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Adults and Mental Health in New Hampshire

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About this paper

This report is one of a series published by the NH Center for Public Policy Studies on the broad topic of mental health in New Hampshire. The Concord-based Endowment for Health has sponsored this work.

We thank the New Hampshire Insurance Department for their analysis of the Comprehensive Health Information System data. The analysis and opinions expressed in this report, however, are those of the Center alone.

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Adults and Mental Health in New Hampshire

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Executive Summary

This paper is one of a series of reports commissioned to inform policy-makers about the status of adult mental health in New Hampshire. The first section describes the best prevalence estimates of mental health disorders among adults.

It is estimated that nationally approximately 26% of the population over the age of 18 have a mental health disorder. And approximately 16% of the population has some functional impairment which affects their ability to interact, form social connections and to function in a family. If New Hampshire is consistent with the rest of the nation, these estimates of prevalence would translate to more than 250,000 adults that would have a diagnosable mental health disorder and slightly more than 150,000 would have a mental illness that significantly affects their ability to engage in daily living.

In addition to prevalence, service use and access is also an important consideration when discussing the scope of mental health issues impacting adults. The second section of this report is intended to provide an assessment of the prevalence of service use among recipients in the Medicaid program and in the private sector in New Hampshire, based on administrative claims data for adults.

The analysis suggests that almost 80,000 - or 17% - of the privately insured adults showed some evidence of a mental illness diagnosis and/or treatment in 2005. In the Medicaid program, 50% - or 25,000 adults - showed evidence of mental illness during that same time period. These data show only the prevalence of mental health disorders among the adults who accessed services, and they should be viewed within the context of the overall prevalence estimates presented.

Much of the variation across the public and private systems raises important questions about the differences in how these populations are served. Further research is needed to determine if the prevalence and services provided for these adults are truly different, and what implications there are for the behavioral health system.

One of the most noteworthy findings from this analysis is the potential impact of the aging of the population on the behavioral health system. Service use prevalence in both the private sector and the Medicaid program increases as age increases. The increases in the Medicaid program, in fact, were dramatic. For those that were eligible for the Medicaid program due to their elderly status[1], 57% had documented evidence of a mental illness. The aging of the population – along with the diagnoses associated with the elderly including Alzheimer's and other cognitive impairments – raise important questions about the future needs for mental health services.

[1] Individuals who are eligible for Medicaid via elderly status must also meet the income and/or disability requirements.

Data Sources

Identifying individuals with a mental illness is difficult. The best approach to identifying the prevalence of mental illness in a population is through a comprehensive survey. For this analysis, however, we used data from several sources on the prevalence of adult mental health disorders nationally and then extrapolated the estimated number of adults afflicted with a certain disorder across the state.

It is important to note that the prevalence estimates for mental health presented in this report are based on national estimates. Mental health disorders impact demographically different populations of adults differently, and these differences are highlighted throughout the report.

The Center used the administrative claims in the private sector and the public sector to identify individuals with a mental health or substance use disorder who accessed services. Given that many individuals do not access the system, these estimates would understate the true prevalence of mental health issues in these populations. These estimates also will understate the true prevalence of mental health issues because we were unable to include data on the use of drugs prescribed to treat mental illnesses. These qualifications should be kept in mind when interpreting these results.

For the analysis of the private sector, the Center relied on data from the Comprehensive Healthcare Information System (CHIS). In 2005, the Department of Health and Human Services and the Department of Insurance developed the CHIS. This system was designed to collect health care claims information from all private insurers covering people in New Hampshire.

For the analysis of the public Medicaid system, the Center relied on claims files developed from the Dartmouth Psychiatric Research Center (PRC). The Department of Health and Human Services provided the PRC with claims level data for all Medicaid recipients receiving a service during calendar year 2005 and monthly eligibility files identifying who was eligible for Medicaid during that period. The Center used these files – and encrypted individual identifiers – to create analytic files at the claim level and the individual level, as well as creating analytic files which described eligibility across all Medicaid recipients.[2]

Unique counts of Medicaid and privately insured recipients with a mental illness were created based on a methodology developed by the Substance Abuse and Mental Health

[2] The Medicaid claim level files provided by the PRC were straightforward with one exception: They included administrative adjustments. The Center cleaned these files in two steps. First, to the extent possible given the data, the Center eliminated duplicate claims by matching each individual duplicate claim with its duplicate. In addition, any claim that had a zero paid amount was deleted, as these claims likely reflected administrative adjustments.

Services Administration in 2003.[3] First, each recipient was assigned to a diagnostic category based on the given type of diagnosis. An implicit hierarchy was established based on the diagnosis, presented in Table 1, beginning with schizophrenia and ending with mental retardation. Second, an adult was assigned to have an unknown mental health condition if they received a mental health service without a corresponding diagnosis. The Center used procedure codes that describe the services received by recipients to identify them as having a mental health and substance abuse issue.[4] Third, in the case of the private claims data, special codes based on provider type were used to identify adults with a mental health claim.[5]

[3] RIT International. "Defining Mental Health and/or Substance Abuse (MH/SA) Claimants. The Medicare, Medicaid and Managed Care Analyses Project. October 2003. Hereafter referred to as *Defining MH/SA Claimants, 2003*.

[4] For this analysis, the Center did a search of all New Hampshire Medicaid fee schedules and selected any code with specific mention of psychiatric or substance abuse issues, including inpatient admissions, rehabilitation, counseling and therapy. These codes included CPT codes (the industry standard in describing procedures) as well as local codes (used by states to supplement national codes). A full list of the mental health procedures codes used in the analysis is available upon request.

[5] The Center used the methodology developed in *Defining MH/SA Claimants, 2003*.

Table 1

Description and ICD-9-CM Codes	
Disorder	**Code**
Serious Mental Illnesses (SMI)	
Schizophrenic disorders	295
Major depressive disorder	296.2, 296.3
Other affective psychoses	
Manic disorders	296.0, 296.1
Bipolar affective disorders	296.4 - 296.7
Other & unspecified manic-depressive psychoses	296.8
Other & unspecified affective psychoses	296.9
Other psychoses	
Transient organic psychotic conditions	293
Other organic psychotic conditions, chronic	294
Paranoid states or delusional disorders	297
Other non-organic psychoses	298
Psychoses with origin specific to adulthood	299
Other Mental Illnesses (OMI)	
Stress & adjustment disorders	
Acute reaction to stress	308
Adjustment reaction	309
Personality disorders	301, excluding 301.13
Childhood disorders	
Disturbance of conduct, not elsewhere specified	312
Disturbance of emotions, specific to adulthood & adolescence	313
Hyperkinetic syndrome of adulthood	314
Other mood disorders & anxiety	
Neurotic disorders	300
Cyclothymic disorder	301.13
Depressive disorder, not elsewhere specified	311
Other mental disorders	
Sexual deviations & disorders	302
Physiological malfunction arising from mental factors	306
Special symptoms or syndromes, not elsewhere specified	307
Specific non-psychotic mental disorders due to organic brain damage	310
Psychotic factors associated with diseases specified elsewhere	316
Mental disorders in pregnancy, ante partum & post partum	648.4
Any Alcohol Diagnosis	
Alcoholic psychoses	291
Alcohol dependence/nondependent abuse	303, 305.0
Any Drug Diagnosis	
Drug psychoses	292
Drug dependence/nondependent abuse	304,305.2-305.9
Other Alcohol and Drug-related Disorders & Conditions	
Pellagra	265.2
Alcoholic polyneuropathy	357.5
Polyneuropathy due to drugs	357.6
Alcoholic cardiomyopathy	425.5
Alcoholic gastritis	535.3
Chronic liver disease & cirrhosis with mention of alcohol	571.0-571.3
Pregnancy and childbirth-related conditions	
Drug dependence in pregnancy, ante partum & post partum	648.3
Suspected damage to fetus from drugs	655.5
Noxious influences affecting fetus via placenta or breast milk	760.7
Drug withdrawal syndrome in newborn	779.5
Excessive blood level of alcohol	790.3
Drug poisoning	
Poisoning by adrenal cortical steroids	962.0
Poisoning by opiates & related narcotics	965.0
Poisoning by sedatives & hypnotics	967
Poisoning by other central nervous system depressants & anesthetics	968
Poisoning by psychotropic agents	969
Poisoning by central nervous system stimulants	970
Poisoning by dietetics	977.0
Poisoning by alcohol deterrents	977.3
Toxic effect of alcohol	980
Tobacco Use Disorder	305.1
Alzheimer's Disease	290. 331.0
Mental Retardation or Developmental Delays	315, 317-319

Prevalence of Adult Mental Health Disorders

Table 2 includes prevalence estimates of mental illnesses from national studies for all adults 18 years of age and older. [6,7,8,9,10] Almost half of all adults will have a diagnosable mental health issue at some time in their lives. In any given year, an estimated one-quarter of all adults have a mental illness – representing over 250,000 New Hampshire residents. Moreover, of those who have a mental illness, 45 percent will have more than one disorder over the course of a year and 59 percent will have a moderate or serious condition.

[6] Descriptions of these disorders can be found at the *National Institute of Mental Health*. www.nimh.nih.gov.

[7] RC Kessler, P Berglund, O Demler, R Jim, et al. "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry*. 2005;62:593-602.

[8] RC Kessler, WT Chiu, O Demler, and E Walters. "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry*. 2005;62:617-627. Severity is defined as follows: Serious – work disability or severe role impairment; positive for a non-affective psychosis; any bipolar disorder; severe impairment from substance dependence; impulse disorders with violent episodes; any suicide attempt; or, any disorder occurring more than 30 days in a year with role impairment. Moderate – substance dependence without role impairment; some work limitations; some impairment of daily living; or, suicidal thoughts and/or plans. All other mental illnesses were classified as mild.

[9] U.S. Department of Health and Human Services, Rockville, MD: National Institute of Mental Health, National Institutes of Health, National Institute of Mental Health. "The Numbers Count." www.nimh.nih.gov. Hereafter referred to as the *Numbers Count, 2006*. Accessed 27 July 2007.

[10] LE Hebert, PA Scherr, JL Bienias, DA Bennett, et al. "Alzheimer Disease in the US Population." *Archives of Neurology*. 2003;60:1119-1122.

