2023

THE STATE OF MENTAL HEALTH IN AMERICA

Mental Health America

Acknowledgments

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. 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; and integrated care, services, and supports for those who need them, all with recovery as the goal.

MHA dedicates this report to mental health advocates who fight tirelessly to help expand access to care and reduce disparities and inequities for people with mental health concerns. To our affiliates, thank you for your incredible state-level advocacy and dedication to promoting recovery and protecting the rights of all.

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Mental Health America (MHA) is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. MHA's work is driven by its 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; and integrated care, services, and supports for those who need them, all with recovery as the goal.

Our report is a collection of data across all 50 states and the District of Columbia and 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 the 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 with 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, allowing for assessment on how federal and state mental health policies result in more or less access to care.

Ranking Overview and Guidelines

This chartbook 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 (www.mhanational.org/issues/state-mental-health-america). The data and tables include state and national data and shareable 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. Chosen indicators 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 captures 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 2023 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 Reporting 14+ Mentally Unhealthy Days a Month 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. Youth 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 capture more accurately and comprehensively the needs of those with mental illness and their access to care.

Ranking

To better understand the rankings, it is 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 the 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. The majority of indicators represent data collected up to 2020. States with positive outcomes are ranked higher (closer to one) than states with poorer outcomes (closer to 51). 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 Z scores. Data are presented with two decimal places when available.

Major Changes to This Year's Report Indicators

The COVID-19 pandemic had a serious impact on the ability to collect data for national surveillance in 2020. As a result of both measure and methodological changes below, the indicators in this year's report cannot be compared to previous years.

The measure "Adults with Cognitive Disability Who Could Not See a Doctor Due to Costs" was used as an indicator for the Adult Ranking, the Access to Care Ranking, and the Overall Ranking in the 2020, 2021, and 2022 State of Mental Health in America reports. The measure, "Adults with Cognitive Disability Who Could Not See a Doctor Due to Costs" was calculated using the Behavioral Risk Factor Surveillance System (BRFSS) question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (DECIDE). For this report, the indicator was amended to "Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs" using a calculated variable derived from the BRFSS question: "Now thinking about mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" (MENTHLTH). The calculated variable, _MENT14D, contains four values: Zero days when mental health was not good, 1-13 days when mental health was not good, 14+ days when mental health was not good, and Don't Know/Refused/Missing. The DECIDE measure includes those who may be experiencing cognitive challenges due to a physical health condition, and is specific to difficulties with concentrating, remembering, or making decisions. The _MENT14D indicator likely serves as a better measure for individuals who are experiencing any significant mental distress and is therefore a more sensitive measure for the population we are attempting to count.

The measure "Students Identified with Emotional Disturbance for an Individualized Education Program," is calculated as the percent of "school age" children identified as having an emotional disturbance among enrolled students. The number of children identified as having an emotional disturbance is reported in the IDEA Part B Child Count and Educational Environments data collected by the Office of Special Education Programs (OSEP). In previous years, OSEP defined "school age" as youth ages 6-21. Therefore, the measure "Students Identified with Emotional Disturbance for an Individualized Education Program" was previously calculated as the percentage of youth ages 6-21 identified as having an emotional disturbance of those enrolled in grades 1-12 and ungraded. In the 2020-2021 data, OSEP expanded the range to include kindergarten, and therefore defined "school age" as youth ages 5-21. To reflect that change, this year the measure "Students Identified with Emotional Disturbance for an Individualized Education Program" was calculated as the percentage of youth ages 5-21 identified as having an emotional disturbance of those enrolled in kindergarten, grades 1-12, and ungraded. Due to data quality concerns, the 2020 disability data figure for Louisiana and the 2019 and 2020 figures for Iowa were not available. This report notes the 2019 figure for Louisiana and the 2018 figure for Iowa.

The measures "Adults with Substance Use Disorder" and "Youth with Substance Use Disorder" are both collected through the Substance Abuse and Mental Health Services Administration's (SAMHSA) "National Survey of Drug Use and Health" (NSDUH). Prior to the 2020 NSDUH, substance use disorders were assessed using criteria from the DSM-IV. However, in the 2020 NSDUH, these criteria were updated to the DSM-V criteria for substance use disorders. **As a result, the rates of substance use for both youth and adults within this report cannot be compared to previous years.**

Survey Limitations

Twelve of the 15 indicators used in this report are collected from SAMHSA's national survey, the NSDUH. Historically, the NSDUH was collected through in-person interviews in the respondent's residence. However, due to the COVID-19 pandemic, data collection was suspended in March 2020. Collection of data for the NSDUH resumed for a small sample in July 2020, but because of continued high rates of COVID-19, it was determined that a sample large enough to be representative of the country could not be collected solely through in-person interviews. As a result, 2020 NSDUH data collection did not fully resume until October 2020. At this time, survey data were collected both in-person and online. In summary, 2020 NSDUH data was only collected at full scale in the first and fourth quarters of the year. As a result of the lack of complete data and changes to data collection from in-person to online, **SAMHSA has determined that the results of the 2020 NSDUH cannot be compared to those of previous years. This means that the rankings presented throughout this year's State of Mental Health in America report cannot be reliably compared to the rankings of previous years' reports, and therefore should be interpreted as a snapshot in time ranking rather than a reflection of trends over time.**

Additionally, each survey has its own strengths and limitations. For example, strengths of both SAMHSA's NSDUH and the CDC's BRFSS are that they include national survey data with large sample sizes and utilize 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 experiencing homelessness 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 experiencing homelessness or are incarcerated are not represented in the data presented by the NSDUH. As a result, these data likely represent the minimum number of individuals experiencing behavioral health conditions and/or lacking access to care in each state. If the data did include individuals who were experiencing homelessness 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.

Finally, most of these data were gathered through 2020. This means that they are the most current data reported by the states and available to the public. They are most useful in providing a snapshot of the needs and systems that were in place in each state in the first year of the COVID-19 pandemic.

KEY FINDINGS

21% of adults are experiencing a mental illness. Equivalent to over 50 million Americans.

15% of adults had a substance use disorder in the past year.

93.5% did not receive treatment.

The percentage of adults reporting serious thoughts of suicide is **4.8%** – over 12.1 million adults.

11% of adults who identified with two or more races reported serious thoughts of suicide.

16% of youth report suffering from at least one major depressive episode in the past year.

More than 2.7 million youth are experiencing severe major depression.

55% of adults with a mental illness receive no treatment – over 28 million individuals.

11% (over 5.5 million) of adults with a mental illness are uninsured.

60% of youth with major depression do not receive mental health treatment.

In the U.S., there are **350** individuals for every one mental health provider.

28% of all adults with a mental illness reported that they were not able to receive the treatment they needed.

Most reported they did not receive care because they could not afford it.

23% of adults who report experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs.

1 in 10 youth with private insurance do not have coverage for mental or emotional difficulties – over 1.2 million youth.

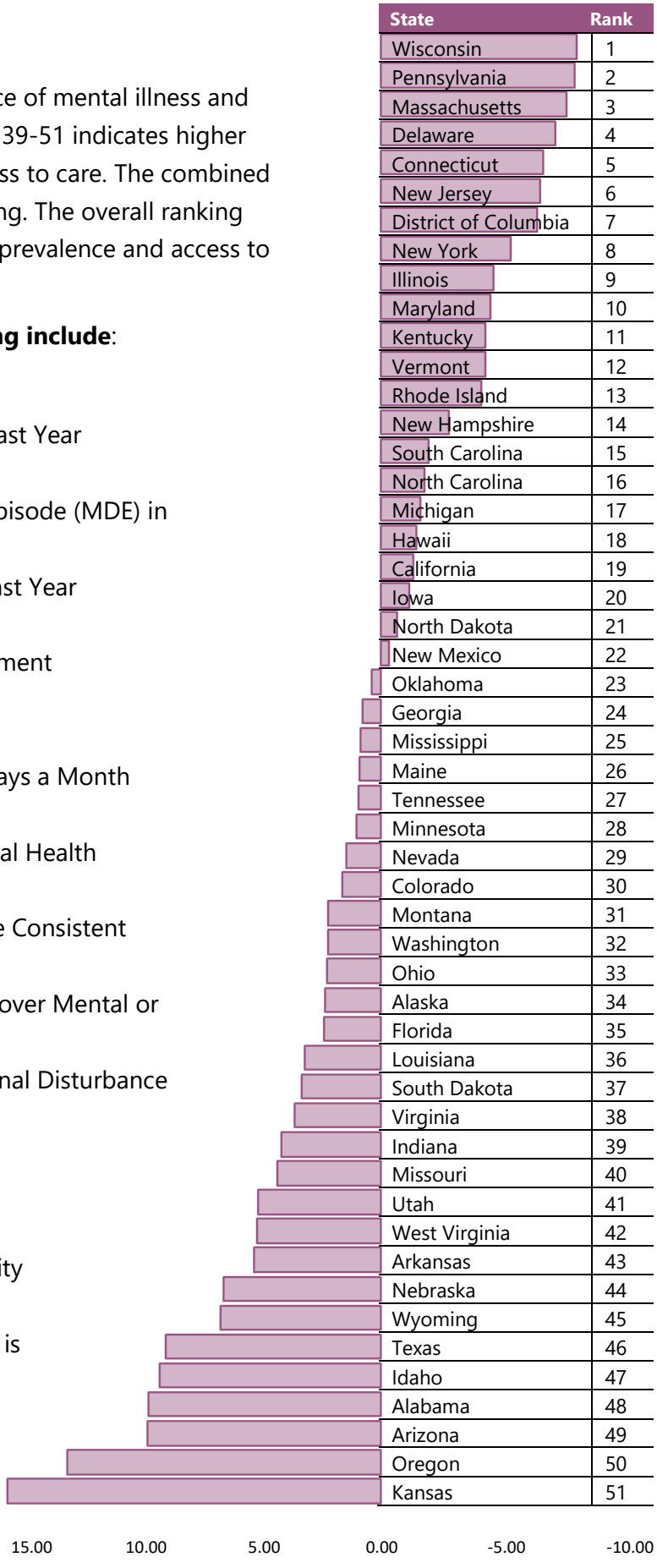
Overall Ranking

An overall ranking of 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking of 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 Reporting 14+ Mentally Unhealthy Days a Month 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. Youth with Private Insurance That Did Not Cover Mental or Emotional Problems
14. Students (Grades K+) 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, Wisconsin (ranked one) has a score that is higher than Vermont (ranked 12). New Mexico (ranked 22) has a score that is closest to the average.



MASSACHUSETTS (RANKED 3):

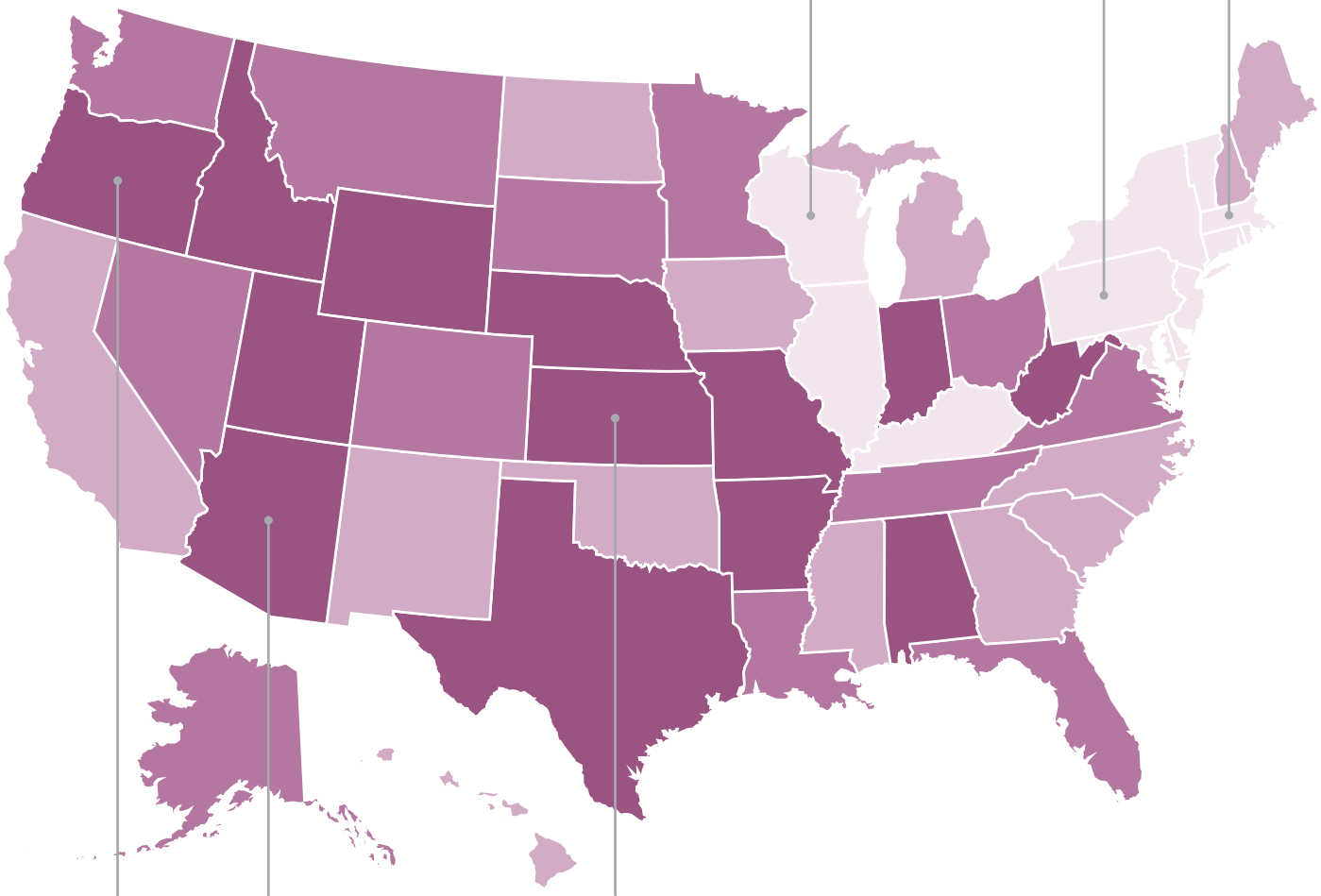
The indicators that had the largest effects on Massachusetts' Overall Ranking were Students Identified with ED for an IEP (19.14, ranked 3), and Adults with AMI Who Did Not Receive Mental Health Treatment (42.8%, ranked 3).

