A Report from the New York City Department of Health and Mental Hygiene

NYC Health

NYC Vital Signs

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Serious Mental Illness among New York City Adults

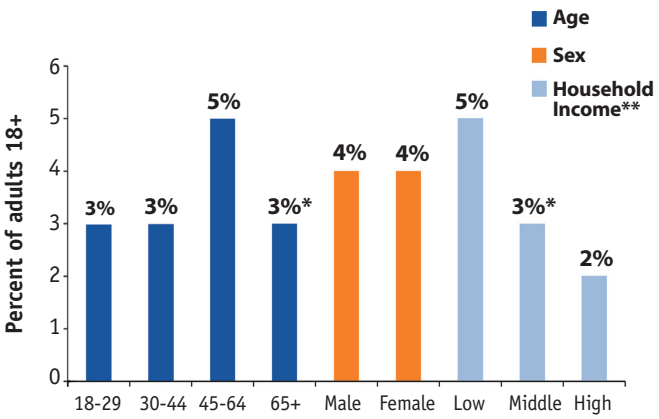
Serious mental illness (such as schizophrenia, bipolar disorder or major depressive disorder, accompanied by substantial functional impairment) impacted an estimated 9.6 million (4%) U.S. adults in the year 2012.[1]

Although treatment is effective, many adults with serious mental illness delay or do not receive it.[2] Compared with other adults, those with serious mental illness are more likely to engage in unhealthy behaviors and have higher mortality rates from preventable and treatable physical illnesses, such as diabetes and cardiovascular and respiratory disease. Mental illness is also linked to higher rates of poverty, unemployment and social isolation.[3,4,5]

This report provides estimates of the prevalence of past-year serious mental illness (SMI) among adult New Yorkers, and prevalence of mental health treatment, risky health behaviors and chronic disease among those with SMI. Recommendations for improving screening and treatment of mental and co-existing chronic disease are also provided.

Serious mental illness affects thousands of adult New Yorkers, but prevalence varies across the population

Prevalence of serious mental illness (SMI) among adult New Yorkers



* Estimate should be interpreted with caution due to small numbers.

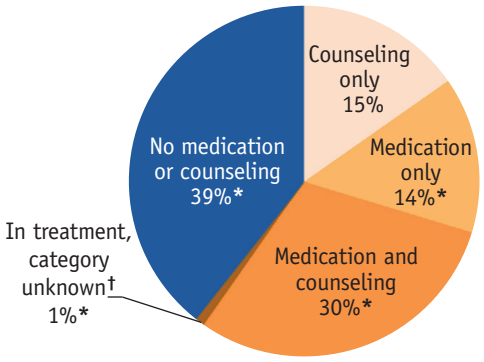
** Low household income was defined as household income less than 200% of the federal poverty line (FPL); middle income, 200% to less than 400% FPL; high income, greater than or equal to 400% FPL.

Source: 2012 NYC Community Mental Health Survey and NYC Community Health Survey

- Approximately 239,000 adult New Yorkers (4%) had a serious mental illness (SMI) in 2012.
- Adults who were 45-64 (compared with those who were 65+); had low household income (compared with those with high household income); were unmarried (compared with those who were married); and were unemployed or unable to work (compared with those who were employed or self-employed) were more likely to have SMI.
- There was no difference in prevalence of SMI between men and women.
- The prevalence of SMI in Whites (5%) and Hispanics (7%) was higher than the prevalence of SMI in Blacks (1%) or Asians (1%). While these prevalence differences are similar to those in national findings,[6,7] it is important to note that Blacks have been found to have higher hospitalization rates for mental illness despite lower prevalence of lifetime diagnosis.[7]

Nearly 40% of adult New Yorkers with serious mental illness did not receive mental health treatment in the past year

Prevalence of past-year mental health treatment among adults with serious mental illness (SMI), NYC 2012



†Individuals reported receiving either counseling or medication, but did not provide information about both treatment types.

*Estimate should be interpreted with caution due to small numbers.

