

CHAPTER 28

Mental Health and Mental Disorders (MHMD)

Lead Agencies

National Institutes of Health
Substance Abuse and Mental Health Services Administration

Contents

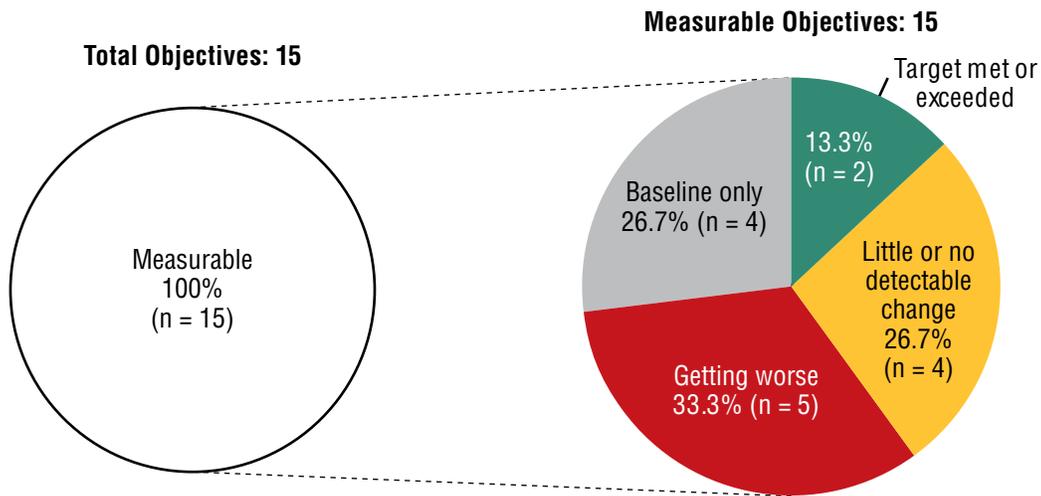
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Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

This chapter includes objectives that monitor improvement in mental health outcomes and the expansion of mental health treatment. The *Reader's Guide* provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

Figure 28-1. Midcourse Status of the Mental Health and Mental Disorders Objectives



All 15 of the objectives in the Mental Health and Mental Disorders Topic Area were measurable² (Figure 28-1, Table 28-1). The midcourse status of these objectives was as follows (Table 28-2):

- 2 objectives had met or exceeded their 2020 targets,³
- 4 objectives had demonstrated little or no detectable change,⁴
- 5 objectives were getting worse,⁵ and
- 4 objectives had baseline data only.⁶

Selected Findings

Mental Health Status Improvement

Four of the five objectives that track improvement in mental health status had worsened, and one objective showed little or no detectable change (Table 28-2).

- Between 2007 and 2013, the age-adjusted **suicide rate** (MHMD-1) increased from 11.3 to 12.6 deaths per 100,000 population, moving away from the baseline and 2020 target (Table 28-2).

» In 2013, disparities in the age-adjusted suicide rate (MHMD-1) were statistically significant by sex, race and ethnicity, and geographic location (Table 28-3).

- **The proportion of students in grades 9-12 who attempted suicide that required medical attention** (MHMD-2) increased from 1.9% in 2009 to 2.7% in 2013, moving away from the baseline and 2020 target (Table 28-2).

» In 2013, disparities in the proportion of students in grades 9-12 who attempted suicide that required medical attention (MHMD-2) were statistically significant by sex and race and ethnicity (Table 28-3).

- **The proportion of students in grades 9-12 who engaged in disordered eating behaviors to control their weight** (MHMD-3) increased from 14.3% in 2009 to 16.7% in 2013, moving away from the baseline and 2020 target (Table 28-2).

» In 2013, disparities in the proportion of students in grades 9-12 who engaged in disordered eating behaviors to control their weight (MHMD-3) were statistically significant by sex and race and ethnicity (Table 28-3).

- The proportion of **adolescents aged 12–17 with a major depressive episode in the past 12 months** (MHMD-4.1) increased from 8.3% in 2008 to 10.7% in 2013, moving away from the baseline and 2020 target (Table 28–2).
 - » In 2013, disparities in the proportion of adolescents with a major depressive episode in the past 12 months (MHMD-4.1) were statistically significant by sex, race and ethnicity, family income, and geographic location (Table 28–3).
- The proportion of adults **aged 18 and over with a major depressive episode in the past 12 months** (MHMD-4.2) demonstrated little or no detectable change between 2008 and 2013 (6.5% and 6.7%, respectively) (Table 28–2).
 - » In 2013, disparities in the proportion of adults with a major depressive episode in the past 12 months (MHMD-4.2) were statistically significant by sex and family income. Disparities by race and ethnicity, education, and geographic location were not statistically significant (Table 28–3).

Treatment Expansion

Two of the 10 measurable objectives monitoring the expansion of treatment for mental health and mental disorders had met or exceeded their 2020 targets, 3 demonstrated little or no detectable change, and 1 had worsened. Four objectives had baseline data only, so progress toward their 2020 targets could not be assessed (Table 28–2).

