

National Mental Health Study Field Test,  
Supporting Statement  
Attachment B – Lead Letter

**UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES**

ROCKVILLE, MD 20857



[NAME County/Parish/District] Resident at:  
1234 Main Street  
Anywhere, XX 12345

Dear [NAME County/Parish/District] Resident:

The U.S. Department of Health and Human Services (DHHS) is conducting a study called the National Mental Health Study. This study asks questions about mental health and other health-related topics. Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

Your address was randomly chosen along with almost 3,600 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. When the interviewer arrives, please ask to see his or her personal identification card. An example of the ID card is shown below.

First, the interviewer will ask a few general questions. **In appreciation for the time taken to answer these screening questions, the household member will receive [FILL \$5/\$10] in cash.** Then the interviewer may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. **Every person who is chosen and completes the full interview will receive \$40 in cash.**

By Federal law\*, the answers you give will be kept confidential and will be used only for statistical purposes.

This letter is addressed to "Resident" because your address was selected, and we do not know your name. Feel free to ask the interviewer any questions you have about the study. More information is also available on the study website at: <https://www.nmhsweb.org>, or you may contact us at [PHONE NUMBER FILL].

We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether you want to participate.

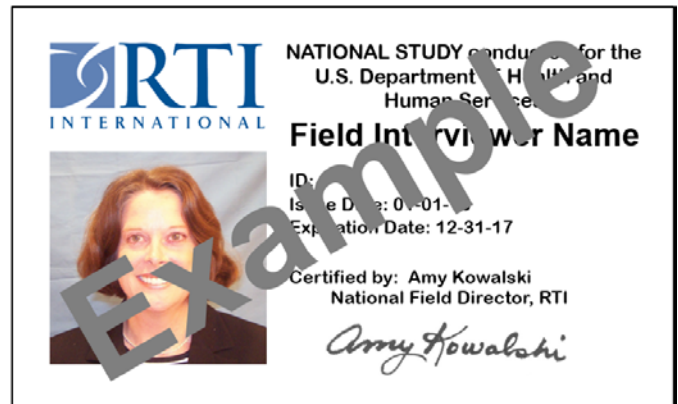
Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Lisa J. Colpe, PhD, MPH  
National Study Director, DHHS

Grace Medley  
National Field Director, DHHS

Amy Kowalski  
National Field Director, RTI



You will be contacted by: \_\_\_\_\_  
Interviewer Name

\*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347) Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aa4) Approved by Office of Management and Budget (OMB Approval No. **UPDATE**)

National Mental Health Study Field Test,  
Supporting Statement

Attachment C – Unable-to-Contact Letters and  
Call-Me Letters

## Unable to Contact Letters

No contact

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

Dear Resident:

Recently, a Field Interviewer from RTI International attempted to contact your household about participating in the National Mental Health Study\*. So far, we have been unable to speak with anyone in your household. Your participation in this study is important—this is why we continue to try and reach you.

Some people are cautious about speaking to a stranger at the door, and that is understandable. Please know that we are not soliciting or selling anything—we have just a few general questions to ask that will take about five minutes.

It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.**

After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview. **If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

Thank you for your time. I hope you'll choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.  
[<https://www.nmhsweb.org>] [<http://www.rti.org>]



Unable to Contact Letters

Unable to contact selected respondent

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIP]

Attention: [age] year old [gender] resident

Dear Resident:

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. You were not available to complete the interview at that time and have been away or unavailable each time the interviewer has returned since then. Your participation in this study is important—this is why we continue to try and reach you.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your answers to the study questions are combined with the answers of over a thousand other people and reported only as overall numbers. To further protect your privacy, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will make a direct impact on important health-related discoveries and decisions.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment time—the interview can also be conducted at a neutral location such as a public library.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Thank you for your time. I hope you'll choose to participate in this extremely important and beneficial study.

Sincerely,  
[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services. [https://www.nmhsweb.org]. [http://www.rti.org]

# ATTENTION RESIDENTS!

The U.S. Department of Health and Human Services is conducting a national study on health-related issues in order to provide better future services to all segments of the population. RTI International has been contracted to complete the work.

Some residences in this building were randomly selected for participation in this study. A field representative, **[FIELD INTERVIEWER]**, will be at your complex:

- **[DATE]**
- **[TIMES]**
- **[LOCATION]**

The initial questions will only take a few minutes and then one or two persons from your household may be asked to participate in a voluntary interview. It is also possible that no one will be selected to participate. All data collected will be kept completely confidential. This study is covered by the Confidential Information Protection and Statistical Efficiency section of the E-Government Act of 2002 (Public Law 107-347) which ensures that any information provided will only be used for statistical purposes and cannot be used for any other purpose.

You may contact Field Supervisor **[FS NAME]** at **[FS PHONE NUMBER]** or visit <https://www.nmhsweb.org> on the internet to verify the legitimacy of the study.

**Your participation is extremely important to the success of this study and we thank you in advance for your cooperation.**

Controlled Access Letters

Controlled Access Letter to College/University  
[DATE]

[NAME], [TITLE]  
[COLLEGE/UNIVERSITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [DR./MR./MS.] [NAME]:

Recently one of our interviewers, [FIRST & LAST NAMES], attempted to contact specific [ROOMS/RESIDENCES] on the [COLLEGE/UNIVERSITY NAME] campus that were randomly selected to participate in the National Mental Health Study (NMHS) conducted by RTI International for the U.S. Department of Health and Human Services. So far, [MR./MS.] [LAST NAME] has been unable to [GAIN ACCESS/GAIN FULL ACCESS] to [NAME OF RESIDENCE HALL/STUDENT APTS], and we are asking for your help.

We understand your responsibility to protect the students on campus and want to provide you with additional information about the study:

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- A limited number of [ROOMS/HOUSEHOLDS] were randomly chosen to take part. We do not have any information about the residents other than an address.
- The RTI International interviewer only needs a few minutes of the residents' time to see if someone in the [ROOM/HOUSEHOLD] will be asked to participate in an interview. If selected, those completing the interview receive a cash incentive.
- All information provided is kept completely confidential and used for statistical purposes only in compliance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347).
- For more details about the study, please visit <https://www.nmhsweb.org/>

By helping us access the selected [ROOMS/HOUSEHOLDS] at [COLLEGE/UNIVERSITY NAME], you will make a direct contribution to this important research effort. [FIRST & LAST NAMES], our supervisor in your area, will contact you soon to address any questions, or you may call [HIM/HER] toll free at [TOLL FREE NUMBER].

Your assistance is extremely important, and I thank you in advance for your help.

Sincerely,

Amy Kowalski  
National Field Director

Controlled Access Letters

Controlled Access to Group Quarters  
[DATE]

[NAME], [TITLE]  
[GQU NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [MR./MS.] [LAST NAME]:

Recently one of our field interviewers, [FIRST & LAST NAME], attempted to contact specific [RESIDENCES/UNITS] within your [TYPE OF GQU] that were randomly selected to participate in the National Mental Health Study (NMHS) conducted by RTI International for the U.S. Department of Health and Human Services. So far, [MR./MS.] [LAST NAME] has been unable to [GAIN ACCESS/GAIN FULL ACCESS] to [GQU NAME OR ADDRESS], and we are asking for your help.

We understand your responsibility to protect your residents and want to provide you with additional information about the study:

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- A limited number of addresses were randomly chosen to take part. We do not have any information about the residents other than an address.
- The RTI International interviewer only needs a few minutes of the residents' time to see if someone in the [HOUSEHOLD/UNIT] will be asked to participate in an interview. If selected, those completing the interview receive a cash incentive.
- All information provided is kept completely confidential.
- For more details about the study, please visit <https://www.nmhsweb.org>.

By helping our interviewer access the selected [RESIDENCES/UNITS] in [NAME OF GQU], **you** will make a direct contribution to this important research effort. [FIRST & LAST NAMES], our supervisor in your area, will contact you soon to address any questions, or you may call [HIM/HER] toll free at [TOLL FREE NUMBER].

Your assistance is extremely important to the success of this study, and I thank you in advance for your help.

Sincerely,

Amy Kowalski  
National Field Director

Controlled Access Letters

Law Enforcement Legitimacy Letter  
[DATE]

[FIRST NAME] [LAST NAME]  
[POSITION], [LAW ENFORCEMENT AGENCY]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [TITLE/MR./MS.] [LAST NAME]:

RTI International will be in your area conducting the National Mental Health Study (NMHS) for the U.S. Department of Health and Human Services during the months of [FILL IN MONTHS].

We understand your responsibility to protect the residents of [CITY/COUNTY NAME]. Since the public may ask your department about the legitimacy of this national study, we seek your cooperation in providing information about the study to staff members who may receive such inquiries.

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- A limited number of household addresses are randomly selected to represent the population of the U.S. Once a household has been chosen, it cannot be replaced.
- An RTI International interviewer will only visit the selected households and needs a few minutes of the residents' time to see if someone in the household will be asked to participate in an interview. If selected, those completing the interview will receive a cash incentive.
- All information provided is kept completely confidential as required by federal law\*.
- For more details about the study, please visit <https://www.nmhsweb.org>.

Thank you in advance for sharing this information with all pertinent staff in your department. Your efforts are important to the success of this study, and I thank you in advance for your help. If you have any questions, please contact our supervisor for your area, [FIRST & LAST NAME] toll free at [TOLL FREE NUMBER].

Sincerely,

Amy Kowalski

National Field Director

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\* The Confidential Information Protection and Statistical Efficiency section of the E-Government Act of 2002 (Public Law 107-347) ensures that any information residents provide will only be used for statistical purposes and cannot be used for any other purpose. Any unlawful use of these data may result in a jail term of up to 5 years, a fine of \$250,000, or both.

## Controlled Access Letters

### List of Enclosures

#### National Mental Health Study

##### A. Lead Letter

Prior to the interviewer's arrival at a household, a "lead letter" will be mailed to the selected address briefly explaining the study and requesting the residents' assistance. The interviewer will visit the household a few days later, refer the resident to this letter, and answer questions if necessary. If the resident has no knowledge of the lead letter, the interviewer will provide another copy. All NMHS interviewers prominently display their ID badge, which is referenced on this letter.

##### B. Authorization Letter

Each NMHS field interviewer will carry a personal identification letter which is provided by the U.S. Department of Health and Human Services (DHHS). This letter serves as documentation that DHHS formally authorizes the interviewer to work on the NMHS for RTI International

##### C. Study Description

When an in-person contact is made with an adult member of a selected household and an introductory exchange is completed, the interviewer will follow consent procedures that include presenting a "Study Description" and answering any questions the respondent might have. Upon respondent permission, the interviewer will proceed to create a list of all members of the household using a tablet computer. This list includes information such as the member's age, gender, and race, but does not include names or any other personally identifying information. The tablet will process this roster of the household members and apply a statistical algorithm to randomly select zero, one, or two persons' age 13 and older to be interviewed. The selected respondent(s) will be asked to complete an interview using a laptop computer.

##### D. Question and Answer Brochure

Entitled "Answers to your questions," the NMHS Question and Answer Brochure provides a ready reference to the study, including answers to commonly asked questions. This brochure is given to each adult interview respondent or parent or guardian of youth respondents.

Controlled Access Letters

Controlled Access Letter - Base  
[DATE]

[RANK] [FULL NAME], [TITLE]  
[NAME OF BASE]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [RANK/MR./MS.] [LAST NAME]:

Please be advised that [MR./MS.] [FIRST & LAST NAMES], an authorized representative of RTI International, is collecting data for the National Mental Health Study (NMHS). This important research study is sponsored by the U.S. Department of Health and Human Services (OMB No. XXXX-XXXX).

We understand and respect your responsibility to protect individuals living on [NAME OF BASE] and want to provide you with additional information about the study:

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- The RTI International interviewer only needs a few minutes of the residents' time to see if any **civilian** members of the household will be asked to participate in an interview (*active-duty members of the military are not eligible for this study*). If selected, those completing the interview receive a cash incentive at the end of the interview.
- All information provided is kept completely confidential and used for statistical purposes only in compliance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347).
- For more details about the study, please visit <https://www.nmhsweb.org>.

By helping us access the selected households on [NAME OF BASE], you will make a direct contribution to this important research effort. [FIRST & LAST NAMES], our supervisor in your area, will contact you soon to address any questions, or you may call [HIM/HER] toll free at [**TOLL FREE NUMBER**].

Your assistance is extremely important to the success of this study, and I thank you in advance for your help.

Sincerely,

Amy Kowalski  
National Field Director  
Enclosures

Controlled Access Letters

Controlled Access Initial Letter – Complex/Gated Community  
[DATE]

[NAME], [TITLE]  
[COMPLEX/COMMUNITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [MR./MS.] [NAME]:

One of our field interviewers, [FIRST & LAST NAMES], needs to contact specific residences within [COMPLEX/COMMUNITY NAME] that were randomly selected to participate in the National Mental Health Study (NMHS) conducted by RTI International for the U.S. Department of Health and Human Services.

We understand your responsibility to protect your residents and want to provide you with additional information about the study:

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- A limited number of household addresses were randomly chosen to take part. We do not have any information about the residents other than an address.
- The RTI International interviewer only needs a few minutes of the residents' time to see if someone in the household will be asked to participate in an interview. If selected, those completing the interview receive a cash incentive.
- All information provided is kept completely confidential.
- For more details about the study, please visit <https://www.nmhsweb.org>.

By helping our interviewer access the selected households in [NAME OF COMPLEX/COMMUNITY], **you** will make a direct contribution to this important research effort. [FIRST & LAST NAMES], our supervisor in your area, will contact you soon to address any questions, or you may call [HIM/HER] toll free at [**TOLL FREE NUMBER**].

Your assistance is extremely important to the success of this study, and I thank you in advance for your help.

Sincerely,

Amy Kowalski  
National Field Director  
Enclosures



Controlled Access Letters

Controlled Access Follow-Up Letter – Complex/Gated Community  
[DATE]

[NAME], [TITLE]  
[COMPLEX/COMMUNITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [MR./MS.] [NAME]:

Recently one of our field interviewers, [FIRST & LAST NAMES], attempted to contact specific residences within [COMPLEX/COMMUNITY NAME] that were randomly selected to participate in the National Mental Health Study (NMHS) conducted by RTI International for the U.S. Department of Health and Human Services. So far, [MR./MS.] [LAST NAME] has been unable to [GAIN ACCESS/GAIN FULL ACCESS] to [NAME OF COMPLEX/COMMUNITY], and we are asking for your help.

We understand your responsibility to protect your residents and want to provide you with additional information about the study:

- We are not selling anything. This is not a marketing survey.
- The NMHS will improve our ability to describe and understand mental health issues in the United States. It will also examine the frequency of a variety of mental illnesses as well as investigate connections between mental health problems and treatment.
- A limited number of household addresses were randomly chosen to take part. We do not have any information about the residents other than an address.
- The RTI International interviewer only needs a few minutes of the residents' time to see if someone in the household will be asked to participate in an interview. If selected, those completing the interview receive a cash incentive.
- All information provided is kept completely confidential.
- For more details about the study, please visit <https://www.nmhsweb.org>.

By helping our interviewer access the selected households in [NAME OF COMPLEX/COMMUNITY], **you** will make a direct contribution to this important research effort. [FIRST & LAST NAMES], our supervisor in your area, will contact you soon to address any questions, or you may call [HIM/HER] toll free at [TOLL FREE NUMBER].

Your assistance is extremely important to the success of this study, and I thank you in advance for your help.

Sincerely,

Amy Kowalski  
National Field Director  
Enclosures

## Public Health Authorization Letter

Authorization Letter – Complex/Gated Community  
[DATE]

[NAME], [TITLE]  
[COMPLEX/COMMUNITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [MR./MS.] [NAME]:

This letter is to confirm that RTI International is authorized to conduct data collection for the National Mental Health Study (NMHS) for the U.S. Department of Health and Human Services.

The NMHS has a rigorous commitment to respondent confidentiality and will increase public awareness of mental health. The data from this study will provide information for tracking mental health in the general population.

