Excerpts from *Mental Health: A Report of the Surgeon General* by the U. S. Department of Health and Human Services, 1999

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CHAPTER 1: INTRODUCTION AND THEMES

In the United States, mental disorders collectively account for more than 15 percent of the overall burden of disease from *all* causes and slightly more than the burden associated with all forms of cancer.

The report in its entirety provides an up-to-date review of scientific advances in the study of mental illnesses that affect at least one in five Americans.

Stigma was expected to abate with increased knowledge of mental illness, but just the opposite occurred: stigma in some ways intensified over the past 40 years even though understanding improved.

Why is stigma so strong, despite better public understanding of mental illness? The answer appears to be fear of violence: people with mental illness, especially those with psychosis, are perceived to be more violent than in the past.

… the mental health field became over the years the repository for mental disorders whose etiology was unknown.

CHAPTER 2: THE FUNDAMENTALS OF MENTAL HEALTH AND MENTAL ILLNESS

According to current epidemiological estimates, at least one in five people has a diagnosable mental disorder during the course of a year.

The current prevalence estimate is that about 20 percent of the U. S. population are affected by mental disorders during a given year.

… it is estimated that 9 percent of all U. S. adults have the mental disorders listed in Table 2-6 *and* experience some significant functional impairment.

About 20 percent of children are estimated to have mental disorders with at least mild functional impairment.

Children and adolescents with SED [serious emotional disturbance] number approximately 5 to 9 percent of children ages 9 to 17.

Estimates generated from the ECA [Epidemiologic Catchment Area] survey indicate that 19.8 percent of the older adult population have a diagnosable mental disorder during a 1-year period.

It is not always easy to establish a threshold for a mental disorder, particularly in light of how common symptoms of mental distress are and the lack of objective, physical symptoms.

On problem has been that there is no clear measurable *threshold* for functional impairments.

The direct costs of mental health services in the United States in 1996 totaled $69.0 billion. The figure represents 7.3 percent of total health care spending. An additional $17.7 billion was spent on Alzheimer's disease and $12.6 billion on substance abuse treatment.

… no single gene or even a combination of genes dictates whether someone will have an illness or a particular behavior trait.

The precise causes (etiology) of most mental disorders are not known.

To many scientists the [biopsychosocial] model lacks sufficient specificity to make predictions about the given cause or causes of any one disorder.

The fact is that any simple association – or correlation – cannot and does not, by itself, mean causation. The lesion could be a correlate, a cause of, or an effect of the mental disorder.

Establishing causation of mental health and mental illness is extremely difficult, as explained in Chapter 1.

Even in the case of depression and schizophrenia, there is much to be uncovered about etiology.

Yet, while researchers have charted many of the behavioral milestones of development because they are so amenable to observation and analysis, far less is known about molecular, cellular, and tissue interactions that underlie them.

The mental health field us far from a complete understanding of the biological, psychological, and sociocultural bases of development, but development clearly involves interplay among these influences.

In the mental health field, however, progress [in prevention] has been slow because of two fundamental and interrelated problems: for most major mental disorders, there is insufficient understanding about etiology and/or there is an inability to alter the *known* etiology of a particular disorder.

It is not unusual for a placebo effect to be found in up to 50 percent of the patients in any study of a medical treatment. For example, about 30 percent of patients typically respond to a placebo in a clinical trail of a new antidepressant.

There is a multiplicity of reasons why people fail to seek treatment for mental disorders but few detailed studies.

The dual policies of community care and deinstitutionalization, however, were implemented without evidence of effectiveness of treatments and without a social welfare system attuned to the needs of hundreds of thousands of individuals with disabling mental illness.

Many discharged mental patients found themselves in welfare and criminal justice institutions, as had their predecessors in earlier era; some became homeless or lived in regimented residential (e.g., board and care) settings in the community.

The reasons for the association between lower socioeconomic status and mental illness are not well understood.

… no single gene has been found to be responsible for any specific mental disorder ….