- There was little or no detectable change in the proportion of **children aged 4–17 years with mental health problems who received treatment** (MHMD-6) between 2008 and 2014 (68.9% and 70.8%, respectively) (Table 28–2).
 - » In 2014, disparities in the proportion of children with mental health problems who received treatment (MHMD-6) were not statistically significant by sex, race and ethnicity, family income, and geographic location (Table 28–3).
- The proportion of **persons aged 18 and over with serious mental illness who were employed** (MHMD-8) decreased from 56.0% in 2008 to 48.5% in 2013, moving away from the baseline and 2020 target (Table 28–2).
 - » In 2013, disparities in the proportion of adults with serious mental illness who were employed (MHMD-8) were statistically significant by education, family income, and geographic location.

Disparities by sex and race and ethnicity were not statistically significant (Table 28–3).

- The proportion of **adults aged 18 and over with serious mental illness who received treatment** (MHMD-9.1) demonstrated little or no detectable change between 2008 and 2013 (65.7% and 68.5%, respectively) (Table 28–2).
 - » In 2013, disparities in the proportion of adults with serious mental illness who received treatment (MHMD-9.1) were statistically significant by sex, race and ethnicity, and education. Disparities by family income and geographic location were not statistically significant (Table 28–3).
- The proportion of **adults aged 18 and over with major depressive episodes who received treatment** (MHMD-9.2) demonstrated little or no detectable change between 2008 and 2013 (69.0% and 68.6%, respectively) (Table 28–2).
 - » In 2013, disparities in the proportion of adults with major depressive episodes who received treatment (MHMD-9.2) were statistically significant by sex and race and ethnicity. Disparities by education, family income, and geographic location were not statistically significant (Table 28–3).
- The proportion of **persons aged 18 and over with co-occurring substance abuse and mental disorders who received treatment for both disorders** (MHMD-10) increased from 3.3% in 2008 to 4.2% in 2013, exceeding the 2020 target (Table 28–2).
- The proportion of **primary care physician office visits by adults aged 19 and over that included screening for depression** (MHMD-11.1) increased from 2.2% in 2007 to 2.4% in 2010, meeting the 2020 target (Table 28–2).
 - » In 2010, the disparity in the proportion of primary care office visits by adults aged 19 and over that included screening for depression (MHMD-11.1) was statistically significant by sex (Table 28–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Bridged-race Population Estimates: http://www.cdc.gov/nchs/nvss/bridged_race.htm
- Juvenile Residential Facility Census: <http://www.census.gov/econ/overview/go3200.html>
- National Ambulatory Medical Care Survey: <http://www.cdc.gov/nchs/ahcd.htm>
- National Health Interview Survey: <http://www.cdc.gov/nchs/nhis.htm>
- National Survey on Drug Use and Health: <https://nsduhweb.rti.org/respweb/homepage.cfm>
- National Vital Statistics System—Mortality: <http://www.cdc.gov/nchs/deaths.htm>
- Projects for Assistance in Transition from Homelessness: <http://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path>
- Uniform Reporting System: <https://www.healthypeople.gov/2020/data-source/uniform-reporting-system>
- Youth Risk Behavior Surveillance System: <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Measurable** objectives had a national baseline value.

³**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁴**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁵**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁶**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 28: Mental Health and Mental Disorders. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 28–1. Mental Health and Mental Disorders Objectives

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Mental Health Status Improvement			
MHMD-1	Reduce the suicide rate	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	
MHMD-2	Reduce suicide attempts by adolescents	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP	
MHMD-3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP	
MHMD-4.1	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	National Survey on Drug Use and Health (NSDUH), SAMHSA	
MHMD-4.2	Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)	National Survey on Drug Use and Health (NSDUH), SAMHSA	
Treatment Expansion			
MHMD-5	Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral	Uniform Reporting System (URS), SAMHSA/CMHS	
MHMD-6	Increase the proportion of children with mental health problems who receive treatment	National Health Interview Survey (NHIS), CDC/NCHS	
MHMD-7	Increase the proportion of juvenile residential facilities that screen admissions for mental health problems	Juvenile Residential Facility Census (JRFC), DOJ/OJJDP	
MHMD-8	Increase the proportion of persons with serious mental illness (SMI) who are employed	National Survey on Drug Use and Health (NSDUH), SAMHSA	
MHMD-9.1	Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment	National Survey on Drug Use and Health (NSDUH), SAMHSA	

Table 28–1. Mental Health and Mental Disorders Objectives—Continued

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
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Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Treatment Expansion—Continued			
MHMD-9.2	Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
MHMD-10	Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders	National Survey on Drug Use and Health (NSDUH), SAMHSA	
MHMD-11.1	Increase the proportion of primary care physician office visits where adults aged 19 years and older are screened for depression	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	 
MHMD-11.2	Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	
MHMD-12	Increase the proportion of homeless adults with mental health problems who receive mental health services	Projects for Assistance in Transition from Homelessness (PATH), SAMHSA/CMHS	

Table 28–2. Midcourse Progress for Measurable¹ Mental Health and Mental Disorders Objectives

