Jersey	13.50%	126,000
14	North Carolina	13.90%	183,000
15	Maryland	14.90%	105,000
16	New Hampshire	15.30%	30,000
17	Rhode Island	15.30%	27,000
18	Virginia	15.40%	168,000
19	Maine	15.50%	38,000
20	Alaska	16.20%	16,000
21	South Dakota	16.30%	16,000
22	Michigan	16.80%	256,000
23	Oklahoma	16.80%	102,000
24	North Dakota	16.90%	13,000
25	Kansas	17.10%	61,000
26	Ohio	17.30%	301,000
27	Louisiana	17.70%	123,000
28	Illinois	18.20%	285,000
29	Kentucky	18.20%	116,000
30	Nebraska	18.20%	45,000
31	California	18.70%	988,000
32	Wyoming	19.30%	16,000
33	Oregon	19.70%	148,000
34	Idaho	20.10%	47,000
35	Missouri	20.10%	172,000
36	Indiana	20.60%	198,000
37	Arkansas	21.10%	96,000
38	New Mexico	21.20%	64,000
39	West Virginia	21.60%	71,000
40	Arizona	22.20%	200,000
41	Alabama	22.60%	161,000
42	Washington	23.90%	260,000
43	Utah	24.10%	115,000
44	Mississippi	24.30%	98,000
45	Montana	24.40%	37,000
46	Florida	24.80%	632,000
47	Georgia	24.90%	354,000
48	Texas	25.30%	856,000
49	South Carolina	30.20%	186,000
50	Tennessee	30.30%	315,000
51	Nevada	33.40%	131,000
	National	18.50%	8,087,000

2012-2013

Adults with AMI who Did Not Receive any Mental Health Treatment

Rank	State	Rate	#
1	Vermont	41.70%	42,000
2	Iowa	43.30%	173,000
3	Minnesota	43.80%	316,000
4	Massachusetts	45.60%	458,000
5	North Carolina	46.50%	608,000
6	Missouri	47.90%	408,000
7	Arkansas	48.40%	221,000
8	Maine	48.90%	119,000
9	New Hampshire	49.40%	97,000
10	Michigan	52.10%	791,000
11	Virginia	52.10%	566,000
12	Pennsylvania	52.30%	897,000
13	Oregon	52.40%	394,000
14	Nebraska	52.60%	129,000
15	Connecticut	52.80%	253,000
16	Ohio	52.90%	917,000
17	Montana	53.60%	81,000
18	Wisconsin	53.60%	417,000
19	Wyoming	53.60%	45,000
20	Kentucky	54.00%	344,000
21	South Carolina	54.00%	332,000
22	Idaho	54.20%	126,000
23	West Virginia	54.60%	180,000
24	Delaware	54.90%	73,000
25	Alabama	55.30%	395,000
26	Rhode Island	55.40%	98,000
27	District of Columbia	55.70%	64,000
28	South Dakota	55.70%	54,000
29	New Jersey	55.80%	518,000
30	Louisiana	55.90%	385,000
31	Illinois	56.60%	883,000
32	Kansas	57.00%	203,000
33	Utah	57.20%	272,000
34	Tennessee	57.40%	588,000
35	North Dakota	57.50%	45,000
36	Alaska	58.80%	60,000
37	Maryland	59.70%	419,000
38	Oklahoma	60.60%	366,000
39	Texas	60.70%	2,047,000
40	Arizona	61.20%	546,000
41	New York	61.40%	1,735,000
42	Indiana	61.70%	593,000
43	California	61.90%	3,270,000
44	New Mexico	61.90%	186,000
45	Washington	62.00%	674,000
46	Georgia	62.70%	891,000
47	Mississippi	63.80%	257,000
48	Florida	64.10%	1,631,000
49	Colorado	64.40%	407,000
50	Hawaii	66.60%	136,000
51	Nevada	70.70%	276,000
	National	57.20%	24,985,000