The prevalence of mental disorders is estimated to be higher among African Americans than among whites.

African Americans are … overrepresented in inpatient psychiatric care. Their rate of utilization of psychiatric inpatient care is about *double* that of whites.

Several studies found that African Americans were more likely than were whites to be diagnosed with schizophrenia, yet less likely to be diagnosed with depression.

CHAPTER 3: CHILDREN AND MENTAL HEALTH

Adult criteria for illness can be difficult to apply to children and adolescents, when the signs and symptoms of mental disorders are often the characteristics of normal development.

By in large, however, these theories [of child development] have rarely been tested empirically.

The principal limitations of Piaget's theories [of children's intellectual development] are that they are descriptive rather than explanatory.

There is now good evidence that *both* biological factors and adverse psychosocial experiences during childhood influence – but not necessarily "cause" – the mental disorders of childhood.

There is controversy as to whether the key determinant of "insecure" responses to strange situations stems from maternal behavior or from an inborn predisposition to respond to an unfamiliar stranger with avoidant behavior, such as is found in socially phobic children.

As noted above, the relationships between temperament and attachment, in some instances the relative contributions of biologic influences are difficult to tease apart, a problem that particularly affects studies investigating the impact of family and genetic influences on risk for childhood mental disorders.

However, testing models of the impact of risk factor interactions for the development of mental disorders is difficult, because some of the risk factors are difficult to measure.

There is a dearth of child psychiatrists, appropriately trained clinical child psychologists or social workers.

… it is not clear which therapies are best for which conditions.

The exact etiology of ADHD is unknown ….

Behavioral interventions tend to improve targeted behaviors or skills but are not as helpful in reducing the core symptoms of inattention, hyperactivity, or impulsivity. Questions remain about the effectiveness of these treatments in other settings.

The cause of separation anxiety disorder is not known.

The etiology of conduct disorder is not fully known.

Research on inpatient treatment [of children and adolescents] mostly consists of uncontrolled studies.

Roughly two-thirds of children and adolescents with major depressive disorder also have another mental disorder.

Population studies show that at any one time between 10 and 15 percent of the child and adolescent population have *some* symptoms of depression.

The prevalence of dysthymic disorder in adolescents has been estimated at around 3 percent.

After age 15, depression is twice as common in girls and women as in boys and men.

The precise causes of depression are not known.

It is not clear whether the relationship between parent and childhood depression derives from genetic factors, or whether depressed parents create an environment that increases the likelihood of a mental disorder developing in their children.

There is evidence that children and adolescents who previously have been depressed may learn, during their depression, to interpret events in this fashion [pessimistic "attribution bias"].

As yet, there are no controlled studies on the number of other psychotropic agents also used clinically in children and adolescents with bipolar disorder, including valproate, carbamazapine, methylphenidate, and low-does chlorpromazine.

There is a dearth of research on the efficacy of pharmacological treatments for reducing suicidal thoughts or preventing suicide in children and adolescents.

Controlled studies have failed to show that classes for high school students about suicide increases students' help-seeking behavior when they are troubled or depressed. On the other hand, there is evidence that previously suicidal adolescents are upset by exposure to such classes.

The cause of separation anxiety is not known

The disorder [separation anxiety] sometimes runs in families, but the precise role of genetic and environmental factors has not been established.

The 1-year prevalence rate for all generalized anxiety disorder sufferers of all ages is approximately 3 percent. The lifetime prevalence rate is about 5 percent.

Social phobia is common, the lifetime prevalence ranging from 3 to 13 percent.

Although anxiety disorders are the most common disorders of youth, there is relatively little research on the efficacy of psychotherapy.

Neither tricyclic antidepressants nor benzodiazepines have been shown to be more effective than placebo in children.

Estimates of prevalence range [of obsessive-compulsion disorder] range from 0.2 to 0.8 percent of children, and up to 2 percent of adolescents.