I want to assure you that this agency and RTI International are committed to full compliance with all policies regarding security on your property. RTI International's representative will work with you to develop a mutually agreeable procedure for contacting selected units for voluntary participation in our study.

Thank you for your assistance. If you have any questions, you may call me at [FILL] (9:00 a.m. to 5:00 p.m., ET, Monday through Friday).

Sincerely,

Lisa J. Colpe, PhD, MPH  
National Study Director, DHHS

Meet Me Letter

Meet Me Letter – to household or room at Complex/University  
[DATE]

Resident  
[NAME OF COMPLEX/UNIVERSITY]  
[STREET ADDRESS]  
[CITY], [STATE] [ZIP]

Dear Resident:

We need your help with the National Mental Health Study (NMHS) conducted by RTI International for the U.S. Department of Health and Human Services.

A limited number of addresses—including yours—were randomly chosen to take part in this important study. No other household or person can take your place.

Typically, a professional RTI International interviewer visits each selected residence in person. We respect the policies of [NAME OF COMPLEX/UNIVERSITY] so we are asking you to speak with our interviewer, who only needs a few minutes of your time to see if someone in your [HOUSEHOLD/ROOM] will be chosen for an interview. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10 in cash]. Every person who is chosen and completes the full interview will receive \$40 in cash at the end of the interview as a token of appreciation.**

Please meet with our interviewer [FI FIRST/LAST NAME] in [MEETING PLACE]:

Please meet in [MEETING PLACE]:

- [DAY OF WEEK], [MONTH] [DATE] [TIME]

**OR**

- [DAY OF WEEK], [MONTH] [DATE] [TIME]

If you are unable to speak with [MR/MS] [LAST NAME], call [FS FIRST/LAST NAME], our supervisor for your area, at [TOLL FREE NUMBER] (toll free) to request another meeting time.

Any information you provide is kept completely confidential and used only for statistical purposes. Information gathered from this study will be used by researchers and federal agencies in developing various medical and health-related policies and programs.

For more details about the study, please visit <https://www.nmhsweb.org>.

Your visit with [MR/MS] [FI LAST NAME] or call to [MR/MS] [FS LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

Thank You Letter

Thank you letter for help at Complex/Community  
[DATE]

[NAME], [TITLE]  
[NAME OF COMPLEX/COMMUNITY]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [MR./MS.] [LAST NAME]:

On behalf of our client, the U.S. Department of Health and Human Services, I would like to express our most sincere appreciation for the assistance you recently provided our [FI/FS] [CIRCUMSTANCES] at [NAME OF COMPLEX/COMMUNITY]. It was your cooperation that made it possible for us to meet our response rate goals in this important national study. Every completed interview helps ensure that the data collected for the National Mental Health Study (NMHS) are statistically sound. The information generated from the NMHS will provide the nation's policymakers with accurate data on a number of important health issues.

If you have any questions, please do not hesitate to call me during 9:00 am and 5:00 pm (Eastern Time), Monday through Friday, at [FILL]. Once again, thank you for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

Call-Me Letters

No contact and no response to sent letter

[DATE]

Resident

[COMPLEX/COMMUNITY NAME]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear Resident:

Recently we sent a letter requesting your help with the National Mental Health Study conducted by RTI International for the U.S. Department of Health and Human Services.

A limited number of household addresses—including yours—were randomly chosen to take part in this important study. No other household or person can take your place. Information gathered from this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will make a direct impact on important health-related discoveries and decisions.

Typically, a professional RTI International interviewer visits each selected residence in person. We respect the policies of [COMPLEX/COMMUNITY NAME] and appreciate your desire for privacy, so we are contacting you by mail instead. Your participation in this study is very important or we would not continue to try to reach you.

Since we cannot contact you in person, we ask you to please call our supervisor for your area, [FIRST & LAST NAMES] to set an appointment for an RTI International interviewer to visit your household.

<p>Please call:</p> <p style="text-align: center;"><b>[FIRST &amp; LAST NAME]</b> <b>[PHONE NUMBER] (toll free)</b></p>
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The interviewer only needs a few minutes of your time to see if someone in your household will be chosen for an interview. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** Every person who **is chosen and completes the full interview will receive \$40 in cash at the end of the interview as a token of appreciation.** Any information you provide is kept completely confidential and will be used only for statistical purposes.

For more details about the study, please visit <https://www.nmhsweb.org>.

Your call to [MR./MS. LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

Call Me Letters

No contact with selected R, Call Me letter  
[DATE]

Resident  
[NAME OF COMPLEX/COLLEGE/UNIVERSITY]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Attention: [age and gender of respondent]

Dear Resident:

Recently, an interviewer from RTI International came to your [HOME /RESIDENCE HALL] and asked you to participate in the National Mental Health Study\*. **Your participation in this study is important—which is why we continue to try to reach you.**

We want to provide you with additional information about the study:

- A limited number of individuals—including you—were randomly chosen to take part. No other person can take your place in this study.
- As a token of our appreciation, you will receive \$40 in cash at the end of the interview.
- Any information you provide is kept completely confidential and will be used only for statistical purposes.
- For more details about the study, please visit <https://www.nmhsweb.org>.

We are happy to work around your schedule so that you can be included. Please contact our supervisor for your area, [FIRST & LAST NAME], to set up an appointment.

Please call:

[FIRST & LAST NAME]

[PHONE NUMBER] (toll free)

If [MR./MS. LAST NAME] is not available when you call, please leave your phone number, address and the time you wish to be interviewed. [HE/SHE] will call you to confirm your appointment.

Thank you for your time. Your call to [MR./MS. LAST NAME] is very important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.

Call Me Letters

Call Me Letter to Parent about Adolescent R

[DATE]

Resident  
[NAME OF COMPLEX]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Attention: Parent of [age and gender of respondent]

Dear Resident:

Recently, an interviewer from RTI International came to your home and asked your [SON/DAUGHTER] to participate in the National Mental Health Study\*. **[HIS/HER] participation in this study is important—which is why we continue to try to reach you.**

We want to provide you with additional information about the study:

- A limited number of individuals—including your [SON/DAUGHTER]—were randomly chosen to take part. No other person can take [HIS/HER] place in this study.
- As a token of our appreciation, [HE/SHE] will receive \$40 in cash at the end of the interview.
- All information provided is kept completely confidential and will be used only for statistical purposes.
- For more details about the study, please visit <https://www.nmhsweb.org>.

We are happy to work around your family's schedule so that your [SON/DAUGHTER] can be included. Please contact our supervisor for your area, [FIRST & LAST NAME], to set up an appointment.

Please call:

**[FIRST & LAST NAME]**

**[PHONE NUMBER] (toll free)**

If [MR./MS. LAST NAME] is not available when you call, please leave your phone number, address and the time you wish to be visited for your [SON'S/DAUGHTER'S] interview. [HE/SHE] will call you to confirm the appointment.

Thank you for your time. Your call to [MR./MS. LAST NAME] is very important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.

## Call Me Letters

Call Me Letter follow-up from previous letter. R not yet selected  
[DATE]

Resident  
[COMPLEX/COMMUNITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear Resident:

Recently we sent a letter requesting your help with the National Mental Health Study conducted by RTI International for the U.S. Department of Health and Human Services.

A limited number of household addresses—including yours—were randomly chosen to take part in this important study. No other household or person can take your place. Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

Typically, a professional RTI International interviewer visits each selected residence in person. We appreciate your desire for privacy, so we are contacting you by mail instead. Your participation in this study is very important or we would not continue to try to reach you.

Since we cannot contact you in person, we ask you to please call our supervisor for your area, [FIRST & LAST NAMES] to set an appointment for an RTI International interviewer to visit your household.

Please call:

**[FIRST & LAST NAME]**  
**[PHONE NUMBER] (toll free)**

The interviewer only needs a few minutes of your time to see if someone in your household will be chosen for an interview. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** Every person who **is chosen and completes the full interview will receive \$40 in cash at the end of the interview as a token of appreciation.** Any information you provide is kept completely confidential and will be used only for statistical purposes.

For more details about the study, please visit <https://www.nmhsweb.org>.

Your call to [MR./MS.] [LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director



Call Me Letters

Call Me Letter to dorm/residence hall; no R selected yet  
[DATE]

Resident  
[NAME OF RESIDENCE HALL/STUDENT APTS]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear Resident:

We need your assistance with the National Mental Health Study conducted by RTI International for the U.S. Department of Health and Human Services.

A limited number of addresses—including yours—were randomly chosen to take part in this study. No other household or person can take your place. Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

Typically, a professional RTI International interviewer visits each selected residence in person. We respect the policies of [DORMITORY/RESIDENCE HALL NAME OR COLLEGE/UNIVERSITY NAME] and appreciate your desire for privacy, so we are contacting you by mail instead. Your participation in this study is very important or we would not continue to try to reach you.

Since we cannot contact you in person, we ask you to please call our supervisor for your area, [FIRST & LAST NAMES] to set an appointment for an RTI International interviewer to visit your residence.

Please call:  <b>[FIRST &amp; LAST NAME]</b> <b>[PHONE NUMBER] (toll free)</b>
-----------------------------------------------------------------------------------------

The interviewer only needs a few minutes of your time to see if someone living at your residence will be chosen for an interview. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** Every person who **is chosen and completes the full interview will receive \$40 in cash at the end of the interview as a token of appreciation.** Any information you provide is kept completely confidential and will be used only for statistical purposes.

For more details about the study, please visit <https://www.nmhsweb.org>.

Your call to [MR./MS.] [LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

Call Me Letters

Call me letter result of no contact – complex or gated community  
[DATE]

Resident  
[COMPLEX/COMMUNITY NAME]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear Resident:

Recently we sent a letter requesting your help with the National Mental Health Study conducted by RTI International for the U.S. Department of Health and Human Services.

A limited number of household addresses—including yours—were randomly chosen to take part in this important study. No other household or person can take your place. Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

Typically, a professional RTI International interviewer visits each selected residence in person. We have been unable to contact you in this manner, so we are contacting you by mail instead. Your participation in this study is very important or we would not continue to try to reach you.

Since we cannot contact you in person, we ask you to please call our supervisor for your area, [FIRST & LAST NAMES] to set an appointment for an RTI International interviewer to visit your household.

Please call:  
**[FIRST & LAST NAME]**  
**[PHONE NUMBER] (toll free)**

The interviewer only needs a few minutes of your time to see if someone in your household will be chosen for an interview. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash. Every person who is chosen and completes the full interview will receive \$40 in cash at the end of the interview as a token of appreciation.** Any information you provide is kept completely confidential and will be used only for statistical purposes.

For more details about the study, please visit <https://www.nmhsweb.org>.

Your call to [MR./MS.] [LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

Amy Kowalski  
National Field Director

National Mental Health Study Field Test,  
Supporting Statement

Attachment D – Refusal Letters

## Interview [Adult]—Too Busy/No Time (I1)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident:

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you expressed some reluctance about spending the time necessary to do the interview.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

As you know, this nation is made up of all kinds of people, and so we are interviewing all kinds of people—including busy people like you. If we only interviewed people who have a lot of free time, then active people like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is precious. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

We combine your answers with the answers of over a thousand other people and report them only as overall numbers. The study is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will have a direct impact on important health-related discoveries and decisions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.  
[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Adult]—Studies/Government Too Invasive (I2)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study \*. At the time, you expressed some concerns about participating in the study.

We understand that your privacy is important—RTI International does not provide individual answers to anyone. Your answers are combined with the answers of over a thousand other people and reported only as overall numbers.

To further protect your privacy, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

We also appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will have a direct impact on important health-related discoveries and decisions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Adult]—Needs Clarification (I3)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you expressed some concerns about the study.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your answers to the study questions are combined with the answers of over a thousand other people and reported only as overall numbers. To further protect your privacy, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will make a direct impact on important health-related discoveries and decisions.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Adult]—"Nothing in it for me"/Uncooperative (I4)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you were not interested in participating. We are writing this letter to ask you to reconsider.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will make a direct impact on important health-related discoveries and decisions.

Without adequate levels of participation, these health-related decisions might not be sufficiently informed.

A limited number of people were randomly selected to represent the population of the U.S.—and you were one of them! You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Adult]—Spouse/HH Member will not allow Participation (I5)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you expressed some concerns about participating in the study.

We understand that your privacy is important—RTI International does not provide individual answers to anyone. Your answers are combined with the answers of over a thousand other people and reported only as overall numbers.

To further protect your privacy, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. Also, the option to refuse to answer any question is always available.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment at a time that would be convenient for you.

We also appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]



## Interview [Adolescent]—Too Busy/No Time (M1)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you expressed some reluctance about spending the time necessary to do the interview.

A limited number of adolescents were randomly selected to represent the adolescent population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as thousands of other adolescents you represent—will not be heard.

We understand that you have many demands on your time. However, if we only interviewed adolescents who had lots of free time, then active adolescents like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is precious to you. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Please know that your privacy will be protected. Your answers cannot be viewed by anyone—including your parents. We combine your answers with the answers of hundreds of other adolescents and report them only as overall numbers. Also, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. The option to refuse to answer any question is always available.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

---

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Parent]— Adolescent Exposure (M2)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: Parent/Guardian of [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International asked permission for a young person in your home to participate in the National Mental Health Study\*. At the time, you expressed some reluctance about exposing your adolescent to questions related to mental health issues.

We understand your concern. Please know that if you allow your adolescent to participate, the option is always available for him or her to answer “I don’t know” to any question.

A limited number of adolescents were randomly selected to represent the adolescent population of the U.S. Your adolescent cannot be replaced. We need responses from everyone selected to get an accurate picture of adolescent health issues. It is not necessary that he or she know anything about mental health issues to participate in the study.

We also appreciate that your adolescent’s time is a precious commodity. **As a token of our appreciation, your adolescent will receive \$40 in cash at the end of the interview.** Also, the interviewer can give your adolescent a Certificate of Participation—some participants have been able to go to their schools with this certificate and get class or community service credit for participating in the study.

Thank you for your time. I hope you’ll reconsider and choose to let your adolescent participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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## Interview [Adolescent]—Needs Clarification (M3)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you expressed some concerns about the study.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will have a direct impact on important health-related discoveries and decisions.

A limited number of adolescents were randomly selected to represent the adolescent population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as thousands of other adolescents you represent—will not be heard.

Please know that your privacy will be protected. Your answers cannot be viewed by anyone—including your parents. We combine your answers with the answers of hundreds of other adolescents and report them only as overall numbers. Also, the study is set up so that you record most of your own answers—the interviewer never sees or hears them. The option to refuse to answer any question is always available.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

**Interview [Adolescent]—"Nothing in it for me"/Uncooperative (M4)**

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International came to your home and asked you to participate in the National Mental Health Study\*. At the time, you were not interested in participating. We are writing this letter to ask you to reconsider.

A limited number of adolescents were randomly selected to represent the adolescent population of the U.S.—and you were one of them! You cannot be replaced. If you choose not to participate, your experiences and views—as well as thousands of other adolescents you represent—will not be heard.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you will have a direct impact on important health-related discoveries and decisions.

We appreciate that your time is a precious commodity. **As a token of our appreciation, you will receive \$40 in cash at the end of the interview.** Also, your interviewer can give you a Certificate of Participation—some participants have been able to go to their schools with this certificate and get class or community service credit for participating in the study.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Interview [Parent]—Parent /HH Member will not allow Participation (M5)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Attention: Parent/Guardian of [age] year old [gender] resident

Dear Resident,

Recently, a Field Interviewer from RTI International asked permission for a young person in your home to participate in the National Mental Health Study\*. At the time, you expressed some reluctance about allowing your adolescent to participate in the study. We are writing this letter to ask you to reconsider.

A limited number of adolescents were randomly selected to represent the adolescent population of the U.S. Your adolescent cannot be replaced. It is not necessary that he or she know anything about mental health issues to participate in the study.

If you allow your adolescent to participate, the option is always available for him or her to answer “I don’t know” or to refuse any question.

We understand that the privacy of your family is important—RTI International does not provide individual answers to anyone. Your adolescent’s answers would be combined with the answers of hundreds of other adolescents and reported only as overall totals.