2012-2013

Adults with AMI who Report Unmet Need

Rank	State	Rate	#
1	Hawaii	11.80%	24,000
2	Montana	15.90%	24,000
3	Alabama	16.30%	117,000
4	Delaware	16.50%	22,000
5	New York	17.00%	480,000
6	California	17.10%	907,000
7	Massachusetts	17.60%	177,000
8	Alaska	17.90%	18,000
9	Arkansas	17.90%	82,000
10	New Mexico	18.20%	54,000
11	Connecticut	18.40%	87,000
12	Colorado	18.50%	116,000
13	Georgia	18.60%	264,000
14	Louisiana	18.70%	129,000
15	North Carolina	18.90%	249,000
16	Arizona	19.40%	174,000
17	Maryland	19.40%	137,000
18	New Jersey	19.40%	180,000
19	Texas	19.50%	658,000
20	Maine	19.60%	48,000
21	Pennsylvania	19.80%	339,000
22	Wisconsin	19.80%	153,000
23	New Hampshire	19.90%	39,000
24	Florida	20.00%	508,000
25	Vermont	20.10%	20,000
26	South Dakota	20.20%	19,000
27	Rhode Island	20.30%	36,000
28	Kansas	20.40%	73,000
29	Nevada	20.50%	80,000
30	Tennessee	20.50%	212,000
31	Oklahoma	21.10%	127,000
32	Iowa	21.30%	85,000
33	Michigan	21.30%	325,000
34	Wyoming	21.50%	18,000
35	West Virginia	21.70%	72,000
36	Minnesota	21.80%	157,000
37	Illinois	22.00%	345,000
38	North Dakota	22.00%	17,000
39	South Carolina	22.30%	137,000
40	Ohio	22.50%	389,000
41	Oregon	22.80%	169,000
42	Virginia	23.20%	252,000
43	Washington	24.10%	261,000
44	Indiana	24.40%	227,000
45	Kentucky	24.70%	158,000
46	District of Columbia	24.80%	28,000
47	Mississippi	25.00%	101,000
48	Nebraska	25.60%	63,000
49	Missouri	26.20%	224,000
50	Utah	27.00%	129,000
51	Idaho	27.30%	63,000
	National	20.10%	8,771,000

2012-2013 Youth with Severe MDE

Rank	State	Rate	#
1	North Dakota	3.80%	2,000
2	Georgia	4.10%	33,000
3	Nebraska	4.40%	6,000
4	Massachusetts	4.80%	23,000
5	Montana	5.00%	4,000
6	Minnesota	5.10%	21,000
7	Kentucky	5.30%	18,000
8	Mississippi	5.40%	13,000
9	Arkansas	5.70%	13,000
10	District of Columbia	5.70%	2,000
11	Alabama	5.80%	22,000
12	Nevada	5.90%	13,000
13	New York	5.90%	84,000
14	New Jersey	6.00%	42,000
15	South Dakota	6.00%	4,000
16	Delaware	6.10%	4,000
17	Tennessee	6.10%	30,000
18	Oklahoma	6.20%	19,000
19	West Virginia	6.20%	8,000
20	Alaska	6.30%	4,000
21	Illinois	6.50%	67,000
22	New Hampshire	6.50%	6,000
23	Ohio	6.50%	59,000
24	Connecticut	6.60%	19,000
25	Florida	6.60%	90,000
26	Louisiana	6.60%	24,000
27	Pennsylvania	6.60%	61,000
28	Hawaii	6.70%	6,000
29	Idaho	6.80%	9,000
30	Vermont	6.80%	3,000
31	Texas	7.00%	158,000
32	Kansas	7.20%	17,000
33	New Mexico	7.20%	12,000
34	California	7.30%	224,000
35	South Carolina	7.40%	25,000
36	Utah	7.40%	20,000
37	Wyoming	7.50%	3,000
38	Iowa	7.60%	18,000
39	Missouri	7.60%	36,000
40	Indiana	7.70%	40,000
41	Michigan	7.80%	61,000
42	Colorado	7.90%	31,000
43	Arizona	8.30%	44,000
44	Washington	8.70%	45,000
45	North Carolina	8.80%	64,000
46	Virginia	9.40%	56,000
47	Maryland	9.60%	43,000
48	Rhode Island	9.70%	7,000
49	Maine	10.30%	10,000
50	Wisconsin	10.50%	46,000
51	Oregon	10.80%	31,000
	National	7.00%	1,701,000