Table 2

Estimates of the Number of Adults with Mental Illness in New Hampshire			
Prevalence Estimates of Adults 18 years and older			Estimated NH population with mental illness[11]
Disorder	**Lifetime**[12]	**12-month**[13]	
Any DSM-IV Disorder	**46%**	**26%**	**253,542**
Any Anxiety Disorder	**29%**	**18%**	**175,157**
Panic Disorder	5%	3%	26,128
Agoraphobia w/o Panic	1%	1%	7,742
Specific Phobia	13%	9%	84,191
Social Phobia	12%	7%	65,805
General Anxiety Disorder	6%	3%	29,999
Post-Traumatic Stress Disorder	7%	4%	33,870
Obsessive Compulsive Disorder	2%	1%	9,677
Separation Anxiety Disorder	5%	1%	8,709
Any Mood Disorder	**21%**	**10%**	**91,933**
Major Depressive Disorder	17%	7%	64,837
Dysthymia	3%	2%	14,516
Bipolar I and II	4%	3%	25,161
Any Impulse Control Disorder	**25%**	**18%**	**175,157**
Oppositional Defiant Disorder	9%	9%	84,191
Conduct Disorder	10%	7%	65,805
ADD/ADHD	8%	1%	7,742
Intermittent Explosive Disorder	5%	3%	29,999
Any Substance Use Disorder	**15%**	**4%**	**36,773**
Schizophrenia [14]	**-**	**1%**	**10,645**
Eating Disorders [15]			
Anorexia nervosa (females only)	**1-4%**	**-**	**-**
Bulimia (females only)	**1-4%**	**-**	**-**
Binge-eating Disorder	**2-5%**	**-**	**-**
Alzheimer's Disease [16]	**-**	**2%**	**15,483**
Severity of disorder among those with a mental illness			
Serious	-	22%	56,540
Moderate	-	37%	94,571
Mild	-	40%	102,431
Presence of Co-occurring Disorders	**Total population**	**Among adults with a mental illness**	**Among adults with a mental illness**
1 Disorder	46%	55%	139,448
2 Disorders	28%	22%	56,033
3 or More Disorders	17%	23%	58,061

Adults ages 18-44 have roughly equivalent prevalence estimates for any mental health disorder, as shown in Table 3. The prevalence of mental illness declines in the older cohorts. This phenomenon is mostly due to the fact that 95% of all mental illnesses develop and/or are diagnosed by 51 years of age.[17] With the exception of Alzheimer's disease, the vast majority of mental illnesses are diagnosed in young adulthood, before

[11] Based on 12-month prevalence measures and 2005 population estimates, NH Office of Energy and Planning
[12] Kessler and Berglund, 2005
[13] Kessler and Chiu, 2005
[14] The Numbers Count, 2006
[15] Ibid.
[16] Hebert, 2003
[17] Kessler and Berglund, 2005.

age 45.[18] Furthermore, life expectancy often is shorter for those with a serious mental illness, thereby, decreasing the prevalence of mental health disorders among the older populations.[19]

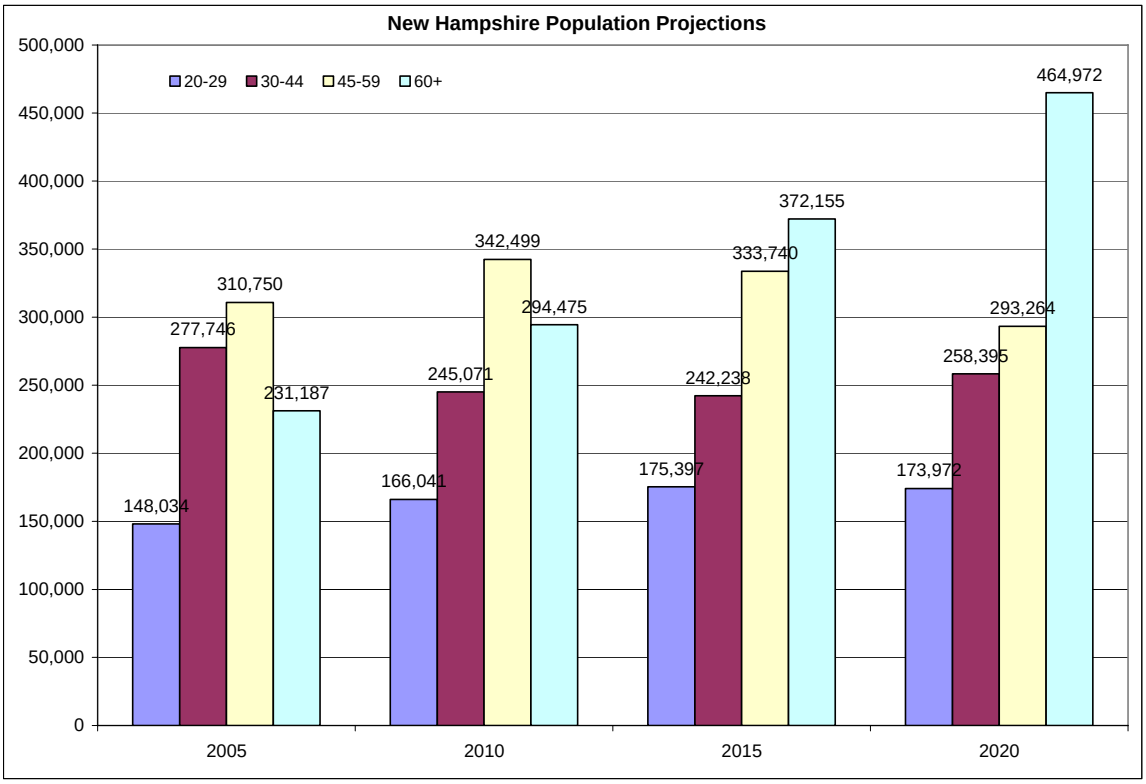
Table 3

Lifetime Prevalence of Mental Illness by Age Group				
Disorder	**18-29**	**30-44**	**45-59**	**60+**
Any DSM-IV Disorder [20]	**52%**	**55%**	**47%**	**26%**
Any Anxiety Disorder	**30%**	**35%**	**31%**	**15%**
Panic Disorder	4%	6%	6%	2%
Agoraphobia w/o Panic Disorder	1%	2%	2%	1%
Specific Phobia	13%	14%	14%	8%
Social Phobia	14%	14%	12%	7%
General Anxiety Disorder	4%	7%	8%	4%
Post-Traumatic Stress Disorder (PTSD)	6%	8%	9%	3%
Obsessive Compulsive Disorder	2%	2%	1%	1%
Separation Anxiety Disorder	5%	5%	-	-
Any Mood Disorder	**21%**	**25%**	**23%**	**12%**
Major Depressive Disorder	15%	20%	19%	11%
Dysthymia	2%	3%	4%	1%
Bipolar I and II	6%	5%	4%	1%
Any Impulse Control Disorder	**27%**	**23%**	**-**	**-**
Oppositional Defiant Disorder	10%	8%	-	-
Conduct Disorder	11%	8%	-	-
ADD/ADHD	8%	8%	-	-
Intermittent Explosive Disorder	7%	6%	5%	2%
Any Substance Use Disorder	**17%**	**18%**	**15%**	**6%**
Alzheimer's Disease [21]	**-**	**-**	**-**	**13%**
Multiple Disorders				
1 Disorder	52%	55%	47%	26%
2 Disorders	34%	34%	27%	12%
3 or More Disorders	22%	23%	16%	5%

The future of the behavioral health system is likely going to be driven by significant demographic changes. As Figure 1 shows, in New Hampshire population projections suggest that the cohorts of adults ages 18-59 will actually decline over the next 15 years. The cohort of those over the age of 60, however, is going to increase significantly. With these demographic changes, it is likely that the largest number of individuals with a mental health disorder will be over the age of 60 in the next 15 years. Furthermore, the prevalence of Alzheimer's disease is expected to increase as the older population continues to grow.[22] This has obvious implications for the behavioral health system: geriatric mental health is an important focus for the near future.

[18] Ibid.
[19] BP Dembling, DT Chen, L Vachon. "Life Expectancy and Causes of Death in a Population Treated for Serious Mental Illness." *Psychiatric Services*. 1999;50(8):1036-1042.
[20] Kessler and Berglund, 2005
[21] Hebert, 2003
[22] Ibid.

Figure 1



Correlates of Prevalence

The association of mental illness with particular characteristics of an individual is helpful to policymakers in identifying individuals likely to benefit from treatment of prevention activities. The literature suggests that lower education levels, ethnicity, employment, marital status, living conditions, age, gender, and socioeconomic standing are all markers for risk of mental illness.[23]

As mentioned above, most mental health issues develop by middle age where 75% of any mental health disorder is diagnosed by age 24. Mood disorders are far more common than other disorders to develop later in life, however, most disorders, not developed in childhood, occur in young adulthood.

Socioeconomic status (SES), which is heavily influenced by education and employment, has been shown to have a significant impact on mental health prevalence. Adults with low SES may see more mental health issues due to the stress of financial hardships; independent associations between housing tenure, access to reliable transportation, and

[23] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Adults and Mental Health.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Hereafter referred to as, *Surgeon General's Report, 1999*.

depression and/or anxiety disorders have been shown in studies.[24] Compared to adults with high SES, adults with low SES are twice as likely to develop major and/or persistent depression.[25,26]

Furthermore, unemployment has a significant impact on mental health, especially in men. The odds of developing a mental illness for unemployed men are three times that of men who are employed; the odds are 1.5 times for women. Unemployed men are twice as likely as unemployed women to develop poor mental health. This effect is exacerbated by the type of work. Unemployed men who work in manual labor are twice as likely as unemployed men in non-manual labor work to have a mental health issue. The reverse appears true for women where unemployed women in manual labor were half as likely to be in poor mental health as their unemployed counterparts.[27]

Racial and ethnic minorities as a group have a higher health burden from mental illnesses than white adults. Cultural differences impact family relationships that are both protective and risk factors in different ethnic groups. [28]

Adults living in unsafe and/or very poor neighborhoods are more likely to develop anxiety disorders over low-income adults living in mixed income areas.[29] In rural areas, the prevalence of mental health disorders is similar to that in urban areas, although there may be barriers to treatment services.[30]

Among the various socio-economic indicators, income plays the clearest role in defining, or acting as a proxy for, increased risk of mental illness. To the extent that particular groups – such as minorities – are over-represented in low-income categories, they are more likely to see higher prevalence in those groups. This is especially true for women.[31] These studies have suggested that much of the differences in mental health prevalence can be explained by income, or by factors highly associated with income - including education and age.

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[24] C Muntaner, WW Eaton, R Miech, PO Campo. "Socioeconomic Position and Major Mental Disorders." *Epidemiologic Reviews*. 2004;26:53-62.
[25] B Saraceno, I Levav, R Kohn. "The Public Mental Health Significance of Research on Socio-Economic Factors in Schizophrenia and Major Depression." *World Psychiatry*. 2005;4(3):181-185.
[26] V Lorant, D Deliege, W Eaton, A Robert, et al. "Socioeconomic Inequalities in Depression: A Meta-Analysis." *American Journal of Epidemiology*. 2003;157(2):98-112.
[27] L Artazcoz, J Benach, C Borrell, and I Cortes. "Unemployment and Mental Health: Understanding the Interactions Among Gender, Family Roles, and Social Class." *American Journal of Public Health*. 2004;94(1):82-88.
[28] U.S. Department of Health and Human Services. "Mental Health: Culture, Race, and Ethnicity." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001. Hereafter referred to as Mental Health: Culture, Race, and Ethnicity, 2001.
[29] T Leventhal and J Brooks-Gunn. "Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health." American Journal of Public Health. 2003;93:1576-82.
[30] New Freedom Commission on Mental Health, "Subcommittee on Rural Issues: Background Paper." U.S. Department of Health and Human Services. SMA-04-3890. Rockville, MD. 2004.
[30] Surgeon General's Report, 1999.
[31] Muntaner, 2004.