We also appreciate that your adolescent’s time is a precious commodity. **As a token of our appreciation, your adolescent will receive \$40 in cash at the end of the interview.** Also, the interviewer can give your adolescent a Certificate of Participation—some participants have been able to go to their schools with this certificate and get class or community service credit for participating in the study.

Thank you for your time. I hope you’ll reconsider and choose to let your adolescent participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

---

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Screening—Too Busy/No Time (S1)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from RTI International contacted someone in your household about participating in the National Mental Health Study\*. We are sorry we called on your household at an inconvenient time.

The initial questions for the study only take about five minutes and ask for very general information. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

**If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

As you know, this nation is made up of all kinds of people, and therefore we are talking to all kinds of people—including busy people like you. If we only interviewed people who have a lot of free time, then active people like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Screening—Studies /Government Too Invasive (S2)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from RTI International contacted someone in your household about participating in the National Mental Health Study\*. We understand that some concerns were expressed about participating in the study.

Your privacy is important—RTI International does not provide individual answers to anyone. Your answers are combined with the answers of over a thousand other people and reported only as overall numbers. To further protect your privacy, the interview is set up so that you record most of your own answers—the interviewer never sees or hears them.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

**If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Screening—Needs Clarification (S3)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from RTI International contacted someone in your household about participating in the National Mental Health Study\*. We understand that some concerns were expressed about participating in the study.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

**If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

Your answers are combined with the answers of over a thousand other people and reported only as overall numbers. To further protect privacy, the interview is set up so that the participant records most answers—the interviewer never sees or hears them.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.  
[<https://www.nmhsweb.org>] [<http://www.rti.org>]



## Screening—"Nothing in it for me"/Uncooperative (S4)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from RTI International contacted someone in your household about participating in the National Mental Health Study\*. We understand that at the time, there was no interest in participating. We are writing to ask you to reconsider.

The initial questions for the study only take about five minutes and ask for very general information. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

**If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

The results of this study will provide health agencies and researchers with extremely valuable information about mental health and treatment in the United States. By participating in this study, you can make a direct impact on important health-related discoveries and decisions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

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\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.  
[<https://www.nmhsweb.org>] [<http://www.rti.org>]

## Screening—Spouse/HH Member will not allow Participation (S5)

[DATE]

Resident  
[STREET ADDRESS]  
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently, a Field Interviewer from RTI International contacted someone in your household about participating in the National Mental Health Study\*. We understand that some concerns were expressed about participating in the study.

Your privacy is important—RTI International does not provide individual answers to anyone. Your answers are combined with the answers of over a thousand other people and reported only as overall numbers. To further protect privacy, the interview is set up so that the participant records most answers—the interviewer never sees or hears them.

If you agree to participate, the option to refuse to answer any question is always available. The initial questions for the study only take about five minutes and ask for very general information. **In appreciation for the time taken to complete the screening, the household member will receive [FILL: \$5/\$10] in cash.** After these initial questions, someone in your household may or may not be randomly selected to participate in the full interview.

**If anyone is selected for the full interview, that person will receive \$40 in cash at the end of the interview as a token of appreciation.**

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment at a time that would be convenient for you.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

---

\*The National Mental Health Study is conducted by RTI International for the U.S. Department of Health and Human Services.  
[<https://www.nmhsweb.org>] [<http://www.rti.org>]

National Mental Health Study Field Test,  
Supporting Statement  
Attachment E – Incentive Receipt

# Incentive Receipt

**U.S. Department of Health and Human Services and RTI International  
thank you for participating in the National Mental Health Study.**

In appreciation of your participation in this important study, you are eligible to receive \$\_\_\_\_\_ in cash.

Since maintaining the confidentiality of your information is important to us, your name will not be entered on this form. However, the interviewer must sign and date this form to certify you received (or declined) the cash incentive.

\_\_\_\_\_  
**Interviewer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case ID**

Accepted Cash Incentive     Declined Cash Incentive

S    MI    FI    PI    PFI

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network or the Boy's Town National Helpline. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

National Lifeline Network: 1-800-273-TALK or 1-800-273-8255  
<http://suicidepreventionlifeline.org/>

Boy's Town National Helpline (adolescent): 1-800-448-3000

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357  
1-800-487-4889 (TDD)  
<http://findtreatment.samhsa.gov>

Disposition: Top copy to Respondent, yellow to Field Supervisor, pink to Field Interviewer.

National Mental Health Study Field Test,  
Supporting Statement

Attachment G – Study Description



U.S. Department of Health and  
Human Services

## NMHS Study Description

The National Mental Health Study (NMHS) is a nationally representative study that will:

- Examine the frequency of a variety of mental health conditions;
- Investigate connections between mental health problems and treatment.

Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services.

Your address is one of several in this area randomly chosen for the NMHS. Your name and address will never be connected to your answers. Also, federal law requires us to keep all of your answers confidential. Any data that you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002.

The screening questions take just a few minutes. We will give you [FILL: \$5/\$10] when you finish the screening. If anyone is chosen, the interview will take about an hour. You can refuse to answer any questions, and you can quit at any time. **Each person who is chosen and completes the interview will receive \$40 in cash.**

If you have questions about the study, call the Project Representative at 1-800-XXX-XXXX. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project website: <https://www.nmhsweb.org> for more information. Thank you for your cooperation and time.

Lisa J. Colpe, Ph.D., MPH  
National Study Director, DHHS

Grace Medley  
National Field Director, DHHS

**Your confidentiality is protected** by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

National Mental Health Study Field Test,  
Supporting Statement

Attachment J – Question & Answer Brochure



# Answers to your questions

If you have more questions  
about the NMHS, please call  
**[FILL]**  
or visit our website at  
<https://www.nmhsweb.org>



## National Mental Health Study

**For more information on SAMHSA,  
NIMH, or RTI International, contact:**

The NMHS National Field Director  
RTI International  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
[www.rti.org](http://www.rti.org)



Sponsored by SAMHSA, NIMH, and the  
U.S. Department of Health and Human Services (DHHS).  
Conducted by RTI International.

*RTI International is a registered trademark  
and a trade name of Research Triangle Institute.*

## What Is the National Mental Health Study?

The National Mental Health Study (NMHS) will provide up-to-date information on a variety of mental health conditions in the United States. This important study will explore connections between mental health issues and services. The NMHS is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). This study is being conducted by RTI International, a nonprofit research organization.

The NMHS asks questions about mental health and other health-related topics. This year almost 1,200 people from across the United States will be interviewed for this study.

Information from the NMHS will be used to evaluate mental health trends, examine treatment programs, and assist with the creation of government policy.





# Answers to Your Important Questions about the National Mental Health Study

## Why Should I Participate?

You are important! Your household was one of only a few in this area selected for this study, and no other household or person can take your place.

Every person who is chosen and completes the full interview will receive \$40 in cash at the end of the interview in appreciation for their help.

Your participation will also provide vital information to researchers and federal agencies about mental health conditions and treatment.

## What if I Do Not Have Mental Health Problems?

The responses of people who do not experience mental health problems are just as important as the responses of people who do.

While some questions ask about mental health problems, other questions ask about a number of health-related topics relevant for all people. You do not need to know anything about mental illness to answer the questions.

## How Was I Chosen?

Household addresses, not specific people, are randomly selected through scientific methods. Once a household has been selected, it cannot be replaced for any reason. This ensures that the NMHS accurately represents the many different types of people in the United States.

A professional RTI International interviewer will visit your household to ask several general questions that take only a few minutes to answer. Afterward, one or possibly two members of your household may be asked to complete the full interview. It is possible that no one in your household will be chosen for the interview.

## What Will Happen During the Interview?

An interviewer will conduct the interview with each selected person using a laptop computer. No prior computer skills are necessary.

Participants will answer most of the interview questions in private, entering their responses directly into the computer. For other questions, the interviewer will read the



questions aloud and enter the participant's responses into the computer.

The interview takes about one hour to complete. People who complete the full interview will receive \$40 at the end of the interview as a token of our appreciation.

All information collected for this study will be kept confidential and used only for statistical purposes, as required by federal law—the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA).

## What Is the Substance Abuse and Mental Health Services Administration (SAMHSA)?

SAMHSA was created to improve the lives of people with or at risk for mental and substance use disorders. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA selected RTI to conduct the NMHS.

## What Is the National Institute of Mental Health (NIMH)?

NIMH is the lead federal agency for research on mental disorders. The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

## What Is the U.S. Department of Health and Human Services (DHHS)?

DHHS is the nation's principal agency for protecting the health of all Americans and providing essential human services. The mission of DHHS is to enhance and protect the health and well-being of all Americans. SAMHSA and NIMH are both part of DHHS.

*Your household has been chosen at random, but no one else can take your place. Your participation matters!*

National Mental Health Study Field Test,  
Supporting Statement  
Attachment O – Confidentiality and Data  
Collection Agreements

*This agreement is intended for review and signature by employees of RTI International and all its subcontractors who have access to information designated as confidential on a research study sponsored by SAMHSA/CBHSQ covered under CIPSEA. This agreement must be renewed each year as part of mandated CIPSEA training to maintain access to confidential project information.*

### **Assurances of Confidentiality under CIPSEA**

For any research study sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) that is covered under the **Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002\*** and Section 501(n) of the Public Health Service Act, all data and associated materials collected and/or utilized on that study are subject to protection by CIPSEA. CIPSEA ensures the confidentiality of all information provided is protected by Federal Law and stipulates that all information collected shall be used exclusively for statistical purposes. All research subjects contacted on SAMHSA/CBHSQ's behalf by RTI International are notified of these protections prior to study participation.

You have been identified as a person who has access to confidential information on a SAMHSA/CBHSQ-sponsored study covered under CIPSEA (NSDUH, DAWN, and/or NMHS\*\*) and therefore have been designated as an **Agent under CIPSEA**. This confidential information includes (but is not limited to) all electronic and hard copy documents containing respondent information and data, as well as non-data related records containing information that could identify a location or respondent associated with a particular study.

### **Protection Agreement under CIPSEA**

Per CIPSEA regulations, you agree that any materials that would permit the identification of research subjects are to be treated as confidential, and that you will never share or use that confidential information with anyone else or in a manner other than those authorized by CBHSQ. This includes never disclosing confidential information with law enforcement officials, officers of the court or your supervisor (if not also authorized as an Agent).

To ensure the protection of all confidential information in both physical and electronic form, as an Agent, you also agree to:

- 1) keep all confidential information in a space where access is limited only to authorized personnel, whether on a computer or in hard copy form;
- 2) keep all confidential information within computer memory controlled by password protection;
- 3) maintain a secure location (such as file cabinet or locked drawer) for printed materials, diskettes, and data on hard disks of personal computers when not in use;
- 4) never remove confidential information from your approved worksite without prior approval from CBHSQ and/or RTI International;
- 5) never permit any unauthorized removal of any confidential project information from the limited access space protected under the provisions of this agreement without first notifying and obtaining written approval from RTI;
- 6) notify RTI when you no longer have access to electronic or hard copy files or printed materials containing confidential project information;

\* Public Law 107-347, Title V; for more info: [http://www.whitehouse.gov/omb/fedreg/2007/061507\\_cipsea\\_guidance.pdf](http://www.whitehouse.gov/omb/fedreg/2007/061507_cipsea_guidance.pdf)

\*\* National Survey on Drug Use and Health (NSDUH); Drug Abuse Warning Network (DAWN); National Mental Health Study (NMHS)

- 7) when appropriate, return all confidential project information to RTI;
- 8) complete annual training on restrictions associated with the use of confidential information;
- 9) agree that representatives of CBHSQ have the right to make unannounced and unscheduled inspections of the facilities where you work to evaluate compliance with this agreement;
- 10) notify RTI International immediately upon receipt of any legal, investigatory, or other demand for disclosure of confidential project information;
- 11) notify RTI International immediately upon discovering any breach or suspected breach of security or any disclosure of confidential project information to unauthorized parties or agencies.
- 12) and agree that obligations under this agreement will survive the termination of any assignment with SAMHSA/CBHSQ and/or RTI International.

**Penalties under CIPSEA**

Any violation of the terms and conditions of this agreement may subject you, the Agent, to immediate termination of access to confidential information by RTI International or CBHSQ, and will require the immediate return of all electronic and hard copy files and materials in your possession.

Any violation of this agreement may also be a violation of Federal criminal law under Title V, subtitle A of the E-Government Act of 2002 (P.L. 107-347); and/or Section 501(n) of the Public Health Services Act. Alleged violations under the Title V, subtitle A of the E-Government Act of 2002 are subject to prosecution by the United States Attorney. The penalty for violation of subtitle A of the E-Government Act of 2002 is a **fine of not more than \$250,000 and imprisonment for a period of not more than 5 years**. In addition to the above, all relevant statutory and regulatory penalties apply.

Your signature (whether in electronic or written form) below affirms your understanding and acknowledgement of all the regulations, requirements and penalties associated with CIPSEA as part of your work on this SAMHSA/CBHSQ project for RTI International.

\_\_\_\_\_  
Name

\_\_\_\_\_  
ID Number (if applicable, RTI employees only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title



**DATA COLLECTION AGREEMENT**

Project Name: National Mental Health Study

Project No.: 0213985

I, \_\_\_\_\_, an employee of Headway, agree to provide field data collection services for the benefit of RTI in connection with the RTI Project shown above (“the Project”). Further, I

- 1) am aware that the research being conducted by RTI is being performed under contractual arrangement with the **Substance Abuse and Mental Health Services Administration (SAMHSA)**;
- 2) hereby accept all duties and responsibilities of performing specified data collection tasks and will do so **personally**, in accordance with the training and guidelines provided to me. At no time will I engage the services of another person to perform any data collection tasks for me without the prior written approval of both my employer (Headway) and RTI;
- 3) agree to treat as **confidential** all information secured during interviews or obtained in any Project-related way during the period I am working on the Project, as required by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA), and understand, under Section 513 of this Act, I am subject to criminal felony penalties of imprisonment for not more than five years, or fines of not more than \$250,000, or both, for voluntary disclosure of confidential information. Any breach of confidentiality must be reported immediately to the National Field Director. This information will be shared with the National Field Director, the SAMHSA Project Officer and Headway. I have also completed and fully understand the CIPSEA training provided to me;
- 4) agree to treat as **confidential and proprietary** to RTI/SAMHSA any and all information provided by the public, whether collected or accessed in electronic or printed form during the course of my service on this Project, including but not limited to all data collection computer software and respondent data, and will protect such items from unauthorized use or disclosure;
- 5) am aware that the survey instruments completed form the basis from which all analyses will be drawn, and therefore, agree that all work for which I submit invoices will be legitimate, of high quality and performed in compliance with all Project specifications to ensure the scientific integrity of the data;
- 6) understand that I am fully and legally responsible for taking all reasonable and appropriate steps to ensure that any computer equipment issued to me for use on this Project is safeguarded against damage, loss, or theft. I also understand that I have a legal obligation to immediately return all equipment at the conclusion of my assignment or at the request of my supervisor;
- 7) fully agree to conduct myself at all times in a manner that will obtain the respect and confidence of all individuals that I encounter as a representative of the Project and I will not betray this confidence by divulging information obtained to anyone other than authorized Project representatives of RTI;
- 8) understand that evidence of **falsification, fabrication or distortion of any data** collected for this Project will be reported to RTI's Scientific Integrity Committee, and such acts are grounds for immediately removing me from the Project and can result in my suspension from any government-funded research. Also, if falsification of data is substantiated, I understand a **formal fraud complaint** will be submitted to the U.S. Department of Health and Human Services' **Office of Inspector General (OIG)** and I could be subject to **criminal and/or civil prosecution** and thereby face imprisonment, financial penalties or both;
- 9) understand my obligations under this agreement supersede any prior or existing agreements on the same subject matter and will survive the termination of any assignment with RTI and/or my employment by Headway.
- 10) understand any involvement in the study is for research purposes only. I cannot and will not utilize clinical knowledge or skills to provide medical or psychiatric advice, diagnosis or treatment to respondents.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

National Mental Health Study Field Test,  
Supporting Statement  
Attachment P – Federalwide Assurance



[New Search](#)

Return to: [Search Results](#)

## IRB Organization Information

**IORG0000380 - Research Triangle Inst (RTI International) (Active)**

Located at: Research Triangle Park, NORTH CAROLINA  
Expires: 01/22/2017

**IRBs for this Organization: 3**

[Agency Only Access](#)

IRB#	IRB Name	City	State/Country	Status	IRB Type
IRB00000653	<a href="#">Research Triangle Inst IRB #1</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000654	<a href="#">Research Triangle Inst IRB #2</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000655	<a href="#">Research Triangle Inst IRB #3</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA

<http://ohrp.cit.nih.gov/search/IOrgDtl.aspx>

National Mental Health Study Field Test,  
Supporting Statement

Attachment Q – NMHS Fact Sheet



# NMHS

## SAMHSA, NIMH, and RTI Fact Sheet



### Substance Abuse and Mental Health Services Administration (SAMHSA)

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 improve the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness in the United States.