PENNSYLVANIA (RANKED 2):

The largest effects on the Overall Ranking for Pennsylvania were Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs (14.75%, ranked 2) and Students Identified with ED for an IEP (15.37, ranked 4).

WISCONSIN (RANKED 1):

The indicators that had the largest effect on Wisconsin's Overall Ranking were Adults With AMI Reporting Unmet Need (20.9%, ranked 3), Students Identified with Emotional Disturbance for an IEP (14.78, ranked 5), and Adults with AMI Who Did Not Receive Treatment (46.8%, ranked 9).



KANSAS (RANKED 51):

The indicators that had the largest effect on the Overall Ranking for Kansas were Youth with Substance Use Disorder in the Past Year (9.05%, ranked 51), Adults with Any Mental Illness (26.02%, ranked 48) and Adults with Serious Thoughts of Suicide (6.44%, ranked 48).

ARIZONA (RANKED 49):

The indicators that had the greatest effects for Arizona were Adults with Serious Thoughts of Suicide (6.48%, ranked 49), Mental Health Workforce Availability (660:1, ranked 48), and Adults with AMI Reporting Unmet Need (36%, ranked 49).

OREGON (RANKED 50):

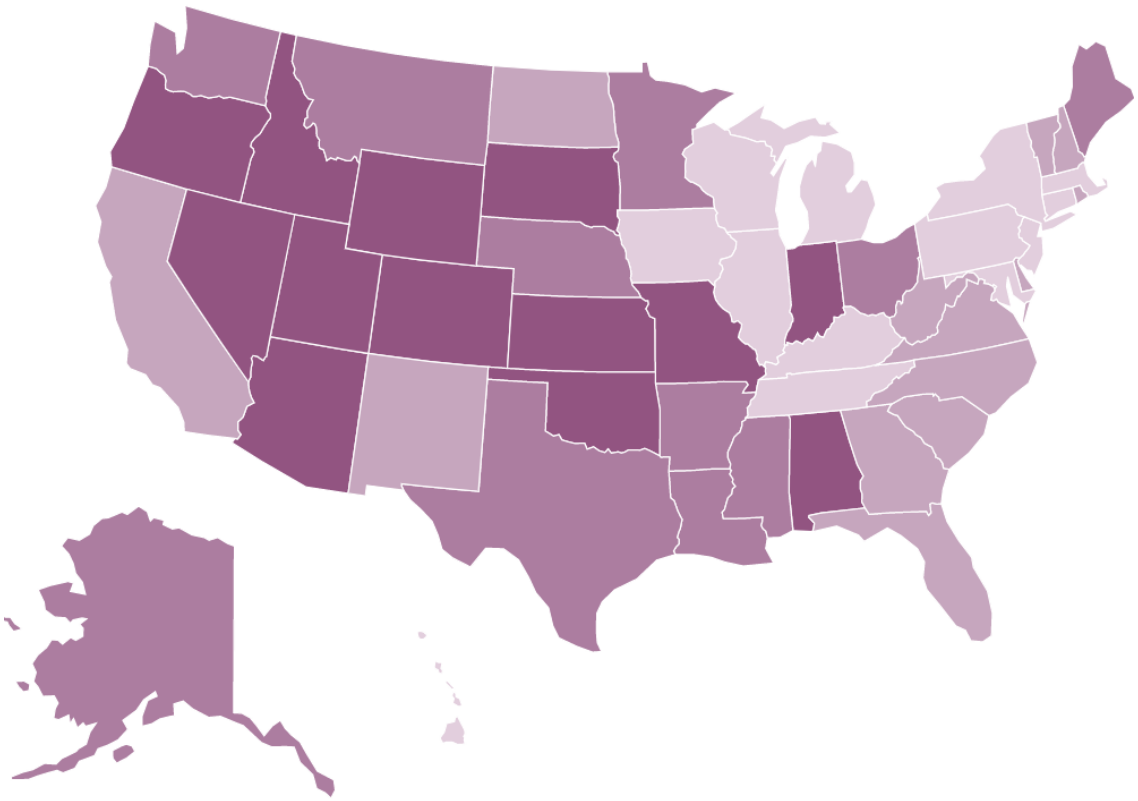
The indicators that affected Oregon's Overall Ranking most were Adults with Any Mental Illness (27.33%, ranked 50), Youth with Severe MDE (19%, ranked 50) and Adults with Serious Thoughts of Suicide (6.8%, ranked 50).

Adult Rankings

States that are ranked 1-13 have a lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have a higher prevalence of mental illness and lower rates of access to care.

The seven 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 Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs



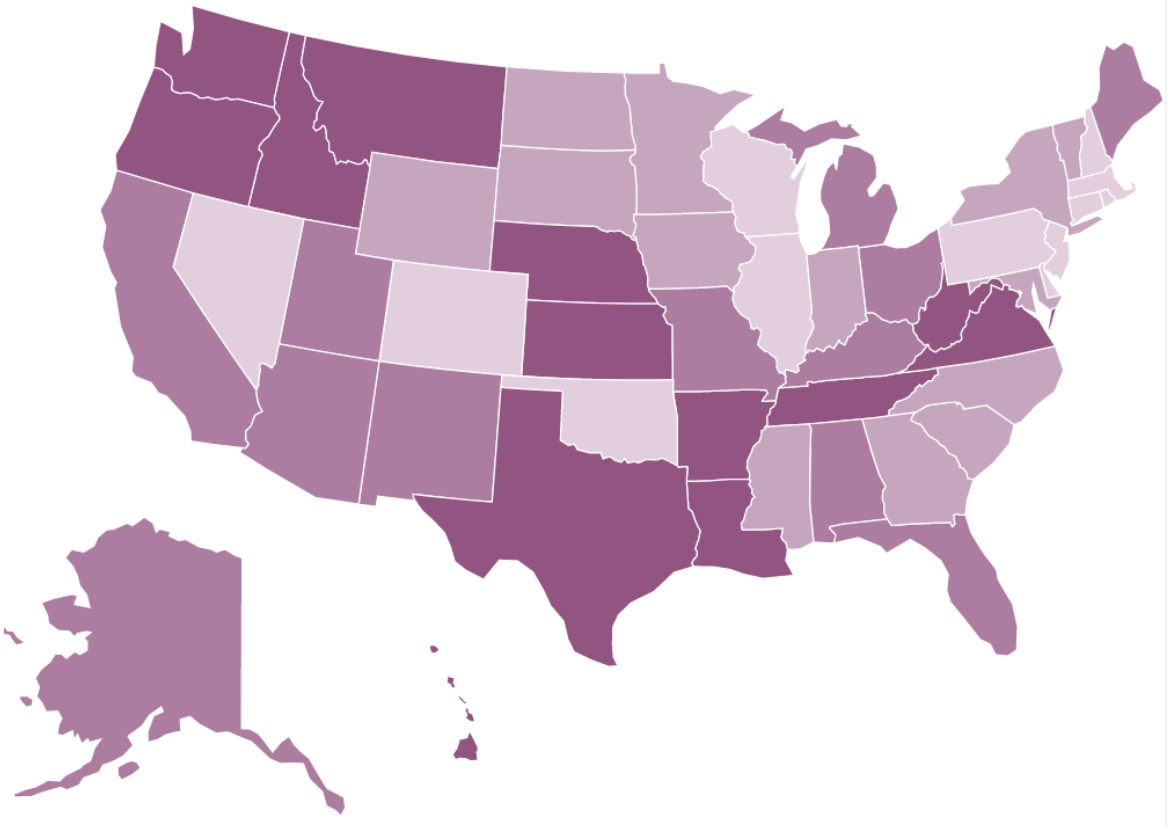
Rank	State
1	Kentucky
2	Hawaii
3	New York
4	Pennsylvania
5	Wisconsin
6	Connecticut
7	Tennessee
8	New Jersey
9	Illinois
10	Maryland
11	Michigan
12	Massachusetts
13	Iowa
14	Virginia
15	Vermont
16	Delaware
17	South Carolina
18	North Carolina
19	Rhode Island
20	West Virginia
21	California
22	New Mexico
23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

Youth Rankings

States with rankings 1-13 have a lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have a higher prevalence of mental illness and lower rates of access to care.

The seven 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. Youth with Private Insurance That Did Not Cover Mental or Emotional Problems
7. Students (K+) Identified with Emotional Disturbance for an Individualized Education Program



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

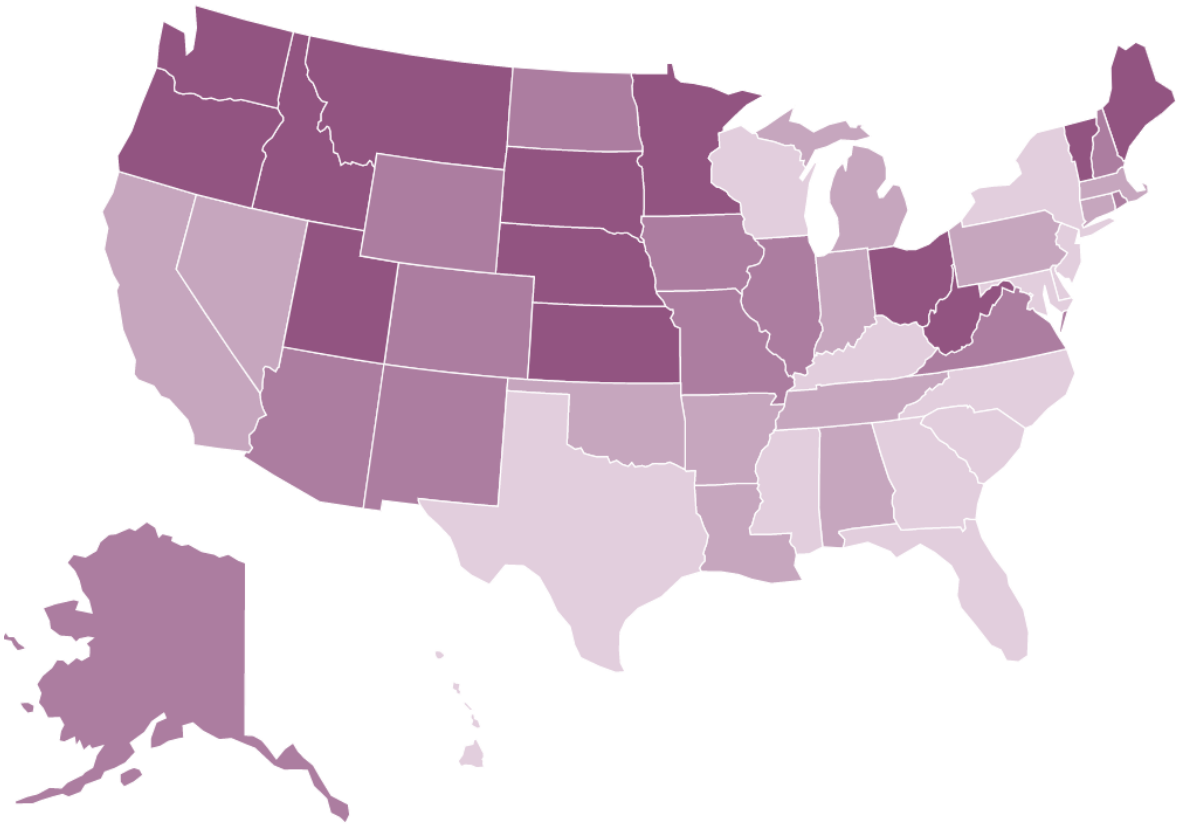
Prevalence of Mental Illness

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

The six 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 of 1-13 for Prevalence indicates a lower prevalence of mental health and substance use issues compared to states that ranked 39-51.



