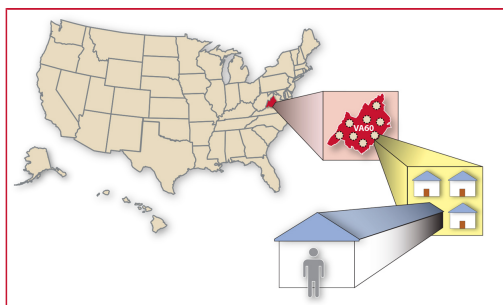


The CBHSQ Report

Spotlight

November 15, 2016

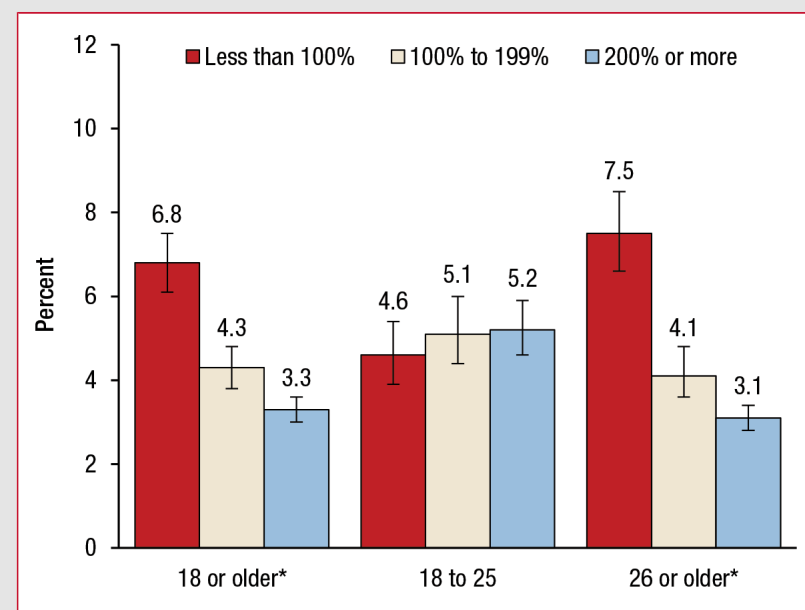


SERIOUS MENTAL ILLNESS AMONG ADULTS BELOW THE POVERTY LINE

The challenges that adults with mental illness face are made more difficult if they are living in poverty.¹ For example, adults with mental illness who are living in poverty may face higher health care costs, decreased productivity, and poor general health.² According to the National Survey of Drug Use and Health (NSDUH), an estimated 9.8 million adults aged 18 or older in the U.S. had a serious mental illness (SMI), including 2.5 million adults living below the poverty line.^{3,4} SMI is defined in NSDUH as adults who in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria and has resulted in serious functional impairment substantially interferes with major life activities. Adults aged 26 or older living below the poverty line were more likely to experience SMI than those living at and above the poverty line (7.5 percent vs. 4.1 and 3.1 percent, respectively). In contrast, the percentage of young adults with SMI was similar in each of the levels of poverty.

The relationship between mental illness and poverty is complicated. Poverty may intensify the experience of mental illness. Poverty may also increase the likelihood of the onset of mental illness.⁵ At the same time, experiencing mental illness may also increase the chances of living below the poverty line.² The Substance Abuse and Mental Health Services Administration provides resources for those with mental illness. For information on accessing treatment, please visit <http://findtreatment.samhsa.gov>

Serious Mental Illness Among Adults Aged 18 and Older by Poverty Status: 2015 NSDUH⁶



Note: Error bars visually represent the variability or uncertainty in the percentages.

1. Vick B, Jones K, Mitra S. Poverty & severe psychiatric disorder in the US: evidence from the MEPS. *J Ment Health Policy Econ.* 2012;15(2):83-96.
2. Anakwenze, U., & Zuberi, D. (2013). Mental Health and Poverty in the Inner City. *Health & Social Work, 38(3), 147-157.*
3. NSDUH SMI data is based on DSM-IV criteria but it cannot be used to estimate the prevalence of specific mental disorders in adults, such as major depression, schizophrenia, and bipolar disorders. SMI estimates are based on a predictive model and are not direct measures of diagnostic status.
4. Poverty level is calculated as a percentage of the Census Bureau's poverty threshold by dividing the respondent's total family income by the poverty threshold amount. If the total income is at or below the Census Bureau's poverty threshold for a family of that size, then that family is considered to be living in poverty.
5. Hudson, C.G. (2005). Socioeconomic Status & Mental Illness: Tests of the Social Causation and Selection Hypotheses. *American J of Orthopsychiatry, 75(1), 3-18.*
6. For those aged 18 or older and 26 or older, there are significant differences across all levels of poverty at the .05 level.

Source: 2015 National Surveys on Drug Use and Health (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) that surveys a representative sample of the population through face-to-face interviews at their places of residence.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The Data Spotlight may be copied without permission. Citation of the source is appreciated. Find this report and those on similar topics online at <http://www.samhsa.gov/data/>.