

Healthy People 2020 Summary of Objectives

Mental Health and Mental Disorders

Number Objective Short Title

Mental Health Status Improvement

- MHMD-1 Suicide
- MHMD-2 Adolescent suicide attempts
- MNMD-3 Eating disorders
- MHMD-4 Major depressive episodes

Treatment Expansion

- MHMD-5 Mental health treatment provided in primary care facilities
- MHMD-6 Treatment for children with mental health problems
- MHMD-7 Juvenile justice facility screening
- MHMD-8 Employment of persons with serious mental illness
- MHMD-9 Treatment of adults with mental health disorders
- MHMD-10 Treatment for co-occurring substance abuse and mental disorders
- MHMD-11 Depression screening by primary care providers
- MHMD-12 Receipt of mental health services among homeless adults

Topic Area: Mental Health and Mental Disorders

Mental Health Status Improvement

MHMD–1: Reduce the suicide rate.

Target: 10.2 suicides per 100,000.

Baseline: 11.3 suicides per 100,000 occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MHMD–2: Reduce suicide attempts by adolescents.

Target: 1.7 suicide attempts per 100.

Baseline: 1.9 suicide attempts per 100 occurred in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC.

MHMD–3: Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight.

Target: 12.9 percent.

Baseline: 14.3 percent of adolescents engaged in disordered eating behaviors in an attempt to control their weight in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

MHMD–4: Reduce the proportion of persons who experience major depressive episodes (MDE).

MHMD–4.1 Adolescents aged 12 to 17 years.

Target: 7.4 percent.

Baseline: 8.3 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health, SAMHSA.

MHMD–4.2 Adults aged 18 years and older.

Target: 6.1 percent.

Baseline: 6.8 percent of adults aged 18 years and older experienced a major depressive episode in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health, SAMHSA.

Treatment Expansion

MHMD–5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.

Target: 87 percent.

Baseline: 79 percent of primary care facilities provided mental health treatment onsite or by paid referral in 2006.

Target setting method: 10 percent improvement.

Data source: Uniform Data System (UDS), HRSA.

MHMD–6: Increase the proportion of children with mental health problems who receive treatment.

Target: 75.8 percent.

Baseline: 68.9 percent of children with mental health problems received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

MHMD–7: Increase the proportion of juvenile residential facilities that screen admissions for mental health problems.

Target: 64 percent.

Baseline: 58 percent of juvenile residential facilities screened admissions for mental health problems in 2006.

Target setting method: 10 percent improvement.

Data source: National Juveniles in Residential Facilities Census (JFRC), National Center for Juvenile Justice.

MHMD–8: Increase the proportion of persons with serious mental illness (SMI) who are employed.

Target: 64.4 percent.

Baseline: 58.5 percent of persons with serious mental illness (SMI) were employed in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9: Increase the proportion of adults with mental disorders who receive treatment.

MHMD–9.1 Adults aged 18 years and older with serious mental illness (SMI).

Target: 64.6 percent.

Baseline: 58.7 percent of adults aged 18 years and older with serious mental illness (SMI) received treatment in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–9.2 Adults aged 18 years and older with major depressive episodes.

Target: 75.1 percent.

Baseline: 68.3 percent of adults aged 18 years and older with major depressive episodes received treatment in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Target: 3.3 percent.

Baseline: 3.0 percent of persons with co-occurring substance abuse and mental disorders received treatment for both disorders in 2008.

Target setting method: 10 percent Improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MHMD–11: Increase depression screening by primary care providers.

MHMD–11.1 Increase the proportion of primary care physician office visits that screen adults aged 19 years and older for depression.

Target: 2.4 percent.

Baseline: 2.2 percent of primary care physician office visits screened adults aged 19 years and older for depression in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–11.2 Increase the proportion of primary care physician office visits that screen youth aged 12 to 18 years for depression.

Target: 2.3 percent.

Baseline: 2.1 percent of primary care physician office visits screened for depression in 2005–07.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

MHMD–12: Increase the proportion of homeless adults with mental health problems who receive mental health services.

Target: 41 percent.

Baseline: 37 percent of homeless adults with mental health problems received mental health services in 2006.

Target setting method: 10 percent improvement.

Data source: Projects for Assistance in Transition from Homelessness (PATH), SAMHSA.