SAMHSA provides leadership and dedicates its resources, including programs, policies, information and data, and contracts and grants, to help the United States act on the knowledge that:

- Behavioral health is essential for overall well-being.
- Prevention works.
- Treatment is effective.
- People recover from mental and substance use disorders.

The Center for Behavioral Health Statistics and Quality (CBHSQ), one of SAMHSA's four centers, is the main point for the collection, analysis, and distribution of national data on practices and issues related to substance abuse and mental disorders. This center is responsible for the National Mental Health Study (NMHS) and the Behavioral Health Services Information System (BHSIS), among other studies.

CBHSQ is responsible for supervising the National Survey on Drug Use and Health (NSDUH). This is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 or older. Data from the NSDUH provide national and state-level estimates on the use of tobacco products, alcohol, illicit drugs (including nonmedical use of prescription drugs), and mental health in the United States.

For more information about SAMHSA, contact:



SAMHSA, Center for Behavior Health  
Statistics and Quality  
5600 Fishers Lane  
Rockville, MD 20857

Email: [CBHSQRequest@samhsa.hhs.gov](mailto:CBHSQRequest@samhsa.hhs.gov)  
[www.samhsa.gov](http://www.samhsa.gov)

### National Institute of Mental Health (NIMH)

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of 27 Institutes and Centers that make up the National Institutes of Health (NIH), the nation's medical research agency. NIH is part of the U.S. Department of Health and Human Services.

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Fundamental to the NIMH mission is the idea that mental illnesses are brain disorders expressed as complex cognitive, emotional, and behavioral syndromes.

As such, NIMH fosters innovative thinking and encourages a full array of novel scientific perspectives to further discovery in the evolving science of brain, behavior, and experience.

To fulfill its vital public health charge, NIMH scientific research is guided by the following high-level objectives:

- Define the mechanisms of complex behaviors.
- Chart mental illness trajectories to determine when, where, and how to intervene.
- Strive for prevention and cures.
- Strengthen the public health impact of NIMH-supported research.

For more information about NIMH, contact:

National Institute of Mental Health  
Science Writing, Press, and Dissemination Branch  
6001 Executive Boulevard, Room 6200, MSC 9663  
Bethesda, MD 20892-9663

Phone: 1-866-615-6464 (toll-free)

Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

[www.nimh.nih.gov](http://www.nimh.nih.gov)



### RTI International

RTI International was created in 1958 as the Research Triangle Institute (RTI) through a partnership with Duke University in Durham, the University of North Carolina at Chapel Hill, and North Carolina State University in Raleigh and has become an independently operating, nonprofit organization dedicated to doing research that improves the human condition.

RTI offers innovative research and technical solutions to governments and businesses worldwide in the areas of surveys and statistics, health and pharmaceuticals, advanced technology, education and training, economic

*RTI International is a registered trademark and a trade name of Research Triangle Institute.*

and social policy, international development, energy, and the environment.

SAMHSA selected RTI to conduct the NMHS.

For more information about RTI, contact:



NMHS National Field Director  
RTI International  
3040 Cornwallis Road  
Research Triangle Park, NC 27709

Phone: 1-800-848-4079

<https://www.nmhsweb.org>

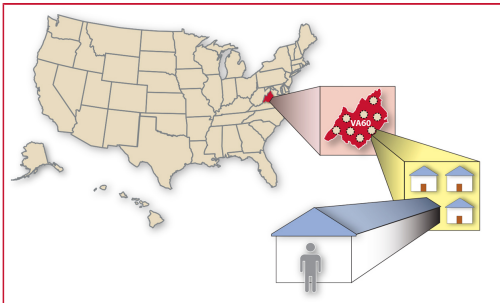
<http://www.rti.org>

National Mental Health Study Field Test,  
Supporting Statement  
Attachment R – NIMH Articles and Information  
Sheets

# The CBHSQ Report

Spotlight

July 14, 2016



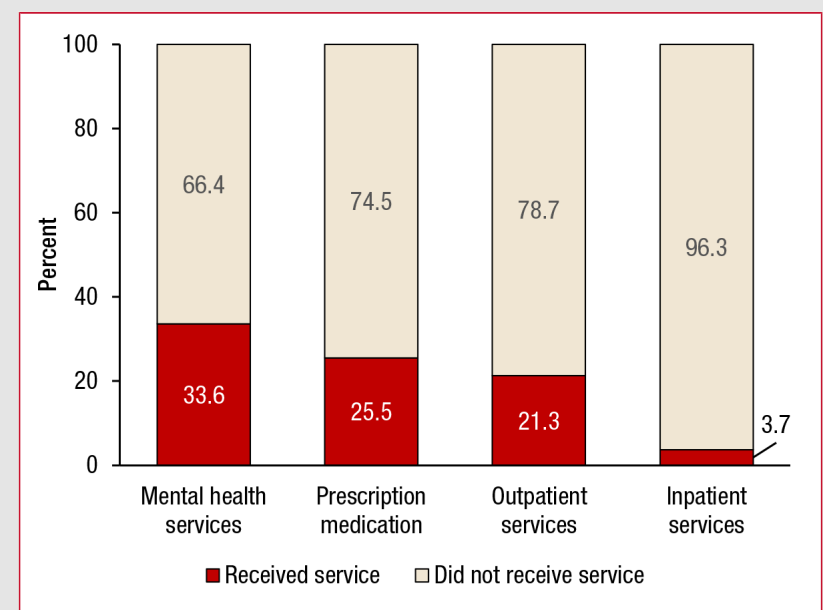
## ONE-THIRD OF YOUNG ADULTS WITH ANY MENTAL ILLNESS RECEIVED MENTAL HEALTH SERVICES IN THE PAST YEAR

According to data from the 2014 National Survey on Drug Use and Health, among adults with any mental illness (AMI),<sup>1</sup> young adults aged 18 to 25 are less likely to receive mental health services than adults aged 26 to 49 or adults aged 50 or older (33.6 vs. 44.2 or 49.9 percent, respectively).<sup>2</sup>

In 2014, about 2.4 million, or 33.6 percent, of young adults with AMI received mental health services such as inpatient services, outpatient services, or prescription medication in the past year. This means that about two-thirds (66.4 percent) of young adults with AMI are not receiving potentially needed mental health services. Of young adults with AMI, about 1 in 4 received prescription medication (25.5 percent) and 1 in 5 received outpatient services (21.3 percent). In the past year, 3.7 percent of young adults with AMI received inpatient services.

Because young adults with AMI are less likely to receive services than adults in other age groups, young adults may benefit from developmentally appropriate services to facilitate the transition to adulthood.<sup>3</sup> Young adults with AMI may want to talk to a mental health care professional to find out what type of services would best meet their needs. The Substance Abuse and Mental Health Services Administration provides resources for those seeking mental health care services. For information on accessing treatment, please visit <https://findtreatment.samhsa.gov>.

**Mental health service use among young adults aged 18 to 25 with any mental illness: 2014**



Source: National Survey on Drug Use and Health

1. Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.
2. Center for Behavioral Health Statistics and Quality. (2015). Tables 1.22A and 1.22B. In *2014 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <http://www.samhsa.gov/data/>
3. Miller, S., Ringeisen, H., Munoz, B., Hedden, S. L., Colpe, L. J., Rohloff, H., & Embry, V. (2016). Correlates of mental health service use among young adults with mental illness: Results from the National Survey on Drug Use and Health. *Psychiatric Services*. Advance online publication. doi:10.1176/appi.ps.201400486

Source: National Surveys on Drug Use and Health (NSDUH), 2014. The NSDUH is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to 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/>.

# 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

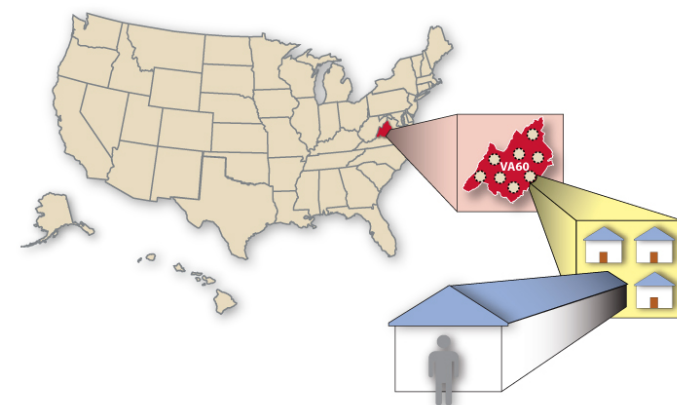
### AUTHORS

Rachel N. Lipari, Ph.D., Sarra Hedden, Ph.D., Gary Blau, Ph.D., and Lisa Rubenstein, MHA

### 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,<sup>1</sup> and about 1 in 4 adolescents experience mental disorders that result in severe impairment.<sup>2</sup> Although many disorders can be treated, almost half of adolescents with mental health issues do not receive any mental health services.<sup>3,4</sup> 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.<sup>5</sup> 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.<sup>5</sup> 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 setting.
- 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.<sup>6</sup> 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.<sup>7,8</sup> Only comparisons that are statistically significant at the .05 level are discussed in this report.

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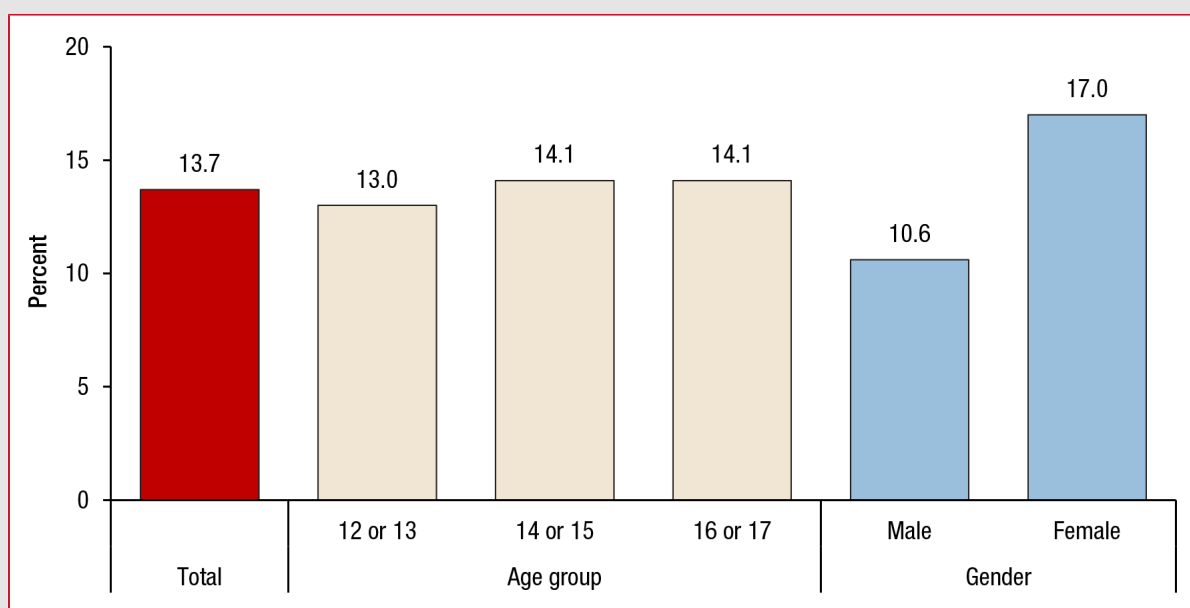
## ADOLESCENT RECEIPT OF MENTAL HEALTH SERVICES IN A SPECIALTY SETTING

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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.<sup>9</sup>

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).

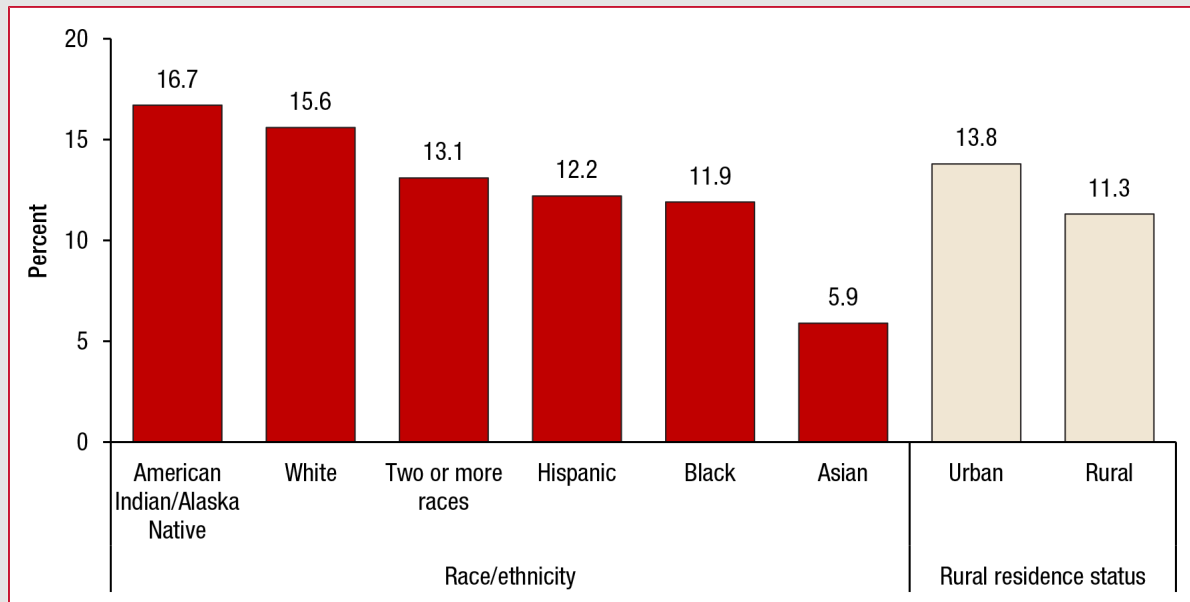
**Figure 1. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014**



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.