How New Hampshire compares

As mentioned previously, to understand prevalence in New Hampshire, we are forced to rely largely on national studies of mental health. To understand whether these national prevalence estimates would result in a biased perspective on the total scope of mental illness in New Hampshire, Table 4 provides a comparison of the socio-economic characteristics one would expect to have an impact on overall prevalence. With the exception of gender – where NH is comparable to the rest of the country – New Hampshire tends to have a lower share of populations at risk for mental illness. This would suggest that, if anything, the national estimates of prevalence slightly over-estimate prevalence in New Hampshire.

Table 4[32]

Demographic Comparison NH to the Nation		
Characteristic	**NH**	**US**
White	96%	80%
Hispanic	2%	14%
Female	51%	51%
Living in a non-metro area	38%	17%
Family Income (median dollars)	$67,354	$55,832
Income gap ratio[33]	6.0	7.3
Rent Price (median dollars)	$854	$728
Median Home Price (median dollars)	$240,100	$167,500
Unemployment[34]	3.4%	4.6%

Service Use in Medicaid and the Private Sector

Figures 2 and 3 present the share of the population within the private insurance markets and Medicaid with an indication of a mental health service use. It is not surprising that a significantly higher share of Medicaid eligible adults (50%) had a mental health issue compared to the private sector (17%). The higher prevalence in the Medicaid population is due to the fact that the program is designed in part to serve the population of individuals most at risk for severe and persistent mental illness. There were approximately 80,000 individuals in the private market with evidence of a mental health issue and almost 25,000 in the Medicaid program in 2005.[35]

[32] U.S. Census Bureau. American Community Survey 2005. New Hampshire and the U.S. www.factfinder.census.gov. Accessed 27July2007.
[33] Income gap ratio measures the percent of income from the top 20% to the bottom 20% of income earners. U.S. Department of Labor. Bureau of Labor Statistics. http://www.bls.gov/sae/home.htm. Accessed 27July2007.
[34] Ibid.
[35] Due to the possibility that adults may enroll in or drop out of Medicaid and/or private insurance at any time during a year, adding the claims of the two groups will likely be an overestimate of the true number of adults accessing mental health services.

Figure 2

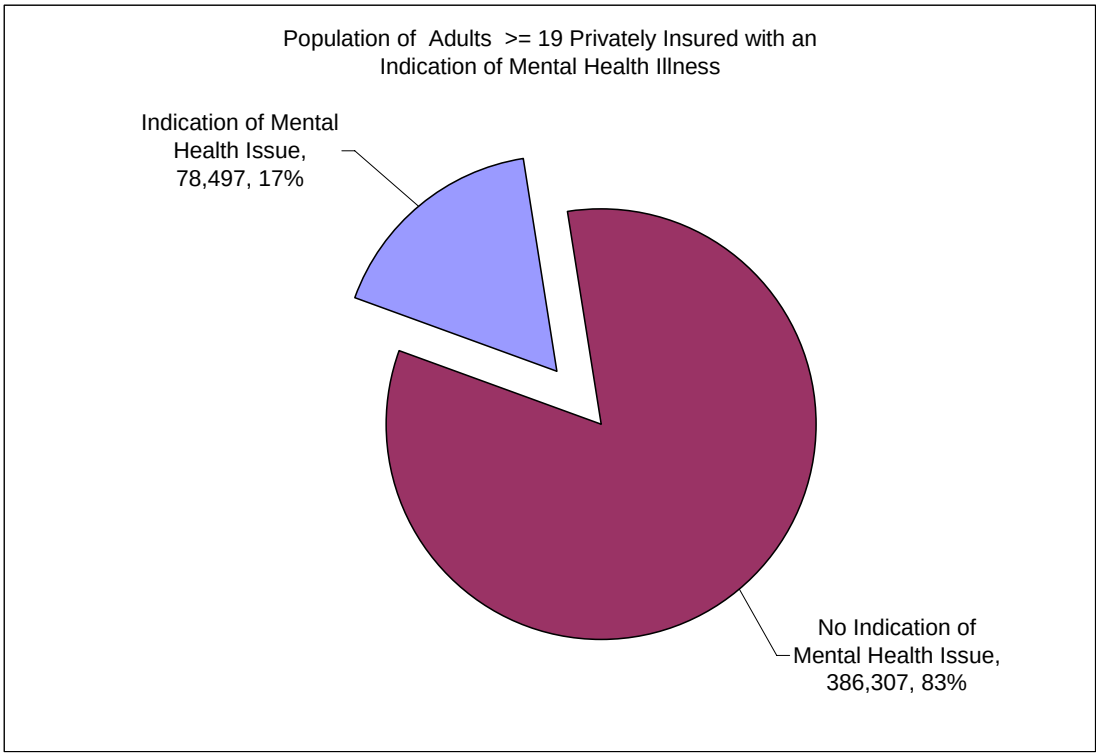
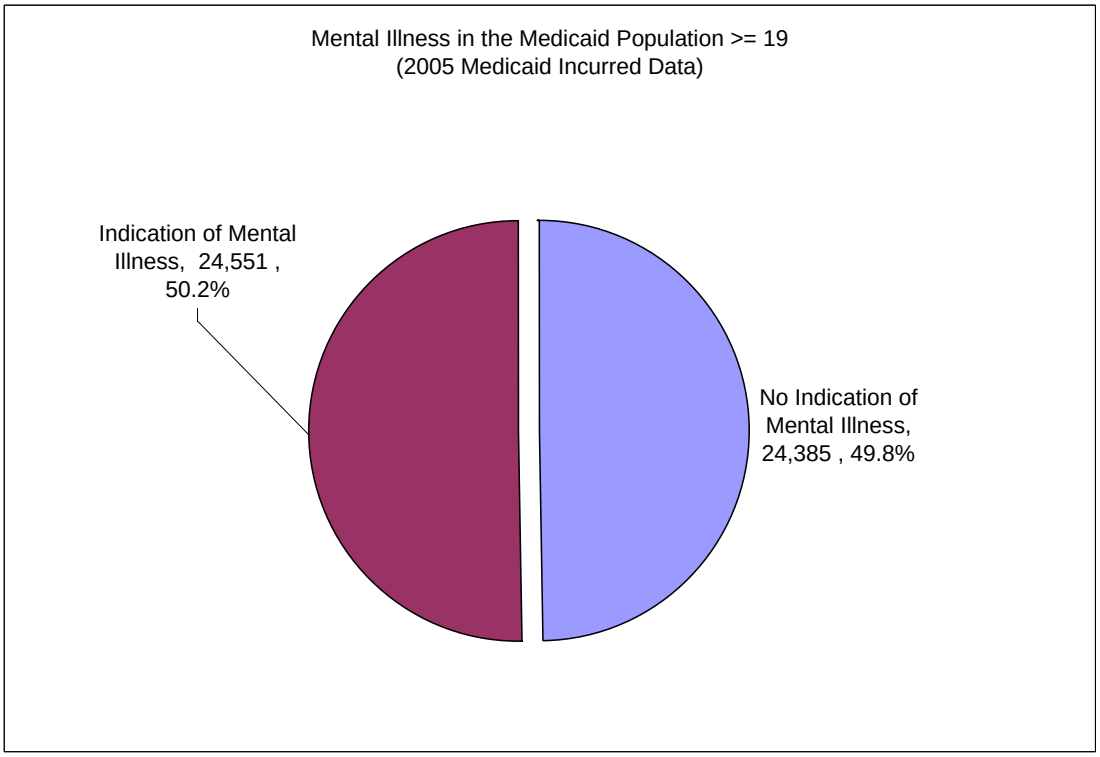


Figure 3



Type of Diagnosis

Table 5 shows the distribution of diagnoses for privately insured adults and Medicaid eligible adults with documented evidence of service use for a mental illness, grouped by type of mental illness.

Table 5

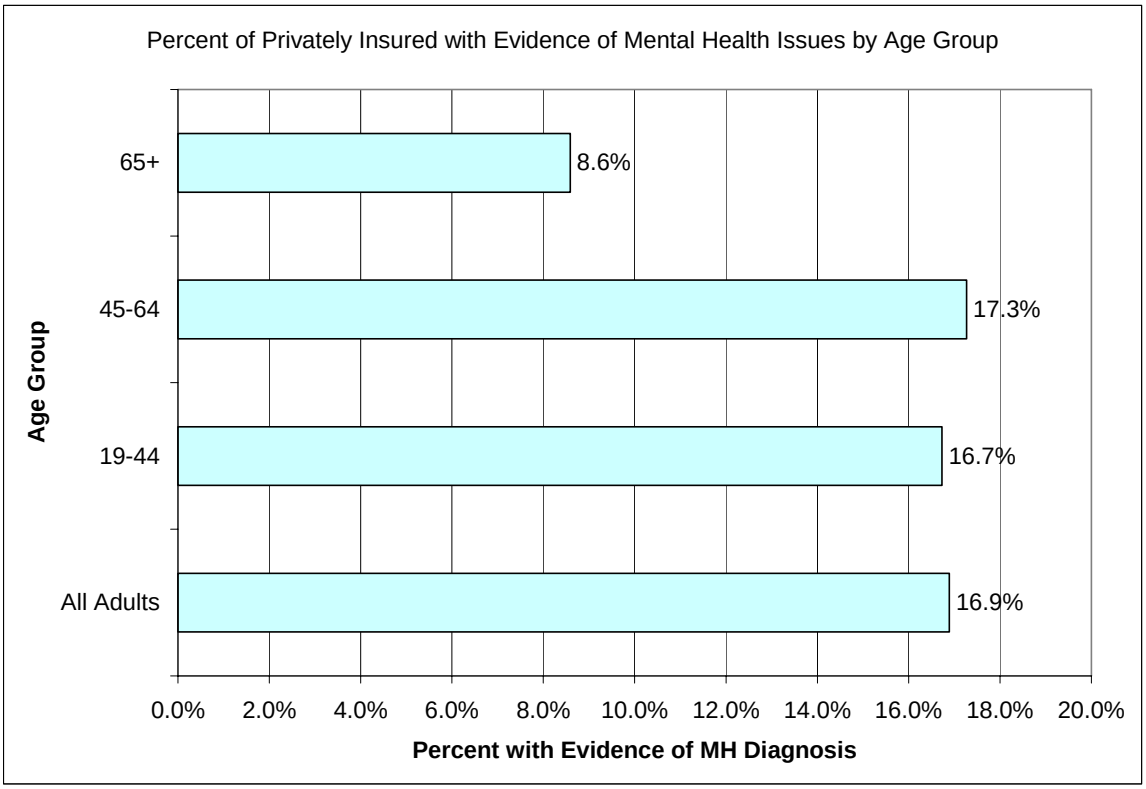
Distribution of Enrollees >=19 Years by Mental Health Diagnosis and Payer				
Diagnosis	**Medicaid**		**Private Insurance**	
	Number	Percent with MH Diagnosis	Number	Percent with MH Diagnosis
NON-MENTAL HEALTH CLAIMS	24,385	-	386,307	-
SCHIZOPHRENIC DISORDERS	2,473	10.1%	334	0.4%
MAJOR DEPRESSIVE DISORDERS	4,053	16.5%	13,971	17.8%
OTHER AFFECTIVE DISORDER	1,989	8.1%	3,025	3.9%
OTHER PSYCHOSES	2,507	10.2%	951	1.2%
STRESS AND ADJUSTMENT	2,120	8.6%	12,789	16.3%
PERSONALITY DISORDERS	257	1.0%	205	0.3%
CHILDHOOD DISORDERS	372	1.5%	2,951	3.8%
OTHER MOOD DISORDERS AND ANXIETY	4,453	18.1%	30,954	39.4%
OTHER MENTAL DISORDERS	534	2.2%	3,114	4.0%
ANY DRUG OR ALCOHOL	766	3.1%	9,104	11.6%
ALZHEIMERS	1,133	4.6%	43	0.1%
MENTAL RETARDATION	1,666	6.8%	68	0.1%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	2,228	9.1%	988	1.3%
TOTAL WITH EVIDENCE OF MENTAL ILLNESS	**24,551**	**100%**	78,497	**100%**
ALL ADULTS	48,936	-	464,804	-
PERCENT WITH MH DIAGNOSIS	**50.2%**	**-**	16.9%	**-**

Among the 78,497 adults who received a service for a mental health diagnosis in the private sector, almost 40% were for mood disorders and anxiety. Other significant numbers of individuals were diagnosed with major depressive disorders and stress and adjustment diagnoses. The Medicaid program arguably is serving a significantly more acute population. Among the 24,551 individuals with an identified mental illness, schizophrenic disorders, major depressive disorders, and other psychoses account for almost 40% of the diagnoses.