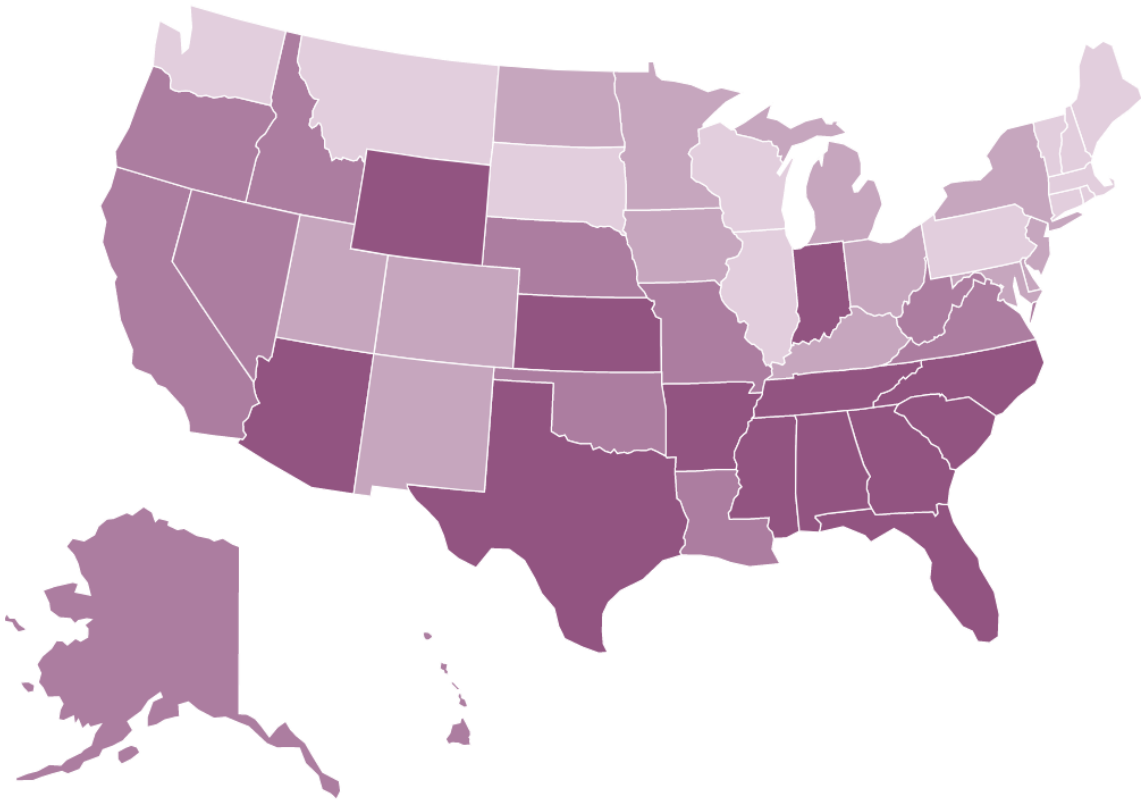
Rank	State
1	Georgia
2	South Carolina
3	Texas
4	New Jersey
5	North Carolina
6	Delaware
7	Florida
8	Maryland
9	Wisconsin
10	Kentucky
11	New York
12	Hawaii
13	Mississippi
14	Pennsylvania
15	Tennessee
16	California
17	Connecticut
18	Nevada
19	Arkansas
20	District of Columbia
21	Indiana
22	Alabama
23	Massachusetts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

The nine measures that make up the Access Ranking include:

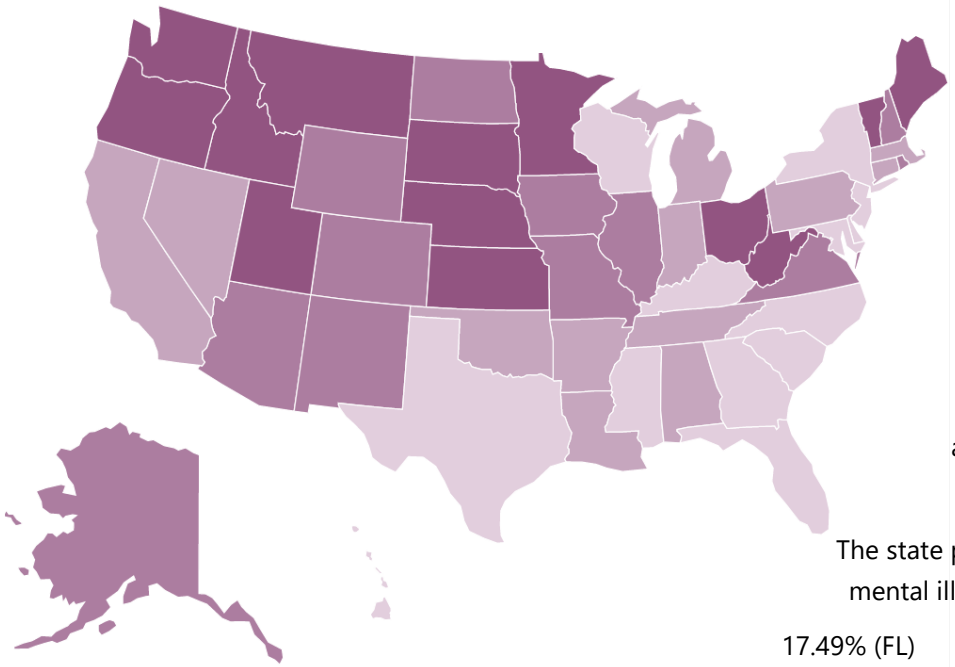
1. Adults with AMI Who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI Who Are Uninsured
4. Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs
5. Youth with MDE Who Did Not Receive Mental Health Services
6. Youth with Severe MDE Who Received Some Consistent Treatment
7. Youth with Private Insurance That Did Not Cover Mental or Emotional Problems
8. Students (K+) Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability



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

Adult Prevalence of Mental Illness

Adults with Any Mental Illness (AMI)



20.78% of adults experienced a mental illness. **Equivalent to over 50 million Americans.**

5.44% experienced a *severe* mental illness.

While this measure cannot be compared to the percentage of adults experiencing a mental illness in last year's report, it is consistent with reported increases in distress during the COVID-19 pandemic. According to the U.S. Census Household Pulse Survey, the percentage of adults reporting symptoms of anxiety and depression increased from 11% to about 40% from 2019 to 2020.[1]

The state prevalence of adult mental illness ranges from:

17.49% (FL)
Ranked 1-13

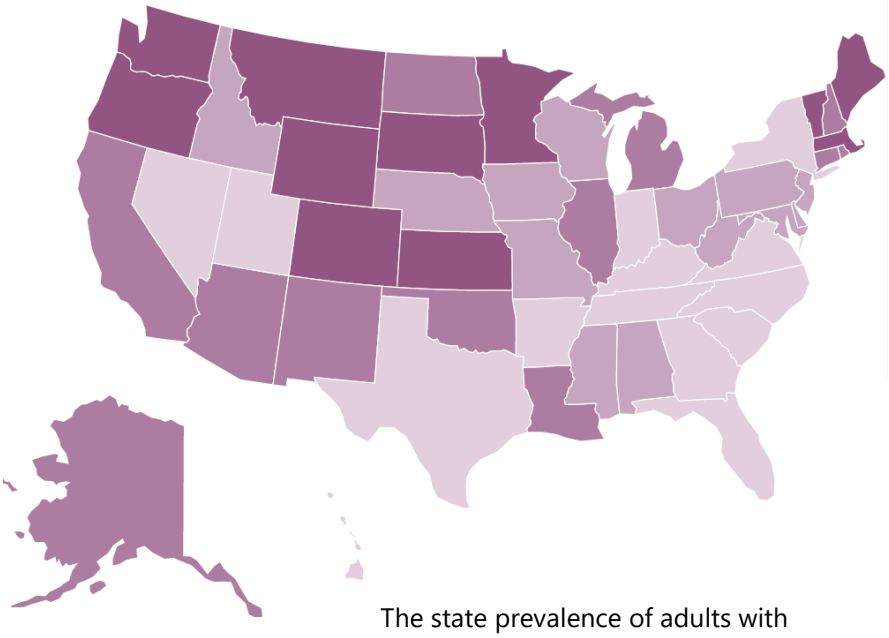
29.68 % (UT)
Ranked 39-51

Rank	State	%	#
1	Florida	17.49	2,985,000
2	Georgia	17.55	1,397,000
3	Maryland	17.80	822,000
4	Hawaii	17.86	189,000
5	Texas	17.96	3,825,000
6	New Jersey	18.27	1,251,000
7	Connecticut	18.77	524,000
8	New York	18.83	2,855,000
9	Pennsylvania	19.68	1,963,000
10	North Carolina	19.80	1,592,000
11	Tennessee	20.46	1,073,000
12	California	20.49	6,169,000
13	Virginia	20.51	1,331,000
14	Delaware	20.52	156,000
15	Illinois	20.72	2,000,000
16	North Dakota	20.79	118,000
17	Iowa	21.00	503,000
18	Mississippi	21.06	465,000
19	New Mexico	21.16	337,000
20	Louisiana	21.18	733,000
21	Alabama	21.24	797,000
22	South Dakota	21.25	139,000
23	Missouri	21.32	996,000
24	Nevada	21.38	508,000
25	Massachusetts	21.39	1,172,000
26	Maine	21.61	234,000

Rank	State	%	#
27	South Carolina	21.69	862,000
28	Indiana	21.83	1,109,000
29	Wisconsin	21.83	982,000
30	Kentucky	21.91	742,000
31	Alaska	22.20	117,000
32	Michigan	22.33	1,729,000
33	Arkansas	22.61	514,000
34	District of Columbia	22.95	131,000
35	Colorado	23.16	1,028,000
36	Minnesota	23.23	997,000
37	Nebraska	23.41	335,000
38	Montana	23.43	195,000
39	Wyoming	23.63	103,000
40	Vermont	23.71	120,000
41	New Hampshire	23.74	260,000
42	Arizona	23.89	1,339,000
43	Rhode Island	24.12	202,000
44	Ohio	24.32	2,177,000
45	Idaho	24.92	333,000
46	Washington	25.51	1,500,000
47	Oklahoma	25.59	752,000
48	Kansas	26.02	560,000
49	West Virginia	26.05	366,000
50	Oregon	27.33	909,000
51	Utah	29.68	675,000
	National	20.78	52,173,000

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, as 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). These estimates are based on indicators of AMI rather than direct measures of diagnostic status."

Adults with Substance Use Disorder in the Past Year



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

11.31% (GA) Ranked 1-13

21.21% (D.C.) Ranked 39-51

15.35% of adults in America reported having a substance use disorder in the past year.

6.82% of adults in America had an illicit drug use disorder in the past year.

10.96% of adults in America had an alcohol use disorder in the past year.

Of those reporting having a substance use disorder in the past year, **93.5% did not receive any form of treatment.**[2]

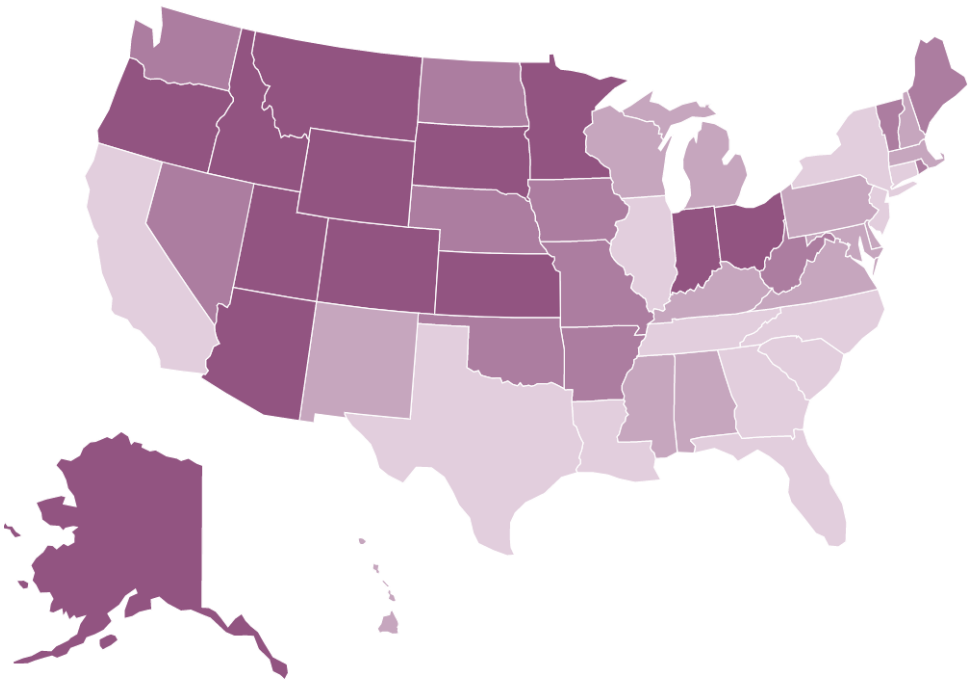
This near absence of any form of treatment for individuals with substance use disorder must be addressed, especially in light of the rise in overdose deaths during the COVID-19 pandemic. In 2020, there were 93,331 drug overdose deaths in the United States, a nearly 30% increase over the number prior to the COVID-19 pandemic.[3]

Rank	State	%	#
1	Georgia	11.31	906,000
2	Texas	11.93	2,564,000
3	Utah	12.64	291,000
4	Kentucky	12.98	441,000
5	North Carolina	13.48	1,092,000
6	Hawaii	13.77	145,000
7	Tennessee	13.94	734,000
8	South Carolina	14.08	564,000
9	Virginia	14.53	947,000
10	Indiana	14.61	745,000
11	Florida	14.81	2,541,000
12	Arkansas	14.85	339,000
13	New York	14.88	2,250,000
14	West Virginia	14.93	210,000
15	Alabama	14.94	563,000
16	Nevada	14.95	360,000
17	Idaho	15.02	204,000
18	Maryland	15.27	706,000
19	Ohio	15.36	1,377,000
20	New Jersey	15.37	1,052,000
21	Mississippi	15.47	341,000
22	Delaware	15.57	120,000
23	Iowa	15.73	378,000
24	Wisconsin	15.88	717,000
25	Missouri	15.93	746,000
26	Pennsylvania	15.94	1,589,000

Rank	State	%	#
27	Oklahoma	16.07	474,000
28	Arizona	16.25	923,000
29	North Dakota	16.37	93,000
30	Louisiana	16.43	569,000
31	Alaska	16.57	87,000
32	New Mexico	16.58	265,000
33	Rhode Island	16.66	140,000
34	Connecticut	16.66	465,000
35	Illinois	16.69	1,607,000
36	California	16.70	5,027,000
37	Michigan	16.72	1,295,000
38	New Hampshire	17.00	186,000
39	Colorado	17.25	771,000
40	Minnesota	17.26	742,000
41	Maine	17.32	188,000
42	Massachusetts	17.41	955,000
43	Wyoming	17.57	77,000
44	Vermont	17.69	89,000
45	Nebraska	18.00	258,000
46	Kansas	18.42	398,000
47	South Dakota	18.55	122,000
48	Washington	18.59	1,100,000
49	Oregon	19.13	639,000
50	Montana	19.22	161,000
51	District of Columbia	21.21	122,000
	National	15.35	38,679,000

According to SAMHSA, "Substance Use Disorder (SUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). SUD is defined as meeting the criteria for illicit drug or alcohol use disorder. SUD estimates are based on only 2020 data because prior years' SUD data were based on DSM-IV criteria."