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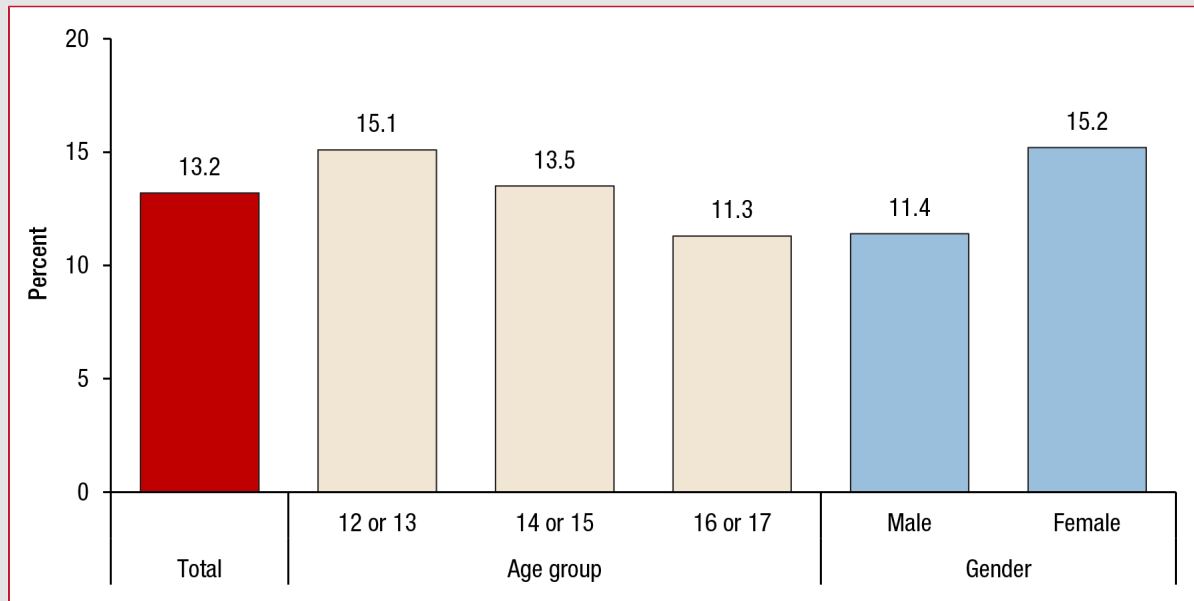
## ADOLESCENT RECEIPT OF MENTAL HEALTH SERVICES IN AN EDUCATIONAL SETTING

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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.<sup>10</sup>

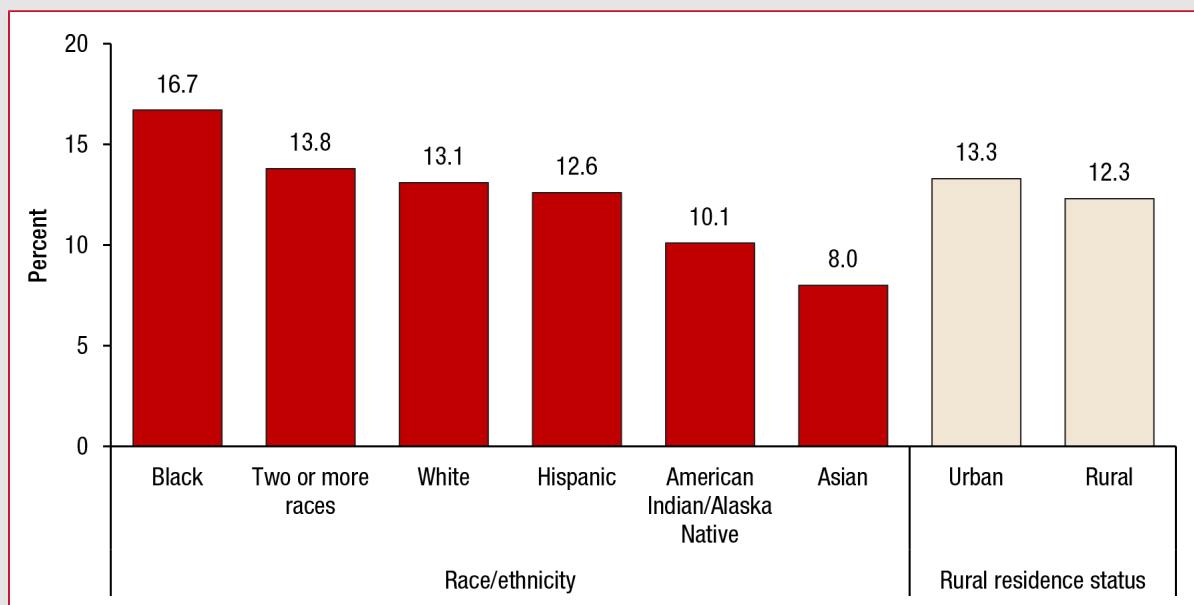
Adolescents aged 16 or 17 were less likely to receive mental health services in an educational setting than those aged 12 or 13 and 14 or 15 (11.3 vs. 15.1 and 13.5 percent, respectively; Figure 3). Adolescent females were more likely to have received mental health services in an educational setting 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.

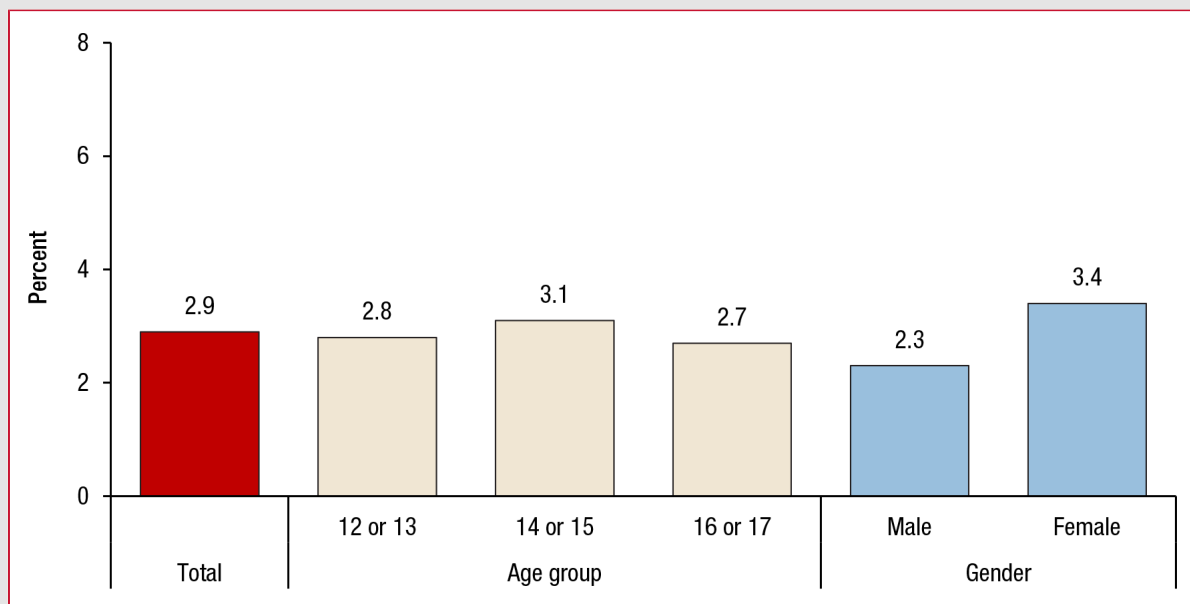
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

## 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.<sup>10</sup>

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).

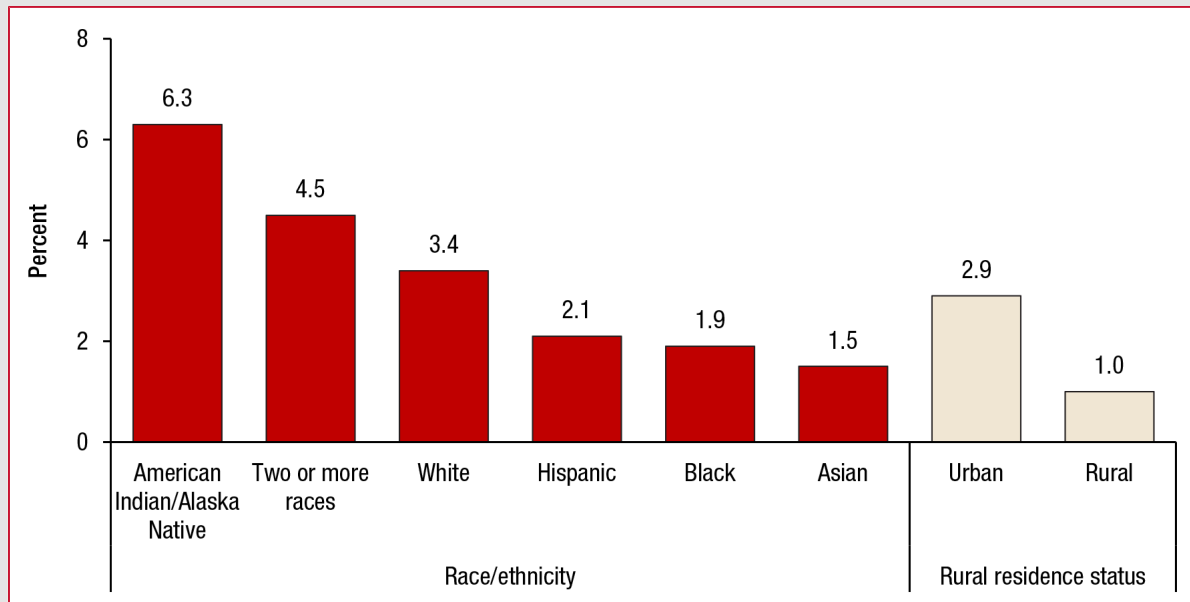
**Figure 5. Receipt of mental health services in a general medical setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014**



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.

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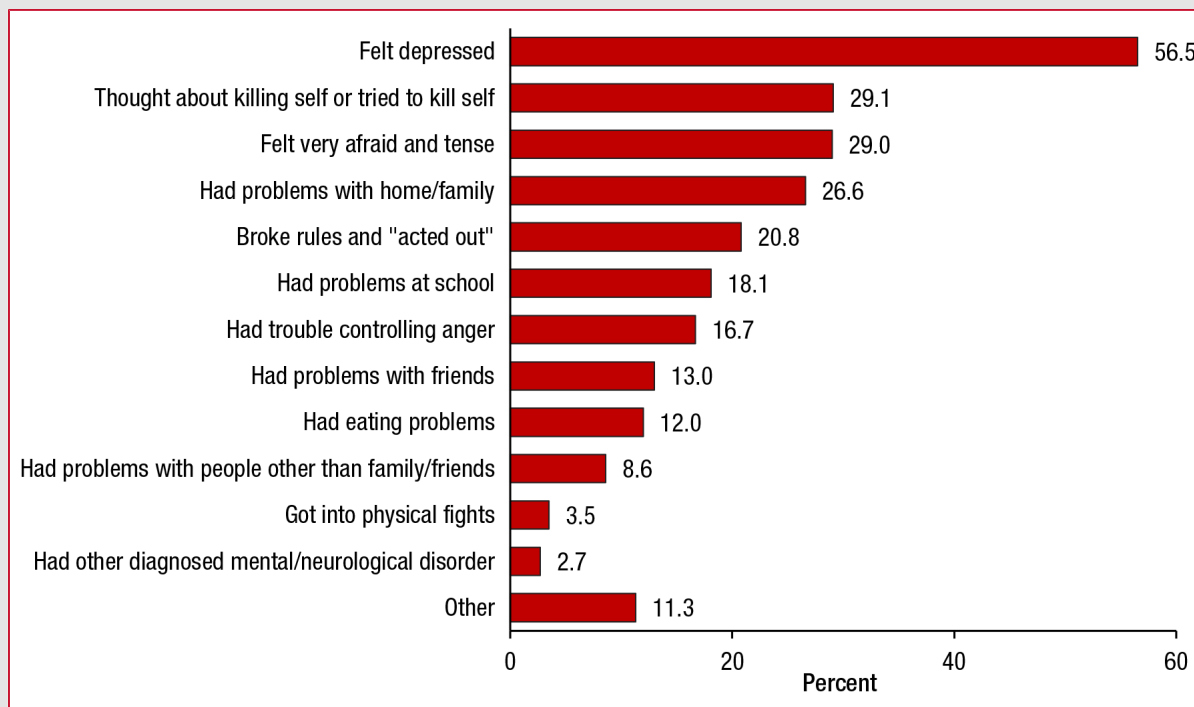
## REASONS FOR RECEIVING MENTAL HEALTH SERVICES IN A SPECIALTY SETTING

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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.<sup>6</sup> 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**

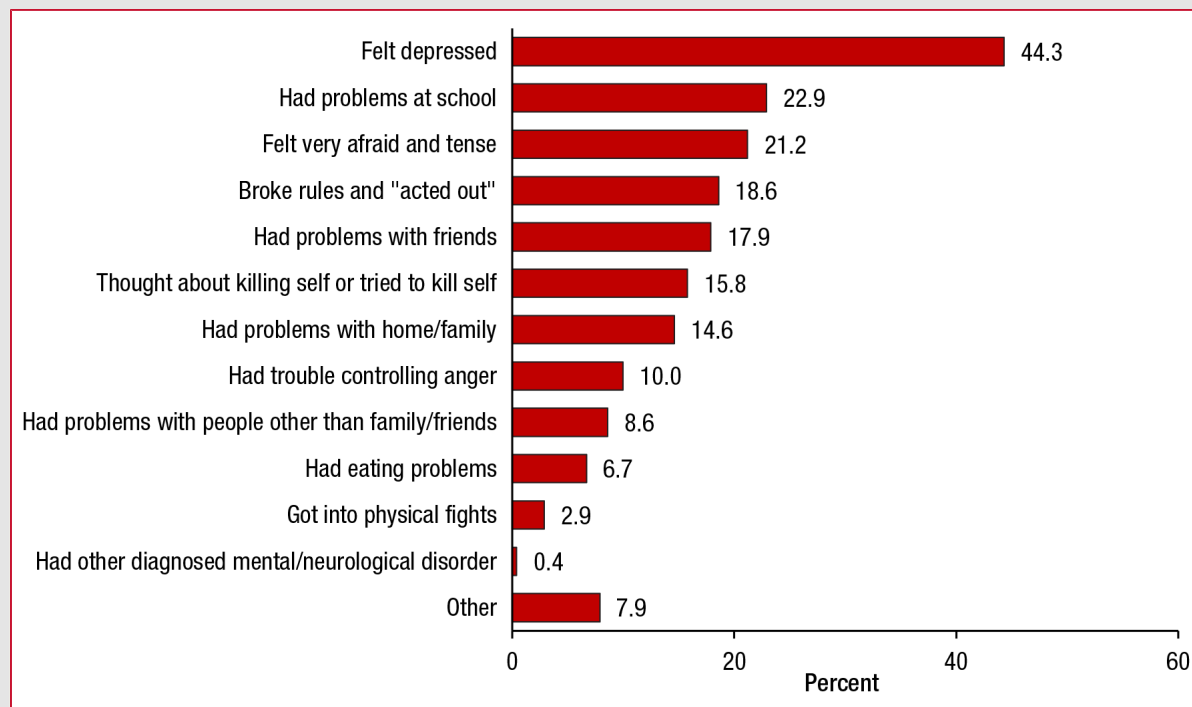


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

## 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.<sup>6</sup> 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**

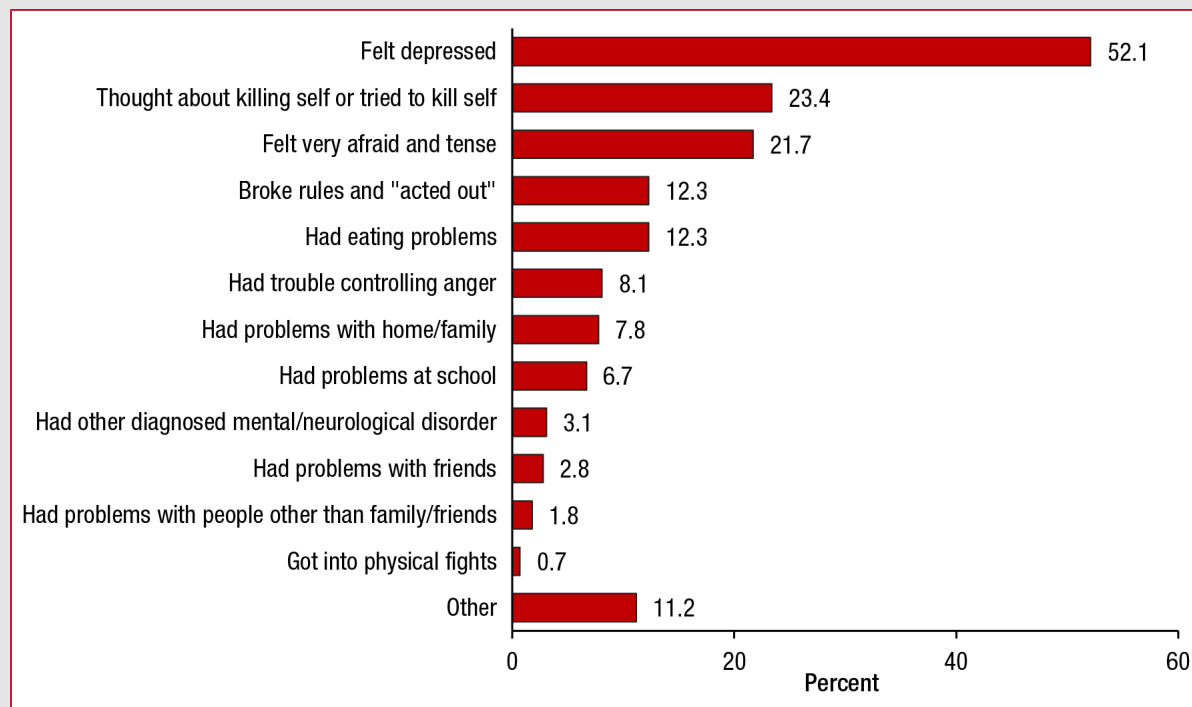


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

## 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).<sup>6</sup> 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.<sup>11</sup> About 1 in 4 adolescents experience mental disorders that result in severe impairment, which highlights the need for early intervention.<sup>2</sup> 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.<sup>9</sup> 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](http://www.samhsa.gov).

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## ENDNOTES

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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.

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## SUGGESTED CITATION

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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
<b>Total</b>	3,369	13.7	0.34
<b>Age group</b>			
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
<b>Gender<sup>a</sup></b>			
Male <sup>a</sup>	1,326	10.6	0.41
Female	2,043	17.0	0.51
<b>Race/ethnicity<sup>b</sup></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
<b>Rural residence status</b>			
Urban	3,329	13.8	0.35
Rural	39	11.3	2.19

<sup>a</sup>Difference between males and females is statistically significant at the .05 level.

<sup>b</sup>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
<b>Total</b>	3,229	13.2	0.33
<b>Age group<sup>a</sup></b>			
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
<b>Gender<sup>b</sup></b>			
Male	1,410	11.4	0.43
Female	1,739	15.2	0.50
<b>Race/ethnicity<sup>c</sup></b>			
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
<b>Rural residence status</b>			
Urban	3,187	13.3	0.33
Rural	42	12.3	2.81

<sup>a</sup>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.

<sup>b</sup>Difference between males and females is statistically significant at the .05 level.

<sup>c</sup>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
<b>Total</b>	700	2.9	0.15
<b>Age group</b>			
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
<b>Gender<sup>a</sup></b>			
Male	285	2.3	0.19
Female	415	3.4	0.25
<b>Race/ethnicity<sup>b</sup></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
<b>Rural residence status<sup>c</sup></b>			
Urban	697	2.9	0.16
Rural	4	1.0	0.37

<sup>a</sup>Difference between males and females is statistically significant at the .05 level.

<sup>b</sup>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.

<sup>c</sup>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.

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## SUMMARY

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**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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Short Report, Population Data, 2009, 2010, 2011, 2012, 2013, Adolescents as Audience, Mental Illness, Adolescents as Population Group, People with Mental Health Problems as Population Group, Systems of Care, Suicide Prevention, Treatment, All US States Only

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 National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by SAMHSA. The data used in this report are based on information obtained from 17,000 adolescents aged 12 to 17 in 2014. NSDUH collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The CBHSQ Report* is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a registered trademark and a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>.

Also available online: <http://www.samhsa.gov/data/population-data-nsduh>.



Attention-Deficit/  
Hyperactivity Disorder  
(ADHD):

# THE BASICS



National Institute  
of Mental Health

# Overview

Do you find it hard to pay attention? Do you feel the need to move constantly during times when you shouldn't? Do you find yourself constantly interrupting others? If these issues are ongoing and you feel that they are negatively impacting your daily life, it could be a sign of attention-deficit/hyperactivity disorder (ADHD).

ADHD is a disorder that makes it difficult for a person to pay attention and control impulsive behaviors. He or she may also be restless and almost constantly active.

**ADHD is not just a childhood disorder.** Although the symptoms of ADHD begin in childhood, ADHD can continue through adolescence and adulthood. Even though hyperactivity tends to improve as a child becomes a teen, problems with inattention, disorganization, and poor impulse control often continue through the teen years and into adulthood.

## What causes ADHD?

Researchers at the National Institute of Mental Health (NIMH), National Institutes of Health (NIH), and across the country are studying the causes of ADHD. Current research suggests ADHD may be caused by interactions between genes and environmental or non-genetic factors. Like many other illnesses, a number of factors may contribute to ADHD such as:

- Genes
- Cigarette smoking, alcohol use, or drug use during pregnancy
- Exposure to environmental toxins, such as high levels of lead, at a young age
- Low birth weight
- Brain injuries

## Warning Signs

People with ADHD show an ongoing pattern of three different types of symptoms:

- Difficulty paying attention (*inattention*)
- Being overactive (*hyperactivity*)
- Acting without thinking (*impulsivity*)

These symptoms get in the way of functioning or development. People who have ADHD have combinations of these symptoms:

- Overlook or miss details, make careless mistakes in schoolwork, at work, or during other activities
- Have problems sustaining attention in tasks or play, including conversations, lectures, or lengthy reading
- Seem to not listen when spoken to directly
- Fail to not follow through on instructions, fail to finish schoolwork, chores, or duties in the workplace, or start tasks but quickly lose focus and get easily sidetracked
- Have problems organizing tasks and activities, such as doing tasks in sequence, keeping materials and belongings in order, keeping work organized, managing time, and meeting deadlines
- Avoid or dislike tasks that require sustained mental effort, such as schoolwork or homework, or for teens and older adults, preparing reports, completing forms, or reviewing lengthy papers
- Lose things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones
- Become easily distracted by unrelated thoughts or stimuli
- Forgetful in daily activities, such as chores, errands, returning calls, and keeping appointments

Signs of hyperactivity and impulsivity may include:

- Fidgeting and squirming while seated
- Getting up and moving around in situations when staying seated is expected, such as in the classroom or in the office
- Running or dashing around or climbing in situations where it is inappropriate, or, in teens and adults, often feeling restless
- Being unable to play or engage in hobbies quietly
- Being constantly in motion or "on the go," or acting as if "driven by a motor"
- Talking nonstop
- Blurting out an answer before a question has been completed, finishing other people's sentences, or speaking without waiting for a turn in conversation
- Having trouble waiting his or her turn
- Interrupting or intruding on others, for example in conversations, games, or activities

Showing these signs and symptoms does not necessarily mean a person has ADHD. Many other problems, like anxiety, depression, and certain types of learning disabilities, can have similar symptoms. If you are concerned about whether you or your child might have ADHD, the first step is to talk with a health care professional to find out if the symptoms fit the diagnosis. The diagnosis can be made by a mental health professional, like a psychiatrist or clinical psychologist, primary care provider, or pediatrician.

## Treating ADHD

Although there is no cure for ADHD, currently available treatments may help reduce symptoms and improve functioning. ADHD is commonly treated with medication, education or training, therapy, or a combination of treatments.

### Medication

For many people, ADHD medications reduce hyperactivity and impulsivity and improve their ability to focus, work, and learn. The first line of treatment for ADHD is stimulants.

**Stimulants:** Although it may seem unusual to treat ADHD with a medication that is considered a stimulant, it is effective. Many researchers think that stimulants are effective because the medication increases the brain chemical dopamine, which plays essential roles in thinking and attention.

**Non-Stimulants:** These medications take longer to start working than stimulants, but can also improve focus, attention, and impulsivity in a person with ADHD. Doctors may prescribe a non-stimulant if a person had bothersome side effects from stimulants, if a stimulant was not effective, or in combination with a stimulant to increase effectiveness. Two examples of non-stimulant medications include **atomoxetine** and **guanfacine**.

**Antidepressants:** Although antidepressants are not approved by the U.S. Food and Drug Administration (FDA) specifically for the treatment of ADHD, antidepressants are sometimes used to treat adults with ADHD. Older antidepressants, called tricyclics, sometimes are used because they, like stimulants, affect the brain chemicals norepinephrine and dopamine.

There are many different types and brands of these medications—all with potential benefits and side effects.

Sometimes several different medications or dosages must be tried before finding the one that works for a particular person. Anyone taking medications must be monitored closely and carefully by their prescribing doctor.

Call your doctor right away if you have any problems with your medicine or if you are worried that it might be doing more harm than good. Your doctor may be able to adjust the dose or change your prescription to a different one that may work better for you.

## Therapy

There are different kinds of therapy that have been tried for ADHD, but research shows that therapy may not be effective in treating ADHD symptoms. However, adding therapy to an ADHD treatment plan may help patients and families better cope with daily challenges.

**For Children and Teens:** Parents and teachers can help children and teens with ADHD stay organized and follow directions with tools such as keeping a routine and a schedule, organizing everyday items, using homework and notebook organizers, and giving praise or rewards when rules are followed.

**For Adults:** A licensed mental health provider or therapist can help an adult with ADHD learn how to organize his or her life with tools such as keeping routines and breaking down large tasks into more manageable, smaller tasks.

## Education and Training

Children and adults with ADHD need guidance and understanding from their parents, families, and teachers to reach their full potential and to succeed. Mental health professionals can educate the parents of a child with ADHD about the condition and how it affects a family. They can also help the child and his or her parents develop new skills, attitudes, and ways of relating to each other. Examples include:

- ➔ **Parenting skills training** teaches parents the skills they need to encourage and reward positive behaviors in their children.
- ➔ **Stress management techniques** can benefit parents of children with ADHD by increasing their ability to deal with frustration so that they can respond calmly to their child's behavior.



- ➔ **Support groups** can help parents and families connect with others who have similar problems and concerns.

Adding behavioral therapy, counseling, and practical support can help people with ADHD and their families to better cope with everyday problems.

## School-based Programs

Some schools offer special education services to children with ADHD who qualify. Educational specialists help the child, parents, and teachers make changes to classroom and homework assignments to help the child succeed. Public schools are required to offer these services for qualified children, which may be free for families living within the school district. Learn more about the Individuals with Disabilities Education Act (IDEA), visit <http://idea.ed.gov/>.

## Finding Help

The **National Resource Center on ADHD**, a program of Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD®) supported by the **Centers for Disease Control and Prevention (CDC)**, has information and many resources. You can reach this center online at [www.help4adhd.org](http://www.help4adhd.org) or by phone at **1-800-233-4050**. You can also visit the NIMH's Help for Mental Illness page at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

## Participate in a Clinical Trial

It's your involvement that helps researchers to ultimately uncover better ways to treat, prevent, diagnose, and understand human disease. You can get involved by participating in a clinical research trial. The goal of clinical trials is to determine if a new test or treatment works and is safe. Clinical trials can also look at other aspects of care, such as improving the quality of life for people with chronic illnesses.

Researchers at the NIMH and other NIH institutes, such as the National Human Genome Research Institute, conduct research in many areas including cognition, genetics, epidemiology, brain imaging, and treatment development. The studies take place at the NIH Clinical Center in Bethesda, Maryland. If you think you might be interested in participating in a clinical trial, you should talk to your

doctor about whether to apply and identify which ones are right for you. To learn about studies on ADHD that are currently recruiting at NIMH, visit <http://www.nimh.nih.gov/joinastudy>.

To find a clinical trial near you, visit [ClinicalTrials.gov](http://ClinicalTrials.gov). This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from your health care provider.

## Learn more about ADHD

To learn more about ADHD, visit:  
National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

Centers for Disease Control and Prevention  
<https://www.cdc.gov/ncbddd/adhd/>

MedlinePlus (National Library of Medicine)  
<https://www.nlm.nih.gov/medlineplus/attentiondeficit-hyperactivitydisorder.html>

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## For More Information

For more information on conditions that affect mental health, resources, and research, go to **MentalHealth.gov** at <http://www.mentalhealth.gov>, or the NIMH website at <http://www.nimh.nih.gov>. In addition, the **National Library of Medicine's MedlinePlus** service has information on a wide variety of health topics, including conditions that affect mental health.

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National Institute  
of Mental Health

U.S. Department of Health and Human Services  
National Institutes of Health  
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# Could I Have

## Attention-Deficit/ Hyperactivity Disorder (ADHD)?

Finding an Answer to  
ADHD as an Adult





**Do you feel** that you have struggled throughout your life with poor concentration, inattention, impulsivity, or getting organized? Have you wondered whether you might have attention-deficit/hyperactivity disorder (ADHD)? Our society has become more aware of ADHD as a condition that affects adults as well as children, and there are many adults who struggle with this disorder. At the same time, other life stressors or mental health conditions can cause similar symptoms. Consider getting an evaluation from a psychiatrist or psychologist who has experience in diagnosing ADHD. Getting an evaluation can help you find the right answer to your struggles and identify the treatment you need to feel better.

## What is ADHD?

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ADHD is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

- Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; these problems are not due to defiance or lack of comprehension.
- Hyperactivity means a person moves about excessively when it is not appropriate, and/or excessively fidgets, taps, or talks. In adults, it may appear as extreme restlessness or wearing others out with their activity.
- Impulsivity means hasty actions that occur in the moment without a person thinking first; or a desire for immediate rewards or inability to delay gratification. Impulsive actions may have high potential for harm. An impulsive person may be socially intrusive and interrupt others excessively or make important decisions without considering the long-term consequences.

ADHD begins in childhood and is considered a developmental disorder, but a person may not receive a diagnosis until adolescence or adulthood.

To receive a diagnosis of ADHD as an adult:

- Several symptoms must have been present before the age of 12.
- A person must have at least five symptoms of either inattention and/or hyperactivity-impulsivity.
- The symptoms must be present in two or more settings, such as at home and at work.
- There must be evidence that the symptoms interfere with the person's functioning in these settings.

Several other mental health conditions commonly occur with ADHD, including conduct disorder, learning disorders, anxiety disorders, and depression.

## How does ADHD affect adults?

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Some children with ADHD continue to have the condition as adults.

Many adults who have ADHD don't know it. These adults may feel that it is impossible to get organized, stick to a job, or remember to keep appointments. Daily tasks such as getting up in the morning, preparing to leave the house for work, arriving at work on time, and being productive

on the job can be especially challenging for adults with undiagnosed ADHD. These adults may have a history of academic problems, problems at work, or difficult or failed relationships. Many have had multiple traffic accidents. Like teens, adults with ADHD may seem restless and may try to do several things at once, most of them unsuccessfully. They also tend to prefer “quick fixes,” rather than taking the steps needed to achieve greater rewards.

A person may not be diagnosed with ADHD until adulthood because the condition was not recognized by teachers or family at a younger age, the person has a mild form of ADHD, or he or she managed fairly without the demands of adulthood. However, it is common for young adults with undiagnosed ADHD to encounter academic problems in college because of the intense concentration required by higher education.

Untreated ADHD in an adult can lead to significant problems with education, social and family situations and relationships, employment, self-esteem, and emotional health. It is never too late to recognize, diagnose, and treat ADHD and any other mental health condition that can commonly occur with it. Effective treatment can improve the lives of many adults and their families.

## **What are the symptoms of ADHD?**

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### **A person with inattention often:**

- Fails to give close attention to details or makes careless mistakes at work or during other activities
- Has difficulty sustaining attention in tasks, such as during lectures or lengthy reading
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish chores or duties in the workplace
- Has difficulty organizing tasks and activities—for example, is messy and has poor time management
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Loses things necessary for tasks or activities, such as keys, wallets, and mobile phones
- Is easily distracted by unrelated thoughts or stimuli
- Is forgetful in daily activities, such as paying bills, keeping appointments, or returning calls

## **A person with hyperactivity-impulsivity often:**

- Fidgets with or taps hands or feet or squirms in seat
- Leaves seat in situations when remaining seated is expected
- Feels restless or is unable to be still for extended periods of time
- Is unable to engage in leisure activities quietly
- Talks excessively
- Blurts out an answer before a question has been completed
- Has difficulty waiting his or her turn, such as when waiting in line
- Interrupts or intrudes on others

Some people with ADHD primarily have symptoms of inattention, while others have primarily symptoms of hyperactivity-impulsivity. Some people have symptoms in both categories.

Problems with concentration and staying organized can be common for many busy adults; however, an adult who is impaired both at work and at home, or in social situations, is more likely to have ADHD.

## **What causes ADHD?**

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Scientists are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other illnesses, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors and are studying how brain injuries, nutrition, and the social environment might contribute to ADHD.





## How is ADHD in adults diagnosed?

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Adults who suspect they have ADHD should see a licensed mental health professional or doctor, such as a psychologist or psychiatrist who has experience diagnosing ADHD, for an evaluation.

Stress, other mental health conditions, and physical conditions or illnesses can cause similar symptoms to those of ADHD. Some of these include:

- Stress at work or home
- Lack of sleep
- Sleep apnea, a health condition in which a person has one or more pauses in breathing or shallow breaths while sleeping, causing poor sleep quality and daytime sleepiness
- Lack of exercise
- Lack of proper nutrition
- Anxiety
- Depression
- Problems with the thyroid gland, a gland in the neck that makes the thyroid hormone, which controls the body's metabolism

Therefore, a thorough evaluation will help the doctor find out what is causing the symptoms and recommend effective treatment.

There is no one test that can diagnose ADHD. Mental health professionals use certain rating scales to determine if an adult meets the diagnostic criteria for ADHD.

A thorough evaluation also includes looking at the person's history of childhood behavior and school experiences. To obtain this information, the doctor may interview spouses or partners, parents, close friends, and other associates.

The person may also undergo a physical exam and various psychological tests that evaluate working memory, executive functioning (abilities like planning and decision-making), and visual and spatial skills or reasoning. The evaluation will also look at the person's mood and whether he or she struggles with other issues, such as anxiety, depression, or substance abuse. A person's medical history is also important, as previous health problems, trauma, or injury can also be the cause of symptoms.

## What are the treatments for ADHD in adults?

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Adults with ADHD can be treated with behavioral interventions, medication, or a combination of the two.

### **Medications**

Stimulants such as methylphenidate and amphetamines are the most common type of medication used for treating ADHD. In addition, a few nonstimulant medications are also available. Although not approved by the U.S. Food and Drug Administration (FDA) specifically for the treatment of ADHD, antidepressants are sometimes used to treat adults with ADHD. An adult who is offered a prescription for a stimulant for ADHD should tell his or her doctor about all other medications that he or she takes. Medications for common adult health problems, such as diabetes, high blood pressure, anxiety, and depression may interact badly with stimulants. In this case, a doctor can offer other medication options.

For general information about stimulants and other medications used for treating mental disorders, see the NIMH Mental Health Medications webpage (<http://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml>). The FDA website (<http://www.fda.gov>) has the latest information on medication approvals, warnings, and patient information guides.

### **Psychotherapy**

Psychotherapy, including cognitive behavioral therapy, can help an adult with ADHD to become more aware of the deficit in attention and concentration and can provide the skills for improving organization and efficiency in daily tasks. It can also address feelings of low self-esteem and help adults with ADHD gain confidence, as well as control impulsive and risky behaviors. A professional counselor or therapist can also help an adult with ADHD learn how to organize his or her life and break large tasks down into smaller, more manageable steps.

## Where can I turn if I feel alone in my diagnosis of ADHD?

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In addition to the benefits of psychotherapy, adults with ADHD can gain social support and better coping skills by talking with family, friends, and colleagues about their diagnosis. If the people in their lives are aware of their diagnosis, they will better understand their behavior. Psychotherapy for families and couples can help any relationship problems and teach everyone involved about ADHD. There are also support groups just for adults with ADHD.

Some adults also find it helpful to obtain support from a professional life coach or ADHD coach who can help with a variety of skills to improve daily functioning.

## For More Information

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### National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov>

### Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/ncbddd/adhd/>

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# Eating Disorders: *About More Than Food*

**Has your urge to eat less or more food spiraled out of control?**

**Are you overly concerned about your outward appearance?**

***If so, you may have an eating disorder.***

## What are eating disorders?

The eating disorders anorexia nervosa, bulimia nervosa, and binge-eating disorder, and their variants, all feature serious disturbances in eating behavior and weight regulation. They are associated with a wide range of adverse psychological, physical, and social consequences. A person with an eating disorder may start out just eating smaller or larger amounts of food, but at some point, their urge to eat less or more spirals out of control. Severe distress or concern about body weight or shape, or extreme efforts to manage weight or food intake, also may characterize an eating disorder.

Eating disorders are real, treatable medical illnesses. They frequently coexist with other illnesses such as depression, substance abuse, or anxiety disorders. Other symptoms can become life-threatening if a person does not receive treatment, which is reflected by anorexia being associated with the highest mortality rate of any psychiatric disorder.

Eating disorders affect both genders, although rates among women and girls are 2½ times greater than among men and boys. Eating disorders frequently appear during the teen years or young adulthood but also may develop during childhood or later in life.

## What are the different types of eating disorders?

### *Anorexia nervosa*

Many people with anorexia nervosa see themselves as overweight, even when they are clearly underweight. Eating, food, and weight control become obsessions. People with anorexia nervosa typically weigh themselves repeatedly, portion food carefully, and eat very small quantities of only certain foods. Some people with anorexia nervosa also may engage in binge eating followed by extreme dieting, excessive exercise, self-induced vomiting, or misuse of laxatives, diuretics, or enemas.

Symptoms of anorexia nervosa include:

- ▶ Extremely low body weight
- ▶ Severe food restriction
- ▶ Relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- ▶ Intense fear of gaining weight
- ▶ Distorted body image and self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight
- ▶ Lack of menstruation among girls and women.

Some who have anorexia nervosa recover with treatment after only one episode. Others get well but have relapses. Still others have a more chronic, or long-lasting, form of anorexia nervosa, in which their health declines as they battle the illness.

Other symptoms and medical complications may develop over time, including:

- ▶ Thinning of the bones (osteopenia or osteoporosis)
- ▶ Brittle hair and nails
- ▶ Dry and yellowish skin
- ▶ Growth of fine hair all over the body (lanugo)
- ▶ Mild anemia, muscle wasting, and weakness
- ▶ Severe constipation
- ▶ Low blood pressure, or slowed breathing and pulse
- ▶ Damage to the structure and function of the heart
- ▶ Brain damage
- ▶ Multi-organ failure
- ▶ Drop in internal body temperature, causing a person to feel cold all the time
- ▶ Lethargy, sluggishness, or feeling tired all the time
- ▶ Infertility.

## ***Bulimia nervosa***

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feel a lack of control over these episodes. This binge eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors.

Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or normal weight, while some are slightly overweight. But like people with anorexia nervosa, they often fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape. Usually, bulimic behavior is done secretly because it is often accompanied by feelings of disgust or shame. The binge eating and purging cycle can happen anywhere from several times a week to many times a day.

Other symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel, and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance—too low or too high levels of sodium, calcium, potassium, and other minerals that can lead to a heart attack or stroke.

## ***Binge-eating disorder***

People with binge-eating disorder lose control over their eating. Unlike bulimia nervosa, periods of binge eating are not followed by compensatory behaviors like purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. People with binge-eating disorder who are obese are at higher risk for developing cardiovascular disease and high blood pressure. They also experience guilt, shame, and distress about their binge eating, which can lead to more binge eating.

## How are eating disorders treated?

Typical treatment goals include restoring adequate nutrition, bringing weight to a healthy level, reducing excessive exercise, and stopping binge eating and purging behaviors. Specific forms of psychotherapy, or talk therapy—including a family-based therapy called the Maudsley approach and cognitive behavioral approaches—have been shown to be useful for treating specific eating disorders. Evidence also suggests that antidepressant medications approved by the U.S. Food and Drug Administration may help for bulimia nervosa and also may be effective for treating co-occurring anxiety or depression for other eating disorders.

Treatment plans often are tailored to individual needs and may include one or more of the following:

- ▶ Individual, group, or family psychotherapy
- ▶ Medical care and monitoring
- ▶ Nutritional counseling
- ▶ Medications (for example, antidepressants).

Some patients also may need to be hospitalized to treat problems caused by malnutrition or to ensure they eat enough if they are very underweight. Complete recovery is possible

## What is being done to better understand and treat eating disorders?

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, psychological, and social factors. But many questions still need answers. Researchers are studying questions about behavior, genetics, and brain function to better understand risk factors, identify biological markers, and develop specific psychotherapies and medications that can target areas in the brain that control eating behavior. Brain imaging and genetic studies may provide clues for how each person may respond to specific treatments for these medical illnesses. Ongoing efforts also are aimed at developing and refining strategies for preventing and treating eating disorders among adolescents and adults.



## Where can I find more information?

To learn more about eating disorders, visit:

**MedlinePlus (National Library of Medicine):**

<http://medlineplus.gov>

(En Español: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

**ClinicalTrials.gov:** <http://www.clinicaltrials.gov>

For more information on conditions that affect mental health, resources, and research, go to

**MentalHealth.gov** at <http://www.mentalhealth.gov>, the **NIMH website** at

<http://www.nimh.nih.gov>, or contact us at:

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Website: <http://www.nimh.nih.gov>



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# Generalized Anxiety Disorder:

When Worry  
Gets Out of  
Control

# WHAT IS GAD?

Occasional anxiety is a normal part of life. You might worry about things like health, money, or family problems. But people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them. People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

The good news is that GAD is treatable. Call your doctor to talk about your symptoms so that you can feel better.

# What are the signs and symptoms of GAD?

GAD develops slowly. It often starts during the teen years or young adulthood. People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Have to go to the bathroom a lot

Children and teens with GAD often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war



Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms that make it hard to function and that interfere with daily life.

Symptoms may get better or worse at different times, and they are often worse during times of stress, such as with a physical illness, during exams at school, or during a family or relationship conflict.

## What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors play a role.

## How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

GAD is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

### **Psychotherapy**

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. CBT teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried. For more information on psychotherapy, visit <http://www.nimh.nih.gov/health/topics/psychotherapies>.

## Medication

Doctors may also prescribe medication to help treat GAD. Your doctor will work with you to find the best medication and dose for you. Different types of medication can be effective in GAD:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Other serotonergic medication
- Benzodiazepines

Doctors commonly use SSRIs and SNRIs to treat depression, but they are also helpful for the symptoms of GAD. They may take several weeks to start working. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Buspirone is another serotonergic medication that can be helpful in GAD. Buspirone needs to be taken continuously for several weeks for it to be fully effective.

Benzodiazepines, which are sedative medications, can also be used to manage severe forms of GAD. These medications are powerfully effective in rapidly decreasing anxiety, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit <http://www.nimh.nih.gov/health/topics/mental-health-medications>. Visit the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

## What is it like to have GAD?

*"I was worried all the time and felt nervous. My family told me that there were no signs of problems, but I still felt upset. I dreaded going to work because I couldn't keep my mind focused. I was having trouble falling asleep at night and was irritated at my family all the time.*

*I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am working with a counselor to cope better with my anxiety. I had to work hard, but I feel better. I'm glad I made that first call to my doctor."*



# Where can I find more information?

To learn more about generalized anxiety disorder, visit:

## **MedlinePlus (National Library of Medicine)**

<http://medlineplus.gov>

(En Español: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

## **ClinicalTrials.gov**

<http://www.clinicaltrials.gov>

(En Español: <http://salud.nih.gov/investigacion-clinica/>)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website (<http://www.nimh.nih.gov>).

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# POST-TRAUMATIC STRESS DISORDER (PTSD)



National Institute  
of Mental Health



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## WHAT IS POST-TRAUMATIC STRESS DISORDER, OR PTSD?

PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are no longer in danger.





## WHO DEVELOPS PTSD?

Anyone can develop PTSD at any age. This includes war veterans as well as survivors of physical and sexual assault, abuse, car accidents, disasters, terror attacks, or other serious events. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden or unexpected death of a loved one, can also cause PTSD.

According to the National Center for PTSD, about seven or eight of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men. Some traumas may put an individual at a higher risk and biological factors like genes may make some people more likely to develop PTSD than others.





## WHAT ARE THE SYMPTOMS OF PTSD?

Symptoms usually begin within 3 months of the traumatic incident, but sometimes they begin later. For symptoms to be considered PTSD, they must last more than a month and be severe enough to interfere with functioning in relationships or work. The course of the illness varies from person to person. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic (ongoing).

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

**To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:**

- ➔ At least one *re-experiencing symptom*
- ➔ At least one *avoidance symptom*
- ➔ At least two *arousal and reactivity symptoms*
- ➔ At least two *cognition and mood symptoms*



## RE-EXPERIENCING SYMPTOMS:

- ➔ Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- ➔ Bad dreams
- ➔ Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. They can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

## AVOIDANCE SYMPTOMS:

- ➔ Staying away from places, events, or objects that are reminders of the experience
- ➔ Avoiding thoughts or feelings related to the traumatic event

Things or situations that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.





## **AROUSAL AND REACTIVITY SYMPTOMS:**

- ➔ Being easily startled
- ➔ Feeling tense or “on edge”
- ➔ Having difficulty sleeping, and/or having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by something that brings back memories of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

## **COGNITION AND MOOD SYMPTOMS:**

- ➔ Trouble remembering key features of the traumatic event
- ➔ Negative thoughts about oneself or the world
- ➔ Distorted feelings like guilt or blame
- ➔ Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event. These symptoms can make the person feel alienated or detached from friends or family members.



After a dangerous event, it's natural to have some of the symptoms mentioned on previous pages. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect a person's ability to function and are not due to substance use, medical illness, or anything except the event itself, the person might be experiencing PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more anxiety disorders.

## DO CHILDREN REACT DIFFERENTLY THAN ADULTS?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For more information, see the NIMH booklet series, "Helping Children and Adolescents Cope with Violence and Disasters." These are available on the NIMH website, [www.nimh.nih.gov](http://www.nimh.nih.gov).





# WHY DO SOME PEOPLE DEVELOP PTSD AND OTHER PEOPLE DO NOT?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most will recover quickly without intervention.

Many factors play a part in whether a person will develop PTSD. Some of these are risk factors that make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of developing the disorder. Some of these risk and resilience factors are present before the trauma and others become important during and after a traumatic event.

**RISK FACTORS** for PTSD include:

- ➔ Living through dangerous events and traumas
- ➔ Getting hurt
- ➔ Seeing people hurt or killed
- ➔ Childhood trauma
- ➔ Feeling horror, helplessness, or extreme fear
- ➔ Having little or no social support after the event
- ➔ Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- ➔ Having a history of mental illness or substance abuse

**RESILIENCE FACTORS** that may reduce the risk of PTSD include:

- ➔ Seeking out support from other people, such as friends and family
- ➔ Finding a support group after a traumatic event
- ➔ Learning to feel good about one's own actions in the face of danger
- ➔ Having a coping strategy, or a way of getting through the bad event and learning from it
- ➔ Being able to act and respond effectively despite feeling fear



Researchers are studying the importance of various risk and resilience factors including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

## HOW IS PTSD TREATED?

It is important for anyone with PTSD to be treated by a mental health professional who is experienced with PTSD. The main treatments are psychotherapy (“talk” therapy), medications, or both. Everyone is different, and PTSD affects people differently, so a treatment that works for one person may not work for another. People with PTSD need to work with a mental health professional to find the best treatment for their symptoms.

If someone with PTSD is living through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal. Research shows that support from family and friends can be an important part of recovery.

### PSYCHOTHERAPY

Psychotherapy is “talk” therapy. There are many types of psychotherapy but all of them involve talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group and usually lasts 6 to 12 weeks, but can take more time.

Many types of psychotherapy can help people with PTSD. Some types target PTSD symptoms while others focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One type of psychotherapy is called cognitive behavioral therapy, or CBT. CBT can include:

**Exposure therapy.** This therapy helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses mental imagery, writing, or visits to the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.



**Cognitive restructuring.** This therapy helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about what is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

Other talk therapies teach people helpful ways to react to frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms.

## MEDICATIONS

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA-approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (<http://www.fda.gov/>) for the latest information on patient medication guides, warnings, or newly approved medications.