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ⁶⁻¹⁰		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Mental Health Status Improvement											
 ¹¹ MHMD-1 Suicide rate (age-adjusted, per 100,000 population)	11.3 (2007)	12.6 (2013)	10.2		11.5%	Yes					
 ¹¹ MHMD-2 Suicide attempts by adolescents (percent, grades 9–12)	1.9% (2009)	2.7% (2013)	1.7%		42.1%	Yes					
 ¹¹ MHMD-3 Adolescents engaging in disordered eating behaviors in an attempt to control their weight (percent, grades 9–12)	14.3% (2009)	16.7% (2013)	12.9%		16.8%	Yes					
 ¹¹ MHMD-4.1 Adolescents with a major depressive episode in the past 12 months (percent, 12–17 years)	8.3% (2008)	10.7% (2013)	7.5%		28.9%	Yes					
 ⁸ MHMD-4.2 Adults with a major depressive episode in the past 12 months (percent, 18+ years)	6.5% (2008)	6.7% (2013)	5.8%		3.1%	No					
Treatment Expansion											
 ¹³ MHMD-5 Primary care facilities that provide mental health treatment on-site or by paid referral (percent)	79.0% (2006)		87.0%								
 ⁶ MHMD-6 Children with mental health problems receiving treatment (percent, 4–17 years)	68.9% (2008)	70.8% (2014)	75.8%	27.5%		No					
 ¹³ MHMD-7 Juvenile residential facilities that screen admissions for mental health problems (percent)	58.0% (2006)		64.0%								
 ¹¹ MHMD-8 Persons with serious mental illness who are employed (percent, 18+ years)	56.0% (2008)	48.5% (2013)	61.6%		13.4%	Yes					
 ⁶ MHMD-9.1 Adults with serious mental illness who receive treatment (percent, 18+ years)	65.7% (2008)	68.5% (2013)	72.3%	42.4%		No					
 ⁸ MHMD-9.2 Adults with major depressive episodes who receive treatment (percent, 18+ years)	69.0% (2008)	68.6% (2013)	75.9%		0.6%	No					
 ² MHMD-10 Persons with co-occurring substance abuse and mental disorders who receive treatment (percent, 18+ years)	3.3% (2008)	4.2% (2013)	3.6%	300.0%		No					
 ² MHMD-11.1 Primary care physician office visits by adults that include screening for depression (percent, 19+ years)	2.2% (2007)	2.4% (2010)	2.4%	100.0%		No					

Table 28–2. Midcourse Progress for Measurable¹ Mental Health and Mental Disorders Objectives—Continued

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Treatment Expansion—Continued											
 ¹³ MHMD-11.2 Primary care physician office visits by youth that include screening for depression (percent, 12–18 years)	2.1% (2005–2007)		2.3%								
 ¹³ MHMD-12 Homeless adults with mental health problems receiving mental health services (percent, 18+ years)	37.0% (2006)		41.0%								

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The [Technical Notes](#) provide more information on the measures of progress.

FOOTNOTES

¹**Measurable** objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

FOOTNOTES—Continued

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100$$

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

MHMD-1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MHMD-2	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
MHMD-3	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
MHMD-4.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-4.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-5	Uniform Reporting System (URS), SAMHSA/CMHS
MHMD-6	National Health Interview Survey (NHIS), CDC/NCHS
MHMD-7	Juvenile Residential Facility Census (JRFC), DOJ/OJJDP
MHMD-8	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-9.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-9.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-10	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-11.1	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
MHMD-11.2	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
MHMD-12	Projects for Assistance in Transition from Homelessness (PATH), SAMHSA/CMHS

Table 28–3. Midcourse Health Disparities¹ for Population-based Mental Health and Mental Disorders Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point  Group with the most favorable (least adverse) rate  Group with the least favorable (most adverse) rate  Data are available, but this group did not have the highest or lowest rate.  Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Sex		Race and Ethnicity						Education ⁴						Family Income ⁵					Disability		Location									
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²	
Treatment Expansion—Continued																															
MHMD-9.1 Adults with serious mental illness who receive treatment (percent, 18+ years) (2013)			1.127*							1.210*							1.193*						1.072						1.005		
MHMD-9.2 Adults with major depressive episodes who receive treatment (percent, 18+ years) (2013)			1.226*							1.176*							1.058						1.073						1.011		
MHMD-11.1 Primary care physician office visits by adults that include screening for depression (percent, 19+ years) (2010)			1.860*																								 b				

Table 28–3. Midcourse Health Disparities¹ for Population-based Mental Health and Mental Disorders Objectives—Continued

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of disparities.

FOOTNOTES

¹**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a , where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b .

⁴Unless otherwise footnoted, data do not include persons under age 25 years.

⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

FOOTNOTES—Continued

*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

^aData are for Asian or Pacific Islander persons.

^bLocation of the healthcare provider.

DATA SOURCES

MHMD-1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MHMD-2	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
MHMD-3	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
MHMD-4.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-4.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-6	National Health Interview Survey (NHIS), CDC/NCHS
MHMD-8	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-9.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-9.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
MHMD-11.1	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS