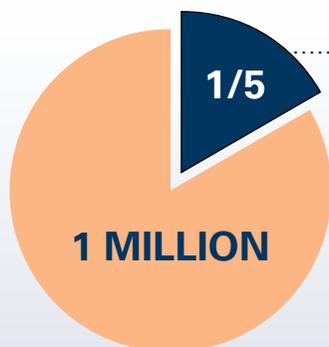


The Virginia General Assembly passed legislation in 2014 to improve crisis response for emergency psychiatric services. A joint subcommittee of the legislature was also established to study the mental health system and to identify gaps in services that will be necessary to serve the needs of the commonwealth in the 21st century.

## PREVALENCE OF AND TREATMENT OF MENTAL HEALTH PROBLEMS AMONG ADULTS IN VIRGINIA



Among persons with mental illness, about one-fifth, or 215,000 persons had a serious mental illness, meaning they had severe functional impairment as a result of their illness, according to a national survey.

### 1 MILLION

Nearly 1 million adults in Virginia had some type of mental illness on an annual basis from 2008 to 2012.<sup>1</sup>



Among adult Virginians who had some type of mental illness, a little less than half (47.1 percent) received treatment for their problem in the past year.



Among those with a serious mental illness, 71.4 percent received treatment.



More than 500,000 persons with any mental illness not receiving treatment.

A higher percentage of adults with mental illness in Virginia are receiving treatment compared with other parts of the South and the U.S. population overall. Treatment rates for adults with mental illness are 40.4 percent in the South and 41.1 percent nationally, compared with 47.3 percent in Virginia. For more detailed data see addendum.

## DIFFERENCES IN PREVALENCE, TREATMENT, AND UNMET NEED BY SOCIODEMOGRAPHIC CHARACTERISTICS

Prevalence of mental health problems in Virginia is highest among young adults. That population is also more likely to experience problems with access to mental health services. 21.9 percent of adults age 18 to 34 reported that they were unable to obtain needed mental health treatment or counseling, which is almost twice as high as the rate of reported unmet need for persons age 35 to 49 and three times higher than older adults (age 50 and older). Both the prevalence of and treatment for mental illness is higher for adult women compared to adult men. Prevalence of mental illness is similar for whites and nonwhites, although whites are more likely to be receiving treatment compared to nonwhites.



DIFFERENCES BY FAMILY INCOME AND INSURANCE STATUS

UNMET MENTAL HEALTH NEEDS BY INSURANCE CATEGORY

4.6% PRIVATE INSURANCE

5.4% MEDICAID/CHIP

3.2% OTHER INSURANCE

10.8% UNINSURED

Lower income people<sup>1</sup> have a higher prevalence of mental illness; 23 percent of low income people report having a mental illness compared with 14.3 percent of others. Yet, lower income people are twice as likely to report an unmet need for mental health treatment compared to people with higher incomes.

Prevalence and treatment rates are highest among people with Medicaid coverage, which reflects in large part people who qualify for Medicaid because of a physical or mental disability and are unable to work. People who are uninsured also have higher prevalence of mental illness compared to privately insured persons, although treatment rates for the insured and uninsured are similar. Uninsured people are twice as likely as people with Medicaid or private insurance to report an unmet need for mental health treatment.

KEY IMPLICATION

Virginia, like most other states, faces a sizeable unmet need for mental health services. The state legislature has recently focused on inadequacies in crisis response and psychiatric inpatient capacity, although lack of outpatient mental health capacity is likely to affect more Virginians with mental illness.

MENTAL HEALTH SYSTEM CAPACITY

Virginia has a total of 50 areas designated by the federal government as shortage areas for mental health. The areas usually comprise of entire counties or parts of counties, but may also include areas that have a high proportion of low income people.<sup>2</sup> About 1.8 million people live in these mental health shortage areas, or just under one-third of the commonwealth. However, Virginia has fewer psychiatrists compared to other states in the South.

<sup>1</sup>Defined as family incomes less than 200% of the federal poverty level. <sup>2</sup>The federal Health Resources and Services Administration (HRSA) has designated shortage areas across the country for primary care, mental health care, and dental care. Shortage areas for mental health care are defined as areas with fewer than 1 psychiatrist per 30,000 people.

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<sup>1</sup>Substance Abuse and Mental Health Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health. Estimates reflect annual averages based on combined results for 2008-2012.

**Table 1.** Mental illness among adults age 18 and over – prevalence and treatment, annual averages for 2008-2012.

	Virginia	South	U.S.
<b>Prevalence of mental illness<sup>1</sup></b>			
Any mental illness (%)	16.6	17.7	18.1
Serious mental illness (%)	3.6	3.7	3.9
<b>Received treatment for mental illness<sup>2</sup></b>			
People with any mental illness (%)	47.3	40.4*	41.1*
People with serious mental illness (%)	71.4	63.1	65.5

\*Difference with Virginia is statistically significant at .05 level

<sup>1</sup>Mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Persons with serious mental illness have substantial functional impairment in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts.

<sup>2</sup>Includes having received inpatient care, outpatient care, or prescription medication for problems with emotions, nerves, or mental health. Does not include treatment for drug or alcohol use.

**Table 2.** Mental illness prevalence, utilization, and perceived unmet need in Virginia by demographic characteristics (annual averages for 2008-2012).

	Has mental illness (%)	Receiving mental health treatment or counseling (%)	Reported unmet need for treatment or counseling in past year (%)
All persons age 18 and over	16.6	14.8	5.6
<b>Age</b>			
18-34 (R)	20.9	14.3	9.7
35-49	18.0	16.0	5.1*
50+	12.6*	14.3	3.0*
<b>Gender</b>			
Male (R)	12.8	10.3	4.6
Female	20.1*	18.8*	6.5
<b>Race/ethnicity</b>			
White, non-Hispanic (R)	16.9	16.5	6.0
Nonwhite	15.9	11.1*	4.8
<b>County type</b>			
All metro (R)	15.8	14.2	5.7
Nonmetro	21.7	18.6	4.7

(Table 2 continued on back)

**Table 2 (continued from front).** Mental illness prevalence, utilization, and perceived unmet need in Virginia by demographic characteristics (annual averages for 2008-2012).

	<b>Has mental illness (%)</b>	<b>Receiving mental health treatment or counseling (%)</b>	<b>Reported unmet need for treatment or counseling in past year (%)</b>
<b>Poverty level</b>			
Less than 200% of poverty (R)	23.0	16.7	8.7
200% or more	14.3*	14.1	4.4*
<b>Health insurance</b>			
Private (R)	14.1	13.7	4.6
Medicaid/CHIP	31.3*	25.8*	5.4
Other	12.9	13.5	3.2
Uninsured	23.2*	12.7	10.8*

\*Difference with reference group (R) is statistically significant at .05 level.

<sup>1</sup>Mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

<sup>2</sup>Includes having received inpatient care, outpatient care, or prescription medication for problems with emotions, nerves, or mental health. Does not include treatment for drug or alcohol use.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012.

**Table 3.** Mental Health Care Health Professional Shortage Areas in South Atlantic States – Percent of Need Met.

	<b>Percent of need for mental health practitioners currently met</b>	<b>Practitioners Needed to Remove HPSA Designation</b>
Delaware	25.6	6
District of Columbia	59.8	3
Florida	49.8	83
Georgia	42.3	123
Maryland	66.3	32
North Carolina	52.2	25
South Carolina	55.0	40
Virginia	61.0	35

The percent of need met is computed by dividing the number of psychiatrists available to serve the population of the area, group, or facility by the number of psychiatrists that would be necessary to eliminate the mental health HPSA (based on a ratio of 30,000 to 1 (20,000 to 1 where high needs are indicated)).

The number of additional psychiatrists needed to achieve a population-to-psychiatrist ratio of 30,000 to 1 (20,000 to 1 where high needs are indicated) in all designated mental health HPSAs, resulting in their removal from designation.

Source: Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, HRSA Data Warehouse: Designated Health Professional Shortage Areas Statistics, as of April 28, 2014.