Adults with Serious Thoughts of Suicide



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

3.92% (GA) Ranked 1-13

7.63% (UT) Ranked 39-51

The percentage of adults reporting serious thoughts of suicide is 4.84%. The estimated number of adults with serious suicidal thoughts is **over 12.1 million.**

11% of adults who identified as two or more races reported serious thoughts of suicide in 2020[4] – 6% higher than the average among all adults.

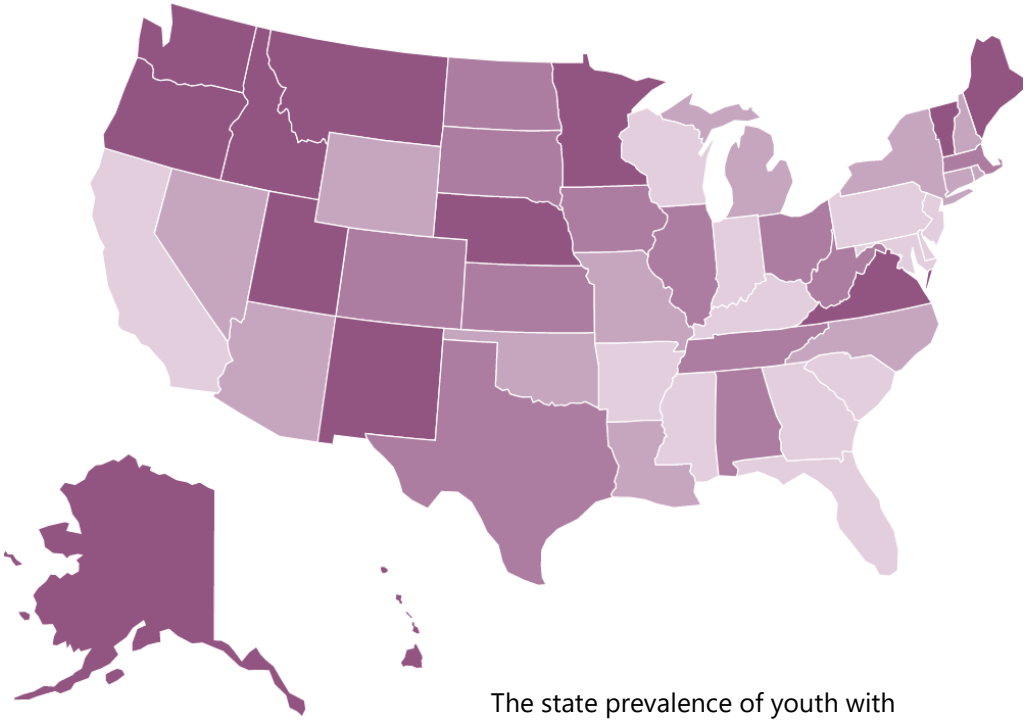
Utah has had the highest rate of suicidal ideation among adults every year since 2012-2013. Utah also continues to have a disproportionately higher rate of suicidal ideation than any other state. The percentage of adults reporting suicidal ideation in Utah (ranked 51) is 0.83% higher than in Oregon (ranked 50) – **a larger difference than between any other two states.**

Rank	State	%	#
1	Georgia	3.92	313,000
2	New Jersey	4.12	283,000
3	Texas	4.18	892,000
4	Florida	4.26	727,000
5	North Carolina	4.30	346,000
6	District of Columbia	4.30	25,000
7	New York	4.34	659,000
8	California	4.39	1,323,000
9	Connecticut	4.40	123,000
10	South Carolina	4.42	176,000
11	Louisiana	4.50	156,000
12	Illinois	4.54	438,000
13	Tennessee	4.58	240,000
14	Virginia	4.58	298,000
15	New Hampshire	4.62	50,000
16	Hawaii	4.62	49,000
17	Mississippi	4.65	103,000
18	Delaware	4.65	35,000
19	Maryland	4.67	216,000
20	Massachusetts	4.74	260,000
21	New Mexico	4.82	77,000
22	Michigan	4.84	375,000
23	Wisconsin	4.85	219,000
24	Pennsylvania	4.86	485,000
25	Kentucky	4.89	166,000
26	Alabama	4.96	186,000

Rank	State	%	#
27	Maine	5.12	56,000
28	Rhode Island	5.17	43,000
29	Oklahoma	5.24	154,000
30	Nebraska	5.35	77,000
31	Iowa	5.38	129,000
32	Vermont	5.40	27,000
33	West Virginia	5.42	76,000
34	Missouri	5.47	256,000
35	Nevada	5.52	131,000
36	Arkansas	5.59	127,000
37	Washington	5.62	331,000
38	North Dakota	5.62	32,000
39	Indiana	5.82	296,000
40	Minnesota	5.96	256,000
41	Colorado	6.01	267,000
42	Ohio	6.01	538,000
43	Wyoming	6.02	26,000
44	South Dakota	6.08	40,000
45	Alaska	6.15	32,000
46	Montana	6.24	52,000
47	Idaho	6.27	84,000
48	Kansas	6.44	139,000
49	Arizona	6.48	364,000
50	Oregon	6.80	226,000
51	Utah	7.63	174,000
	National	4.84	12,151,000

Youth Prevalence of Mental Illness

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



The state prevalence of youth with MDE ranges from:

12.57% (NJ) Ranked 1-13

21.13% (OR) Ranked 39-51

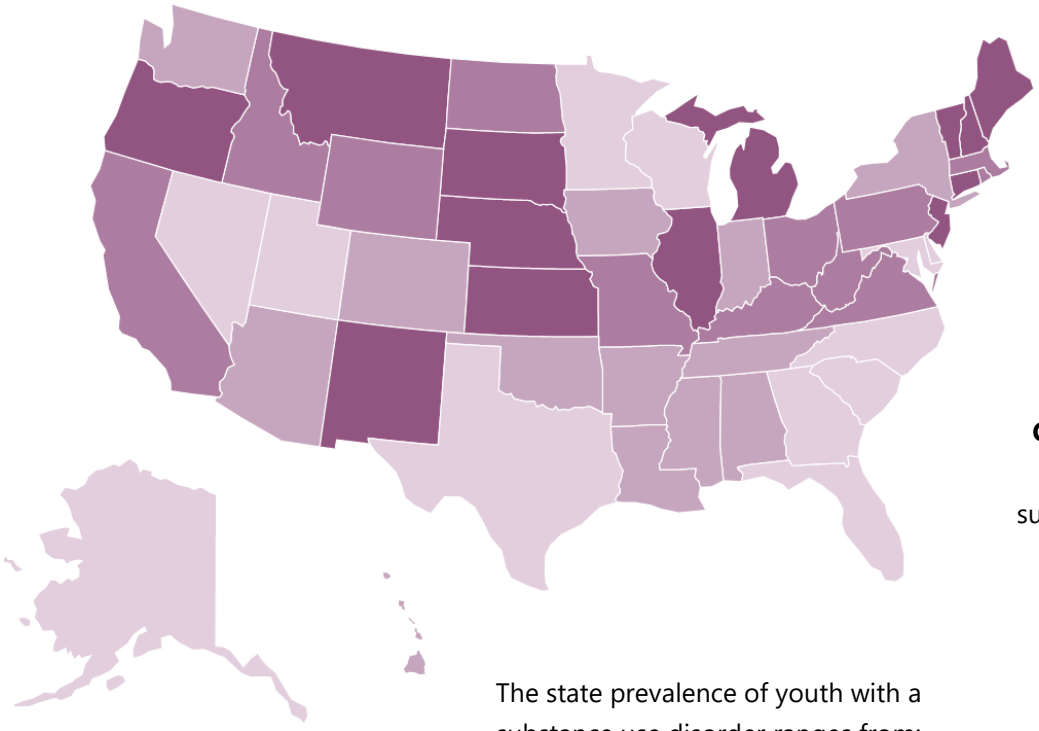
16.39% of youth (age 12-17) reported suffering from at least one major depressive episode (MDE) in the past year.

Youth experienced numerous hardships during the COVID-19 pandemic. The CDC's Adolescent Behaviors and Experiences Survey (ABES) found that 67% of U.S. high school students reported that schoolwork was more difficult, 55% experienced some emotional abuse in the home, 11% experienced physical abuse, and 24% reported they did not have enough food to eat during the COVID-19 pandemic,[5] all of which can have a detrimental effect on mental health.

Rank	State	%	#
1	New Jersey	12.57	84,000
2	South Carolina	13.41	51,000
3	Pennsylvania	14.04	127,000
4	Wisconsin	14.16	63,000
5	Delaware	14.24	10,000
6	Georgia	14.49	127,000
7	California	14.83	447,000
8	Kentucky	14.89	51,000
9	Arkansas	14.97	36,000
10	Mississippi	15.08	37,000
11	Maryland	15.37	69,000
12	Indiana	15.45	83,000
13	Florida	15.51	225,000
14	North Carolina	15.56	124,000
15	Connecticut	15.64	42,000
16	Rhode Island	15.90	11,000
17	Oklahoma	15.97	51,000
18	Michigan	15.99	119,000
19	Nevada	16.02	38,000
20	New York	16.03	214,000
21	Louisiana	16.18	58,000
22	District of Columbia	16.32	5,000
23	Wyoming	16.78	8,000
24	Missouri	16.84	79,000
25	Arizona	16.90	96,000
26	New Hampshire	17.02	16,000

Rank	State	%	#
27	Colorado	17.05	74,000
28	Texas	17.08	429,000
29	Iowa	17.10	42,000
30	Tennessee	17.32	89,000
31	Alabama	17.56	65,000
32	Massachusetts	17.74	84,000
33	North Dakota	17.77	10,000
34	West Virginia	17.92	22,000
35	Kansas	17.94	43,000
36	South Dakota	17.96	13,000
37	Illinois	18.10	177,000
38	Ohio	18.25	162,000
39	Alaska	18.36	10,000
40	Hawaii	18.36	17,000
41	Utah	19.08	61,000
42	New Mexico	19.32	32,000
43	Minnesota	19.39	86,000
44	Virginia	19.56	124,000
45	Washington	19.57	108,000
46	Maine	19.85	18,000
47	Nebraska	20.08	32,000
48	Montana	20.18	16,000
49	Vermont	20.64	8,000
50	Idaho	20.88	33,000
51	Oregon	21.13	63,000
	National	16.39	4,087,000

Youth with Substance Use Disorder in the Past Year



6.34% of youth in the U.S. reported a substance use disorder in the past year.

2.85% had an alcohol use disorder in the past year, while 4.85% had an illicit drug use disorder.

Georgia, North Carolina, South Carolina, and Utah are all in the top 10 states with lowest prevalence of substance use disorder for both youth and adults.

South Dakota, Vermont, Oregon, Montana, and Kansas are all in the bottom 10 states with highest prevalence of substance use disorder for both youth and adults.

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

3.94% (DC) Ranked 1-13

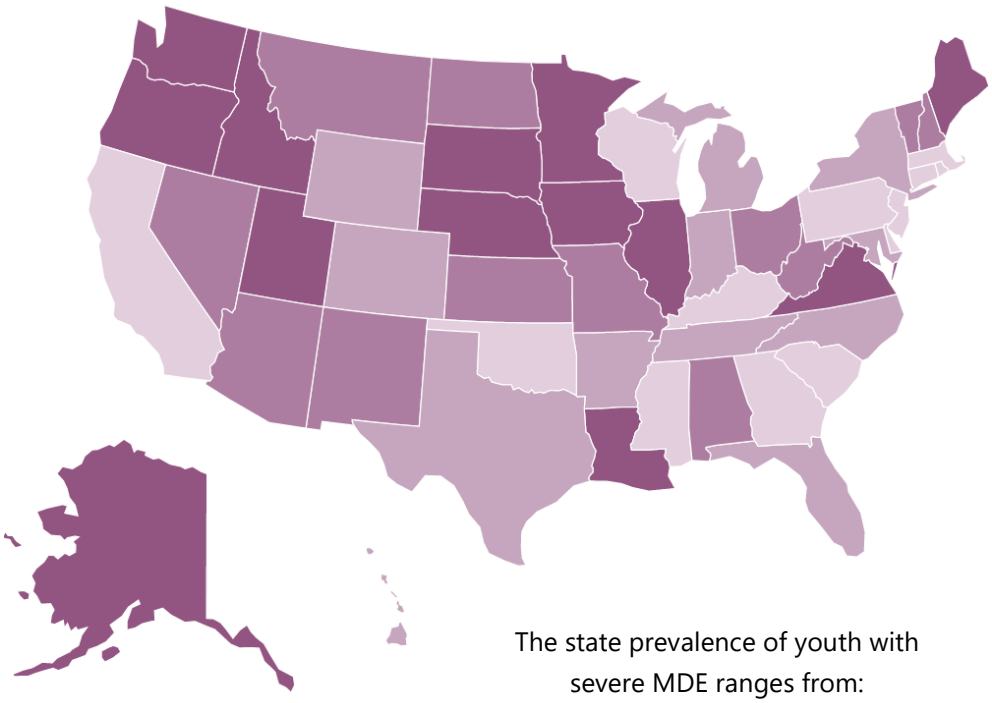
9.05% (KS) Ranked 39-51

Rank	State	%	#
1	District of Columbia	3.94	1,000
2	Georgia	4.30	38,000
3	Nevada	4.65	11,000
4	Alaska	5.06	3,000
5	North Carolina	5.13	41,000
6	Delaware	5.13	4,000
7	South Carolina	5.26	20,000
8	Maryland	5.27	24,000
9	Wisconsin	5.66	25,000
10	Utah	5.70	18,000
11	Minnesota	5.73	25,000
12	Texas	5.79	146,000
13	Florida	5.99	87,000
14	Louisiana	6.00	22,000
15	Arizona	6.06	35,000
16	Oklahoma	6.07	20,000
17	Hawaii	6.08	6,000
18	Alabama	6.11	23,000
19	Tennessee	6.13	32,000
20	Washington	6.27	35,000
21	Arkansas	6.29	15,000
22	Colorado	6.37	28,000
23	Mississippi	6.48	16,000
24	New York	6.49	86,000
25	Indiana	6.49	35,000
26	Iowa	6.52	16,000