Cognitive-behavior treatments also have been used to treat OCD, but the evidence is not yet conclusive.

Autism, the most common of pervasive developmental disorders (with a prevalence of 10 to 12 children per 10,000 ….

No drugs have been demonstrated to be consistently effective in treating conduct disorder.

According to the National Comorbidity Study, 41 to 65 percent of individuals with a lifetime substance abuse disorder also have a lifetime history of at least one mental disorder, and about 51 percent of those with one or more lifetime mental disorders also have a lifetime history of at least one substance abuse disorder.

Little is actually known about the role of mental disorders in increasing the risk of children and adolescents for misuse of alcohol and other drugs.

About 3 percent of young women have one of the three main eating disorders: anorexia nervosa, bulimia nervosa, or binge eating disorder.

The causes of eating disorders are not known with precision ….

Clearly more research is warranted for the treatment of eating disorders, especially because a sizable proportion of those with eating disorders have limited response to treatment.

Overall, the research literature points to positive gains from the adolescent use of day treatment, but most of the studies are uncontrolled.

Research is needed to address these issues [relating to the effectiveness of day treatment].

Although used by a relatively small percentage (8 percent) of treated children, nearly one-fourth of the national outlay on child mental health is spent on care in these settings. However, there is only weak evidence for their effectiveness.

Given the limitations of current research, it is premature to endorse the effectiveness of residential treatment for adolescents.

Inpatient care consumes about half of child mental health resources … but it is the clinical intervention with the weakest research support.

Research on inpatient treatment mostly consists of uncontrolled studies.

The prognosis was poor for several clinical characteristics [of children in inpatient treatment], including children with a psychotic diagnosis and antisocial features with conduct disorder.

A great deal more research is need on inpatient hospitalization, as it is by far the costliest and most restrictive form of care.

Although the evidence for the benefits of some of these services [community-based interventions] is uneven at best ….

The term serious emotional disturbance … is not a formal DSM-IV diagnosis ….

… there has been progress in transforming the nature of service and its financing, but the central question of the effectiveness of systems of care has not yet been resolved.

There are approximately 6 million to 9 million children and adolescents in the United States with serious emotional disturbances.

… most children in need of mental health services do not get them.

… approximately 70 percent of children and adolescents in need of treatment do not receive mental health services.

For nearly half the children with serious emotional disturbances who received services, the public school system was the sole provider.

… 40 to 60 percent of families who begin treatment terminate it prematurely.

… referrals are often made not by children and adolescents or their families, but by schools, courts, or other agencies.

… few researchers have directly asked children or their parents about their reasons for discontinuing treatment.

… 90 percent of African American youths entering the mental health system live in poverty.

Recent reviews of epidemiological findings concluded that present data are inadequate to determine the relationship between race or ethnicity and the prevalence of a mental disorder.

… parents from various cultural backgrounds have been found to differ in the degree to which the identify child behavioral and emotional problems as disturbed.

African American children and youth are considerably more likely than those of other ethnic groups to enter the child welfare system.

Studies in one California county have found that African American youths are overrepresented in arrests, detention, and incarceration in the juvenile justice system, and in the schools they are overrepresented in educational classes for the severely emotionally disturbed.

… minority children are less likely to receive the care they need than nonminority children ….

When children have complex or long-term mental health problems, required services are not usually covered by private sector insurance plans.

Managed care provision of mental health services emerged partially in response to the overutilization of costly inpatient hospitalization by adolescents in the 1980s.

The drive for effeiciency, however, has led to the introduction of intermediate services designed to divert children from hospitalization.

The American Academy of Pediatrics estimates that in 1999 there will be 11 million uninsured children, about 3 million of whom do not qualify for existing public programs.

… there has never been a mandate to states to provide mental health services to children and adolescents ….

States and communities have sweeping mandates to serve children and adolescents in schools and under child welfare and juvenile service auspices. May of these state and community programs, however, lack the expertise to recognize, refer, or treat mental health problems that trigger mandated services.

It is estimated that in a 1-year period more than 700,000 children nationwide are in out-of-home placements, mostly under the supervision of either the child welfare or to some extent the juvenile justice system. Also, during the 1996-1997 school year more than 400,000 emotionally disturbed children and youth between the ages of 6 and 21 were served in the public schools nationwide.

In addition to children with a serious emotional disturbance served by the special education system, children served by child welfare and juvenile justice systems also have need for mental health services, because they are much more likely to have emotional and behavioral disorders than is the general population.

Medicaid populations tend to have a higher prevalence of children with serious emotional disturbance than that seen in privately insured populations.

Under public managed care, hospitalization for mental disorders is being substantially cut, with youths being discharged from the hospital before adequate personal and /or community safety plans can be instituted.

Thus, while Medicaid's mental health costs may be decreasing in such cases, there may be a substantial cost increase to the other agencies involved, resulting in little if any overall cost saving.

In a study by McMiller and Weisz, two-thirds of the parents of minority children did not seek help from professionals and agencies as their first choice.

Mental health providers who approach minority communities in a paternalistic manner fail to engage residents and fail to recognize whether the community wants their assistance.

CHAPTER 4: ADULTS AND MENTAL HEALTH

Anxiety disorders are the most common prevalent mental disorders in adults. The anxiety disorders affect twice as many women as men.

Although the full array of biological causes and correlates of anxiety are not yet in our grasp ….

Mood disorders rank among the top 10 causes of *worldwide* disabilities.

The causes of mood disorders are not fully known.

With the exception of bipolar disorder, they [mood disorders] too, like anxiety disorders are twice as common in women as men.

The foremost barrier to treatment include cost, stigma, and problems in the organization of service systems that contribute to the underrecognition of these disorders.

Schizophrenia affects about 1 percent of the population.

Although the causes of schizophrenia are not fully known ….

… about *half* of patients with serious mental disorders (including schizophrenia) develop alcohol or other drug abuse problems.

Comprehensive treatment [of serious mental disorder] which includes services that exist outside the formal treatment system, is crucial to ameliorate symptoms, assist recovery, and, to the extent that these efforts are successful, redress stigma.

Yet, from time to time, many adults experience mental health problems.

… there may be insufficient attention to gender and culture. The culture-bound nature of much of behavior has limited widespread predicative validity of personality research.

People scoring high in sociopathy often have problems with aggressivity and are overrepresented among criminal populations.

Marked sociopathy is much more common among men than women, although several other disorders (borderline and histrionic personality disorders and somatization disorder) are overrepresented among women in the same families.

… the majority of stressful life events do not invariably trigger mental disorders. Rather, they are more likely to spawn mental disorders in people who are vulnerable biologically, socially, and/or psychologically.

Approximately one-half of all marriages now end in divorce, and about 30 to 40 percent of those undergoing divorce report a significant increase in symptoms of depression and anxiety.

Single mothers face twice the risk of depression as do married mothers.

Women are twice as likely as men to develop post-traumatic stress disorder following exposure to life-threatening trauma.

Relationship problems at least doubled the risk of developing a mental disorder ….

Epidemiology studies of adults in varying segments of the community have found that 15 to 33 percent of females and 13 to 16 percent of males were sexually abused in childhood.

In over 25 percent of cases of child sexual abuse, the offense was committed by a parent or parent substitute.

Very few treatments specifically for adult survivors of childhood abuse have been studied in randomized controlled trials.

Estimates are that 8 to 17 percent of woman are victimized [from domestic violence] annually in the United States.

According to the U. S. Department of Justice, females were victims in about 75 percent of the almost 2,000 homicides between intimates in 1996.

However, there is a lack of carefully controlled, methodologically robust studies of interventions and their outcomes [of interventions used by battered women].

Low-income individuals are considered a high-risk population because of studies documenting their higher prevalence of mental disorders.

Prevention research is vitally important and needs to be enhanced.

Anxiety disorders are the most common, or frequently occurring, mental disorders.

In the United States, 1-year prevalence for all anxiety disorders among adults ages 18 to 54 exceeds 16 percent.

… up to 10 percent of otherwise healthy people experience an isolated panic attack per year.

Lifetime rates of panic disorder of 2 to 4 percent and 1-year rates of about 2 percent are documented consistently in epidemiological studies.

Panic disorder is about twice as common among women as men.

The 1-year prevalence of agoraphobia is about 5 percent.

Approximately 8 percent of the adult population suffers from one or more specific phobias in 1 year.

The 1-year prevalence of social phobias ranges from 2 to 7 percent.

Social phobia is more common in women.

Generalized anxiety disorder occurs more often in women, with a sex ratio of about 2 women to 1 man. The 1-year population prevalence is about 3 percent.

… obsessive-compulsive disorder has now been documented to have a 1-year prevalence of 2.4 percent. Obsessive-compulsive disorder is equally common among men and women.

In the general population, the 1-year prevalence [of post-traumatic stress disorder] is about 3.6 percent, with women having almost twice the prevalence as men.

It is not clear why females have higher rates than males of most anxiety disorders ….

… in many anxiety states there is no immediate external stressor.

Anxiety differs from fear in that the fear-producing stimulus is either not present or not immediately threatening ….

There are several major psychological theories of anxiety …. There are no empirical studies to support these psychodynamic theories ….

Cognitive factors, especially the way people interpret or think about stressful events, play a critical role in the etiology of anxiety. A decisive factor is the individual's perception, which can intensify or dampen the response.

During the past several decades, there has been increasing enthusiasm for more focused, time-limited therapies that address ways of coping with anxiety symptoms more directly than exploring unconscious conflicts or other personal vulnerabilities.

With obsessive-compulsive disorder, approximately 20 to 25 percent of patients are unwilling to participate in therapy.

Benzodiazepines have the potential for producing drug dependence.

The benefits of multimodal therapies for anxiety need further study.

In 1 year, about 7 percent of Americans suffer from mood disorders, a cluster of mental disorders best recognized by depression or mania.

Mood disorders rank among the top 10 causes of worldwide disability.

Women between the ages of 18 to 45 comprise the majority of those with major depressions.

In the workplace, depression is a leading cause of absenteeism and diminished productivity.

… depressed people are significantly more likely than others to visit a physician for some other reason. Depression-related visits to physicians thus account for a large portion of health care expenditures.

About 10 to 15 percent of patients formerly hospitalized with depression commit suicide.

In the United States, men complete suicide four times as often as women; women attempt suicide four times as frequently as men.

Anxiety is commonly comorbid with major depression. About one-half of those with a primary diagnosis of major depression also have an anxiety disorder.

Other common comorbidities [with depression] include … medical illness, especially chronic conditions such as hypertension and arthritis.

Other symptoms [of major depressive disorder] vary enormously.

Affecting about 2 percent of the adult population in 1 year, dysthymia …

Women are twice as likely to be diagnosed with dysthymia as men.

Clinicians are prone to misdiagnose mania as schizophrenia in African Americans.

In general, 1-year prevalence [of schizophrenia] in adults ages 18 to 54 is estimated to be 1.3 percent.

It is difficult to study the course of schizophrenia and other serious mental illnesses because of the changing nature of diagnosis, treatment, and social norms.

Most people experience at least one, often more, relapse after their first actively psychotic episode.

The cause of schizophrenia has not yet been determined ….

Despite the evidence for genetic vulnerability to schizophrenia, scientists have not yet identified the genes responsible.

On first consideration, symptoms like hallucinations, delusions, and bizarre behavior seem easily defines and clearly pathological. However, increased attention to cultural variation has made it very clear that what is considered delusional in one culture may be accepted as normal in another.

Clinicians can misinterpret and misdiagnose patients whose cognitive style, norms of emotional expression, and social behavior are from a different culture ….

PWW 5/05