2012-2013 Youth with Past Year MDE who Did Not Receive Mental Health Treatment

Rank	State	Rate	#
1	New Hampshire	42.10%	4,000
2	Iowa	42.50%	9,000
3	Vermont	44.90%	2,000
4	Connecticut	47.20%	12,000
5	Alaska	48.10%	2,000
6	Maine	49.40%	6,000
7	Minnesota	51.20%	15,000
8	West Virginia	51.60%	6,000
9	Maryland	53.30%	29,000
10	Washington	54.20%	33,000
11	Kansas	56.60%	15,000
12	New Jersey	57.00%	31,000
13	Colorado	58.40%	23,000
14	Massachusetts	58.80%	21,000
15	South Dakota	58.90%	3,000
16	Pennsylvania	59.40%	51,000
17	Wyoming	60.60%	3,000
18	Utah	61.10%	19,000
19	Michigan	61.30%	50,000
20	Oregon	62.00%	26,000
21	New Mexico	62.20%	11,000
22	Mississippi	62.90%	13,000
23	California	63.10%	199,000
24	Delaware	63.10%	4,000
25	North Dakota	63.40%	2,000
26	Ohio	64.10%	56,000
27	New York	64.30%	76,000
28	Georgia	64.50%	37,000
29	Idaho	64.60%	10,000
30	Illinois	64.80%	61,000
31	North Carolina	65.70%	50,000
32	Kentucky	66.70%	19,000
33	Rhode Island	67.10%	6,000
34	Texas	67.30%	159,000
35	Louisiana	67.40%	23,000
36	Missouri	67.80%	30,000
37	South Carolina	68.60%	22,000
38	Nebraska	69.20%	7,000
39	Florida	69.40%	90,000
40	Wisconsin	69.40%	41,000
41	Arizona	69.70%	43,000
42	Montana	70.80%	4,000
43	Hawaii	70.90%	7,000
44	Indiana	71.10%	37,000
45	Alabama	72.50%	29,000
46	District of Columbia	73.10%	1,000
47	Oklahoma	73.40%	18,000
48	Nevada	73.90%	14,000
49	Virginia	76.40%	56,000
50	Tennessee	76.50%	34,000
51	Arkansas	77.00%	16,000
	National	64.30%	1,536,000

2010-2013

Youth with Severe MDE who Received Some Consistent Treatment

Rank	State	Rate	#
1	South Dakota	39.50%	2,000
2	Vermont	38.00%	1,000
3	Minnesota	37.40%	8,000
4	Colorado	35.40%	9,000
5	Alaska	35.10%	1,000
6	New Hampshire	32.70%	2,000
7	Massachusetts	32.40%	8,000
8	North Dakota	31.60%	1,000
9	Maine	30.00%	2,000
10	Kansas	29.60%	5,000
11	Utah	29.00%	4,000
12	Nebraska	27.60%	2,000
13	Wyoming	27.30%	1,000
14	Oregon	26.80%	6,000
15	Washington	26.70%	10,000
16	West Virginia	26.50%	2,000
17	New Jersey	26.40%	9,000
18	Maryland	26.30%	8,000
19	New Mexico	26.30%	3,000
20	Michigan	26.20%	15,000
21	New York	25.90%	20,000
22	North Carolina	24.20%	12,000
23	Connecticut	24.00%	4,000
24	Rhode Island	23.70%	1,000
25	Wisconsin	23.40%	7,000
26	Delaware	22.70%	1,000
27	Louisiana	22.50%	5,000
28	Pennsylvania	21.70%	12,000
29	Kentucky	21.50%	4,000
30	Missouri	21.30%	7,000
31	Mississippi	21.20%	3,000
32	Indiana	21.00%	6,000
33	Texas	21.00%	29,000
34	California	20.10%	37,000
35	Iowa	20.10%	3,000
36	Idaho	19.50%	2,000
37	Ohio	19.10%	10,000
38	Hawaii	19.00%	1,000
39	Illinois	18.10%	11,000
40	Virginia	16.90%	8,000
41	Oklahoma	16.80%	3,000
42	Arizona	16.70%	6,000
43	Arkansas	16.00%	2,000
44	District of Columbia	15.90%	0
45	Florida	15.90%	13,000
46	South Carolina	14.60%	3,000
47	Georgia	13.10%	6,000
48	Montana	12.80%	0
49	Tennessee	12.30%	3,000
50	Alabama	10.80%	2,000
51	Nevada	9.40%	1,000
	National	21.70%	322,000