Source: 2012 NYC Community Mental Health Survey
Numbers do not add up to 100% due to rounding

- Three out of five (61%*) New York adults with SMI received mental health counseling or medication in the past year, which is similar to national findings.[8] Specifically, 15% received only counseling, 14%* took only medication and 30%* both received counseling and took medication.
- Four out of five (80%*) individuals who reported a lifetime diagnosis of mental illness but did not meet the criteria for past-year SMI[9] received mental health treatment in the past year.
- Adults with SMI were more likely to have received mental health treatment in the past 12 months if they were insured (67.5%*) than if they were uninsured (35.2%*) and if they had received a routine check-up in the past year (69.8%*) than if they had not (32.9%*).
- Almost 1 in 10 (7%*) adults with SMI visited the emergency room at least once in the past year for problems with mental health.

*Estimate should be interpreted with caution due to small numbers.

DEFINITIONS: Adults with **serious mental illness (SMI)** currently or at some time during the past year had a diagnosable mental, behavioral or emotional disorder (excluding developmental and substance use disorders) that resulted in functional impairment that substantially interfered with or limited functioning in one or more major life activities. Estimates of SMI prevalence were determined using an algorithm from the National Survey on Drug Use and Health that included age, scores from the Kessler-6 (K6) (six items which assess emotional distress), and an abbreviated version of the World Health Organization Disability Assessment Schedule (WHODAS) (eight items which assess functional impairment).[10] Individuals with a diagnosis of a mental illness may not meet the criteria for SMI in a given year if they do not experience a level of psychological distress that causes functional impairment.

REFERENCES/NOTES

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7. Snowden LR, Hastings JF, Alvidrez J. Overrepresentation of black Americans in psychiatric inpatient care. Psychiatr Serv. 2009; 60(6): 779-85.
8. 2012 National Survey of Drug Use and Health. The Inter-university Consortium for Political and Social Research (ICPSR) at http://www.icpsr.umich.edu/icpsrweb/SAMHDA/browse. Date accessed: January 2014.
9. Respondent endorsed having been diagnosed by a healthcare professional with bipolar disorder, schizophrenia/schizoaffective disorder, major depressive disorder, mania, or psychosis at some point in their lifetime but did not meet our definition of past year SMI. Such individuals account for approximately 2% of NYC adults.
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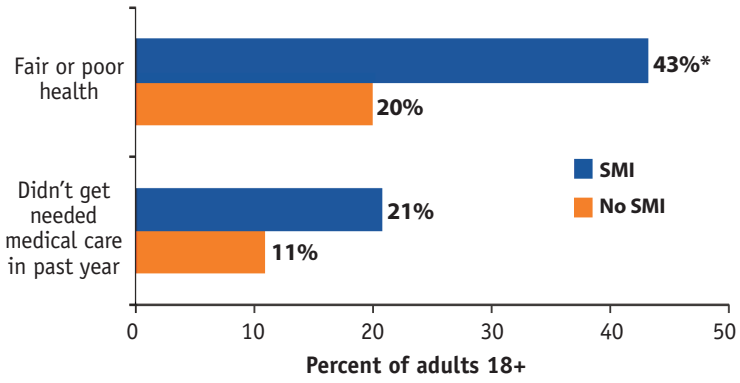
Adult New Yorkers with serious mental illness had high rates of physical health problems and unhealthy behaviors

Self-rated health status and access to healthcare by serious mental illness (SMI), NYC 2012