Age

Figure 4 provides the prevalence of service use for various age groups within the privately insured population. Estimates of prevalence are similar across the 19-44 and 45-64 age groups. The prevalence of those over the age of 65 is low likely because these individuals are more likely to have Medicare and Medicaid coverage than private insurance.

Figure 4



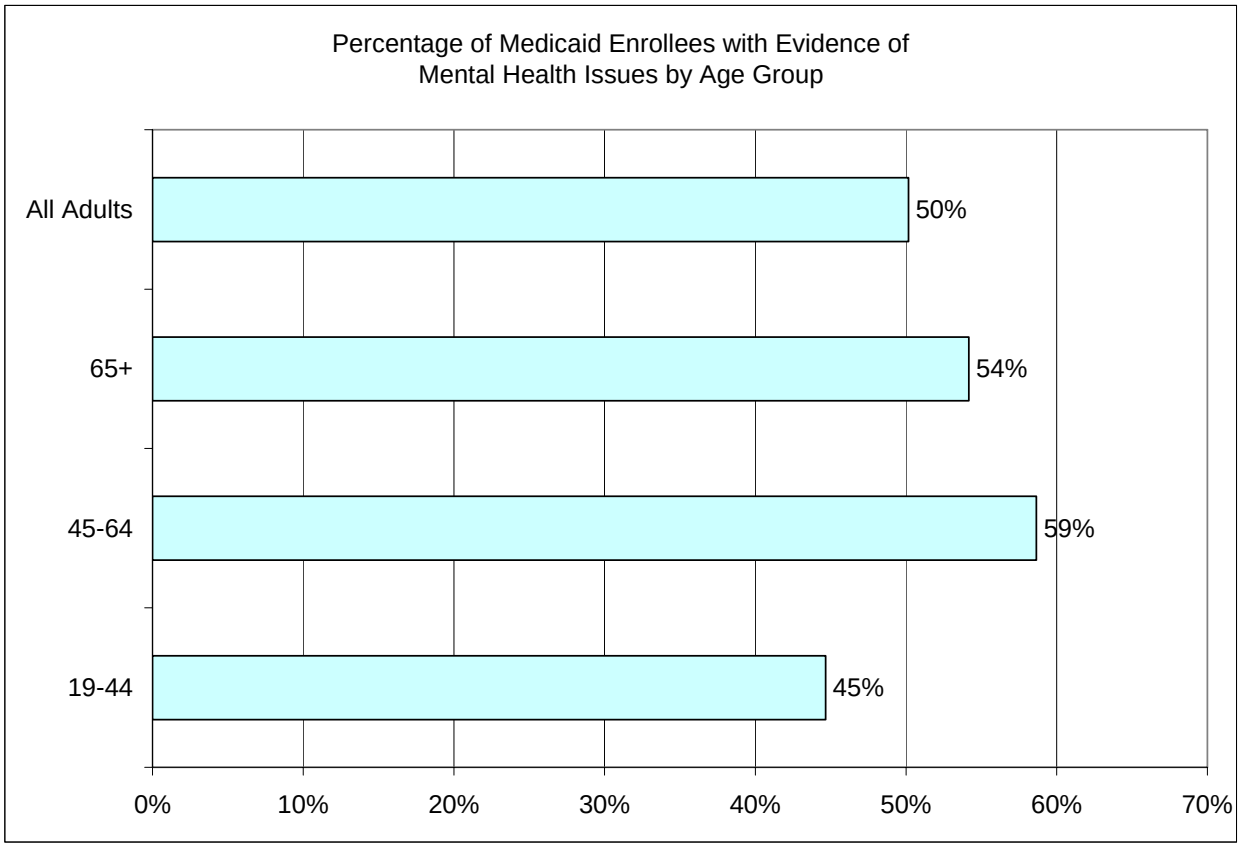
The distribution of types of diagnoses is very similar across the various age groups, as shown in Table 6. For each age group, approximately 40% had mood and anxiety disorders, with major depressive disorders accounting for much of the remainder. One would expect more serious mental illness to occur in the elderly population, but, again, these individuals are more likely to be covered in the public system.

Table 6

Distribution of Privately Insured Adults by Mental Health Diagnosis and Age Group						
Diagnosis	**19-44 years**	**Percent of all MH Diagnoses**	**45-64 years**	**Percent of all MH Diagnoses**	**65+ years**	**Percent of all MH Diagnoses**
NON-MENTAL HEALTH CLAIMS	209,153	-	172,983	-	4,171	-
SCHIZOPHRENIC DISORDERS	192	0.5%	141	0.4%	1	0.3%
MAJOR DEPRESSIVE DISORDERS	7,273	17.3%	6,634	18.4%	64	16.3%
OTHER AFFECTIVE DISORDER	1,832	4.4%	1,184	3.3%	9	2.3%
OTHER PSYCHOSES	387	0.9%	548	1.5%	16	4.1%
STRESS AND ADJUSTMENT	7,424	17.7%	5,334	14.8%	31	7.9%
PERSONALITY DISORDERS	127	0.3%	78	0.2%	0	0.0%
CHILDHOOD DISORDERS	2,166	5.2%	783	2.2%	2	0.5%
OTHER MOOD DISORDERS AND ANXIETY	16,209	38.6%	14,573	40.4%	172	43.9%
OTHER MENTAL DISORDERS	1,482	3.5%	1,608	4.5%	24	6.1%
ANY DRUG OR ALCOHOL	4,349	10.4%	4,693	13.0%	62	15.8%
ALZHEIMERS	3	0.0%	37	0.1%	3	0.8%
MENTAL RETARDATION	50	0.1%	18	0.0%	0	0.0%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	513	1.2%	467	1.3%	8	2.0%
TOTAL ADULTS IDENTIFIED WITH MH DIAGNOSIS	42,007	100.0%	36,098	100.0%	392	100.0%
ALL ADULTS	251,160	-	209,081	-	4,563	-
PERCENT WITH MH DIAGNOSIS	16.7%	-	17.3%	-	8.6%	-

Figure 5 presents the service use prevalence for various age groups within the Medicaid program. As age increases, the share of the population with evidence of severe, long-term mental health issues increases. Young adults, ages 18-44, have the lowest levels of documented mental illness. This is likely due to the fact that this population includes a significant number of low income women eligible for the state's Medicaid programs for pregnant women – who may have a lower incidence of mental illness. The higher prevalence in the older age cohorts in this population is mostly due to serious, long-term mental illness, as highlighted in Table 7.

Figure 5



As Table 7 shows, there are also significant differences in the types of diagnoses across age groups. While a significant portion of those with a mental illness experienced mood and other anxiety disorders in the younger age groups, those over 65 experienced much higher prevalence of other psychoses and, not surprisingly, Alzheimer's disease. Again, an aging population, and the very different prevalence of illnesses documented in the over 65 population suggests a need for the Medicaid system to have a greater focus on geriatric mental health.

Table 7

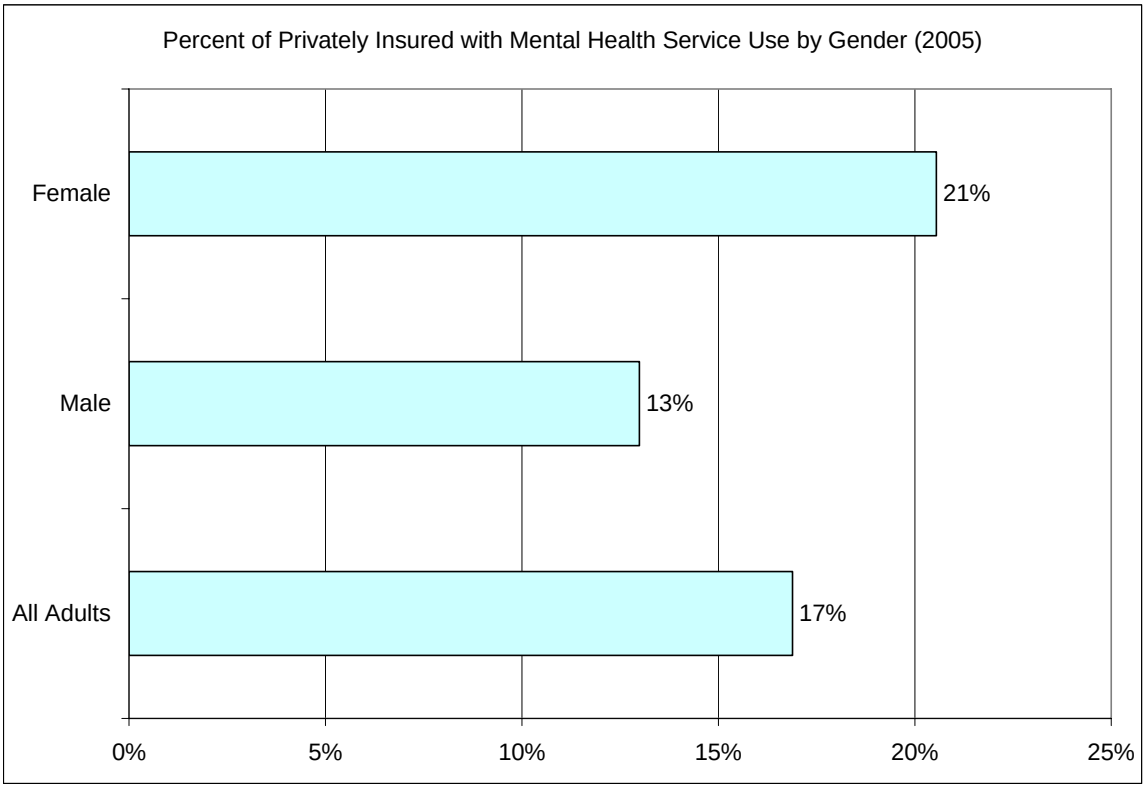
Distribution of Medicaid Enrolled Adults by Mental Health Diagnosis and Age Group						
Diagnosis	**19-44 years**	**Percent of all MH Diagnoses**	**45-64 years**	**Percent of all MH Diagnoses**	**65+ years**	**Percent of all MH Diagnoses**
NON-MENTAL HEALTH CLAIMS	14276	-	4527	-	5582	-
SCHIZOPHRENIC DISORDERS	984	8.5%	1,118	17.4%	371	5.6%
MAJOR DEPRESSIVE DISORDERS	2,115	18.3%	1,355	21.1%	583	8.8%
OTHER AFFECTIVE DISORDER	1,125	9.8%	608	9.5%	256	3.9%
OTHER PSYCHOSES	415	3.6%	332	5.2%	1,760	26.7%
STRESS AND ADJUSTMENT	1,516	13.1%	503	7.8%	101	1.5%
PERSONALITY DISORDERS	167	1.4%	64	1.0%	26	0.4%
CHILDHOOD DISORDERS	286	2.5%	61	0.9%	25	0.4%
OTHER MOOD DISORDERS AND ANXIETY	2,290	19.9%	1,065	16.6%	1,098	16.6%
OTHER MENTAL DISORDERS	390	3.4%	71	1.1%	73	1.1%
ANY DRUG OR ALCOHOL	412	3.6%	274	4.3%	80	1.2%
ALZHEIMERS	4	0.0%	38	0.6%	1,091	16.5%
MENTAL RETARDATION	1,015	8.8%	487	7.6%	164	2.5%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	810	7.0%	447	7.0%	971	14.7%
TOTAL ADULTS IDENTIFIED WITH MH DIAGNOSIS	11,529	100.0%	6,423	100.0%	6,599	100.0%
ALL ADULTS	25,805	-	10,950	-	12,181	-
PERCENT WITH MH DIAGNOSIS	45%	-	59%	-	54%	-

Gender

Not surprisingly, privately insured women have significantly higher percent of mental health illness than males. Studies have shown that men are far less likely to seek care for mental health issues.[36] Slightly more than 20% of women have documented mental illness compared to only 13% for males.

Of particular interest, however, are the significant differences in the underlying diagnoses for women and men. As Table 8 illustrates, of those women and men with documented evidence of mental illness, a significant share experienced mood disorders and anxiety. Women, however, were significantly more likely than men to have a diagnosis of a major depressive disorder. Men, on the hand, were significantly more likely to have a diagnosis associated with drug and alcohol use.

Figure 6



[36] Surgeon General's Report, 1999

Table 8

Distribution of Privately Insured Adults with Evidence of Mental Illness by Diagnosis and Gender				
Diagnosis	**Male**	**Percent with MH Diagnosis**	**Female**	**Percent with MH Diagnosis**
NON-MENTAL HEALTH CLAIMS	195,723	-	190,584	-
SCHIZOPHRENIC DISORDERS	168	0.6%	166	0.3%
MAJOR DEPRESSIVE DISORDERS	4,035	13.8%	9,936	20.2%
OTHER AFFECTIVE DISORDER	1,115	3.8%	1,910	3.9%
OTHER PSYCHOSES	492	1.7%	459	0.9%
STRESS AND ADJUSTMENT	4,362	14.9%	8,427	17.1%
PERSONALITY DISORDERS	83	0.3%	122	0.2%
CHILDHOOD DISORDERS	1,718	5.9%	1,233	2.5%
OTHER MOOD DISORDERS AND ANXIETY	9,872	33.8%	21,082	42.8%
OTHER MENTAL DISORDERS	1,651	5.7%	1,463	3.0%
ANY DRUG OR ALCOHOL	5,086	17.4%	4,018	8.2%
ALZHEIMERS	16	0.1%	27	0.1%
MENTAL RETARDATION	36	0.1%	32	0.1%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	575	2.0%	413	0.8%
TOTAL WITH EVIDENCE OF MENTAL ILLNESS	29,209	100.0%	49,288	100.0%
ALL ADULTS	224,932	-	239,872	-
PERCENT WITH MH DIAGNOSIS	13.0%	-	20.5%	-

Figure 7 shows the service use prevalence across genders among Medicaid eligible adults. In contrast to the private sector data, men are more likely to have documented evidence of a mental illness than women.

The higher prevalence among men – which runs counter to the general observation that women are more likely to experience a mental illness than men – may be due to the fact that the Medicaid program serves a higher acuity population, the diagnoses for which are more likely to be experienced by men. As Table 9 presents, slightly more than 30% of the males with evidence of a mental illness were diagnosed with schizophrenia and mental retardation – both long-term issues. Women, on the hand, were most likely to show evidence of major depressive disorder, stress and adjustment reaction, and other mood disorders and anxiety. The fact that women are more likely to access services for these disorders than men is possibly due to men accessing services less often or because women are more likely to be enrolled in the Medicaid system.

Figure 7

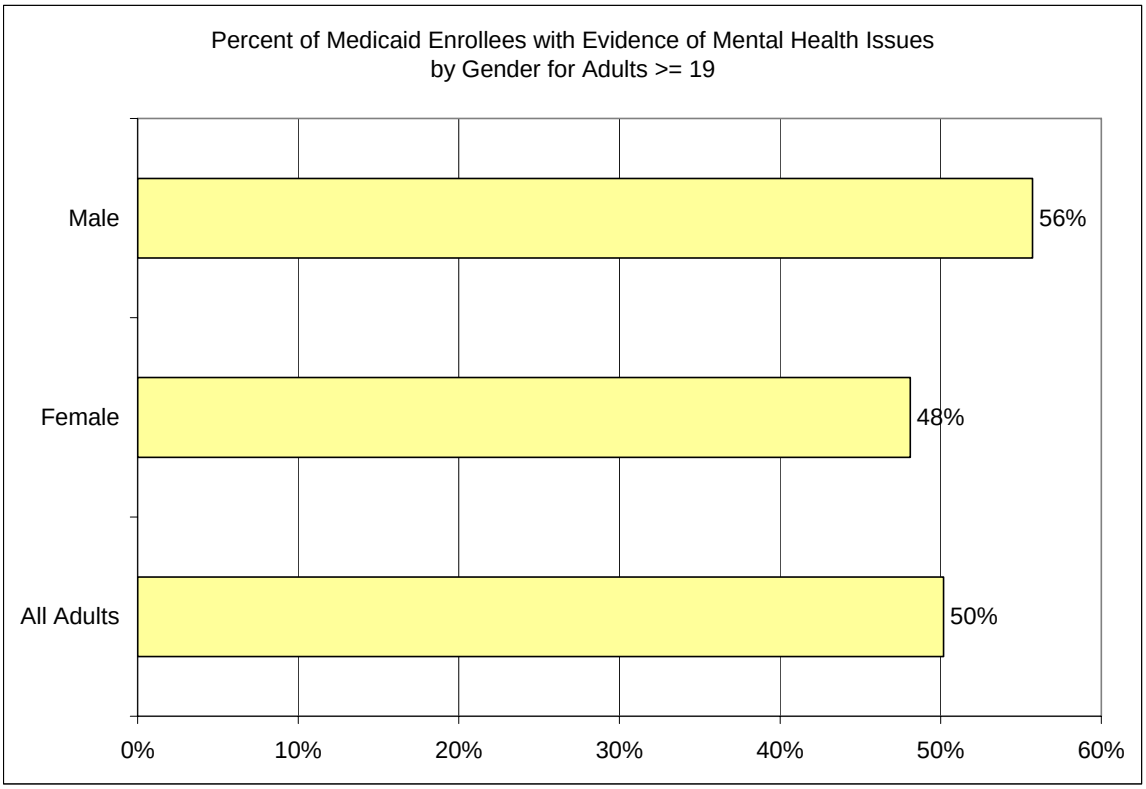


Table 9

Distribution of Medicaid Enrolled Adults with Evidence of Mental Illness by Diagnosis and Gender

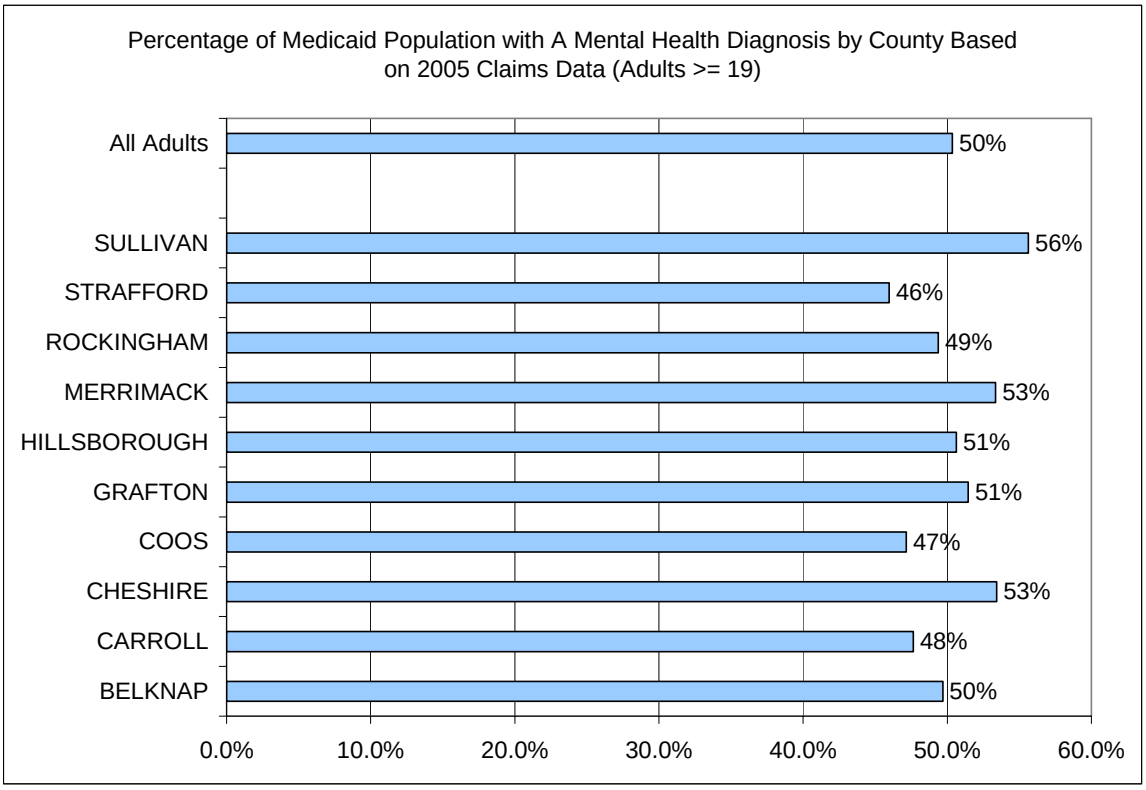
Diagnosis	Male	Percent with MH Diagnosis	Female	Percent with MH Diagnosis
NON-MENTAL HEALTH CLAIMS	5,899	-	18,486	-
SCHIZOPHRENIC DISORDERS	1,336	18.0%	1,137	6.6%
MAJOR DEPRESSIVE DISORDERS	909	12.3%	3,144	18.4%
OTHER AFFECTIVE DISORDER	608	8.2%	1,381	8.1%
OTHER PSYCHOSES	843	11.4%	1,664	9.7%
STRESS AND ADJUSTMENT	365	4.9%	1,755	10.2%
PERSONALITY DISORDERS	50	0.7%	207	1.2%
CHILDHOOD DISORDERS	191	2.6%	181	1.1%
OTHER MOOD DISORDERS AND ANXIETY	977	13.2%	3,476	20.3%
OTHER MENTAL DISORDERS	95	1.3%	439	2.6%
ANY DRUG OR ALCOHOL	342	4.6%	424	2.5%
ALZHEIMERS	213	2.9%	920	5.4%
MENTAL RETARDATION	905	12.2%	761	4.4%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	585	7.9%	1,643	9.6%
TOTAL WITH EVIDENCE OF MENTAL ILLNESS	7,419	100.0%	17,132	100.0%
ALL ADULTS	13,318	-	35,618	-
PERCENT WITH MH DIAGNOSIS	56%	-	48%	-

Other Characteristics of the Medicaid Population

County of Residence

Figure 8 provides service use prevalence by county of residence for adults within the Medicaid program. Strafford County has the lowest prevalence, and Sullivan County had the highest percent of mental health services accessed.

Figure 8



Ethnicity

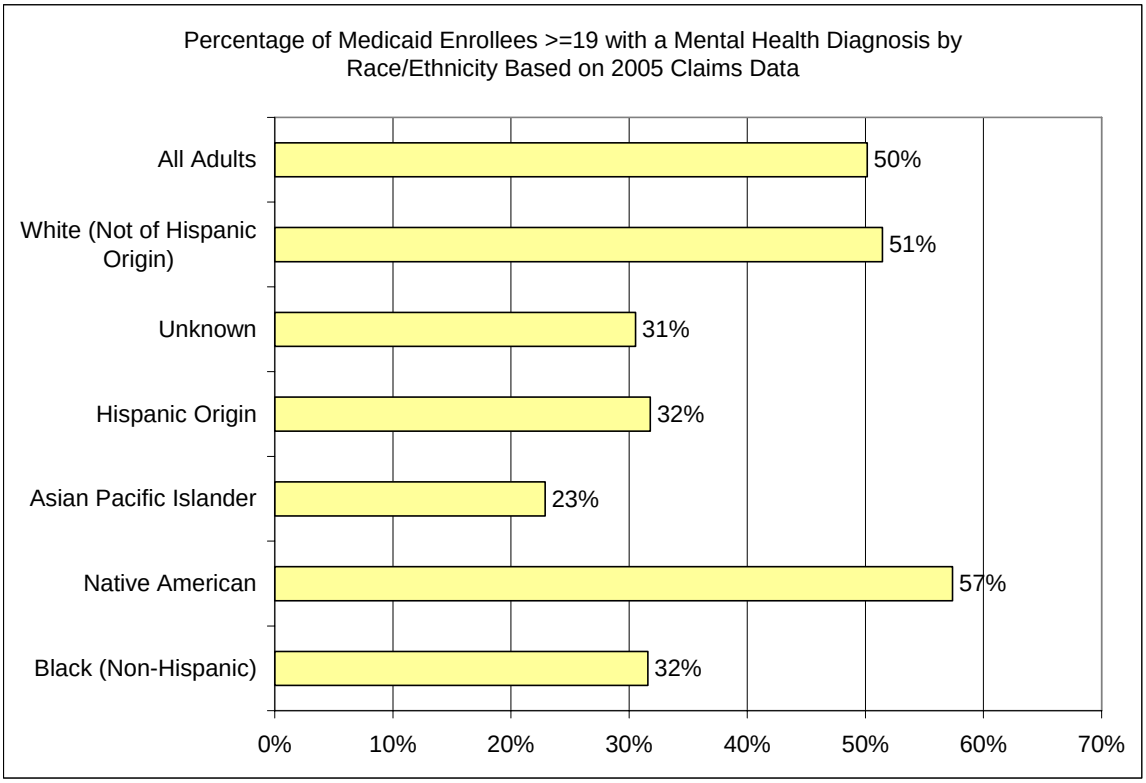
Figure 9 shows prevalence of service use by race/ethnicity for adults within the Medicaid program. Similar to the analysis the Center conducted on children, these results suggest there are significant differences in the service use prevalence for mental illness by race/ethnicity in the adult Medicaid population.

Why this is so is not clear from the data. Studies have shown that racial and ethnic minorities are less likely to seek services for mental illness and often delay treatment until symptoms become severe despite the fact that minorities may be at higher risk.[37] One could argue that the results imply that access to mental health services for non-white adults is different - either because of a lack of services or a lack of seeking out services - than for white adults in the New Hampshire Medicaid program. An alternative explanation is that the data capturing an individual's race is problematic. It is not clear, given the self-reported nature of the indicator, what the race ethnicity indicator is actually

[37] Mental Health: Race, Culture, and Ethnicity, 2001.

capturing. These results suggest further analysis of the relationship between ethnicity and race and mental illness in the adult Medicaid population is warranted.

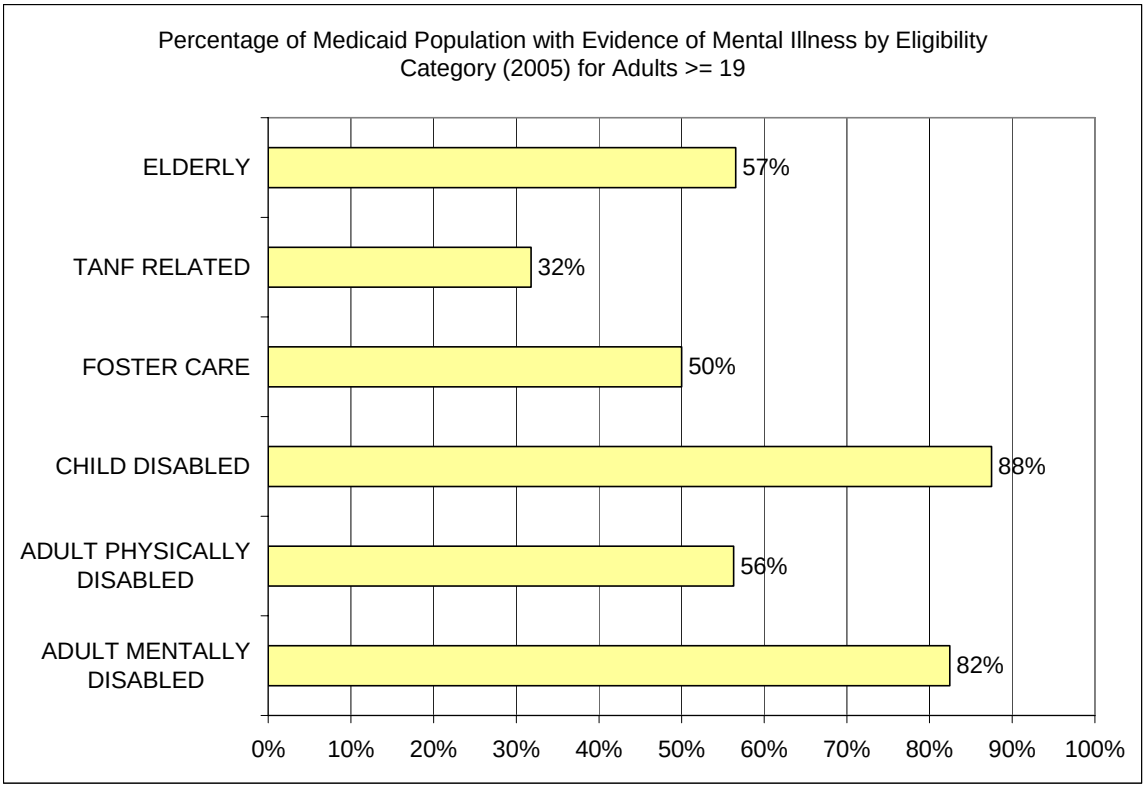
Figure 9



Eligibility Category

Figure 10 provides mental illness service use prevalence by eligibility category in adults for 2005. Not surprisingly, those individuals with eligibility categories capturing the long-term mentally or physically disabled have high levels of documented mental illness. Of note, almost 60 percent of those individuals eligible for Medicaid via elderly programs or pathways showed evidence of mental illness. And, since these illnesses are generally long-term, severe conditions, this result supports the concern of mental health care for the elderly in the Medicaid system.

Figure 10



Discussion

Mental health disorders have far reaching implications for the adult affected with them. Mental health issues can impact an adult's ability to function in the activities of living, including the ability to function at work and at home. It can impact an adult's family, social, and professional relationships. And, mental health disorders, if left untreated, can affect an adult's physical health, impact their SES, and decrease life expectancy.

Although mental health problems appear in adults of all backgrounds and social classes, certain adults are at increased risk due to a variety of factors. These include family history of emotional and/or substance issues, abuse and neglect as a child, family discord, and other physical and cognitive disabilities.[38]

As the data present, there is a higher use of mental health services in the Medicaid population compared to the privately insured. Further research is needed to explore the difference in risk between the populations and how services are provided for these individuals in New Hampshire.

As previously discussed, the shift in demographics to an older population has broad implications for the behavioral health system, particularly Medicaid. Furthermore, the prevalence of serious mental illnesses and the percent of the population with multiple disorders are noteworthy. These findings point to questions about the complexity of care needed for these individual and have far reaching implications for the behavioral health services system.

[38] Surgeon General's Report, 1999.

Appendix

Table A-1

MH Diagnoses in the Privately Insured Population in 2005 Age >= 19 Years		
Diagnosis	**Number**	**Percent**
Schizophrenic Disorders (295)	334	0.43%
Major Depressive Disorder (2962, 2963)	13,971	17.80%
Manic Disorders (2960, 2961)	195	0.25%
Bipolar Affective Disorders (2964-2967)	1,345	1.71%
Other and Unspecified Manic-Depressive Psychoses (2968)	763	0.97%
Other and Unspecified Affective Psychoses (2969)	722	0.92%
Transient Organic Psychotic Conditions (293)	281	0.36%
Other Organic Psychotic Conditions, Chronic (294)	217	0.28%
Paranoid States or Delusional Disorders (297)	29	0.04%
Other Non-Organic Psychoses (298)	347	0.44%
Psychoses with Origin Specified to Childhood (299)	77	0.10%
Acute Reaction to Stress (308)	1,309	1.67%
Adjustment Reaction (309)	11,480	14.62%
Personality Disorders (301 with no 30113)	205	0.26%
Disturbance of Conduct, Not Elsewhere Specified (312)	195	0.25%
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	42	0.05%
Hyperkinetic Syndrome of Childhood (314)	2,714	3.46%
Neurotic Disorders (300)	20,978	26.72%
Cyclothymic Disorders (30113)	29	0.04%
Depressive Disorder, Not Elsewhere Specified (311)	9,947	12.67%
Sexual Deviations and Disorders (302)	1,150	1.47%
Physiological Malfunction Arising from Mental Factors (306)	160	0.20%
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	1,461	1.86%
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	163	0.21%
Psychotic Factors Associated with Diseases Specified Elsewhere (316)	22	0.03%
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	158	0.20%
Drug Psychoses (292)	66	0.08%
Drug Dependence/Nondependent Abuse (304,3052-3059)	511	0.65%
Polyneuropathy Due to Drugs (3576)	13	0.02%
Drug Dependence in Pregnancy, Antepartum and Postpartum (6483)	7	0.01%
Suspected Damage to Fetus from Drugs (6555)	9	0.01%
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	20	0.03%
Drug Withdrawal Syndrome in Newborn (7795)	2	0.00%
Poisoning by Adrenal Cortical Steroids (9620)	5	0.01%
Poisoning by Opiates and Related Narcotics (9650)	3	0.00%
Poisoning by Sedatives and Hypnotics (967)	2	0.00%
Poisoning by Other Central Nervous System Depressants and Anesthetics (968)	5	0.01%
Poisoning by Psychotropic Agents (969)	11	0.01%
Poisoning by Central Nervous System Stimulants (970)	1	0.00%
Poisoning by Dietetics (9770)	1	0.00%
Tobacco Use Disorder (3051)	8,448	10.76%
Alzheimer's Disease (3310, 290)	43	0.05%
Mental Retardation or Developmental Delays (315, 317-319)	68	0.09%
CPT Identified Patients	525	0.67%
ICD-9 Procedure Code Identified Patients	438	0.56%
Total Distinct MH Patients Identified by Revenue Codes	25	0.03%
Total with MH Diagnosis	78,497	
All Adults	464,804	
Percent with MH Diagnosis	16.9%	

Source: NH Department of Insurance, analysis of NH Comprehensive Healthcare Information System Data

Table A - 2

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years		
Diagnosis	**Number**	**Percent**
Schizophrenic Disorders (295)	34	0.05%
Major Depressive Disorder (2962, 2963)	642	0.90%
Manic Disorders (2960, 2961)	312	0.44%
Bipolar Affective Disorders (2964-2967)	538	0.75%
Transient Organic Psychotic Conditions (293)	17	0.02%
Other Organic Psychotic Conditions, Chronic (294)	33	0.05%
Paranoid States or Delusional Disorders (297)	2	0.00%
Other Non-Organic Psychoses (298)	61	0.09%
Psychoses with Origin Specified to Childhood (299)	541	0.76%
Acute Reaction to Stress (308)	51	0.07%
Adjustment Reaction (309)	3,938	5.50%
Personality Disorders (301 with no 30113)	17	0.02%
Disturbance of Conduct, Not Elsewhere Specified (312)	961	1.34%
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	875	1.22%
Hyperkinetic Syndrome of Childhood (314)	2,982	4.16%
Neurotic Disorders (300)	813	1.13%
Cyclothymic Disorders (30113)	1	0.00%
Depressive Disorder, Not Elsewhere Specified (311)	361	0.50%
Sexual Deviations and Disorders (302)	6	0.01%
Physiological Malfunction Arising from Mental Factors (306)	6	0.01%
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	239	0.33%
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	8	0.01%
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	7	0.01%
Alcoholic psychoses (291)	7	0.01%
Alcohol dependence/nondependent abuse (303,305)	39	0.05%
Drug Psychoses (292)	6	0.01%
Drug Dependence/Nondependent Abuse (304,3052-3059)	44	0.06%
Chronic liver disease & cirrhosis with mention of alcohol (571.0-571.3)	1	0.00%
Suspected Damage to Fetus from Drugs (6555)	1	0.00%
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	15	0.02%
Drug Withdrawal Syndrome in Newborn (7795)	23	0.03%
Poisoning by Opiates and Related Narcotics (9650)	4	0.01%
Poisoning by Psychotropic Agents (969)	8	0.01%
Poisoning by Central Nervous System Stimulants (970)	1	0.00%
Alzheimer's Disease (3310, 290)	1	0.00%
Mental Retardation or Developmental Delays (315, 317-319)	1,738	2.43%
Mental Health Service w/o Diagnosis Indicated	3,347	4.67%
Total with MH Diagnosis	17,680	
All Adults	71,649	
Percent with MH Diagnosis	24.7%	

Table A - 3

MH Diagnoses in the Privately Insured Population in 2005 Age >= 19 Years by Age Group			
Diagnosis	**19-44 years**	**45-64 years**	**65+ years**
Schizophrenic Disorders (295)	192	141	1
Major Depressive Disorder (2962, 2963)	7,273	6,634	64
Manic Disorders (2960, 2961)	114	81	0
Bipolar Affective Disorders (2964-2967)	780	561	4
Other and Unspecified Manic-Depressive Psychoses (2968)	486	276	1
Other and Unspecified Affective Psychoses (2969)	452	266	4
Transient Organic Psychotic Conditions (293)	113	161	7
Other Organic Psychotic Conditions, Chronic (294)	45	167	5
Paranoid States or Delusional Disorders (297)	13	16	0
Other Non-Organic Psychoses (298)	146	197	4
Psychoses with Origin Specified to Childhood (299)	70	7	0
Acute Reaction to Stress (308)	686	622	1
Adjustment Reaction (309)	6,738	4,712	30
Personality Disorders (301 with no 30113)	127	78	0
Disturbance of Conduct, Not Elsewhere Specified (312)	135	60	0
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	34	8	0
Hyperkinetic Syndrome of Childhood (314)	1,997	715	2
Neurotic Disorders (300)	11,572	9,299	107
Cyclothymic Disorders (30113)	21	8	0
Depressive Disorder, Not Elsewhere Specified (311)	4,616	5,266	65
Sexual Deviations and Disorders (302)	323	817	10
Physiological Malfunction Arising from Mental Factors (306)	86	74	0
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	823	629	9
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	84	74	5
Psychotic Factors Associated with Diseases Specified Elsewhere (316)	9	13	0
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	157	1	0
Drug Psychoses (292)	36	29	1
Drug Dependence/Nondependent Abuse (304,3052-3059)	378	132	1
Polyneuropathy Due to Drugs (3576)	0	11	2
Drug Dependence in Pregnancy, Antepartum and Postpartum (6483)	7	0	0
Suspected Damage to Fetus from Drugs (6555)	9	0	0
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	11	8	1
Drug Withdrawal Syndrome in Newborn (7795)	2	0	0
Poisoning by Adrenal Cortical Steroids (9620)	2	3	0
Poisoning by Opiates and Related Narcotics (9650)	1	2	0
Poisoning by Sedatives and Hypnotics (967)	1	1	0
Poisoning by Other Central Nervous System Depressants and Anesthetics (968)	3	2	0
Poisoning by Psychotropic Agents (969)	4	7	0
Poisoning by Central Nervous System Stimulants (970)	0	1	0
Poisoning by Dietetics (9770)	1	0	0
Tobacco Use Disorder (3051)	3,894	4,497	57
Alzheimer's Disease (3310, 290)	3	37	3
Mental Retardation or Developmental Delays (315, 317-319)	50	18	0
CPT Identified Patients	343	182	0
ICD-9 Procedure Code Identified Patients	161	269	8
Total Distinct MH Patients Identified by Revenue Codes	9	16	0
Total with MH Diagnosis	42,007	36,098	392
All Adults	251,160	209,081	4,563
Percent with MH Diagnosis	16.7%	17.3%	8.6%

Source: NH Department of Insurance, analysis of NH Comprehensive Healthcare Information System Data

Table A - 4

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years by Age Group			
Diagnosis	**19-44 years**	**45-64 years**	**65+ years**
Schizophrenic Disorders (295)	984	1,118	371
Major Depressive Disorder (2962, 2963)	2,115	1,355	583
Manic Disorders (2960, 2961)	474	224	114
Bipolar Affective Disorders (2964-2967)	651	384	142
Transient Organic Psychotic Conditions (293)	56	76	102
Other Organic Psychotic Conditions, Chronic (294)	40	88	1,433
Paranoid States or Delusional Disorders (297)	12	15	54
Other Non-Organic Psychoses (298)	148	135	169
Psychoses with Origin Specified to Childhood (299)	159	18	2
Acute Reaction to Stress (308)	50	18	8
Adjustment Reaction (309)	1,466	485	93
Personality Disorders (301 with no 30113)	167	64	26
Disturbance of Conduct, Not Elsewhere Specified (312)	72	36	22
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	18	1	0
Hyperkinetic Syndrome of Childhood (314)	196	24	3
Neurotic Disorders (300)	1,457	642	475
Cyclothymic Disorders (30113)	7	1	2
Depressive Disorder, Not Elsewhere Specified (311)	826	422	621
Sexual Deviations and Disorders (302)	8	4	3
Physiological Malfunction Arising from Mental Factors (306)	7	1	6
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	133	44	26
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	21	22	37
Psychotic Factors Associated with Diseases Specified Elsewhere (316)	0	0	1
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	221	0	0
Alcoholic psychoses (291)	12	27	16
Alcohol dependence/nondependent abuse (303,305)	101	141	30
Drug Psychoses (292)	16	18	9
Drug Dependence/Nondependent Abuse (304,3052-3059)	260	55	7
Alcoholic Polyneuropathy (357.5)	0	0	1
Polyneuropathy Due to Drugs (3576)	0	0	1
Alcoholic cardiomyopathy (425.5)	0	3	0
Alcoholic gastritis (535.30, 535.31)	2	1	1
Chronic liver disease & cirrhosis with mention of alcohol (571.0-571.3)	4	20	4
Drug Dependence in Pregnancy, Antepartum and Postpartum (6483)	5	0	0
Suspected Damage to Fetus from Drugs (6555)	3	0	0
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	1	0	0
Excessive blood level of alcohol (980.0)	1	0	0
Poisoning by Opiates and Related Narcotics (9650)	0	2	1
Poisoning by Sedatives and Hypnotics (967)	1	0	0
Poisoning by Psychotropic Agents (969)	1	3	1
Tobacco Use Disorder (3051)	5	4	9
Alzheimer's Disease (3310, 290)	4	38	1,091
Mental Retardation or Developmental Delays (315, 317-319)	1,015	487	164
Mental Health Service w/o Diagnosis Indicated	810	447	971
	0		
Total with MH Diagnosis	11,529	6,423	6,599
All Adults	25,805	10,950	12,181
Percent with MH Diagnosis	45%	59%	54%