Rank	State	%	#
27	North Dakota	6.53	4,000
28	Kentucky	6.59	22,000
29	Rhode Island	6.60	5,000
30	California	6.64	200,000
31	Massachusetts	6.77	32,000
32	Ohio	6.81	60,000
33	Missouri	6.81	32,000
34	Pennsylvania	6.85	62,000
35	Wyoming	6.90	3,000
36	West Virginia	6.96	9,000
37	Virginia	6.99	44,000
38	Idaho	7.06	11,000
39	Nebraska	7.13	11,000
40	Michigan	7.14	53,000
41	Illinois	7.19	70,000
42	New Jersey	7.26	49,000
43	South Dakota	7.37	5,000
44	New Hampshire	7.46	7,000
45	Maine	7.46	7,000
46	Connecticut	7.50	20,000
47	New Mexico	7.75	13,000
48	Vermont	7.91	3,000
49	Oregon	7.97	24,000
50	Montana	8.60	7,000
51	Kansas	9.05	22,000
	National	6.34	1,584,000

According to SAMHSA, "Substance Use Disorder (SUD) data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). SUD is defined as meeting the criteria for illicit drug or alcohol use disorder. SUD estimates are based on only 2020 data because prior years' SUD data were based on DSM-IV criteria."

Youth with Severe Major Depressive Episode



11.5% of youth (over 2.7 million youth) are experiencing severe major depression.

There are significant racial and geographic disparities for youth with severe major depressive episodes.

Rates of a severe major depressive episode were highest among youth who identified as more than one race, **at 16.5%** (about 123,000 youth).

The percentage of youth with severe major depressive episode in South Dakota (ranked 51) is **nearly four times** the percentage of youth with severe MDE in South Carolina (ranked 1).

The state prevalence of youth with severe MDE ranges from:

5.2% (SC) Ranked 1-13 — 19.9% (SD) Ranked 39-51

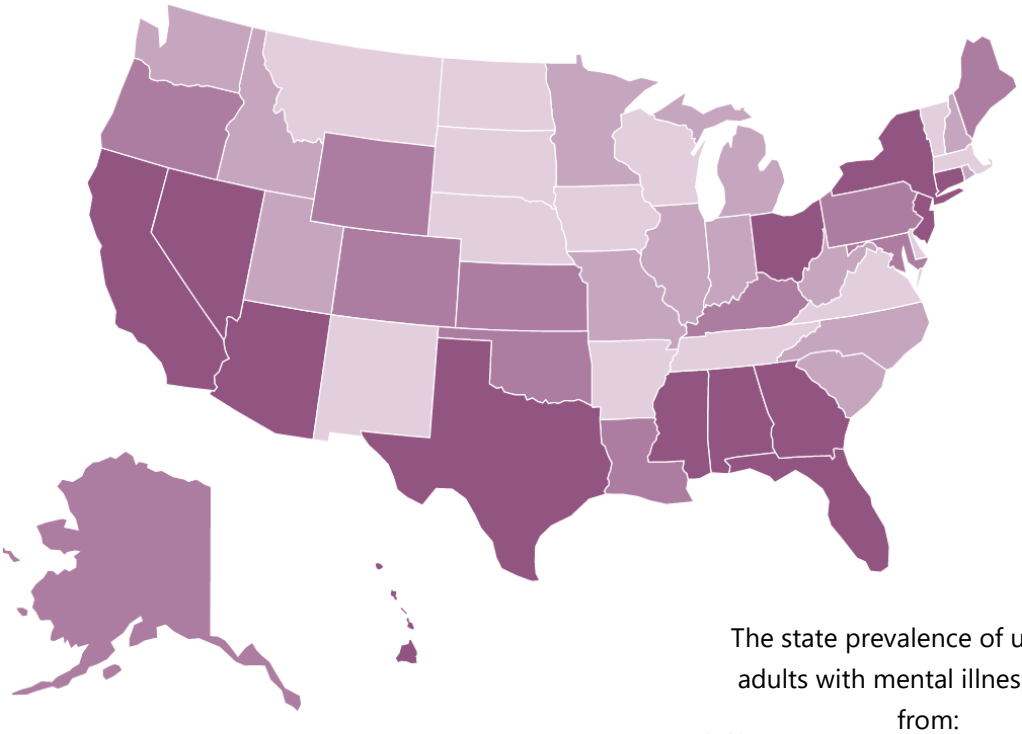
Rank	State	%	#
1	South Carolina	5.20	19,000
2	New Jersey	7.50	48,000
3	Mississippi	8.10	19,000
4	Wisconsin	8.50	37,000
5	Massachusetts	8.80	40,000
6	Pennsylvania	9.20	79,000
7	California	9.20	269,000
8	Kentucky	9.30	30,000
9	Rhode Island	9.90	7,000
10	Georgia	10.00	85,000
11	Delaware	10.10	7,000
12	Connecticut	10.20	26,000
13	Oklahoma	10.30	32,000
14	District of Columbia	10.60	3,000
15	Arkansas	10.60	25,000
16	Tennessee	10.60	54,000
17	North Carolina	10.60	82,000
18	Wyoming	10.70	5,000
19	New York	10.80	137,000
20	Texas	10.80	261,000
21	Hawaii	10.90	10,000
22	Colorado	10.90	46,000
23	Indiana	11.20	57,000
24	Michigan	11.30	83,000
25	Florida	12.30	174,000
26	Maryland	12.40	55,000

Rank	State	%	#
27	New Mexico	12.80	21,000
28	West Virginia	13.00	16,000
29	Kansas	13.00	30,000
30	Arizona	13.10	72,000
31	Alabama	13.20	48,000
32	New Hampshire	13.30	12,000
33	Montana	13.40	10,000
34	North Dakota	13.60	7,000
35	Nevada	13.80	32,000
36	Missouri	13.80	64,000
37	Vermont	13.90	5,000
38	Ohio	13.90	119,000
39	Washington	14.00	74,000
40	Illinois	14.40	136,000
41	Alaska	14.80	8,000
42	Iowa	15.00	36,000
43	Minnesota	15.20	64,000
44	Nebraska	15.70	23,000
45	Virginia	15.70	97,000
46	Maine	16.30	14,000
47	Utah	16.40	50,000
48	Louisiana	16.60	59,000
49	Idaho	17.50	27,000
50	Oregon	19.00	55,000
51	South Dakota	19.90	14,000
	National	11.50	2,782,000

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



Over half (54.7%) of adults with a mental illness received no treatment.

Over 28 million individuals experiencing a mental illness are going untreated.

Of adults with a mental illness who did not receive treatment in the past year, 26.7% indicated that they had experienced serious psychological distress in the past month.

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

40.6% (MT) Ranked 1-13

69.1% (HI) Ranked 39-51

Rank	State	%	#
1	Montana	40.60	78,000
2	Nebraska	42.40	138,000
3	Massachusetts	42.80	500,000
4	Vermont	43.10	49,000
5	Arkansas	45.50	230,000
6	South Dakota	45.80	55,000
7	New Mexico	46.40	157,000
8	Tennessee	46.40	470,000
9	Wisconsin	46.80	443,000
10	Iowa	47.20	222,000
11	Virginia	47.40	630,000
12	North Dakota	48.40	52,000
13	Delaware	48.40	76,000
14	New Hampshire	49.20	141,000
15	Michigan	49.40	870,000
16	Rhode Island	49.60	99,000
17	Minnesota	49.80	505,000
18	Missouri	50.00	461,000
19	Washington	50.00	765,000
20	Utah	50.40	360,000
21	South Carolina	50.50	467,000
22	West Virginia	50.80	201,000
23	Illinois	50.90	980,000
24	North Carolina	51.10	762,000
25	Indiana	51.20	530,000
26	Idaho	51.60	171,000

Rank	State	%	#
27	Kentucky	51.80	378,000
28	Pennsylvania	51.80	1,006,000
29	Kansas	52.30	320,000
30	Louisiana	52.90	385,000
31	Maine	53.50	127,000
32	Oklahoma	53.50	457,000
33	Wyoming	54.00	56,000
34	Oregon	54.10	494,000
35	Alaska	54.90	61,000
36	Maryland	55.00	422,000
37	District of Columbia	55.50	75,000
38	Colorado	55.50	570,000
39	Ohio	55.60	1,232,000
40	Connecticut	55.80	248,000
41	Mississippi	56.10	273,000
42	New Jersey	56.20	677,000
43	Georgia	57.80	722,000
44	New York	58.00	1,637,000
45	Florida	58.40	1,679,000
46	Nevada	61.40	309,000
47	Texas	62.30	2,306,000
48	Alabama	62.40	478,000
49	California	62.60	3,757,000
50	Arizona	63.50	854,000
51	Hawaii	69.10	130,000
	National	54.70	28,066,000

Adults with AMI Reporting Unmet Need

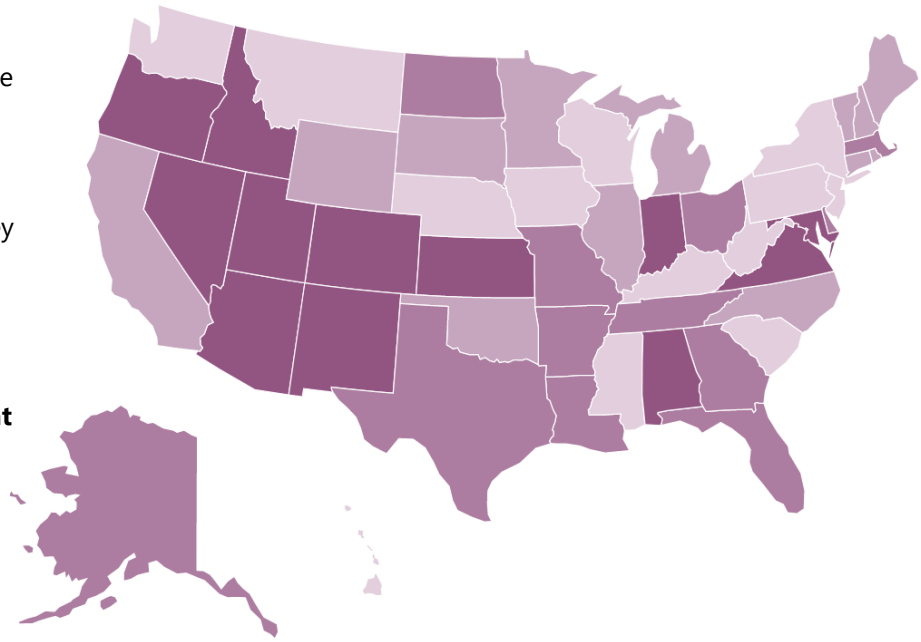
Almost a third (28.2%) of all adults with a mental illness reported that they were not able to receive the treatment they needed.

Individuals reporting unmet need are those seeking treatment and facing barriers to getting the help they need.