2012-2013

Children with Private Insurance that Did Not Cover Mental or Emotional Problems

Rank	State	Rate	#
1	Massachusetts	2.20%	121,000
2	Maine	2.50%	28,000
3	Connecticut	2.80%	84,000
4	Rhode Island	2.90%	26,000
5	Delaware	3.20%	24,000
6	New York	3.20%	532,000
7	Alaska	3.30%	18,000
8	Vermont	3.40%	19,000
9	Washington	3.40%	194,000
10	Missouri	3.50%	175,000
11	District of Columbia	3.70%	19,000
12	Ohio	3.70%	355,000
13	South Dakota	3.70%	25,000
14	Pennsylvania	3.80%	403,000
15	California	3.90%	1,193,000
16	Arizona	4.00%	216,000
17	New Hampshire	4.00%	45,000
18	Tennessee	4.00%	210,000
19	Kentucky	4.10%	145,000
20	New Mexico	4.10%	68,000
21	Virginia	4.20%	276,000
22	Michigan	4.30%	358,000
23	Oklahoma	4.30%	130,000
24	Oregon	4.50%	147,000
25	West Virginia	4.50%	70,000
26	Florida	4.60%	731,000
27	Illinois	4.70%	497,000
28	Minnesota	4.70%	205,000
29	Georgia	4.80%	380,000
30	Maryland	4.80%	230,000
31	Wisconsin	4.80%	227,000
32	Texas	5.00%	1,017,000
33	New Jersey	5.10%	374,000
34	Idaho	5.50%	69,000
35	Nevada	5.60%	124,000
36	Nebraska	5.70%	85,000
37	North Dakota	5.70%	32,000
38	Colorado	5.90%	245,000
39	Iowa	5.90%	147,000
40	Kansas	5.90%	137,000
41	Indiana	6.20%	331,000
42	Wyoming	6.30%	29,000
43	Mississippi	6.40%	154,000
44	Louisiana	6.60%	245,000
45	North Carolina	6.60%	512,000
46	Utah	6.60%	143,000
47	South Carolina	7.30%	277,000
48	Alabama	7.40%	293,000
49	Montana	7.50%	62,000
50	Hawaii	7.70%	83,000
51	Arkansas	7.90%	189,000
	National	4.60%	11,698,000

2012

Students Identified with Emotional Disturbance for an Individualized Education Program

Rank	State	Rate Per 1K Students	#
1	Vermont	24.65%	1,930
2	District of Columbia	23.38%	1,326
3	Minnesota	19.41%	14,774
4	Massachusetts	16.51%	14,154
5	Wisconsin	16.44%	12,427
6	Rhode Island	15.48%	2,024
7	Pennsylvania	14.03%	22,858
8	Indiana	13.71%	13,070
9	Maine	13.71%	2,335
10	Iowa	13.35%	5,725
11	New Hampshire	12.40%	2,192
12	New York	11.22%	27,566
13	Illinois	10.87%	20,192
14	Connecticut	10.47%	5,230
15	South Dakota	9.95%	1,131
16	Ohio	9.88%	15,601
17	Maryland	9.09%	6,915
18	Georgia	9.05%	13,629
19	North Dakota	8.98%	788
20	Michigan	8.75%	12,498
21	Oregon	8.71%	4,524
22	Colorado	8.55%	6,467
23	Virginia	8.34%	9,432
24	Florida	8.13%	19,584
25	Kentucky	7.87%	4,734
26	Wyoming	7.85%	641
27	Arizona	7.79%	7,687
28	Missouri	7.63%	6,231
29	Mississippi	7.52%	3,354
30	Oklahoma	7.51%	4,290
31	Nebraska	7.40%	1,957
32	New Jersey	6.82%	8,377
33	New Mexico	6.74%	2,041
34	Hawaii	6.47%	1,063
35	Delaware	6.34%	745
36	West Virginia	6.00%	1,479
37	Texas	5.84%	25,510
38	Kansas	5.75%	2,474
39	Alaska	5.69%	671
40	Montana	5.51%	712
41	Idaho	5.44%	1,395
42	Washington	4.76%	4,551
43	Nevada	4.68%	1,881
44	South Carolina	4.55%	2,946
45	California	4.36%	24,981
46	North Carolina	4.36%	5,911
47	Utah	4.21%	2,263
48	Tennessee	3.69%	3,295
49	Louisiana	2.84%	1,756
50	Alabama	1.95%	1,322
51	Arkansas	1.74%	750
	National	8.08%	359,389