Table A - 5

MH Diagnoses in the Privately Insured Population in 2005 Age >= 19 Years by Gender		
Diagnosis	**Male**	**Female**
Schizophrenic Disorders (295)	168	166
Major Depressive Disorder (2962, 2963)	4,035	9,936
Manic Disorders (2960, 2961)	56	139
Bipolar Affective Disorders (2964-2967)	520	825
Other and Unspecified Manic-Depressive Psychoses (2968)	272	491
Other and Unspecified Affective Psychoses (2969)	267	455
Transient Organic Psychotic Conditions (293)	124	157
Other Organic Psychotic Conditions, Chronic (294)	107	110
Paranoid States or Delusional Disorders (297)	17	12
Other Non-Organic Psychoses (298)	184	163
Psychoses with Origin Specified to Childhood (299)	60	17
Acute Reaction to Stress (308)	395	914
Adjustment Reaction (309)	3,967	7,513
Personality Disorders (301 with no 30113)	83	122
Disturbance of Conduct, Not Elsewhere Specified (312)	148	47
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	27	15
Hyperkinetic Syndrome of Childhood (314)	1,543	1,171
Neurotic Disorders (300)	6,913	14,065
Cyclothymic Disorders (30113)	12	17
Depressive Disorder, Not Elsewhere Specified (311)	2,947	7,000
Sexual Deviations and Disorders (302)	1,032	118
Physiological Malfunction Arising from Mental Factors (306)	63	97
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	464	997
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	80	83
Psychotic Factors Associated with Diseases Specified Elsewhere (316)	10	12
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	2	156
Drug Psychoses (292)	39	27
Drug Dependence/Nondependent Abuse (304,3052-3059)	372	139
Polyneuropathy Due to Drugs (3576)	5	8
Drug Dependence in Pregnancy, Antepartum and Postpartum (6483)	0	7
Suspected Damage to Fetus from Drugs (6555)	1	8
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	5	15
Drug Withdrawal Syndrome in Newborn (7795)	1	1
Poisoning by Adrenal Cortical Steroids (9620)	1	4
Poisoning by Opiates and Related Narcotics (9650)	1	2
Poisoning by Sedatives and Hypnotics (967)	0	2
Poisoning by Other Central Nervous System Depressants and Anesthetics (968)	4	1
Poisoning by Psychotropic Agents (969)	5	6
Poisoning by Central Nervous System Stimulants (970)	1	0
Poisoning by Dietetics (9770)	0	1
Tobacco Use Disorder (3051)	4,651	3,797
Alzheimer's Disease (3310, 290)	16	27
Mental Retardation or Developmental Delays (315, 317-319)	36	32
CPT Identified Patients	395	130
ICD-9 Procedure Code Identified Patients	165	273
Total Distinct MH Patients Identified by Revenue Codes	15	10
Total with MH Diagnosis	29,209	49,288
All Adults	254,141	289,160
Percent with MH Diagnosis	11.5%	17.0%

Source: NH Department of Insurance, analysis of NH Comprehensive Healthcare Information System Data

Table A - 6

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years by Gender		
Diagnosis	**Male**	**Female**
Schizophrenic Disorders (295)	1,336	1,137
Major Depressive Disorder (2962, 2963)	909	3,144
Manic Disorders (2960, 2961)	238	574
Bipolar Affective Disorders (2964-2967)	370	807
Transient Organic Psychotic Conditions (293)	89	145
Other Organic Psychotic Conditions, Chronic (294)	387	1,174
Paranoid States or Delusional Disorders (297)	29	52
Other Non-Organic Psychoses (298)	207	245
Psychoses with Origin Specified to Childhood (299)	131	48
Acute Reaction to Stress (308)	16	60
Adjustment Reaction (309)	349	1,695
Personality Disorders (301 with no 30113)	50	207
Disturbance of Conduct, Not Elsewhere Specified (312)	97	33
Disturbance of Emotions, Specific to Childhood & Adolescence (313)	11	8
Hyperkinetic Syndrome of Childhood (314)	83	140
Neurotic Disorders (300)	542	2,032
Cyclothymic Disorders (30113)	2	8
Depressive Disorder, Not Elsewhere Specified (311)	433	1,436
Sexual Deviations and Disorders (302)	11	4
Physiological Malfunction Arising from Mental Factors (306)	3	11
Special Symptoms or Syndromes, Not Elsewhere Specified (307)	47	156
Specific Non-Psychotic Mental Disorders Due to Organic Brain Damage (310)	34	46
Psychotic Factors Associated with Diseases Specified Elsewhere (316)	0	1
Mental Disorders in Pregnancy, Antepartum and Postpartum (6484)	0	221
Alcoholic psychoses (291)	28	27
Alcohol dependence/nondependent abuse (303,305)	165	107
Drug Psychoses (292)	16	27
Drug Dependence/Nondependent Abuse (304,3052-3059)	96	226
Alcoholic Polyneuropathy (357.5)	0	1
Polyneuropathy Due to Drugs (3576)	0	1
Alcoholic cardiomyopathy (425.5)	3	0
Alcoholic gastritis (535.30, 535.31)	1	3
Chronic liver disease & cirrhosis with mention of alcohol (571.0-571.3)	17	11
Drug Dependence in Pregnancy, Antepartum and Postpartum (6483)	0	5
Suspected Damage to Fetus from Drugs (6555)	0	3
Noxious Influences Affecting Fetus via Placenta or Breast Milk (7607)	1	0
Excessive blood level of alcohol (980.0)	0	1
Poisoning by Opiates and Related Narcotics (9650)	2	1
Poisoning by Sedatives and Hypnotics (967)	1	0
Poisoning by Psychotropic Agents (969)	4	1
Tobacco Use Disorder (3051)	8	10
Alzheimer's Disease (3310, 290)	213	920
Mental Retardation or Developmental Delays (315, 317-319)	905	761
Mental Health Service w/o Diagnosis Indicated	585	1,643
Total with MH Diagnosis	7,419	17,132
All Adults	13,318	35,618
Percent with MH Diagnosis	56%	48%

Table A - 7

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years by Race/Ethnicity												
Diagnosis	**Black (non-Hispanic)**		**Native American**		**Asian/Pacific Islander**		**Hispanic**		**White (non-Hispanic)**		**Unknown**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
NON-MENTAL HEALTH CLAIMS	600		26		219		796		22,262		482	
SCHIZOPHRENIC DISORDERS	29	10%	4	11%	13	20%	22	6%	2,387	10%	18	8%
MAJOR DEPRESSIVE DISORDERS	53	19%	10	29%	12	18%	102	27%	3,836	16%	40	19%
OTHER AFFECTIVE DISORDER	30	11%	2	6%	2	3%	16	4%	1,926	8%	13	6%
OTHER PSYCHOSES	8	3%	4	11%	8	12%	23	6%	2,448	10%	16	8%
STRESS AND ADJUSTMENT	37	13%	2	6%	3	5%	36	10%	2,027	9%	15	7%
PERSONALITY DISORDERS	0	0%	0	0%	0	0%	4	1%	251	1%	2	1%
CHILDHOOD DISORDERS	2	1%	0	0%	0	0%	1	0%	367	2%	2	1%
OTHER MOOD DISORDERS AND ANXIETY	53	19%	6	17%	11	17%	81	22%	4,267	18%	35	17%
OTHER MENTAL DISORDERS	9	3%	2	6%	0	0%	9	2%	505	2%	9	4%
ANY DRUG OR ALCOHOL	10	4%	2	6%	2	3%	15	4%	732	3%	5	2%
ALZHEIMERS	3	1%	1	3%	1	2%	11	3%	1,108	5%	9	4%
MENTAL RETARDATION	6	2%	0	0%	4	6%	7	2%	1,644	7%	5	2%
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	37	13%	2	6%	9	14%	44	12%	2,093	9%	43	20%
TOTAL WITH EVIDENCE OF MENTAL ILLNESS	277		35		65		371		23,591		212	
ALL ADULTS	877		61		284		1,167		45,853		694	
PERCENT WITH MH DIAGNOSIS	31.6%		57.4%		22.9%		31.8%		51.4%		30.5%	

Table A - 8

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years by NH County											
Diagnosis	**BELKNAP**	**CARROLL**	**CHESHIRE**	**COOS**	**GRAFTON**	**HILLSBOROUGH**	**MERRIMACK**	**ROCKINGHAM**	**STRAFFORD**	**SULLIVAN**	**OUT OF STATE**
NON-MENTAL HEALTH CLAIMS	1,323	1,001	1,369	1,343	1,469	7,583	2,553	3,338	2,859	1,053	471
SCHIZOPHRENIC DISORDERS	129	80	154	100	224	758	343	323	195	146	16
MAJOR DEPRESSIVE DISORDERS	215	87	238	118	210	1,510	459	552	375	225	61
OTHER AFFECTIVE DISORDER	119	63	107	97	124	615	274	252	233	75	28
OTHER PSYCHOSES	128	115	200	155	178	815	297	283	168	156	12
STRESS AND ADJUSTMENT	119	77	128	106	119	630	279	229	250	146	36
PERSONALITY DISORDERS	11	4	17	6	14	121	27	33	15	2	6
CHILDHOOD DISORDERS	16	23	19	14	19	101	43	67	39	22	9
OTHER MOOD DISORDERS AND ANXIETY	242	169	271	259	245	1,331	491	615	538	238	54
OTHER MENTAL DISORDERS	26	29	35	48	36	166	50	55	46	36	7
ANY DRUG OR ALCOHOL	30	29	46	59	36	198	102	94	111	48	12
ALZHEIMERS	51	62	51	65	43	332	190	208	90	40	1
MENTAL RETARDATION	122	90	143	65	143	474	186	243	113	58	29
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	99	83	161	106	166	723	178	301	259	128	24
TOTAL WITH EVIDENCE OF MENTAL ILLNESS											
ALL ADULTS	1,307	911	1,570	1,198	1,557	7,774	2,919	3,255	2,432	1,320	295
PERCENT WITH MH DIAGNOSIS	2,630	1,912	2,939	2,541	3,026	15,357	5,472	6,593	5,291	2,373	766
PERCENT OFMEDICAID MH POP AS A SHARE OF TOTAL COUNTY POPULATION	49.7%	47.6%	53.4%	47.1%	51.5%	50.6%	53.3%	49.4%	46.0%	55.6%	N/A

Table A-9

MH Diagnoses in the Medicaid Enrolled Population in 2005 Age >= 19 Years by Eligibility Category								
Diagnosis	**ADULT MENTALLY DISABLED**	**ADULT PHYSICALLY DISABLED**	**CHILD DISABLED**	**FOSTER CARE**	**TANF RELATED**	**ELDERLY**	**MEDICARE RELATED**	**MISSING**
NON-MENTAL HEALTH CLAIMS	1,471	3,792	2	4	13,155	4,895	926	140
SCHIZOPHRENIC DISORDERS	1,645	420	1	0	40	349	11	7
MAJOR DEPRESSIVE DISORDERS	1,232	931	4	1	1,312	543	20	10
OTHER AFFECTIVE DISORDER	942	324	5	0	460	242	11	5
OTHER PSYCHOSES	393	306	1	0	53	1,740	13	1
STRESS AND ADJUSTMENT	565	398	0	0	1,042	93	17	5
PERSONALITY DISORDERS	115	54	0	0	62	25	0	1
CHILDHOOD DISORDERS	130	54	0	1	161	24	2	0
OTHER MOOD DISORDERS AND ANXIETY	774	849	2	0	1,704	1,034	83	7
OTHER MENTAL DISORDERS	44	87	0	0	328	70	5	0
ANY DRUG OR ALCOHOL	85	250	0	0	331	76	20	4
ALZHEIMERS	16	30	0	0	3	1,081	3	0
MENTAL RETARDATION	899	598	0	0	17	150	2	0
MENTAL HEALTH SERVICE W/O DIAGNOSIS INDICATED	73	581	1	2	621	944	3	3
TOTAL WITH EVIDENCE OF MENTAL ILLNESS	6,913	4,882	14	4	6,134	6,371	190	43
ALL ADULTS	8,384	8,674	16	8	19,289	11,266	1,116	183
PERCENT WITH MH DIAGNOSIS	82%	56%	88%	50%	32%	57%	17%	23%