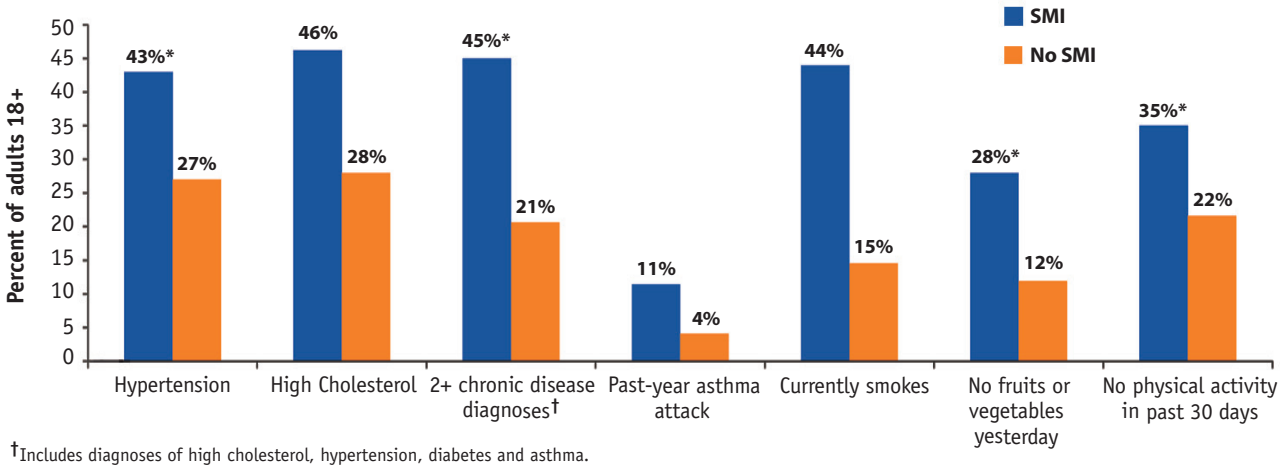


*Estimate should be interpreted with caution due to small numbers.
Data are age-adjusted to the US 2000 Standard Population.

Source: 2012 NYC Community Mental Health Survey and 2012 NYC Community Health Survey

- Adult New Yorkers with SMI were more than twice as likely to report fair or poor general health as those without SMI (43%* vs. 20%).
- Adults with SMI were more likely to report not getting needed medical care in the past year than those without SMI (21% vs. 11%).

Prevalence of chronic physical health problems and unhealthy behaviors by serious mental illness (SMI), NYC 2012



†Includes diagnoses of high cholesterol, hypertension, diabetes and asthma.

*Estimate should be interpreted with caution due to small numbers.
Data are age-adjusted to the US 2000 Standard Population.

Source: 2012 NYC Community Mental Health Survey and 2012 NYC Community Health Survey

- Adults with SMI had higher prevalences of hypertension (43%* vs. 27%) and high cholesterol (46% vs. 28%) than those without SMI. They were also more likely to report two or more chronic disease diagnoses† (45%* vs. 21%) and to have had an asthma attack in the past year (11% vs. 4%).
- Adults with SMI were more likely than adults without SMI to have risk factors that can contribute to chronic disease. They were almost three times more likely to be a current cigarette smoker (44% vs. 15%). They were also more likely to have not eaten fruits or vegetables on the previous day (28%* vs. 12%) and to have had no physical activity in the past 30 days (35%* vs. 22%).

Data source: The Community Health Survey (CHS) is conducted annually by the Health Department among NYC residents ages 18 and older; in 2012 approximately 8800 completed the survey. To better understand the mental health needs and service utilization of New Yorkers with serious mental illness (SMI), in 2012 the Community Mental Health Survey (CMHS) was conducted among 591 CHS respondents with psychological distress or a lifetime diagnosis of schizophrenia, bipolar disorder, mania, or psychosis. Linked data from the CHS and CMHS are presented and are not age adjusted, except where indicated. For more information about the CHS, visit nyc.gov/health/survey.

Recommendations

Individuals, families, and community leaders should:

- Become familiar with symptoms associated with mental illness, such as erratic behavior, mood swings, substance use and social withdrawal. For more information visit nyc.gov/health and click on "Mental and Behavioral Health."
- Talk to a health professional about any symptoms you may be experiencing (such as nervousness, sadness or hearing voices) or if you have concerns about others' mental health. For help finding a provider, call 1-800-LIFENET.
- Individuals who have frequent contact with the public should consider taking a Mental Health First Aid (MHFA) course. MHFA is a public education program which introduces participants to risk factors and warning signs of mental health problems and teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. A schedule of courses in your area can be found at: mentalhealthfirstaid.org/cs/take-a-course/

Primary care doctors should:

- Conduct regular screenings for mental health conditions. For screening tools, visit: samhsa.gov and search for screening tools.
- Establish a referral network of mental health providers and refer individuals when mental illness is serious or complex. 1-800-LIFENET can be used as a referral resource.

Mental health and primary care providers should:

- Routinely screen for diabetes, hypertension, high cholesterol, obesity and tobacco use.
- Be aware of and address high rates of unhealthy behaviors among those with mental illness, including smoking, poor diet, and lack of physical activity.
- Coordinate mental health and primary care. For more information, see City Health Information: Improving the Health of Adults with Serious Mental Illness.

Managed care plans should:

- Improve engagement and clinical and social outcomes for enrollees by building accessible networks, coordinating care and expanding evidence-based clinical practices.
- Promote coordination of care by providing enhanced payments for practices with high levels of care coordination, removing barriers to reimbursement for integrated service delivery and promoting use of electronic health records.

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