2012

Adults with Disability who Could Not See a Doctor Due to Costs

Rank	State	Rate	#
1	Massachusetts	15.12	137,336
2	Hawaii	16.14	28,222
3	Vermont	16.84	16,385
4	North Dakota	16.95	14,680
5	Minnesota	17.63	113,664
6	Maine	17.68	42,722
7	Iowa	19.60	83,888
8	Nebraska	19.98	50,829
9	Connecticut	20.03	102,495
10	South Dakota	20.36	25,335
11	Delaware	20.99	26,071
12	Maryland	21.29	157,149
13	District of Columbia	22.37	20,930
14	Michigan	22.85	382,780
15	New Hampshire	23.10	50,491
16	California	23.24	1,205,897
17	Pennsylvania	23.28	462,070
18	Illinois	23.52	435,658
19	Rhode Island	23.56	38,544
20	Wisconsin	23.57	193,813
21	New Jersey	23.59	237,789
22	Ohio	24.68	431,750
23	Alaska	24.73	27,365
24	New York	24.77	714,469
25	Montana	24.90	44,728
26	Washington	24.95	311,453
27	Kansas	24.95	108,469
28	Virginia	25.21	292,089
29	West Virginia	25.69	108,011
30	Missouri	25.71	278,454
31	Wyoming	25.96	21,268
32	Idaho	26.61	74,180
33	New Mexico	26.82	94,494
34	Utah	26.85	99,490
35	Colorado	27.53	203,280
36	Indiana	27.93	290,107
37	Oklahoma	28.21	207,405
38	Louisiana	28.52	227,636
39	North Carolina	28.99	423,409
40	Tennessee	29.50	329,515
41	Arizona	29.53	301,088
42	Oregon	29.59	231,548
43	Nevada	29.74	117,297
44	Kentucky	30.10	259,287
45	Texas	30.71	1,034,441
46	Alabama	31.66	324,525
47	South Carolina	31.75	262,079
48	Arkansas	31.86	175,751
49	Florida	32.18	1,082,470
50	Georgia	34.72	503,603
51	Mississippi	35.79	195,848
	National	26.35	12,730,000

2013

Mental Health Workforce Availability

Rank	State	Rate
1	Massachusetts	248:1
2	District of Columbia	293:1
3	Vermont	329:1
4	Maine	342:1
5	Rhode Island	361:1
6	New Mexico	376:1
7	Oregon	410:1
8	Oklahoma	426:1
9	Alaska	450:1
10	Connecticut	455:1
11	New Hampshire	493:1
12	New York	510:1
13	Wyoming	510:1
14	Washington	533:1
15	Nebraska	560:1
16	Colorado	570:1
17	Utah	587:1
18	Hawaii	597:1
19	California	623:1
20	Michigan	661:1
21	Maryland	666:1
22	Delaware	675:1
23	Arkansas	696:1
24	North Carolina	696:1
25	Minnesota	748:1
26	Montana	752:1
27	New Jersey	809:1
28	Pennsylvania	837:1
29	Idaho	839:1
30	Illinois	844:1
31	Kentucky	852:1
32	Kansas	861:1
33	South Dakota	871:1
34	Florida	890:1
35	Indiana	890:1
36	Missouri	947:1
37	Tennessee	974:1
38	South Carolina	995:1
39	Virginia	998:1
40	Nevada	1015:1
41	Ohio	1023:1
42	Wisconsin	1024:1
43	North Dakota	1033:1
44	Iowa	1144:1
45	Arizona	1145:1
46	Mississippi	1183:1
47	Louisiana	1272:1
48	West Virginia	1291:1
49	Georgia	1440:1
50	Texas	1757:1
51	Alabama	1827:1

