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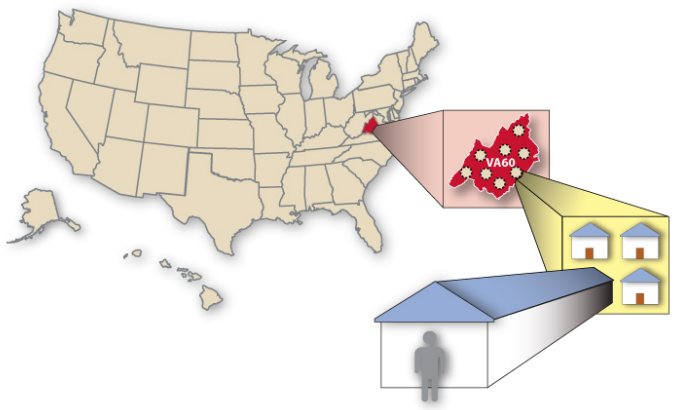
National Survey on Drug Use and Health

The CBHSQ Report

Short Report

May 05, 2016*

ADOLESCENT MENTAL HEALTH SERVICE USE AND REASONS FOR USING SERVICES IN SPECIALTY, EDUCATIONAL, AND GENERAL MEDICAL SETTINGS



AUTHORS

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INTRODUCTION

Substance use and mental health issues (i.e., behavioral health issues) affect millions of adolescents in the United States. Half of all lifetime cases of mental disorders begin by age 14,[1] and about 1 in 4 adolescents experience mental disorders that result in severe impairment.[2] Although many disorders can be treated, almost half of adolescents with mental health issues do not receive any mental health services.[3,4] Ensuring that the mental health needs of adolescents are met has long-term implications. Research indicates that older adolescents with mental health issues are less likely than their peers without mental health issues to have the foundation needed to succeed as young adults.[5] For example, adolescents who had experienced a major depressive episode (MDE) were more likely than those who had not had MDE to do poorly in school and to engage in delinquent behaviors.[5] When adolescents do receive mental health services, care may occur across a variety of settings, such as educational or primary care settings. Understanding whether and where adolescents receive mental health services is important to understand where there may be gaps in care, and may help policymakers, mental health providers, and parents expand and improve access to care.

The National Survey on Drug Use and Health (NSDUH) includes questions on adolescent mental health service utilization that ask all respondents aged 12 to 17 whether they received any treatment or counseling within the 12 months before the interview for problems with emotions or behavior. Respondents are asked whether they received these mental health services in several settings: (1) *specialty mental health settings* (inpatient or outpatient care), (2) *educational settings* (talked with a school social worker, psychologist, or counselor about an emotional or behavioral problem; participated in a program for students with emotional or behavioral problems while attending a regular school; or attended a school for students with emotional or behavioral problems), or (3) *general medical settings* (care from a pediatrician or family physician for emotional or behavioral problems). Adolescents aged 12 to 17 were also asked the reasons they received mental health care from each reported mental health service (i.e., specialty setting, educational setting, and

In Brief

- Adolescents receive mental health services in a variety of settings. Of the 24.9 million adolescents aged 12 to 17 in the United States in 2014, 3.4 million received mental health services in a specialty setting (i.e., inpatient or outpatient mental health setting), 3.2 million received services in an educational setting, and 700,000 received services in a general medical setting.
- Among adolescents, females were more likely than males to receive mental health services regardless of the mental health services sertting.
- Older adolescents (aged 16 or 17) were less likely than younger adolescents to receive mental health services in an educational setting.
- Adolescents living in rural areas were less likely than those living in urban areas to receive mental health services in a general medical setting.
- Asian adolescents were less likely than adolescents of most other races/ethnicities to receive mental health services regardless of the mental health services setting.
- Although adolescents accessed mental health services in a variety of settings, their reasons for obtaining help were similar. For example, regardless of the setting, approximately half of adolescents reported that they received mental health services because they felt depressed.

general medical setting). Respondents could indicate multiple reasons for the last time they received mental health care; thus, the response categories are not mutually exclusive.[6] Note that NSDUH does not collect data on the presence of one or more mental disorders among adolescents. Therefore, this report focuses on the use of mental health services among all adolescents.

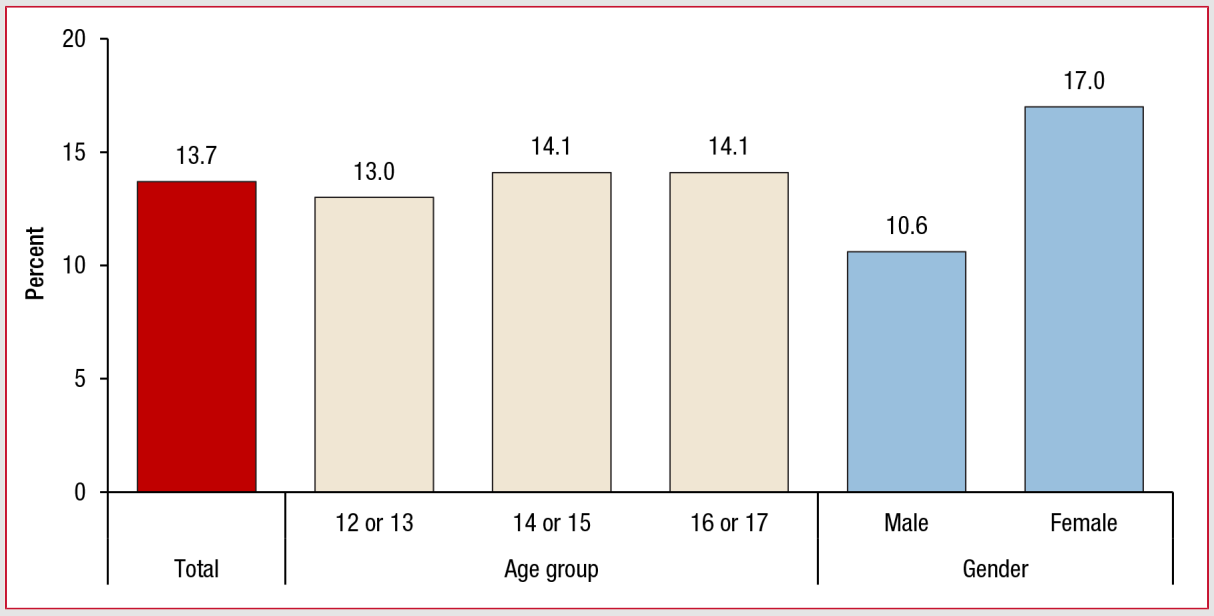
This issue of *The CBHSQ Report* uses 2014 NSDUH data from approximately 17,000 adolescents aged 12 to 17 to examine the prevalence of mental health service use among adolescents and the reasons these adolescents receive mental health services. Results are presented for adolescents aged 12 to 17 overall, and by age subgroups (i.e., 12 or 13, 14 or 15, and 16 or 17), gender, race/ethnicity, and rural residence status.[7,8] Only comparisons that are statistically significant at the .05 level are discussed in this report.

ADOLESCENT RECEIPT OF MENTAL HEALTH SERVICES IN A SPECIALTY SETTING

In 2014, an estimated 13.7 percent of adolescents aged 12 to 17 received mental health services in a specialty mental health setting (inpatient or outpatient care) for problems with emotions or behaviors in the past 12 months. This represents an estimated 3.4 million adolescents out of the 24.9 million in the United States who are receiving mental health services in a specialty mental health setting. The adolescents who received mental health services in a specialty mental health setting could receive these services as part of inpatient and/or outpatient care. In 2014, approximately 606,000 adolescents received inpatient or residential specialty mental health services, and 3.1 million received outpatient specialty mental health services in the past year.[9]

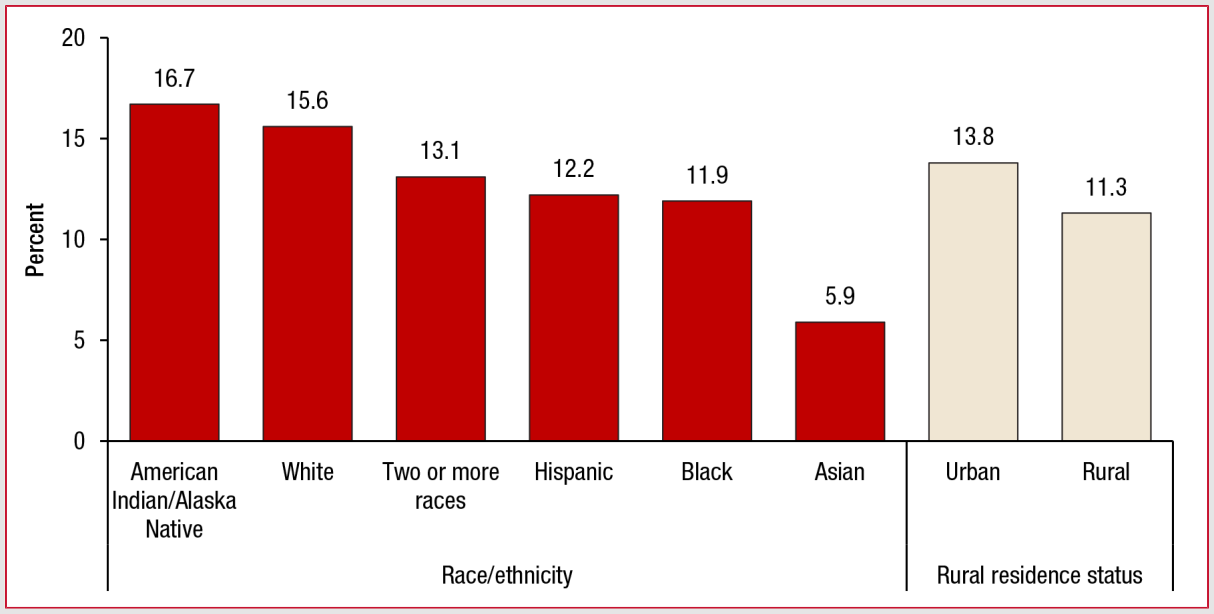
To present a more complete picture of adolescent mental health service use, this report examines the demographic characteristics of adolescents aged 12 to 17 who received mental health services in a specialty mental health setting in the past 12 months. There were no statistically significant differences in receipt of mental health services by age group; however, adolescent females were more likely to have received mental health services in a specialty setting than adolescent males (17.0 vs. 10.6 percent; Figure 1). Asian adolescents were less likely to have received mental health services in a specialty setting than adolescents of other races/ethnicities (Figure 2). There were no statistically significant differences in adolescent receipt of mental health services in a specialty setting by rural residence status (13.8 percent among those living in urban areas and 11.3 percent among those living in rural areas).

Figure 1. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Figure 2. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014



Note: Data for Native Hawaiians or Other Pacific Islanders are suppressed because of low precision.

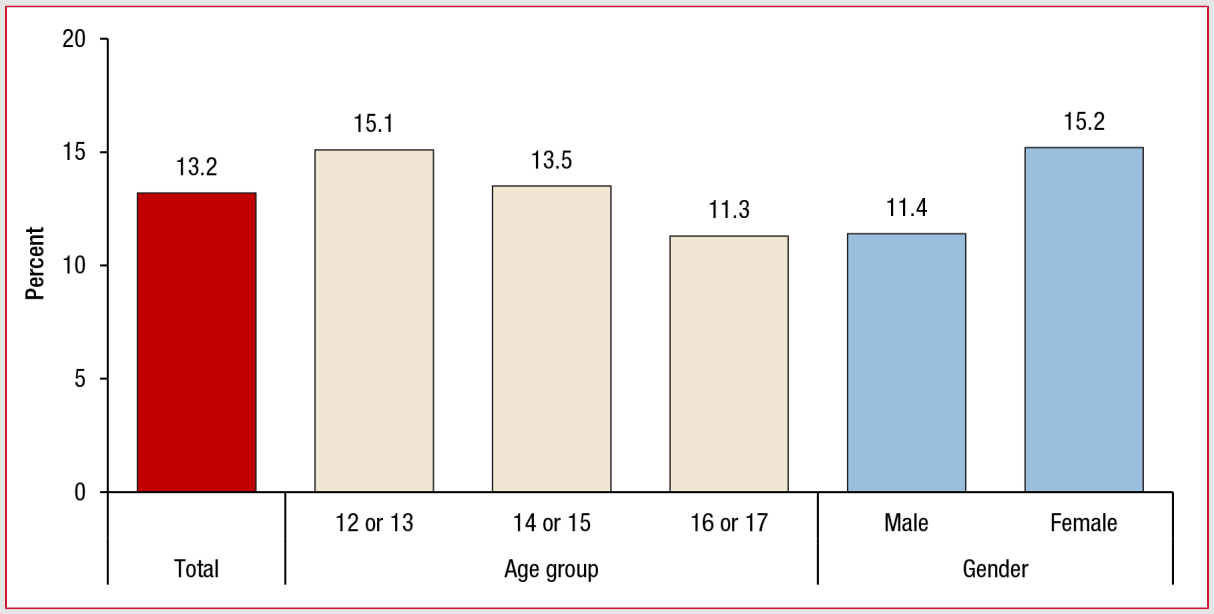
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

ADOLESCENT RECEIPT OF MENTAL HEALTH SERVICES IN AN EDUCATIONAL SETTING

Adolescents were also asked whether they had received mental health services in an educational setting in the past 12 months for an emotional or behavioral problem. Because most adolescents are in school and mental health concerns may affect performance or behavior in school, an educational setting is an opportunity to identify and provide services to adolescents who may need mental health services. Receipt of mental health services in an educational setting is defined in NSDUH as a nonspecialty mental health setting. In 2014, 13.2 percent of adolescents aged 12 to 17 received mental health services in an educational setting in the past year. This translates to approximately 3 million adolescents receiving services in an educational setting.[10]

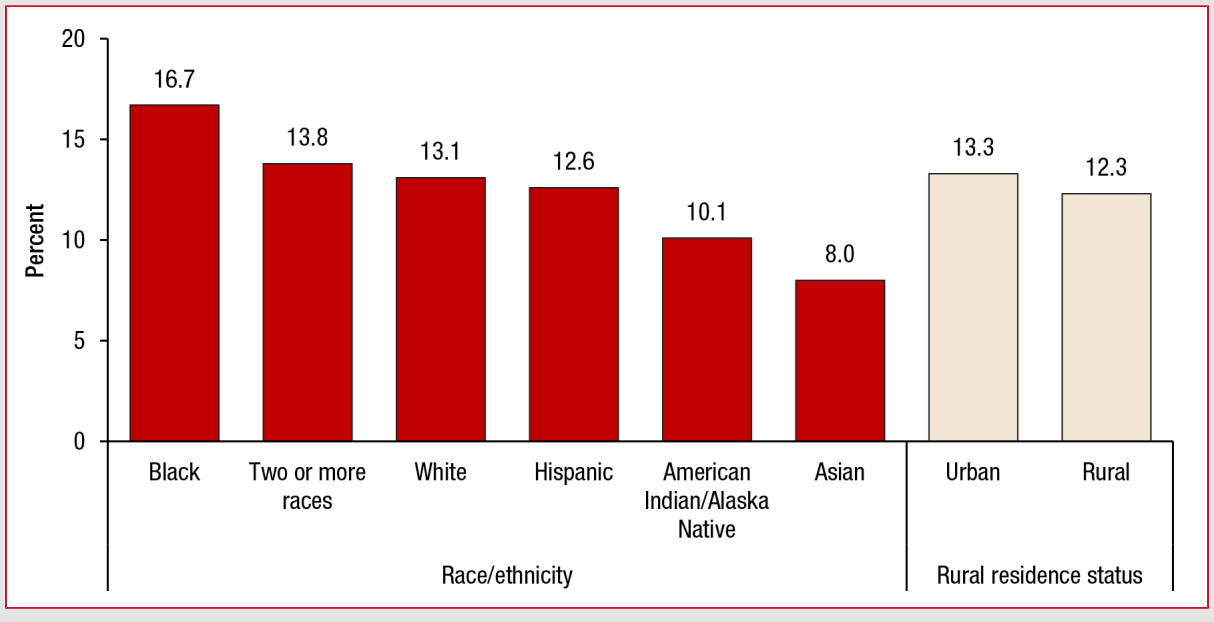
Adolescents aged 16 or 17 were less likely to receive mental health services in an educational setting than those aged 12 or 13 and 14 or 15 (11.3 vs. 15.1 and 13.5 percent, respectively; Figure 3). Adolescent females were more likely to have received mental health services in an educational setting than adolescent males (15.2 vs. 11.4 percent). Black adolescents were more likely to receive mental health services in an educational setting than white, Hispanic, American Indian or Alaska Native, or Asian adolescents (16.7 vs. 13.1, 12.6, 10.1, and 8.0 percent, respectively; Figure 4). There were no statistically significant differences in adolescent receipt of mental health services in an educational setting by rural or urban residence status (13.3 percent among those living in urban areas and 12.3 percent among those living in rural areas).

Figure 3. Receipt of mental health services in an educational setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Figure 4. Receipt of mental health services in an educational setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014



Note: Data for Native Hawaiian or Other Pacific Islanders are suppressed because of low precision.

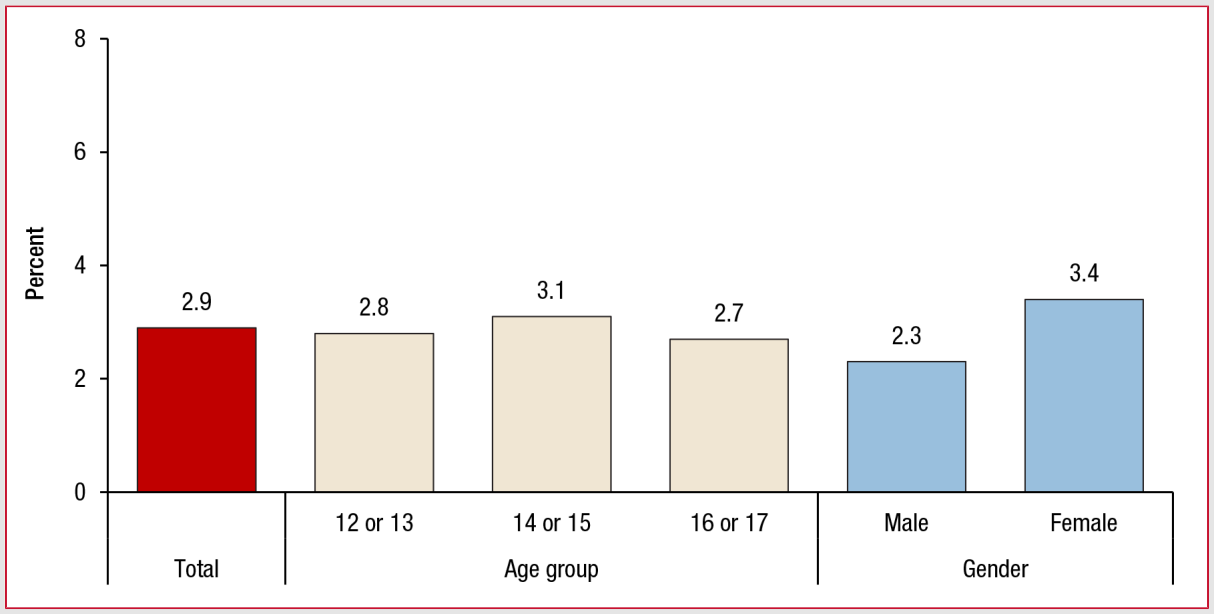
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

ADOLESCENT RECEIPT OF MENTAL HEALTH SERVICES IN A GENERAL MEDICAL SETTING

Some adolescents receive mental health care in another nonspecialty location, referred to as a general medical setting. In 2014, 2.9 percent of adolescents aged 12 to 17 received mental health services in a general medical setting in the past year. This translates to approximately 700,000 adolescents receiving mental health services in a general medical setting.[10]

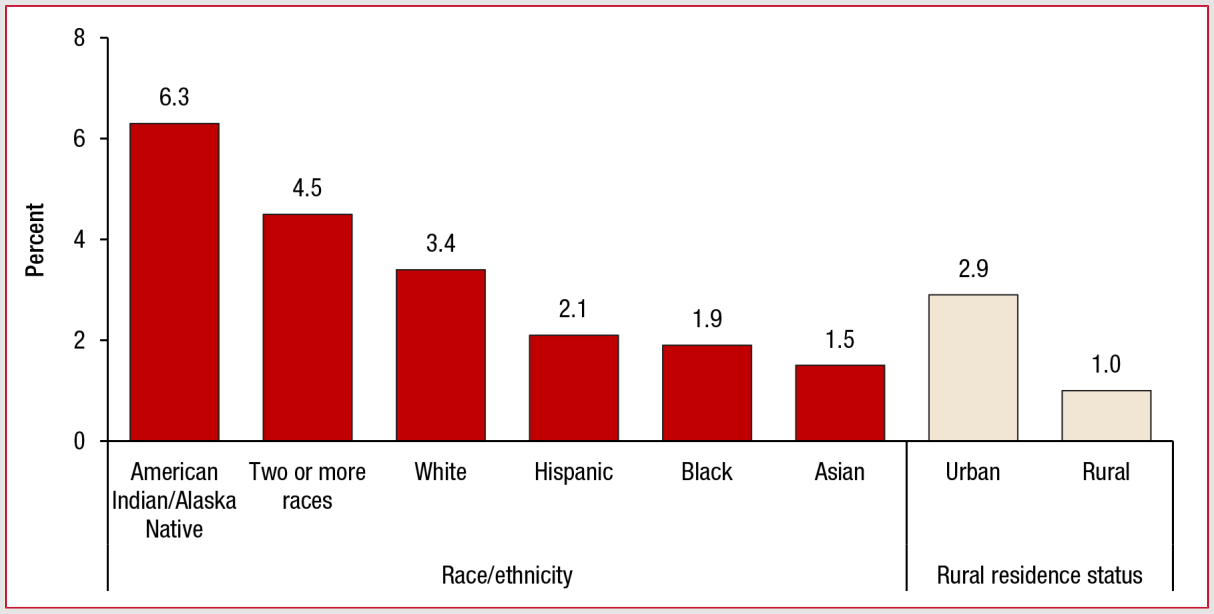
The percentage of adolescents who received mental health services in a general medical setting did not differ statistically by age group (Figure 5). Adolescent females were more likely to have received mental health services in a specialty setting than adolescent males (3.4 vs. 2.3 percent). Receipt of mental health services in a general medical setting differed by race/ethnicity. For example, although the percentage of white adolescents (3.4 percent) receiving mental health services in a general medical setting did not differ statistically from the percentage of American Indian and Alaska Native adolescents receiving services (6.3 percent), white adolescents were more likely to receive mental health services in a general medical setting than black, Hispanic, or Asian adolescents (3.4 vs. 1.9, 2.1, and 1.5 percent, respectively; Figure 6). Adolescents living in a rural area were less likely than adolescents living in an urban area to receive mental health services in a general medical setting (1.0 vs. 2.9 percent).

Figure 5. Receipt of mental health services in a general medical setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Figure 6. Receipt of mental health services in a general medical setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014



Note: Data for Native Hawaiians or Other Pacific Islanders are suppressed because of low precision.

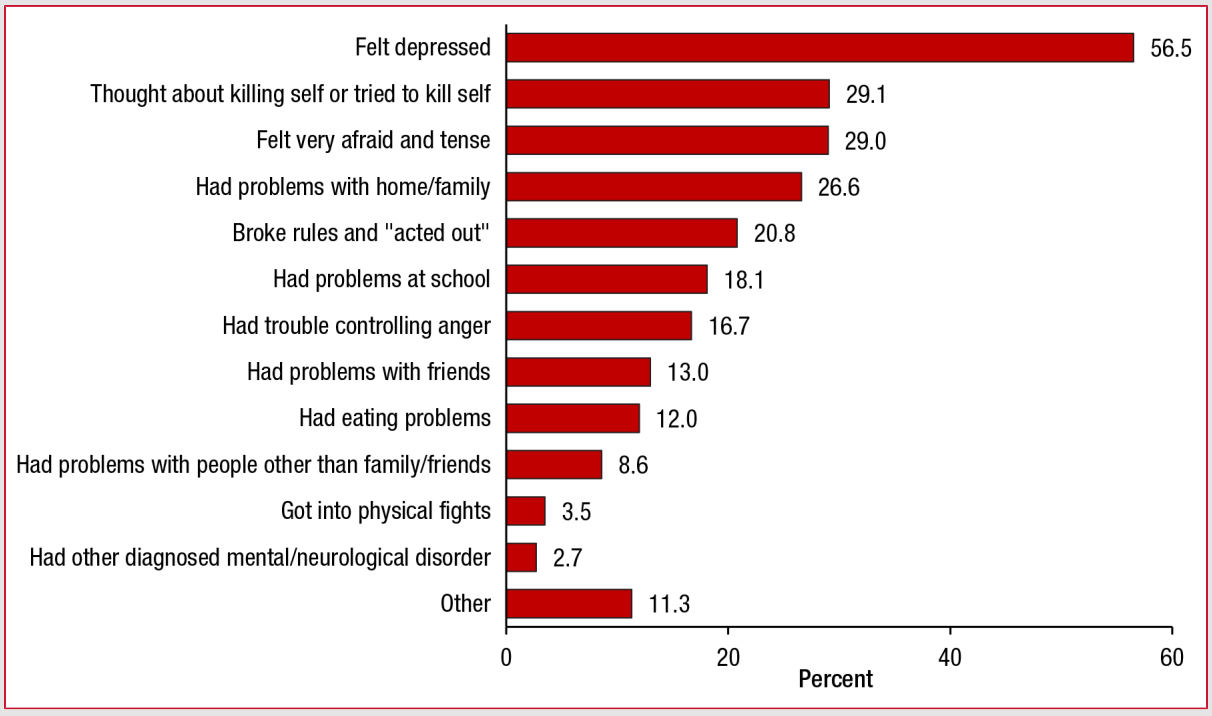
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

REASONS FOR RECEIVING MENTAL HEALTH SERVICES IN A SPECIALTY SETTING

The 3.4 million adolescents who received mental health services in a specialty setting were asked to identify one or more reasons why they received mental health treatment.[6] Reasons that adolescents received mental health services were based on respondent self-reports and therefore do not necessarily indicate clinical diagnoses for specific mental disorders.

Of the 3.4 million adolescents aged 12 to 17 in 2014 who received specialty mental health services, about half (56.5 percent) reported receiving services because they felt depressed (Figure 7). Other commonly reported reasons for receiving services in a specialty setting included thinking about or attempting suicide (29.1 percent), feeling very afraid or tense (29.0 percent), having problems with home or family situations (26.6 percent), having broken rules or "acted out" (20.8 percent), having problems at school (18.1 percent), having trouble controlling anger (16.7 percent), having problems with friends (13.0 percent), and having eating problems (12.0 percent). Other less frequently reported reasons for receiving mental health services in a specialty setting are shown in Figure 7.

Figure 7. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in a specialty setting in the past year: 2014

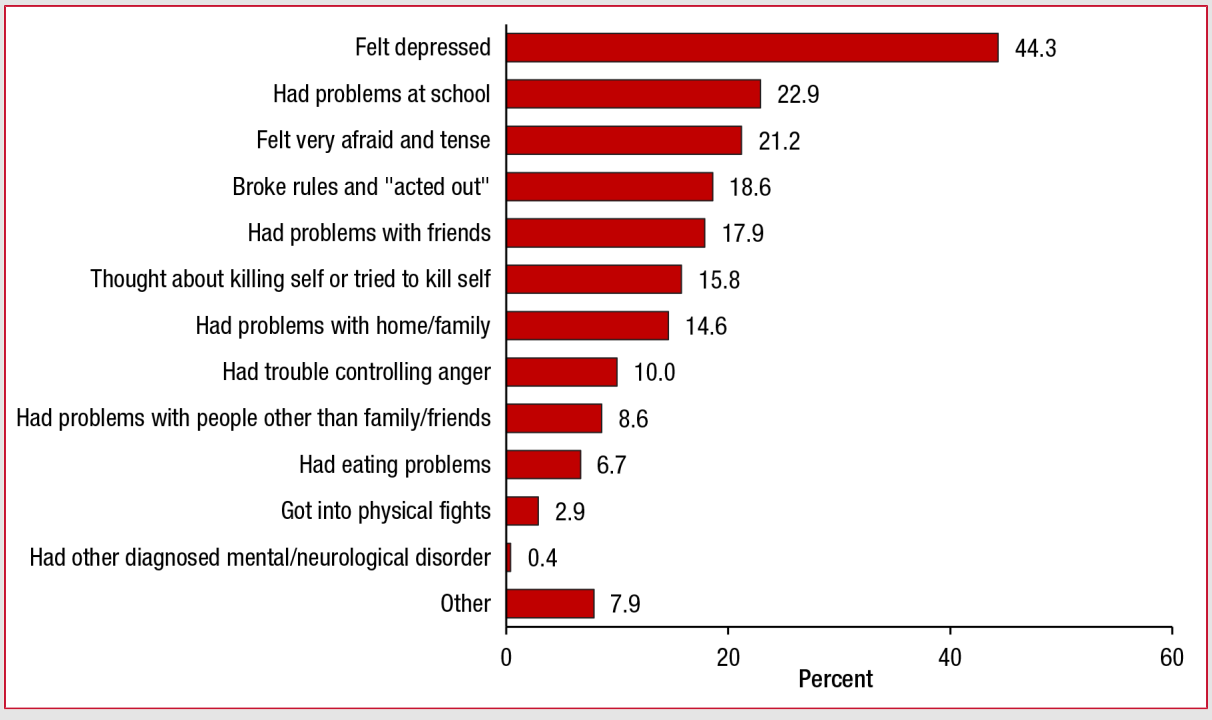


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

REASONS FOR RECEIVING MENTAL HEALTH SERVICES IN AN EDUCATIONAL SETTING

Adolescents who received mental health services in an educational setting were asked to identify one or more reasons why they received mental health treatment.[6] Similar to adolescents who received mental health services in a specialty setting, nearly half (44.3 percent) of adolescents who received mental health services in an educational setting reported receiving services because they felt depressed (Figure 8). Other commonly mentioned reasons adolescents received mental health services in an educational setting were having problems at school (22.9 percent), feeling very afraid or tense (21.2 percent), having broken rules or "acted out" (18.6 percent), having problems with friends (17.9 percent), thinking about or attempting suicide (15.8 percent), having problems with home or family situations (14.6 percent), and having trouble controlling anger (10.0 percent). Other less frequently reported reasons for receiving mental health services in an educational setting are shown in Figure 8.

Figure 8. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in an educational setting in the past year: 2014

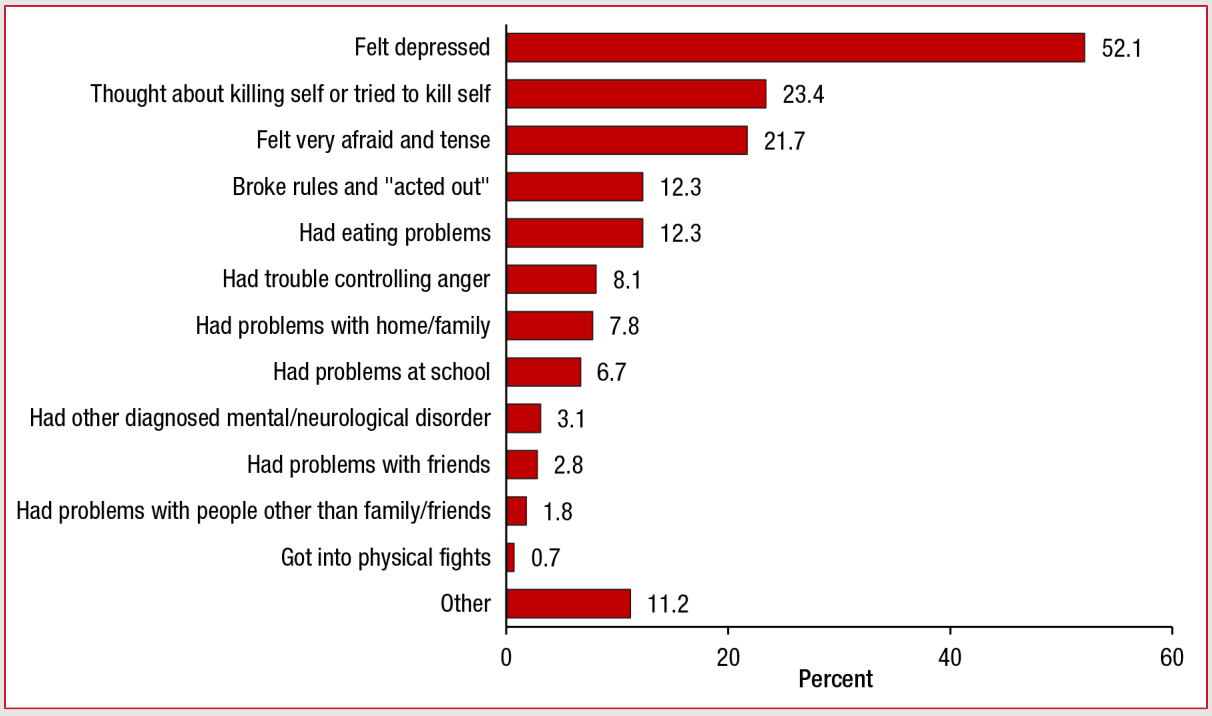


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

REASONS FOR RECEIVING MENTAL HEALTH SERVICES IN A GENERAL MEDICAL SETTING

Consistent with adolescents who received services in a specialty setting or in an educational setting, about half (52.1 percent) of adolescents receiving services in a general medical setting in 2014 reported that they received services because they felt depressed (Figure 9).[6] Nearly 1 in 5 adolescents reported that they received mental health services in a general medical setting because they were thinking about or attempting suicide (23.4 percent), and about 1 in 4 adolescents were receiving services because they felt very afraid or tense (21.7 percent). Other commonly mentioned reasons for receiving mental health services in a general medical setting were having eating problems (12.3 percent) or having broken rules or "acted out" (12.3 percent). Other less frequently reported reasons for receiving mental health services in a general medical setting are shown in Figure 9.