Cost of care remains a significant barrier for many individuals in the U.S. **Most adults with AMI who reported unmet need for treatment indicated that they did not receive care because they could not afford it (42%).**

This was followed by:

- Not knowing where they could go to get services (27%)
- Thinking they could handle their mental health without treatment (26%)
- Not having the time to get treatment (19%)
- Health insurance not paying enough for mental health treatment (17%)



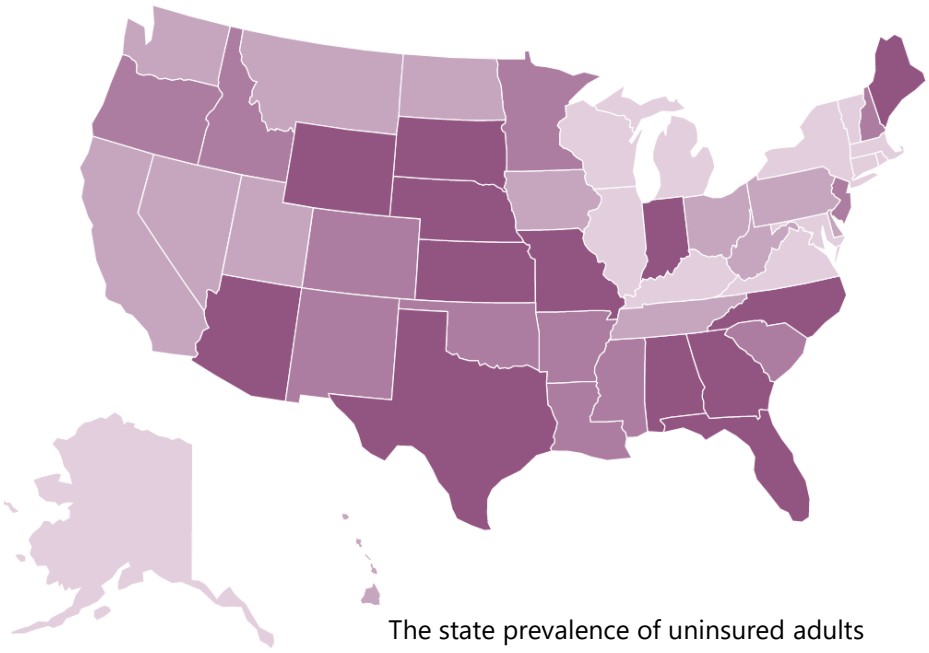
The state prevalence of adults with AMI reporting unmet treatment needs ranges from:

18.4% (WV) Ranked 1-13 — 38.8% (IN) Ranked 39-51

Rank	State	%	#
1	West Virginia	18.40	73,000
2	Hawaii	20.20	38,000
3	Wisconsin	20.90	198,000
4	South Carolina	21.30	197,000
5	Washington	21.70	331,000
6	New Jersey	22.90	277,000
7	Nebraska	23.00	76,000
8	Kentucky	23.00	168,000
9	New York	24.00	681,000
10	Pennsylvania	24.70	477,000
11	Mississippi	24.80	121,000
12	Montana	24.90	48,000
13	Iowa	25.40	120,000
14	Michigan	25.90	455,000
15	Illinois	25.90	501,000
16	Oklahoma	26.00	222,000
17	North Carolina	26.30	393,000
18	Vermont	26.60	30,000
19	Connecticut	26.60	118,000
20	New Hampshire	26.70	77,000
21	Minnesota	26.70	270,000
22	Wyoming	27.20	28,000
23	South Dakota	27.40	33,000
24	Maine	27.40	65,000
25	Rhode Island	27.70	56,000
26	California	27.80	1,672,000

Rank	State	%	#
27	North Dakota	28.20	30,000
28	Ohio	28.30	628,000
29	Arkansas	28.70	146,000
30	Louisiana	29.10	211,000
31	Georgia	29.10	363,000
32	Florida	29.10	838,000
33	Missouri	29.60	274,000
34	Texas	29.60	1,101,000
35	Alaska	29.80	33,000
36	Delaware	30.90	49,000
37	Massachusetts	31.10	364,000
38	Tennessee	31.40	323,000
39	Virginia	31.50	417,000
40	District of Columbia	32.20	44,000
41	Idaho	32.20	107,000
42	Maryland	32.50	249,000
43	Oregon	32.60	297,000
44	New Mexico	32.90	112,000
45	Utah	34.10	244,000
46	Colorado	34.20	353,000
47	Alabama	35.40	271,000
48	Kansas	35.80	219,000
49	Arizona	36.00	484,000
50	Nevada	37.60	189,000
51	Indiana	38.80	406,000
	National	28.20	14,476,000

Adults with AMI Who Are Uninsured



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

4.1% (RI) Ranked 1-13

24.7% (WY) Ranked 39-51

Rank	State	Rate	#
1	Rhode Island	4.10	8,000
2	Massachusetts	4.60	54,000
3	Kentucky	4.70	34,000
4	District of Columbia	5.60	8,000
5	New York	5.60	158,000
6	Vermont	5.80	7,000
7	Wisconsin	5.80	55,000
8	Connecticut	6.00	27,000
9	Illinois	6.30	122,000
10	Virginia	6.50	87,000
11	Michigan	6.70	117,000
12	Alaska	6.80	8,000
13	Maryland	6.90	53,000
14	Pennsylvania	6.90	134,000
15	Hawaii	7.10	14,000
16	Washington	7.20	111,000
17	California	7.50	456,000
18	Montana	7.90	15,000
19	Utah	7.90	57,000
20	North Dakota	8.30	9,000
21	Delaware	8.30	13,000
22	Tennessee	9.30	95,000
23	Iowa	9.40	44,000
24	West Virginia	10.00	40,000
25	Nevada	10.00	51,000
26	Oregon	10.20	94,000
27	Ohio	10.20	226,000
28	New Mexico	10.40	36,000
29	Colorado	10.40	107,000
30	Louisiana	11.00	80,000
31	Idaho	12.10	40,000
32	Arkansas	12.20	62,000
33	Minnesota	12.20	124,000
34	Oklahoma	12.30	105,000
35	New Jersey	12.70	155,000
36	Mississippi	13.20	64,000
37	South Carolina	13.20	122,000
38	New Hampshire	13.40	38,000
39	Indiana	13.50	142,000
40	Florida	13.60	393,000
41	South Dakota	13.90	17,000
42	Maine	14.10	34,000
43	Arizona	14.90	202,000
44	Nebraska	15.50	51,000
45	North Carolina	15.80	236,000
46	Missouri	16.70	155,000
47	Georgia	17.40	218,000
48	Kansas	17.50	107,000
49	Alabama	17.90	138,000
50	Texas	21.40	798,000
51	Wyoming	24.70	26,000
	National	10.80	5,544,000

10.8% (over 5.5 million) of adults with a mental illness are uninsured.

There are large disparities in access to health care coverage in the U.S. **Hispanic adults with AMI were least likely to have health insurance, with 19% reporting they were not covered by insurance.** Despite participating in the workforce at higher rates than non-Hispanic populations, Hispanic adults are less likely to receive employer-sponsored health insurance and are more likely to enroll in Medicaid. The uninsured rate among Hispanic individuals increased from 2017-2020, and Hispanic adults were significantly more likely to delay care during COVID-19 than non-Hispanic adults.[6]

The expansion of Medicaid can reduce these disparities in access to care. Medicaid expansion has been found to reduce racial disparities in health care coverage particularly for Black and Hispanic adults[7] and is associated with significant reductions in the percentage of adults with depression who are uninsured and who delay mental health care because of cost.[8]

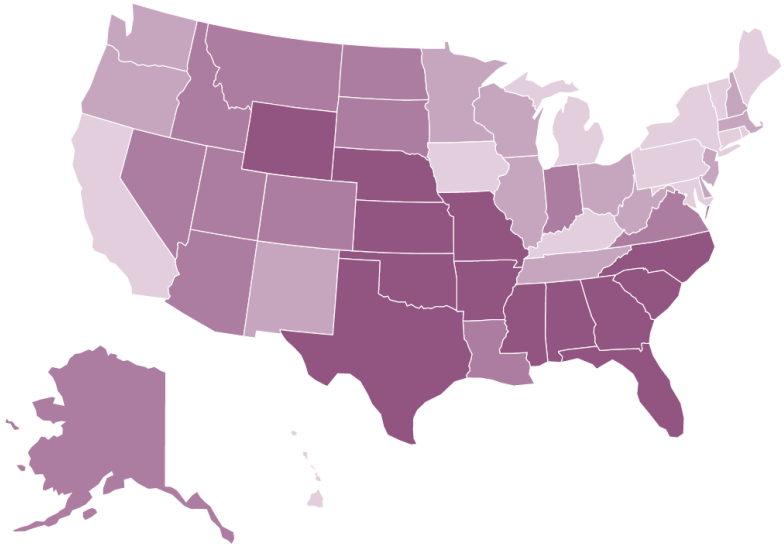
Every state ranked 40-51 on this indicator, except Arizona and Maine, had not expanded Medicaid by 2019-2020. Among these non-expansion states, 10-30% of the remaining uninsured population fall within the Medicaid coverage gap.[9]

Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs

22.87% of adults who reported experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs.

Mentally unhealthy days are derived from the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Having 14 or more mentally unhealthy days each month is defined as experiencing frequent mental distress.[10]

Frequent mental distress has been associated with mental health conditions, chronic illnesses, limitations in functioning, adverse health behaviors, and increased utilization of health services.[11] If individuals experiencing frequent mental distress are unable to afford care, they are even more likely to develop chronic conditions, utilize high-end health care services, and experience increased morbidity and mortality.



The prevalence of adults with 14+ mentally unhealthy days who could not see a doctor due to cost ranges from:

11.57% (HI) Ranked 1-13

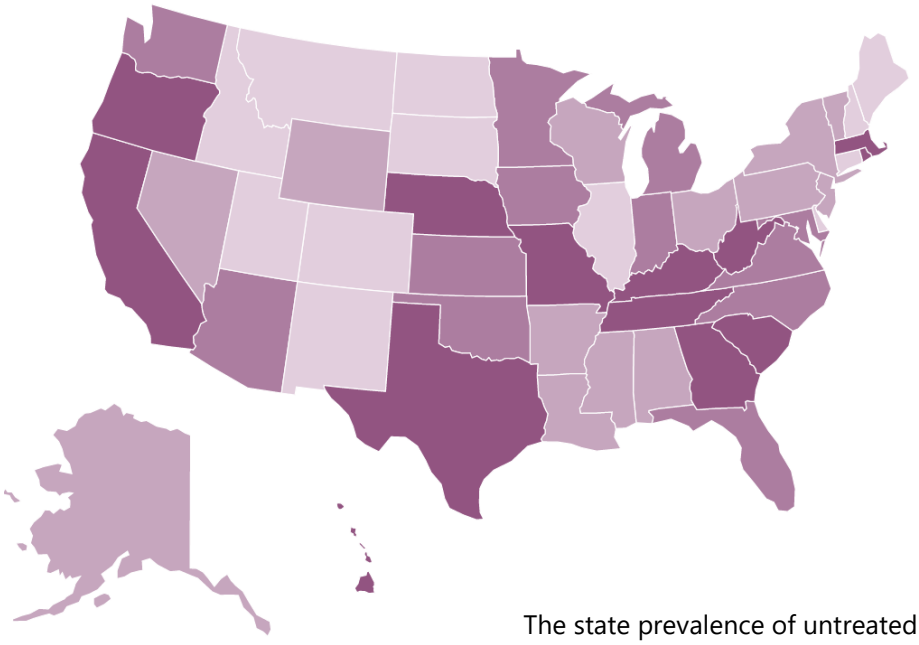
34.35% (GA) Ranked 39-51

Rank	State	%	#
1	Hawaii	11.57	13,648
2	Pennsylvania	14.75	209,776
3	District of Columbia	14.83	12,140
4	Connecticut	15.35	53,772
5	Kentucky	16.39	97,416
6	Michigan	16.83	205,536
7	California	17.00	658,424
8	Vermont	17.16	12,194
9	Rhode Island	17.92	19,965
10	Maryland	18.13	102,697
11	New York	18.27	348,382
12	Iowa	18.87	58,543
13	Maine	19.27	26,122
14	Illinois	19.29	186,001
15	Massachusetts	20.24	142,667
16	New Mexico	20.29	42,779
17	Ohio	20.54	277,247
18	Tennessee	20.58	173,910
19	New Hampshire	20.77	31,115
20	Minnesota	20.80	108,531
21	Washington	20.92	171,306
22	Oregon	21.03	96,908
23	Wisconsin	21.32	120,787
24	West Virginia	21.44	52,220
25	New Jersey	21.63	182,587
26	Delaware	21.71	20,550

Rank	State	%	#
27	Nevada	21.80	90,995
28	Utah	22.77	78,444
29	Montana	23.08	24,917
30	Alaska	23.10	12,323
31	Colorado	23.13	133,747
32	North Dakota	23.29	15,270
33	Indiana	23.46	182,826
34	Arizona	23.60	179,024
35	Idaho	24.17	41,330
36	Virginia	24.85	200,556
37	Louisiana	25.66	155,523
38	South Dakota	26.23	16,433
39	Nebraska	26.77	46,180
40	North Carolina	27.03	285,522
41	Kansas	27.21	82,583
42	Missouri	27.35	196,596
43	Mississippi	28.18	90,084
44	Alabama	28.70	171,538
45	South Carolina	29.06	172,836
46	Arkansas	29.26	118,943
47	Oklahoma	29.48	135,994
48	Florida	30.07	635,806
49	Texas	31.51	893,651
50	Wyoming	34.22	17,878
51	Georgia	34.35	397,790
	National	22.87	7,863,573

Youth Access to Care

Youth with MDE Who Did Not Receive Mental Health Services



59.8% of youth with major depression do not receive any mental health treatment.

Asian youth with MDE were least likely to receive specialty mental health care, with 78% reporting they did not receive mental health services in the past year. This was followed by 68% of multiracial youth and 68% of Black or African American youth with MDE who did not receive care.

In Kentucky, Hawaii, and Texas, **three-quarters** of youth with major depression did not receive mental health treatment. In South Carolina, the lowest ranking state, nearly 8 in 10 youth with depression do not receive care.

The state prevalence of untreated youth with depression ranges from:

32.6% (DC) Ranked 1-13

77.1% (SC) Ranked 39-51

Rank	State	%	#
1	District of Columbia	32.60	1,000
2	Colorado	34.40	20,000
3	New Hampshire	35.90	6,000
4	Montana	37.10	5,000
5	New Mexico	38.30	11,000
6	Illinois	39.90	65,000
7	Connecticut	42.90	16,000
8	South Dakota	43.40	7,000
9	Utah	44.40	26,000
10	North Dakota	44.90	5,000
11	Idaho	47.80	18,000
12	Delaware	47.90	4,000
13	Maine	49.70	8,000
14	Wyoming	50.40	3,000
15	Nevada	50.70	22,000
16	Vermont	51.00	3,000
17	Louisiana	52.80	37,000
18	New York	53.10	105,000
19	Wisconsin	53.40	23,000
20	Alabama	53.50	31,000
21	Ohio	53.50	86,000
22	New Jersey	54.10	36,000
23	Mississippi	54.50	20,000
24	Pennsylvania	54.60	59,000
25	Arkansas	55.10	22,000
26	Alaska	55.60	6,000

Rank	State	%	#
27	Indiana	55.60	39,000
28	Arizona	55.90	51,000
29	Kansas	56.50	23,000
30	Iowa	56.50	25,000
31	Minnesota	56.80	54,000
32	Oklahoma	57.40	23,000
33	Washington	57.70	61,000
34	Maryland	59.20	47,000
35	Virginia	60.20	90,000
36	Michigan	60.30	71,000
37	North Carolina	61.70	64,000
38	Florida	61.80	146,000
39	Rhode Island	62.10	7,000
40	Nebraska	63.70	19,000
41	Massachusetts	63.90	47,000
42	Oregon	64.30	43,000
43	Missouri	65.30	49,000
44	Georgia	66.60	76,000
45	West Virginia	68.80	16,000
46	California	69.50	287,000
47	Tennessee	71.10	72,000
48	Kentucky	74.70	29,000
49	Hawaii	74.90	12,000
50	Texas	74.90	306,000
51	South Carolina	77.10	29,000
	National	59.80	2,331,000

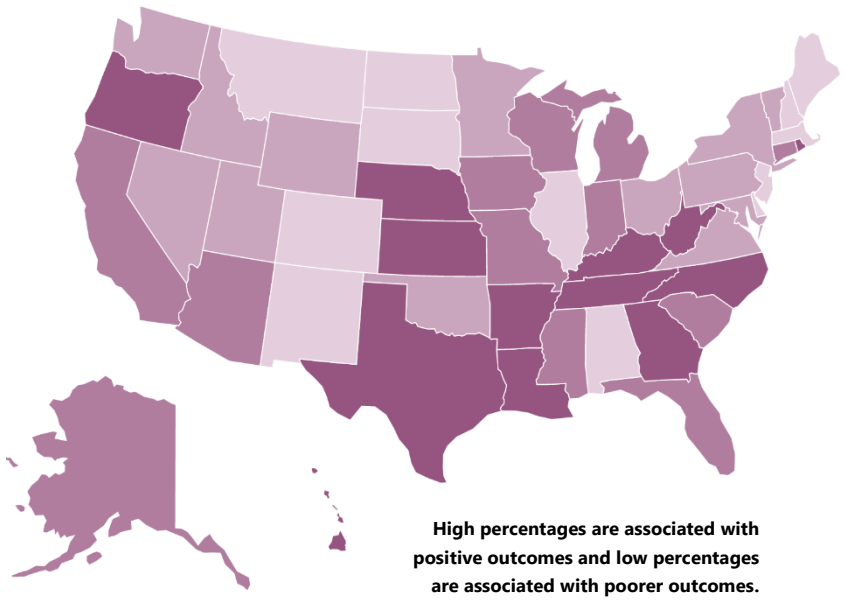
Youth with Severe MDE Who Received Some Consistent Treatment

Nationally, **only 28% of youth** with severe depression receive some consistent treatment (7-25+ visits in a year).

Consistent treatment is determined if a youth visits a specialty outpatient mental health service, including a day treatment facility, mental health clinic, private therapist, or in-home therapist more than seven times in the previous year. According to the American Academy of Child and Adolescent Psychiatry, all patients should be seen **at least** monthly for six to 12 months following their initial treatment.[12]

Even in South Dakota, the top ranked state, only 58% of youth receive care seven times, the minimum level of consistent care. In Kansas, only 6.5% of youth with depressive episodes that have severely impacted functioning receive consistent care.

14.7% of youth with severe MDE received 1-6 visits in the previous year. Most (57.3%) youth with severe depression do not receive any care.



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

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

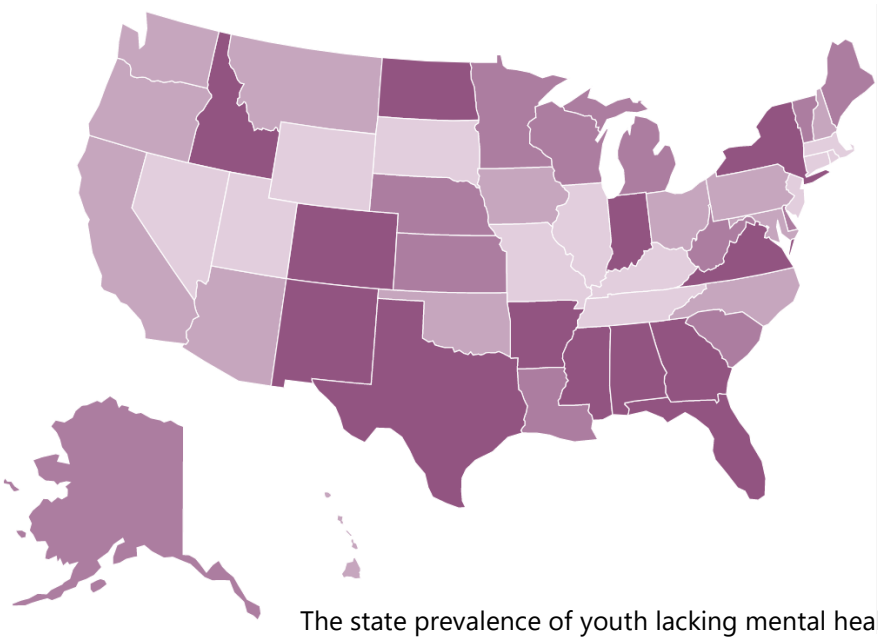
58.1% (SD) Ranked 1-13 — 6.5% (KS) Ranked 39-51

Rank	State	%	#
1	South Dakota	58.10	8,000
2	Colorado	57.40	27,000
3	North Dakota	51.20	4,000
4	New Hampshire	46.80	5,000
5	Massachusetts	46.30	17,000
6	Delaware	45.30	3,000
7	Illinois	44.70	56,000
8	Oklahoma	44.70	14,000
9	Alabama	44.60	21,000
10	New Mexico	43.20	8,000
11	Maine	43.20	6,000
12	New Jersey	42.50	18,000
13	Montana	39.70	3,000
14	Vermont	39.60	2,000
15	Ohio	38.60	45,000
16	Pennsylvania	38.10	25,000
17	Virginia	34.90	33,000
18	Maryland	34.50	18,000
19	Idaho	34.10	9,000
20	New York	34.00	45,000
21	District of Columbia	34.00	1,000
22	Wyoming	33.30	1,000
23	Nevada	33.00	10,000
24	Utah	32.50	14,000
25	Washington	30.70	21,000
26	Minnesota	30.70	19,000

Rank	State	%	#
27	Wisconsin	30.60	10,000
28	Iowa	30.20	10,000
29	Florida	26.50	45,000
30	California	25.40	68,000
31	Mississippi	24.30	5,000
32	Arizona	24.20	17,000
33	South Carolina	24.20	*
34	Michigan	23.60	19,000
35	Connecticut	22.30	6,000
36	Indiana	22.10	12,000
37	Missouri	21.20	13,000
38	North Carolina	19.70	14,000
39	Alaska	19.70	2,000
40	Arkansas	19.50	4,000
41	West Virginia	18.00	3,000
42	Georgia	17.40	14,000
43	Kentucky	16.40	5,000
44	Nebraska	16.00	3,000
45	Rhode Island	13.90	1,000
46	Tennessee	13.70	7,000
47	Oregon	13.00	7,000
48	Texas	12.70	33,000
49	Louisiana	12.10	4,000
50	Hawaii	11.40	1,000
51	Kansas	6.50	2,000
	National	28.00	738,000

*Data from South Carolina was suppressed due to small sample size. Ranking based on 2018-2019 figure.

Youth with Private Insurance That Did Not Cover Mental or Emotional Problems



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

1.4% (RI) Ranked 1-13 — 23.2% (AR) Ranked 39-51

Nationally, **1 in 10 youth** who are covered under private insurance do not have coverage for mental or emotional difficulties – **totaling over 1.2 million youth.**

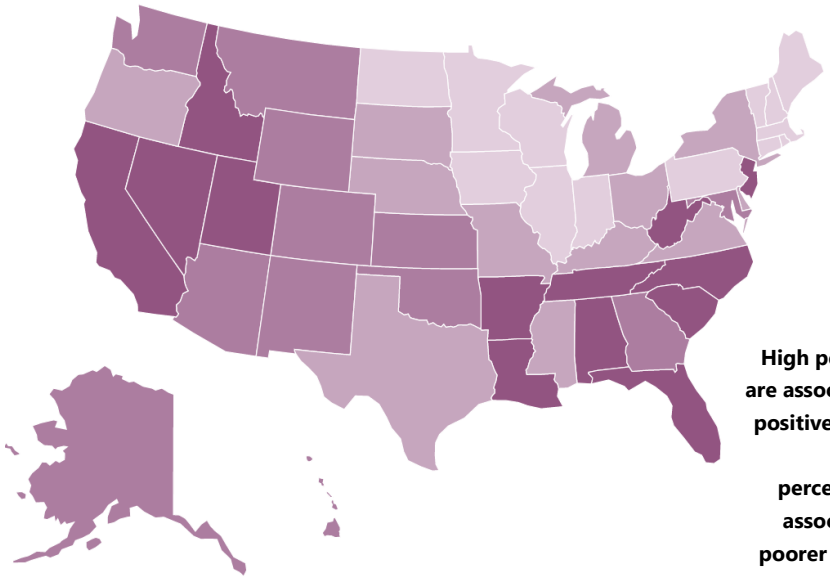
In Arkansas (ranked 51), nearly one-quarter of youth with private insurance do not have coverage for mental health care.

The Mental Health Parity and Addiction Equity Act (MHPAEA), enacted in 2008, requires that a private insurer cannot have more restrictive requirements for mental health than for physical health (if benefits for mental health are included in the plan). It does not require private insurers to cover mental health services. While the Affordable Care Act (ACA), enacted in 2010, requires insurance plans offered on the Health Insurance Marketplace to include coverage for mental health services, there are exemptions for short-term plans that may not cover mental health services. As a result of MHPAEA not requiring mental health coverage and loopholes in ACA, there are still many individuals who are covered by insurance plans that may not cover mental health services. In 2019, about 3 million individuals were enrolled in short-term plans that do not have to comply with ACA standards.[13]

Unfortunately, ensuring that insurance covers mental health care does not mean that an individual can access mental health care. Even among youth with MDE who have private insurance that covers mental health, 53% do not receive care. Among those whose insurance did not cover mental health services, 64.1% did not receive care.

Rank	State	%	#
1	Rhode Island	1.40	1,000
2	Missouri	4.20	11,000
3	Illinois	5.30	29,000
4	Massachusetts	5.70	16,000
5	Connecticut	5.90	10,000
6	Utah	5.90	12,000
7	South Dakota	6.20	3,000
8	District of Columbia	6.80	1,000
9	Nevada	7.00	10,000
10	Wyoming	7.10	2,000
11	Kentucky	7.50	13,000
12	New Jersey	7.60	31,000
13	Tennessee	7.70	20,000
14	Hawaii	8.10	4,000
15	Iowa	8.10	11,000
16	New Hampshire	8.20	5,000
17	Oregon	8.20	14,000
18	Maryland	8.20	20,000
19	Arizona	8.20	22,000
20	California	8.20	114,000
21	Montana	8.40	3,000
22	Pennsylvania	8.40	38,000
23	Ohio	8.40	39,000
24	Washington	8.60	23,000
25	Oklahoma	8.70	11,000
26	North Carolina	8.70	33,000
27	Delaware	9.00	3,000
28	Maine	9.10	4,000
29	Alaska	9.60	3,000
30	Minnesota	9.60	25,000
31	Michigan	9.60	42,000
32	Vermont	9.70	2,000
33	West Virginia	9.70	6,000
34	Wisconsin	9.90	26,000
35	Louisiana	10.00	16,000
36	Kansas	10.30	10,000
37	Nebraska	10.90	9,000
38	South Carolina	10.90	20,000
39	New Mexico	11.20	7,000
40	Florida	11.40	68,000
41	New York	11.70	78,000
42	Mississippi	12.10	9,000
43	Indiana	12.10	35,000
44	Georgia	13.20	52,000
45	Idaho	13.40	12,000
46	Alabama	13.80	22,000
47	North Dakota	14.30	5,000
48	Virginia	17.00	61,000
49	Colorado	17.20	40,000
50	Texas	19.40	205,000
51	Arkansas	23.20	27,000
	National	10.30	1,281,000

Students (K+) 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:

30.60 (VT) Ranked 1-13

1.82 (AL) Ranked 39-51

Only .718 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 or behavioral health condition that is affecting their educational performance. IEPs are critical for ensuring that youth with disabilities can receive the individualized services, supports, and accommodations to succeed in a school setting.

However, without sufficient resources for schools and teachers to help students with mental health conditions, identification of students with emotional disturbance may contribute to disparities for marginalized youth. Of note, 7.25% of all multiracial youth with a disability and 6.73% of Black youth with a disability were identified with emotional disturbance, compared to 5.15% of all students. Youth identified with ED were also more likely to live in households below the poverty line[14] and often have experienced trauma, which may underly behavioral difficulties identified as emotional disturbance.

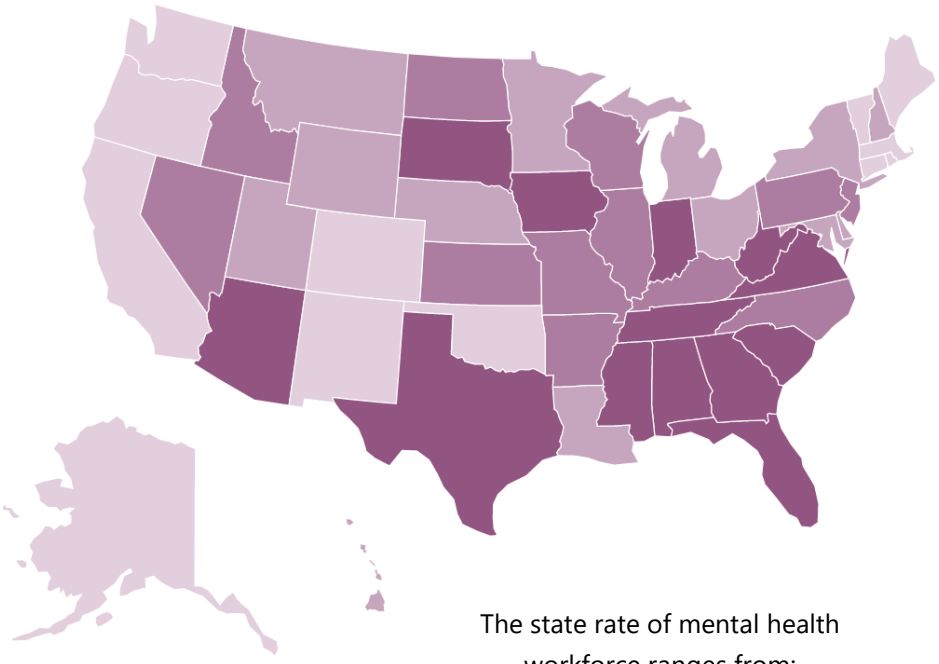
Youth identified with ED are also much more likely to experience disciplinary removals than students with any other disability. In 2019-2020, there were 291,261 disciplinary removals for students with emotional disturbance, totaling 0.84 removals for every one student with ED. Among students of all disabilities, the average rate is only 0.22 removals for every one student with a disability.[15] Schools must be given the resources they need to appropriately address trauma and mental distress among students. Research has shown that when implemented correctly, practices such as restorative justice in schools can reduce exclusionary discipline and narrow disparities for youth of color.[16] Investing in programs such as community schools can also help to provide social services and resources to support whole families and prevent mental health conditions.

Rank*	State	Rate	#
1	Vermont	30.60	2,317
2	Minnesota	19.80	16,848
3	Massachusetts	19.14	17,230
4	Pennsylvania	15.37	26,081
5	Wisconsin	14.78	11,575
6	Maine	14.57	2,444
7	Iowa	13.31	*
8	Indiana	12.03	12,236
9	New Hampshire	11.67	1,937
10	North Dakota	11.50	1,290
11	Connecticut	11.41	5,636
12	Rhode Island	11.29	1,546
13	Illinois	9.76	17,797
14	Oregon	9.67	5,425
15	Nebraska	9.39	2,881
16	District of Columbia	9.34	728
17	Ohio	9.14	14,768
18	South Dakota	8.67	1,182
19	Delaware	8.56	1,164
20	Missouri	8.25	7,056
21	New York	8.19	20,857
22	Virginia	7.73	9,463
23	Michigan	7.63	10,702
24	Texas	7.25	37,375
25	Kentucky	7.03	4,489
26	Mississippi	6.88	3,005
27	Arizona	6.87	7,547
28	Maryland	6.54	5,615
29	Colorado	6.29	5,390
30	Wyoming	6.26	577
31	Montana	5.92	857
32	New Mexico	5.90	1,821
33	Oklahoma	5.90	3,877
34	Georgia	5.77	9,731
35	Alaska	5.74	725
36	Hawaii	5.19	907
37	Washington	5.16	5,510
38	Kansas	5.14	2,377
39	New Jersey	5.13	6,760
40	Florida	4.70	12,875
41	Idaho	4.61	1,404
42	Nevada	4.39	2,077
43	California	4.06	24,370
44	West Virginia	3.97	956
45	Tennessee	3.41	3,272
46	North Carolina	3.33	4,976
47	South Carolina	2.81	2,098
48	Louisiana	2.74	*
49	Utah	2.66	1,776
50	Arkansas	2.28	1,080
51	Alabama	1.82	1,303
	National	**7.18**	345,350

*Data from Louisiana and Iowa were suppressed due to data quality concerns. Ranking based on 2019 figure for Louisiana and 2018 figure for Iowa.

The rates in the table for this measure are 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.

Mental Health Workforce Availability



The state rate of mental health workforce ranges from:

140:1 (MA)
Ranked 1-13

850:1 (AL)
Ranked 39-51

In the U.S., there are 350 individuals for every one mental health provider. 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.

As of June 2022, over 152 million people lived in a mental health workforce shortage area, and only 28% of the mental health need in shortage areas was being met by mental health providers.[17]

This measure is only indicative of the physical presence of mental health providers. It does not account for whether these providers are able to accept patients, are accepting insurance or providing in-network care, or are culturally or linguistically representative of the communities they work in. County Health Rankings, the source of the data for this indicator, notes that these figures may be an overestimate of active mental health professionals, as it may include providers who are no longer practicing or accepting new patients.[18]

The mental health workforce shortage cannot be addressed without revaluing provider reimbursement. Low reimbursement rates for mental health providers drive practitioners to other specialties and increases out-of-network participation. In 2017, 17.2% of behavioral health office visits were to an out-of-network provider, compared to 3.2% of primary care providers and 4.3% of medical/surgical specialists.[19] **With a growing demand for mental health services, a shortage of mental health providers, and an increase in out-of-network participation, the system is built such that only people with higher incomes can afford to receive care.**

Rank	State	#
1	Massachusetts	140:1
2	Alaska	160:1
3	Oregon	170:1
4	District of Columbia	180:1
5	Maine	190:1
6	Vermont	200:1
7	Rhode Island	220:1
8	Connecticut	230:1
9	Washington	230:1
10	California	240:1
11	New Mexico	240:1
12	Oklahoma	240:1
13	Colorado	250:1
14	Wyoming	270:1
15	Utah	280:1
16	New Hampshire	290:1
17	Montana	300:1
18	Louisiana	310:1
19	New York	310:1
20	Maryland	330:1
21	Michigan	330:1
22	Delaware	340:1
23	Minnesota	340:1
24	Nebraska	340:1
25	Ohio	350:1
26	Hawaii	360:1
27	North Carolina	360:1
28	Illinois	370:1
29	New Jersey	380:1
30	Kentucky	390:1
31	Arkansas	400:1
32	Nevada	420:1
33	Pennsylvania	420:1
34	Idaho	440:1
35	Wisconsin	440:1
36	Missouri	460:1
37	Kansas	470:1
38	North Dakota	470:1
39	Virginia	480:1
40	South Dakota	500:1
41	South Carolina	520:1
42	Mississippi	540:1
43	Florida	550:1
44	Indiana	560:1
45	Iowa	570:1
46	Tennessee	590:1
47	Georgia	640:1
48	Arizona	660:1
49	West Virginia	670:1
50	Texas	760:1
51	Alabama	850:1
	National	350:1

References

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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 "2019-2020 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at www.samhsa.gov/data. Data survey years: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Adults with AMI Reporting Unmet Need	The variable, AMIYR_U is 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. Specific details about this variable can be found in the Recoded Mental Health Appendix. 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: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Adults with AMI Who Are Uninsured	For IRINSUR4, a respondent is classified as having any health insurance (IRINSUR4=1) if they satisfied ANY of the following conditions: 1. Covered by Medicare (IRMEDICR=1); 2. Covered by Medicaid/CHIP (IRMCDCHP=1); 3. Covered by Tricare, Champus, ChampVA, VA, or Military (IRCHMPUS=1); 4. Covered by private insurance (IRPRVHLT=1); 5. Covered by other health insurance (IROTHHLT=1). 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 Medicare (IRMEDICR=2); 2. Not covered by Medicaid/CHIP (IRMCDCHP=2); 3. Not covered by Tricare, Champus, ChampVA, VA, or Military (IRCHMPUS=2); 4. Not covered by private insurance (IRPRVHLT=2); 5. Not covered by other health insurance (IROTHHLT=2). Data survey years: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

Indicator	Description of Measure	Source
Adults with Substance Use Disorder in the Past Year	NOTE: Substance use disorder data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Substance use disorder is defined as meeting the criteria for illicit drug or alcohol use disorder. Substance use disorder estimates are based only on 2020 data because prior years' substance use disorder data were based on DSM-IV criteria. Data survey years: 2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs	This indicator is derived from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire. Mentally unhealthy days were determined using the calculated variable _MENT14D. _MENT14D is calculated from the following BRFSS question: "Now thinking about mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" (MENTHLTH). The calculated variable, _MENT14D, contains four values: Zero days when mental health was not good, 1-13 days when mental health was not good, 14+ days when mental health was not good, and don't know/refused/missing. 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 "14+ days when mental health was not good" to _MENT14D. Data survey year 2020.	Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Survey Data 2020, https://www.cdc.gov/brfss/annual_data/annual_2020.html Downloaded and calculated on 8/8/22.
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: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

Indicator	Description of Measure	Source
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Youth with private insurance that did not cover mental or emotional problems is defined as any individual ages 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: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Adults with AMI Who Did Not Receive Mental Health Treatment	AMHTXRC-3 is a recoded variable with levels 1=Yes (received any mental health treatment in past year) and 2=No (did not receive any mental health treatment in past year). Recoded from variable AMHSVTYP, it classifies what type of mental health treatment/counseling was received in the past year. Respondents who reported receiving treatment for mental health were classified in one of seven mutually exclusive categories. A respondent was assigned to level one if they reported receiving inpatient treatment only (AMHINP2=1 and AMHOUTP3=2 and AMHRX2=2), to level two if they reported receiving outpatient treatment only (AMHINP2=2 and AMHOUTP3=1 and AMHRX2=2), to level three if they reported receiving prescription medication treatment only (AMHINP2=2 and AMHOUTP3=2 and AMHRX2=1), to level four if they reported receiving both inpatient and outpatient treatment only (AMHINP2=1 and AMHOUTP3=1 and AMHRX2=2), to level five if they reported receiving inpatient and prescription medication treatment only (AMHINP2=1 and AMHOUTP3=2 and AMHRX2=1), to level six if they reported receiving outpatient and prescription medication treatment only (AMHINP2=2 and AMHOUTP3=1 and AMHRX2=1), or to level seven if they reported receiving inpatient, outpatient, and prescription medication treatment (AMHINP2=1 and AMHOUTP3=1 and AMHRX2=1). Respondents who did not receive mental health treatment in the past year were assigned to level eight (AMHINP2=2 and AMHOUTP3=2 and AMHRX2=2). Respondents whose specific treatment was not distinguishable due to missing values in one or more of the three source variables (AMHINP2, AMHOUTP3, or AMHRX2) were assigned a system missing. Adults with AMI who did not receive mental health treatment was calculated, where AMHTXRC-3= 2 (No treatment) and AMIYR_U indicates AMI. Data survey years: 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

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. These data come 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 patients. This may result in an overestimation of active mental health professionals in some communities. It is also true that mental health providers may be registered with an address in one county while practicing in another county. Survey data year: 2021.	County Health Rankings and Roadmaps. http://www.countyhealthrankings.org/
Students Identified with Emotional Disturbance for an Individualized Education Program	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, which adversely affects a child's educational performance: 1. an inability to learn, which cannot be explained by intellectual, sensory or health factors; 2. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 3. inappropriate behavior or feelings under normal circumstances; 4. a general pervasive mood of unhappiness or depression; or 5. a tendency to develop physical symptoms or fears associated with personal or school problems. This term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined they have an emotional disturbance. Percent of Students Identified with Emotional Disturbance for an Individualized Education Program was calculated as the percent of children identified as having an emotional disturbance among all enrolled students of "school age," which includes kindergarten, grades 1-12, and "ungraded." Data years 2020-2021.	IDEA Data Center, 2020 – 2021 IDEA Section 618, State Level Data Files, Child Count and Educational Environments. https://data.ed.gov/dataset/idea-section-618-state-part-b-child-count-and-educational-environments/resources U.S. Department of Education, National Center for Education Statistics, Common Core of Data. https://nces.ed.gov/ccd/files.asp Downloaded and calculated on 8/4/2022.

Indicator	Description of Measure	Source
Youth with at Least One Past Year Major Depressive Episode (MDE)	Among youth ages 12-17, major depressive episode (MDE) is defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which specifies a period of at least two 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. A subset of 2020 respondents who did not complete the questionnaire was excluded, and the analysis weights were adjusted for the reduced sample size. For details, see Section B of the "2019-2020 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at https://www.samhsa.gov/data/. Data survey year 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Youth with Substance Abuse Disorder in the Past Year	Among youth 12-17, substance use disorder data in 2020 are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Substance use disorder is defined as meeting the criteria for illicit drug or alcohol use disorder. Substance use disorder estimates are based on only 2020 data because prior years' substance use disorder data were based on DSM-IV criteria. 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: 2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

Indicator	Description of Measure	Source
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 respondents over age 18 were included in the unknown/18+ category. Data survey year 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020
Youth with Severe MDE	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. Youth who answer "Yes" to YMDEYR are asked questions from the Sheehan Disability Scale (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 seven on the scale YSDSOVRL=4, 5 were considered severe impairment. Data survey years 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

Indicator	Description of Measure	Source
Youth with Severe MDE Who Received Some Consistent Treatment	The following variable was calculated as how many youths who answered "Yes" to MDEIMPY from "Youth with Severe MDE" defined above received consistent treatment, which is determined by the variable 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 or 4). 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 the 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 2019-2020.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020