Glossary

Indicator	Description of Measure	Source
Adults with Any Mental Illness (AMI)	Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). For details, see Section B of the "2016-2017 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at https://www.samhsa.gov/data/. Data survey years: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHMethodSummDefs2017/NSDUHMethodSummDefs2017.htm#secd
Adults with AMI Reporting Unmet Need	Adults with AMI who are uninsured is calculated from variable AMHTXND2 and AMIYR_U. AMIYR_U is defined as an indicator for Any Mental Illness (AMI) based on the 2012 revised predicted probability of SMI (SMIPP_U). If SMIPP_U is greater than or equal to a specified cutoff point (0.0192519810) then AMIYR_U=1, and if SMIPP_U is less than the cutoff point then AMIYR_U=0. This indicator based on the 2012 model is not comparable with the indicator based on the 2008 model. AMI is defined as having Serious, Moderate, or Mild Mental Illness. AMHTXND2 is defined as feeling a perceived need for mental health treatment/counseling that was not received. This is often referred to as "unmet need." Mental Health Treatment/Counseling is defined as having received inpatient treatment/counseling or outpatient treatment/counseling 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. Data survey years: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. https://www.datafiles.samhsa.gov/info/nsduh-rdas-codebooks-nid17216
Adults with AMI Who are Uninsured	Adults with AMI who are uninsured is calculated from variable IRINSUR4 and AMIYR_U. AMIYR_U is defined as above in Adults with AMI Reporting Unmet Need. A respondent is classified as NOT having any health insurance (IRINSUR4=2) if they meet EVERY one of the following conditions. (1) Not Covered by private insurance (IRPRVHLT=2) (2) Not Covered by Medicare (IRMEDICR=2) (3) Not Covered by Medicaid/CHIPCOV (IRMCDCHP=2) (4) Not Covered by Champus, ChampVA, VA, or Military (IRCHMPUS=2) (5) Not Covered by other health insurance (IROTHHLT=2). Data survey years: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. https://www.datafiles.samhsa.gov/info/nsduh-rdas-codebooks-nid17216

Indicator	Description of Measure	Source
Adult with Substance Abuse Disorder in the Past Year.	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 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Data survey years: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
Adults with Cognitive Disability Who Could Not See a Doctor Due to Costs	Disability questions were added to the Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire in 2004. The question: "Are you limited in any way in any activities because of physical, mental or emotional problems?" (QLACTLM2), which was previously used to calculate this indicator, was removed in 2016. Disability was determined using the following BRFSS question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (DECIDE). Respondents were defined as having a cognitive disability if they answered "Yes" to this question. Respondents were also asked: "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" (MEDCOST). The measure was calculated based on individuals who answered Yes to MEDCOST among those who answered Yes to DECIDE. Data survey year 2017.	Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017. https://www.cdc.gov/brfss/annual_data/annual_2017.html Downloaded and calculated on 6/24/19.
Adults with Serious Thoughts of Suicide	Adults aged 18 or older were asked, "At any time in the past 12 months, did you seriously think about trying to kill yourself?" If they answered "Yes," they were categorized as having serious thoughts of suicide in the past year. Data survey year: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
Children with private insurance that did not cover mental or emotional problems	Children with private insurance that did not cover mental or emotional problems is defined as any child age 12-17 responding NO to HLTINMNT. HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems? Data survey years: 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/reports-

		detailed-tables-2017-NSDUH

Indicator	Description of Measure	Source
Mental Health Workforce Availability	Mental health workforce availability is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. Survey data year: 2018.	County Health Rankings & Roadmaps. http://www.countyhealthrankings.org/ This data comes from the National Provider Identification data file, which has some limitations. Providers who transmit electronic health records are required to obtain an identification number, but very small providers may not obtain a number. While providers have the option of deactivating their identification number, some mental health professionals included in this list may no longer be practicing or accepting new clients.
Students Identified with Emotional Disturbance for Individualized Education Program Individualized Education Program	Percent of Children Identified as having an Emotional Disturbance among enrolled students Grade 1-12 and Ungraded. This measure was calculated from data provided by IDEA Part B Child Count and Educational Environments, Common Core of Data. Under IDEA regulation, Emotional Disturbance is identified as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. Data years 2016-2017.	IDEA Data Center, 2015 – 2016 IDEA Section 618, State Level Data Files, Child Count and Educational Environments. http://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee . US Department of Education, National Center for Education Statistics, Common Core of Data. http://nces.ed.gov/ccd/stnfis.asp Downloaded and calculated on 5/20/2019.