Figure 9. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in a general medical setting in the past year: 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

DISCUSSION

Receiving services for behavioral health needs can improve health and social outcomes for adolescents as they transition into adulthood.[11] About 1 in 4 adolescents experience mental disorders that result in severe impairment, which highlights the need for early intervention.[2] This report shows that of the 24.9 million adolescents in the United States, approximately 3.4 million received services in a specialty setting, 3.2 million received services in an educational setting, and 700,000 received services in a general medical setting.[9] Across all three types of settings, female adolescents were more likely than males to have received mental health services. Adolescents aged 16 or 17 were less likely to receive services in an educational setting than younger adolescents. The use of mental health services among adolescents by race/ethnicity varied across the three settings. Although white adolescents were more likely to receive mental health services in a specialty setting or in a general medical setting, black adolescents were more likely to receive services in an educational setting. Compared with their counterparts, Asian adolescents were least likely to receive mental health services across any of the three settings. Adolescents living in rural areas were less likely than adolescents living in more urban areas to receive services in a specialty setting or in a general medical setting.

This report also examined the variety of reasons that adolescents receive mental health services. Across all three settings, approximately half reported that they received services because they felt depressed. Another common reason for receiving mental health services across all three settings was feeling afraid or tense. The percentage of adolescents reporting that they were receiving services because they were thinking about or attempting suicide ranged from 15.8 percent in an educational setting to 29.1 percent in a specialty setting. Although adolescents were accessing mental health services in a variety of settings, their reasons for obtaining help were similar.

The Substance Abuse and Mental Health Services Administration provides information about where to find mental health treatment at https://findtreatment.samhsa.gov. When adolescents feel that they are in an immediate crisis, they can call the National Suicide Prevention Lifeline at **1-800-273-TALK** (8255). Resources to help parents, teachers, and caregivers locate mental health services are available from www.samhsa.gov.

ENDNOTES

1. Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005, June). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 617–627.
2. Merikangas, K. R., He, J.-P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., et al. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980–989.
3. Center for Behavioral Health Statistics and Quality. (2013). *Results from the 2012 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 13-4805, NSDUH Series H-47). Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Merikangas, K. R., He, J.-P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., et al. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *50*(1), 32–45.
5. Center for Behavioral Health Statistics and Quality. (2014). *The CBHSQ Report: Serious mental health challenges among older adolescents and young adults*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
6. Respondents who did not indicate receiving mental health care from a particular mental health service category for any of the reasons listed were excluded.
7. NSDUH collects information on race following guidance from the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. NSDUH first asks respondents if they are of Hispanic or Latino origin; respondents are then asked to identify which racial groups describe them: white, black or African American, American Indian or Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, or other. Respondents could choose more than one racial group.
8. Rural residence status is based on the characteristics of the county in which an adolescent resides. Counties were grouped based on the Rural-Urban Continuum Codes developed by the U.S. Department of Agriculture. Large metropolitan (large metro) areas have a population of 1 million or more. Rural residence status was defined as living in counties with a population of fewer than 2,500 in urbanized areas. Adolescents living in rural areas were compared with their counterparts not living in rural areas.
9. Adolescents can receive mental health services in more than one setting, including specialty mental health services, mental health services in an educational setting, and mental health services in a general medical setting. For example, adolescents could have received both outpatient specialty mental health services and inpatient or residential specialty mental health services. As a result, the number of adolescents receiving either outpatient or inpatient or residential services may exceed the total number (3.4 million) of adolescents receiving any mental health services in a specialty mental health setting.
10. Respondents with unknown receipt of mental health services information were excluded.
11. Government Accountability Office. (2008). *Young adults with serious mental illness: Some states and federal agencies are taking steps to address their transition challenges* (GAO-08-678). Washington, DC: Author.

SUGGESTED CITATION

Lipari, R.N., Hedden, S., Blau, G. and Rubenstein, L. *Adolescent mental health service use and reasons for using services in specialty, educational, and general medical settings*. The CBHSQ Report: May 5, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Table S1. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by demographic characteristics: 2014

Demographic characteristic	Number (in thousands)	Percent	Standard error
Total	3,369	13.7	0.34
Age group			
Aged 12 or 13	999	13.0	0.56
Aged 14 or 15	1,180	14.1	0.56
Aged 16 or 17	1,190	14.1	0.57
Gender[a]			
Male[a]	1,326	10.6	0.41
Female	2,043	17.0	0.51
Race/ethnicity[b]			
White	2,081	15.6	0.48
Black	406	11.9	0.92
American Indian/Alaska Native	27	16.7	3.29
Asian	71	5.9	1.16
Two or more races	98	13.1	1.40
Hispanic	675	12.2	0.68
Rural residence status			
Urban	3,329	13.8	0.35
Rural	39	11.3	2.19

[a]Difference between males and females is statistically significant at the .05 level.

[b]Differences between the following racial/ethnic groups are statistically significant at the .05 level: whites versus blacks, whites versus Asians, whites versus Hispanics, blacks versus Asians, Native Americans/Alaska Natives versus Asians, Asians versus people of two or more races, and Asians versus Hispanics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Table S2. Receipt of mental health services in an educational setting in the past year among adolescents aged 12 to 17, by demographic characteristics: 2014

Demographic characteristic	Number (in thousands)	Percent	Standard error
Total	3,229	13.2	0.33
Age group[a]			
Aged 12 or 13	1,148	15.1	0.64
Aged 14 or 15	1,130	13.5	0.54
Aged 16 or 17	952	11.3	0.53
Gender[b]			
Male	1,410	11.4	0.43
Female	1,739	15.2	0.50
Race/ethnicity[c]			
White	1,744	13.1	0.45
Black	568	16.7	0.96
American Indian/Alaska Native	16	10.1	2.50
Asian	96	8.0	1.26
Two or more races	104	13.8	1.66
Hispanic	691	12.6	0.74
Rural residence status			
Urban	3,187	13.3	0.33
Rural	42	12.3	2.81

[a]Differences between the following age groups are statistically significant at the .05 level: adolescents aged 12 or 13 versus those aged 16 or 17, and adolescents aged 14 or 15 versus those aged 16 or 17.