## HOW CAN I HELP A FRIEND OR RELATIVE WHO HAS PTSD?

If you know someone who may be experiencing PTSD, the first and most important thing you can do is to help him or her get the right diagnosis and treatment. You may need to help the person make an appointment and then visit the doctor together. Encourage the person to stay in treatment, or to seek different treatment if symptoms don't get better after 6 to 8 weeks.



## TO HELP A FRIEND OR RELATIVE, YOU CAN:

- Offer emotional support, understanding, patience, and encouragement.
- Learn about PTSD so you can understand what your friend is experiencing.
- Listen carefully. Pay attention to your relative's feelings and the situations that may trigger PTSD symptoms.
- Share positive distractions such as walks, outings, and other activities.
- Remind your friend or relative that, with time and treatment, he or she can get better.

**Never ignore comments about death or wanting to die.** Contact your friend's or relative's therapist or doctor for help or call the National Suicide Prevention Lifeline (1-800-273-8255) or 911 in an emergency.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with their mental health professional. Treatment should provide people with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

## HOW CAN I HELP MYSELF?

It may be very hard to take that first step to help yourself. It is important to realize that although it may take some time, with treatment, you can get better.





### **TO HELP YOURSELF:**

- ➔ Talk with your doctor about treatment options.
- ➔ Engage in mild physical activity or exercise to help reduce stress.
- ➔ Set realistic goals for yourself.
- ➔ Break up large tasks into small ones, set some priorities, and do what you can as you can.
- ➔ Try to spend time with other people and confide in a trusted friend or relative.
- ➔ Tell others about things that may trigger symptoms.
- ➔ Expect your symptoms to improve gradually, not immediately.
- ➔ Identify and seek out comforting situations, places, and people.





## WHERE CAN I GO FOR HELP?

If you are unsure of where to go for help, ask your family doctor, visit NIMH's Help for Mental Illnesses page ([www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp)), or contact someone from one of the groups listed below:

- ➔ Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- ➔ Health maintenance organizations
- ➔ Community mental health centers
- ➔ Hospital psychiatry departments and outpatient clinics
- ➔ Mental health programs at universities or medical schools
- ➔ State hospital outpatient clinics
- ➔ Family services, social agencies, or clergy
- ➔ Peer support groups
- ➔ Private clinics and facilities
- ➔ Employee assistance programs
- ➔ Local medical and/or psychiatric societies





## WHAT IF I OR SOMEONE I KNOW IS IN CRISIS?

If you are thinking about harming yourself, or know someone who is, get help immediately:

- In a crisis, an emergency room doctor can provide temporary help and can tell you where and how to get further support.
- Call 911 or go to a hospital emergency room or ask a friend or family member to help you do these things.
- Call the toll-free, 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor.
- Call your doctor.
- Do not leave the suicidal person alone.



# NEXT STEPS FOR PTSD RESEARCH

In the last decade, researchers have focused on understanding the mental and biological foundations of PTSD. They have also been looking at why people experience a range of reactions to trauma. NIMH-funded researchers are working:

- ➔ With data from trauma patients in urgent care settings to better understand the changes that occur in individuals who do not recover compared to those whose symptoms improve naturally
- ➔ To understand how fear memories are affected by learning, changes in the body, or even sleep
- ➔ On preventing the development of PTSD soon after trauma exposure
- ➔ To identify what factors determine whether someone with PTSD will respond well to one type of intervention or another, aiming to develop more personalized, effective, and efficient treatments

As gene research and brain imaging technologies continue to improve, researchers are more likely to be able to pinpoint when and where in the brain PTSD begins. This understanding may then lead to better targeted treatments to suit each person's own needs or even prevent the disorder before it causes harm.

For more information on PTSD research, please see the PTSD Clinical Trials website (<http://www.nimh.nih.gov/health/trials/post-traumatic-stress-disorder-ptsd.shtml>).

## FOR MORE INFORMATION ON PTSD

- ➔ Visit the National Library of Medicine's: MedlinePlus <https://www.nlm.nih.gov/medlineplus/>
- ➔ Learn about joining a research study at [www.nimh.nih.gov/health/trials/index.shtml](http://www.nimh.nih.gov/health/trials/index.shtml)
- ➔ Search for information on clinical trials for PTSD at <https://clinicaltrials.gov> (search PTSD)
- ➔ Find additional information from NIMH online or receive paper brochures through the mail. You can order free NIMH publications online at [www.nimh.nih.gov](http://www.nimh.nih.gov)
- ➔ For the most up-to-date information on this topic, please check the NIMH website, [www.nimh.nih.gov](http://www.nimh.nih.gov)

If you do not have Internet access and would like more information on PTSD, please contact the NIMH Information Center at 1-866-615-6464





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## **FOR MORE INFORMATION**

For more information on conditions that affect mental health, resources, and research, go to [MentalHealth.gov](http://MentalHealth.gov) at [www.mentalhealth.gov](http://www.mentalhealth.gov), or the NIMH website at [www.nimh.nih.gov](http://www.nimh.nih.gov). In addition, the National Library of Medicine's MedlinePlus service ([www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)) has information on a wide variety of health topics, including conditions that affect mental health.

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National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
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# SOCIAL ANXIETY DISORDER: More Than Just Shyness



**Are you extremely afraid of being judged by others?**

**Are you very self-conscious in everyday social situations?**

**Do you avoid meeting new people?**

If you have been feeling this way for at least six months and these feelings make it hard for you to do everyday tasks—such as talking to people at work or school—you may have a **social anxiety disorder**.



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**Social anxiety disorder (also called social phobia) is a mental health condition. It is an intense, persistent fear of being watched and judged by others. This fear can affect work, school, and your other day-to-day activities. It can even make it hard to make and keep friends. But social anxiety disorder doesn't have to stop you from reaching your potential. Treatment can help you overcome your symptoms.**

## **What is it like having social anxiety disorder?**

*In school, I was always afraid of being called on, even when I knew the answers. I didn't want people to think I was stupid or boring. My heart would pound and I would feel dizzy and sick. When I got a job, I hated to meet with my boss or talk in a meeting. I couldn't attend my best friend's wedding reception because I was afraid of having to meet new people. I tried to calm myself by drinking several glasses of wine before an event and then I started drinking every day to try to face what I had to do.*

*I finally talked to my doctor because I was tired of feeling this way and I was worried that I would lose my job. I now take medicine and meet with a counselor to talk about ways to cope with my fears. I refuse to use alcohol to escape my fears and I'm on my way to feeling better.*

## What is social anxiety disorder?

Social anxiety disorder is a common type of anxiety disorder. A person with social anxiety disorder feels symptoms of anxiety or fear in certain or all social situations, such as meeting new people, dating, being on a job interview, answering a question in class, or having to talk to a cashier in a store. Doing everyday things in front of people—such as eating or drinking in front of others or using a public restroom—also causes anxiety or fear. The person is afraid that he or she will be humiliated, judged, and rejected.

The fear that people with social anxiety disorder have in social situations is so strong that they feel it is beyond their ability to control. As a result, it gets in the way of going to work, attending school, or doing everyday things. People with social anxiety disorder may worry about these and other things for weeks before they happen. Sometimes, they end up staying away from places or events where they think they might have to do something that will embarrass them.

Some people with the disorder do not have anxiety in social situations but have performance anxiety instead. They feel physical symptoms of anxiety in situations such as giving a speech, playing a sports game, or dancing or playing a musical instrument on stage.

Social anxiety disorder usually starts during youth in people who are extremely shy. Social anxiety disorder is not uncommon; research suggests that about 7 percent of Americans are affected. Without treatment, social anxiety disorder can last for many years or a lifetime and prevent a person from reaching his or her full potential.

## What are the signs and symptoms of social anxiety disorder?

When having to perform in front of or be around others, people with social anxiety disorder tend to:

- Blush, sweat, tremble, feel a rapid heart rate, or feel their “mind going blank”
- Feel nauseous or sick to their stomach
- Show a rigid body posture, make little eye contact, or speak with an overly soft voice



- Find it scary and difficult to be with other people, especially those they don't already know, and have a hard time talking to them even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed and awkward
- Be very afraid that other people will judge them
- Stay away from places where there are other people

## What causes social anxiety disorder?

Social anxiety disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain are involved in fear and anxiety. Some researchers think that misreading of others' behavior may play a role in causing or worsening social anxiety. For example, you may think that people are staring or frowning at you when they truly are not. Underdeveloped social skills are another possible contributor to social anxiety. For example, if you have underdeveloped social skills, you may feel discouraged after talking with people and may worry about doing it in the future. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

## How is social anxiety disorder treated?

First, talk to your doctor or health care professional about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer you to a mental health specialist, such as a psychiatrist, psychologist, clinical social worker, or counselor. The first step to effective treatment is to have a diagnosis made, usually by a mental health specialist.

Social anxiety disorder is generally treated with psychotherapy (sometimes called "talk" therapy), medication, or both. Speak with your doctor or health care provider about the best treatment for you. If your health care provider cannot provide a referral, visit the NIMH Help for Mental Illnesses web page at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp) for resources you may find helpful.

## Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating social anxiety disorder. CBT teaches you different ways of thinking, behaving, and reacting to situations that help you feel less anxious and fearful. It can also help you learn and practice social skills. CBT delivered in a group format can be especially helpful. For more information on psychotherapy, please visit [www.nimh.nih.gov/health/topics/psychotherapies](http://www.nimh.nih.gov/health/topics/psychotherapies).

## Support Groups

Many people with social anxiety also find support groups helpful. In a group of people who all have social anxiety disorder, you can receive unbiased, honest feedback about how others in the group see you. This way, you can learn that your thoughts about judgment and rejection are not true or are distorted. You can also learn how others with social anxiety disorder approach and overcome the fear of social situations.

## Medication

There are three types of medications used to help treat social anxiety disorder:

- ↳ Anti-anxiety medications
- ↳ Antidepressants
- ↳ Beta-blockers

Anti-anxiety medications are powerful and begin working right away to reduce anxious feelings; however, these medications are usually not taken for long periods of time. People can build up a tolerance if they are taken over a long period of time and may need higher and higher doses to get the same effect. Some people may even become dependent on them. To avoid these problems, doctors usually prescribe anti-anxiety medications for short periods, a practice that is especially helpful for older adults.

Antidepressants are mainly used to treat depression, but are also helpful for the symptoms of social anxiety disorder. In contrast to anti-anxiety medications, they may take several weeks to start working. Antidepressants may also cause side effects, such as headaches, nausea, or difficulty

sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. Talk to your doctor about any side effects that you have.

Beta-blockers are medicines that can help block some of the physical symptoms of anxiety on the body, such as an increased heart rate, sweating, or tremors. Beta-blockers are commonly the medications of choice for the “performance anxiety” type of social anxiety.

Your doctor will work with you to find the best medication, dose, and duration of treatment. Many people with social anxiety disorder obtain the best results with a combination of medication and CBT or other psychotherapies.

Don’t give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit **[www.nimh.nih.gov/health/topics/mental-health-medications](http://www.nimh.nih.gov/health/topics/mental-health-medications)**.

Visit the Food and Drug Administration’s website (**[www.fda.gov/](http://www.fda.gov/)**) for the latest information on warnings, patient medication guides, or newly approved medications.

## For More Information

To learn more about social anxiety disorder, visit:

**MedlinePlus (National Library of Medicine)**

**<http://medlineplus.gov>**

(En Español: **<http://medlineplus.gov/spanish>**)

For information on clinical trials, visit:

**ClinicalTrials.gov: <http://www.clinicaltrials.gov>**

(En Español: **<http://salud.nih.gov/investigacion-clinica/>**)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website **<http://www.nimh.nih.gov>**

## Finding Help

### Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at [www.findtreatment.samhsa.gov/](http://www.findtreatment.samhsa.gov/). For additional resources, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).

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of Mental Health

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National Mental Health Study Field Test,  
Supporting Statement

Attachment S – SAMHSA Authorization Letter



[FILL DATE]

To Whom It May Concern:

This letter certifies that «Fname» «Lname» is a representative for the National Mental Health Study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH). RTI International, a nationally recognized research organization with headquarters in Research Triangle Park, North Carolina, is under contract to the Federal Government to perform all data collection activities associated with the study (DHHS Contract Number: HHSS283201300001C).

If you need additional assurance that «Fname» «Lname» is a legitimate RTI representative assigned to this government sponsored study, please contact Amy Kowalski, National Field Director, at [FILL 800 NUMBER], or the National Study Director at [FILL], between 9:00 AM and 5:00 PM ET, Monday through Friday.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Tice".

Peter Tice, Ph.D.  
Project Officer  
Center for Behavioral Health Statistics and Quality  
Substance Abuse and Mental Health Services  
Administration, DHHS

A handwritten signature in cursive script, appearing to read "Lisa J. Colpe".

Lisa J. Colpe, Ph.D., MPH  
National Study Director  
National Institute of Mental Health  
National Institutes of Health, DHHS

National Mental Health Study Field Test,  
Supporting Statement

Attachment U – Parental Introductory Script



# Parental Introductory Script

## Document Format:

- Screen/question/instructional text designated by black and non-italicized text in parenthesis. In the program, upper-lower black text to be read and red text is instructions to FI.
- Fills designated by parentheses and italics
- Logic designated by brackets
- Text of instructional message boxes provided in bracketed logic
- Response categories underlined

## English:

### **INTRODUCE YOURSELF/STUDY AS NECESSARY:**

Hello, I'm \_\_\_\_\_ with RTI International. We are conducting a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.)

### **ONE YOUTH IS SELECTED:**

Your (AGE) year-old adolescent has been **selected for an interview**. I would like to **talk with him/her** to see if he/she is interested in participating in **this study which asks about** various common mental health issues that adolescents face, such as depression or sadness, anxiety and fears, attention and concentration difficulties, **and other health related issues**.

If your adolescent is interested, I will give both of you more information and ask for permission to complete the interview. (Is [he/she] available?)

### **TWO YOUTHS ARE SELECTED:**

Your (AGE) year-old and (AGE) year-old adolescents have been **selected for an interview**. I would like to **talk with them** to see if they are interested in participating in **this study which asks about** various common mental health issues that adolescents face, such as depression or sadness, anxiety and fears, attention and concentration difficulties, **and other health related issues**.

If they are interested, I will give all of you more information and ask for permission to complete the interview. (Are they available?)

National Mental Health Study Field Test,  
Supporting Statement  
Attachment Y – Sorry I Missed You Card



**Sorry I  
Missed You...**

**Sorry I  
Missed You...**

**Dear Resident:**

**I stopped by today to talk to you about an important research study being conducted by RTI International.**

**I am sorry that I did not find you at home. I will return to talk with you in the next few days.**

**Thank you in advance for your participation.**

**Sincerely, \_\_\_\_\_**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

**Dear Resident:**

**I stopped by today to talk to you about an important research study being conducted by RTI International.**

**I am sorry that I did not find you at home. I will return to talk with you in the next few days.**

**Thank you in advance for your participation.**

**Sincerely, \_\_\_\_\_**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

National Mental Health Study Field Test,  
Supporting Statement

Attachment Z – Other Language Card

### Arabic

Hello – I'm sorry, but I don't speak **Arabic**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Chinese

Hello – I'm sorry, but I don't speak **Chinese**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### French

Hello – I'm sorry, but I don't speak **French**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### German

Hello – I'm sorry, but I don't speak **German**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Italian

Hello – I'm sorry, but I don't speak **Italian**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Korean

Hello – I'm sorry, but I don't speak **Korean**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Polish

Hello – I'm sorry, but I don't speak **Polish**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Russian

Hello – I'm sorry, but I don't speak **Russian**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Spanish

Hello – I'm sorry, but I don't speak **Spanish**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Tagalog

Hello – I'm sorry, but I don't speak **Tagalog**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.

### Vietnamese

Hello – I'm sorry, but I don't speak **Vietnamese**. I'm here because I'm working on a nationwide health study sponsored by the U.S. Department of Health and Human Services. This study is completely confidential.

Is there someone here that speaks English? If yes, can you please ask him or her to come to the door? Thank you.