Indicator	Description of Measure	Source
Youth with At Least One Past Year Major Depressive Episode (MDE)	Among youth age 12-17, Major Depressive Episode (MDE) is defined as in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see Section B of the "2016-2017 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at https://www.samhsa.gov/data/. Data survey year 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2017. https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
Youth with Substance Abuse Disorder in the Past Year.	Among youth 12-17, 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 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Data survey years: 2016-2017	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
Youth with MDE who Did Not Receive Mental Health Services	Youth with Past Year MDE who Did Not Receive Treatment is defined as those who apply to having Past Year MDE as defined above ("Youth with At Least One Past Year Major Depressive Episode," YMDEYR) and respond NO to ANYSMH2. ANYSMH2 indicates whether a youth reported receiving specialty mental health services in the past year from any of six specific inpatient/residential or outpatient specialty sources for problems with behavior or emotions that were not caused by alcohol or drugs. This variable was created based on the following six source of treatment variables: stayed overnight in a hospital (YHOSP), stayed in a residential treatment facility (YRESID), spent time in a day treatment facility (YDAYTRT), received treatment from a mental health clinic (YCLIN), from a private therapist (YTHER), and from an in-home therapist (YHOME). Youths who reported a positive response (source variable=1) to one or more of the six questions were included in the yes category regardless of how many of the six questions they answered. Youths who did not report a positive response but answered all six of the questions were included in the no category. Youths who did not report a positive response and did not answer all the questions, and adults were included in the unknown/18+ category. Data survey year 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH

Indicator	Description of Measure	Source
Youth with Severe MDE	Youth with severe MDE is defined as having had MDE in the past year were then asked questions from the SDS to measure the level of functional impairment in major life activities reported to be caused by the MDE in the past 12 months (Leon, Olfson, Portera, Farber, & Sheehan, 1997). The SDS measures mental health-related impairment in four major life activities or role domains. The following variable, YSDSOVRL, is assigned the maximum level of interference over the four role domains of SDS: chores at home (YSDSHOME), school or work (YSDSWRK), family relationships (YSDSREL), and social life (YSDSSOC). Each module consists of four questions that are assessed on a 0 to 10 visual analog scale with categories of "none" (0), "mild" (1-3), "moderate" (4-6), "severe" (7-9), and "very severe" (10). The four SDS role domain variables were recoded so that no interference = 1, mild = 2, moderate = 3, severe = 4, and very severe = 5. A maximum level of interference over all four domains was then defined as YSDSOVRL. A maximum impairment score (YSDSOVRL) is defined as the single highest severity level of role impairment across all four SDS role domains. Ratings greater than or equal to 7 on the scale YSDSOVRL=4, 5 were considered severe impairment. "Youth with Severe MDE" is defined as the following variable MDEIMPY. MDEIMPY is derived from the maximum severity level of MDE role impairment (YSDSOVRL) and is restricted to adolescents with past year MDE (YMDEYR). Youth met criteria for MDEIMPY if they answered YES to YSDSOVRL and YES to YMDEYR. Data survey years 2016-2017.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
Youth with Severe MDE who Received Some Consistent Treatment	The following variable calculated as how many youth who answered YES to MDEIMPY from "Youth with severe MDE" defined above and SPOUTVST. The variable SPOUTVST, indicates how many times a specialty outpatient mental health service was visited in the past year. The number of visits is calculated by adding the number of visits to a day treatment facility (YUDYTXNM), mental health clinic (YUMHCRNM), private therapist (YUTPSTNM), and an in-home therapist (YUIHTPNM). A value of 6 (No Visits) was assigned whenever a respondent said they had used none of the services (YUDYTXYR, YUMHCRYR, YUTPSTYR, YUIHTPYR all equal 2). A value of missing was assigned when the response to whether received treatment or number of visits was unknown for any of the 4 locations (any of YUDYTXYR, YUMHCRYR, YUTPSTYR, YUIHTPYR=85, 94, 97, 98 OR any of YUDYTXNM, YUMHCRNM, YUTPSTNM, YUIHTPNM=985, 994, 997, 998), unless sum of the visits for services with non-missing information was greater than or equal to 25, in which case a value of 5 (25 or more visits) was assigned. A missing value was also assigned for respondents aged 18 or older. The variable SPOUTVST was recoded for visit distribution as 0-6 Visits, and 7-25+ Visits. Some consistent treatment was considered 7-25+ visits in a year. Data survey years 2016-2017.	Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH