

Fast Facts



Use these thought-provoking statistics in educational material, websites, and communications with local media and policymakers to boost awareness of mental health issues and their impact on your community—and the nation. Organized by target audience, these statistics will add punch to your Mental Health Month message!

Mind/Body

- Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. (APA, 2004)
- Chronic stress can double a person's risk of having a heart attack. (BCBS MA, 2004)
- Seventy-five percent of visits to doctors' offices concern stress-related ailments. (APA, 2004)
- Chronic stress can cause premature aging. (NAS, 2004)
- People who have untreated mental health issues use more general health services than those who seek mental health care when they need it. (APA, 2004)
- People who have heart disease and depression are up to twice as likely to die within two years of being diagnosed with heart disease than people who have heart disease only. (PM, 2004)
- People who have depression are more likely than others to develop diabetes. (AJE, 2005)
- Regular physical exercise can help people reduce stress, depression and anxiety, and enable them to better cope with adversity. (UNM, 2003)
- People who have major depression and anxiety disorders are significantly (60 percent) less likely to relapse if they exercise regularly—and continue exercising over time—than if they take medication alone. (Mayo Clinic, 2003)

Workplace

- Mental health conditions are the second leading cause of workplace absenteeism (the leading cause is musculoskeletal conditions). (APF, 2005)
- One in four people report they've missed work as a result of work-related stress. (APA, 2004)

- Even just moderate levels of depressive or anxiety symptoms can affect work performance and productivity. (JOEM, 2005)
- Depression is highly associated with work limitations that affect time management, interpersonal/mental functioning and overall output. (JOEM, 2005)
- Workplace environments have a greater effect on employee stress levels than the number of hours employees work. (JA, 2003)
- In a typical workplace with 20 employees, four will likely develop a mental illness this year. (NIMH, 2004)
- Workers who have depression report losing 5.6 hours a week due to lost productivity compared with 1.6 hours a week among workers without depression. (JOEM, 2005)
- Depression is associated with a 50 percent increase in missed worked days. But early and proper treatment of depression is associated with a marked decrease in disability leave time. (JOEM, 2005)
- More than three out of four employees who seek care for workplace issues or mental health problems see substantial improvement in work performance after treatment. (APF, 2003)
- The total healthcare costs for workers who receive treatment for depression and have complete remission of symptoms are two-thirds less than the medical costs of untreated individuals. (JOEM, 2005)
- Workers at one corporation who had depression in addition to one of four chronic physical conditions (heart disease, hypertension, diabetes or back problems) spent 1.7 times more healthcare dollars than workers who had one of the physical conditions alone. (JOEM, 2005)

- Untreated and mistreated mental illness costs the United States \$105 billion in lost productivity each year, and U.S. businesses foot up to \$44 billion of the bill. (BMJ, 1998; NMHA, 2001)
- The economic burden of anxiety disorders in 1998 was \$63.1 billion. (JOEM, 2005)
- In 2000, the total direct cost to treat depressive disorders was \$26.1 billion, while the total cost of depressive disorders in the workplace was \$51.5 billion. (JOEM, 2005)
- Workers who abuse drugs cost their employers twice as much in medical and worker compensation claims than workers who do not abuse drugs. (NIDA, 2004)
- Although 8 percent of the U.S. adult working population has a dependence on alcohol, less than 1 percent of health plan members are diagnosed with alcohol dependence. (APF, 2005)
- Employers provide the healthcare benefits to 175 million works and their families. (EBRI, 2005)

Consumers and Recovery

- As many as 8 million Americans who have serious mental illnesses do not receive adequate treatment each year. (HU, 2002)
- The treatment success rates for such disorders as depression (more than 80 percent), panic disorder (70-90 percent) and schizophrenia (60 percent), surpass those of other medical conditions, such as heart disease (45-50 percent). (NIMH, 2004)
- Although an estimated 9 percent of American adults have depression, less than 4 percent of American adults have been diagnosed with the disorder. (APF, 2005)
- An estimated 2.5 million Americans have bipolar disorder. The actual number may be two to three times higher because as many as 80 percent of people with this illness go undiagnosed or misdiagnosed. (NMHA, 2003)
- Treatment of panic disorder decreases healthcare utilization and costs by 94 percent. (JOEM, 2005)
- People who receive treatment for depression are two-thirds less likely to miss work days due to illness. (JOEM, 2005)

Older Adults

- Only about half of older adults who acknowledge that they may have mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services (3 percent), the lowest rate among any adult age group. (AAGP, 2004)
- Older adults who are caregivers to spouses or other relatives may be at an increased risk for developing heart disease, arthritis, osteoporosis and some cancers due to long-term stress. (OSU, 2003)
- Medical treatment outcomes are worse when complicated by mental health problems. For example, rehabilitation from a hip fracture or a heart attack is less successful and more expensive when complicated by depression. (NIMH, 2003)
- About 11 percent of adults over age 55 have an anxiety disorder. (USSG, 1999)
- Although 4.4 percent of older adults have a mood disorder such as depression, up to 20 percent have significant symptoms of depression. (USSG, 1999)
- The highest rate of suicide for any age group (19.4 per 100,000) is among people age 85 and older. The second highest rate of suicide (17.7 per 100,000) is among those between age 75 and 84. (AAS, 2002)
- Over half of older people who receive mental health care receive it from their primary care physicians. (AAGP, 2004)
- Older men are far less likely to seek and receive treatment for depression than older women. (UCLA, 2003)

Children and Families

- Only about 21 percent of children in the United States who need mental health services actually receive them. (AJP, Sept. 2002)
- About every two hours, a young person kills himself or herself. (AAS, 2002)
- Three million teenagers have considered suicide or attempted suicide in the past year. (SAMHSA, 2002)
- Suicide is the third leading cause of death among people under 24 years old after accidents and homicide. (CDC, 2002)

- The suicide rate among males between the ages of 15 and 24 has nearly quadrupled over the last 60 years, and the rate among females in the same age group has doubled. (CDC, 2002)
- Five to 9 percent of children in the United States have a serious emotional disturbance. (USSG, 1999)
- About 13 percent of children between 9 and 17 years old have an anxiety disorder. (USSG, 1999)
- About 4.1 percent of school-age children have attention-deficit hyperactivity disorder. (NIMH, 1999)
- Early-childhood trauma can lead to memory problems and mental and cognitive declines later in life because early emotional stress can lead to a slow decline in neuron communication within the brain, particularly in the region associated with learning and memory recall. (JN, 2005)
- Nearly 4 percent of boys and more than 6 percent of girls have symptoms of post-traumatic stress disorder caused by violence they have endured or witnessed. (JCCP, 2003)
- Kids who say other students bully them at school are 50 percent more likely to admit they brought weapons to school during the past month than students who've never bullied or been bullied. (NICHHD, 2003)
- Nearly two-thirds of boys and three-quarters of girls in juvenile detention centers have a psychiatric disorder. (AGP, Dec. 2002)

College Students

- Seventy-seven percent of the college juniors reported feeling depressed either “frequently” or “occasionally” during the past year, compared to 61 percent who reported those feelings when they first entered college. (UCLA, 2004)
- The number of students who rate their emotional health as either “below average” or in the “bottom 10 percent” more than doubled (from 6 to 14 percent) between their freshman and junior years. (UCLA, 2004)
- About one-third of college students (32 percent) report that stress impedes their academic performance. Fifteen percent report that depression and anxiety are impediments to their academic performance. (ACHA, 2004)

- About one student in five report that they have sought personal counseling since entering college. (UCLA, 2004)
- Nearly 15 percent of college students have been diagnosed with depression. (ACHA, 2004)
- Seven percent of college students have an anxiety disorder. (NIMH, 2000)
- Up to 2 percent of all college-aged women have bulimia nervosa. (NEDA, 2004)
- Nearly 4 percent of females will have anorexia at some point during their lifetime. (NIMH, 2004)

Policymakers

- Between 28 and 30 percent of the U.S. population has a mental health disorder, substance abuse disorder or both. (USSG, 1999)
- Untreated and mistreated mental illness costs the United States \$150 billion in lost productivity and \$8 billion in crime and welfare expenditures each year. A 5.5 percent increase in spending by businesses and government on mental health treatment could cut these costs by half. (CHP, 2004; NMHA, 2001)
- Costs associated with the treatment of depression and anxiety disorders alone account for only 5 to 10 percent of the overall increase in health costs, with the remainder associated with costs to treatment somatic symptoms of the two disorders. (JOEM, 2005)
- Although the rate of people who have received treatment for depression increased by 50 percent between 1990 and 2000, the economic burden of the disorder to society increased by only 7 percent, from about \$77 billion in 1990 (adjusted for inflation) to about \$83 billion in 2000. (JCP, 2003)
- More than 85 million people have lacked health insurance coverage at some point in 2003 and 2004. (Families USA, 2004)
- One in five American families has at least one member who lacks health insurance coverage, a situation that can place the entire family at risk for financial ruin and poor health. (USCB, 2004)
- Parents in 19 states surrendered custody of a total of nearly 13,000 children in 2001 to get their kids the mental health treatment the parents could not afford. (GAO, 2003)

- In 2002, 132,353 individuals were hospitalized following suicide attempts; 116,639 people were treated in hospital emergency departments after suicide attempts and released. (CDC, 2004)
- The poor health and premature deaths of people who lack health insurance coverage cost the nation between \$65 billion and \$130 billion annually. (IOM, 2003)
- Full mental health insurance parity will increase insurance premiums by only 0.9 percent to 1.0 percent. (APA, 2003)
- More than 600,000 visits to hospital emergency rooms due to drug use were recorded in 2000. (NIDA, 2003)
- Alcohol and drug abuse cost society about \$245.7 billion in 1992. Of this amount, about 46 percent was borne by governments. (NIDA, 2003)

Key to Abbreviations

AAGP	American Association for Geriatric Psychiatry
AAS	American Association of Suicidology
ACHA	American College Health Association
AGP	<i>Archives of General Psychiatry</i>
AJE	<i>American Journal of Epidemiology</i>
AJP	<i>American Journal of Psychiatry</i>
APA	American Psychological Association
APF	American Psychiatric Foundation
BCBS MA	Blue Cross Blue Shield of Massachusetts
BMJ	<i>British Medical Journal</i>
CDC	U.S. Centers for Disease Control and Prevention
CHP	Center for Health Policy
EBRI	Employee Benefits Research Institute
GAO	General Accountability Office
HU	Harvard University
IOM	Institute of Medicine
JCCP	<i>Journal of Consulting and Clinical Psychology</i>
JCP	<i>Journal of Clinical Psychiatry</i>
JN	<i>Journal of Neuroscience</i>
JOEM	<i>Journal of Occupational & Environmental Medicine</i>
NAS	<i>Proceedings of the National Academy of Sciences</i>
NEDA	National Eating Disorders Association
NICHHD	National Institute of Children Health and Human Development
NIDA	National Institute of Drug Abuse
NIMH	National Institute of Mental Health
NMHA	National Mental Health Association
OSU	Ohio State University
PM	<i>Psychosomatic Medicine</i> journal
SAMHSA	U.S. Substance Abuse and Mental Health Services Administration
UA	University of Arkansas
UCLA	University of California, Los Angeles
UNM	University of New Mexico
USCB	U.S. Census Bureau
USSG	U.S. Surgeon General