[b]Difference between males and females is statistically significant at the .05 level.

[c]Differences between the following racial/ethnic groups are statistically significant at the .05 level: whites versus blacks, whites versus Asians, blacks versus Native Americans/Alaska Natives, blacks versus Asians, blacks versus Hispanics, Asians versus people of two or more races, and Asians versus Hispanics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Table S3. Receipt of mental health services in a medical setting in the past year among adolescents aged 12 to 17, by demographic characteristics: 2014

Demographic characteristic	Number (in thousands)	Percent	Standard error
Total	700	2.9	0.15
Age group			
Aged 12 or 13	218	2.8	0.28
Aged 14 or 15	256	3.1	0.27
Aged 16 or 17	227	2.7	0.26
Gender[a]			
Male	285	2.3	0.19
Female	415	3.4	0.25
Race/ethnicity[b]			
White	452	3.4	0.22
Black	63	1.9	0.34
American Indian/Alaska Native	10	6.3	2.42
Asian	18	1.5	0.54
Two or more races	34	4.5	1.06
Hispanic	115	2.1	0.30
Rural residence status[c]			
Urban	697	2.9	0.16
Rural	4	1.0	0.37

[a]Difference between males and females is statistically significant at the .05 level.

[b]Differences between the following racial/ethnic groups are statistically significant at the .05 level: whites versus blacks, whites versus Asians, whites versus Hispanics, blacks versus people of two or more races, Native Americans/Alaska Natives versus Asians, Asians versus people of two or more races, and people of two or more races versus Hispanics.

[c]Difference between adolescents living in urban areas and those living in rural areas is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Table S4. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in a specialty setting in the past year: 2014

Reason for receipt of mental health services	Number (in thousands)	Percent	Standard error
Thought about killing self or tried to kill self	879	29.1	1.26
Felt depressed	1,726	56.5	1.32
Felt very afraid and tense	871	29.0	1.29
Had eating problems	357	12.0	0.87
Had other diagnosed mental/neurological disorder	80	2.7	0.41
Broke rules and “acted out”	623	20.8	1.07
Had trouble controlling anger	499	16.7	1.04
Got into physical fights	103	3.5	0.47
Had problems with home/family	798	26.6	1.20
Had problems with friends	385	13.0	0.90
Had problems with people other than family/friends	257	8.6	0.76
Had problems at school	544	18.1	1.04
Some other reason	338	11.3	0.90

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Table S5. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in an educational setting in the past year: 2014

Reason for receipt of mental health services	Number (in thousands)	Percent	Standard error
Thought about killing self or tried to kill self	353	15.8	1.18
Felt depressed	991	44.3	1.57
Felt very afraid and tense	473	21.2	1.39
Had eating problems	149	6.7	0.78
Had other diagnosed mental/neurological disorder	9	0.4	0.16
Broke rules and “acted out”	416	18.6	1.25
Had trouble controlling anger	223	10.0	0.95
Got into physical fights	65	2.9	0.46
Had problems with home/family	325	14.6	1.08
Had problems with friends	400	17.9	1.15
Had problems with people other than family/friends	191	8.6	0.85
Had problems at school	512	22.9	1.30
Some other reason	176	7.9	0.82

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Table S6. Reasons for receiving mental health services in the past year among adolescents aged 12 to 17 who received mental health services in a medical setting in the past year: 2014

Reason for receipt of mental health services	Number (in thousands)	Percent	Standard error
Thought about killing self or tried to kill self	138	23.4	2.43
Felt depressed	309	52.1	2.99
Felt very afraid and tense	128	21.7	2.67
Had eating problems	73	12.3	1.94
Had other diagnosed mental/neurological disorder	18	3.1	0.88
Broke rules and “acted out”	72	12.3	1.86
Had trouble controlling anger	38	8.1	1.59
Got into physical fights	4	0.7	0.37
Had problems with home/family	46	7.8	1.63
Had problems with friends	16	2.8	0.98
Had problems with people other than family/friends	11	1.8	0.84
Had problems at school	39	6.7	1.42
Some other reason	66	11.2	1.77

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

SUMMARY

Background: Substance use and mental health issues (i.e., behavioral health issues) affect millions of adolescents in the United States; however, estimates show that only half of those who have mental health issues receive mental health services. Although there are a variety of settings in which adolescents can get treatment, it is important to understand where they access mental health services and their reason for accessing services. **Method:** The 2014 National Surveys on Drug Use and Health (NSDUHs) data provide estimates of prevalence of mental health service use among adolescents aged 12 to 17, the setting for the services received, and the reasons these adolescents received mental health services. Additionally, the 2014 estimates were analyzed by age subgroups among adolescents, gender, race/ethnicity, and rural residence status. **Results:** Findings in this report indicate that of the 24.9 million adolescents in the United States, approximately 3.4 million received services in a specialty setting, 3.2 million received services in an educational setting, and 700,000 received services in a general medical setting. Across all three settings, approximately half reported that they received services because they felt depressed. **Conclusion:** Although adolescents were accessing mental health services from a variety of settings, their reasons for obtaining help were similar. Highlighting where and why adolescents receive mental health services may inform efforts to expand and improve access to mental health service use among adolescents.

Understanding whether and where adolescents receive mental health services is important to understand where there may be gaps in care, and may help policymakers, mental health providers, and parents expand and improve access to care.

Keywords: adolescents, mental health, treatment, National Survey on Drug Use and Health, NSDUH

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KEYWORDS

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