Serious Mental Illness

**GENERAL BACKGROUND**

Mental illnesses are among the most common health conditions in the United States. 1 in 5 Americans will experience a mental illness in a given year ([CDC](https://www.cdc.gov/mentalhealth/)).

Serious Mental Illness (SMI) – SMI is a smaller and more severe subset of mental illnesses; SMI is defined as one or more mental, behavioral, or emotional disorder(s) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities ([NIMH](https://www.nimh.nih.gov/)). SMI includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress (PTSD) and borderline personality disorder ([VA](https://www.va.gov/)).

In 2017, there were an estimated 11.2 million adults aged 18 or older (or 4.5% of all U.S. adults) in the United States with SMI ([NIMH](https://www.nimh.nih.gov/)).

- 1 in 25 U.S. adults experience SMI each year ([NAMI](https://www.nami.org/)).
- 13.4% of U.S. adults with SMI had no insurance coverage in 2018 ([NAMI](https://www.nami.org/)).
- In 2017, the prevalence of SMI was higher among women (5.7%) than men (3.3%) ([NIMH](https://www.nimh.nih.gov/)).
- Around 1 in 4 individuals with a SMI also have a substance use disorder ([drugabuse.gov](https://www.drugabuse.gov/)).

#morethanneverbefore
As of 2014, compared to controls, people with SMI were about 4 times more likely to be heavy alcohol users (four or more drinks per day); 3.5 times more likely to use marijuana regularly (21 times per year); 4.6 times more likely to use other drugs at least 10 times in their lives; and 5.1 times more likely to be daily smokers (drugabuse.gov).

Suicide rates in the United States have risen nearly 30% since 1999, and mental health conditions are one of several factors contributing to suicide. Examining state-level trends in suicide and the multiple circumstances contributing to it can inform comprehensive state suicide prevention planning (CDC).

- In 2017, young adults aged 18-25 years had the highest prevalence of SMI (7.5%) compared to adults aged 26-49 years (5.6%) and aged 50 and older (2.7%) (NIMH).
- In 2017, the prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%) (NIMH).
- In 2017, among the 11.2 million adults with SMI, 7.5 million (66.7%) received mental health treatment in the past year (NIMH).
- More women with SMI (71.5%) received mental health treatment than men with SMI (57.7%) in 2017 (NIMH).
- In 2017, the percentage of young adults aged 18-25 years with SMI who received mental health treatment (57.4%) was lower than adults with SMI aged 26-49 years (66.2%) and aged 50 and older (75.6%) (NIMH).
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition (NAMI).

Studies have shown that individuals with SMI show higher rates of acute and chronic illnesses, receive lower-quality general medical care, demonstrate worse long-term outcomes, and have a shorter life expectancy than the general population (VA). More than 75% of individuals with SMI have more than one mental illness, or a mental illness and a substance use or misuse condition (Kessler, Chiu, Demler, & Walters, 2005).
COVID-19

Recent research suggests that people with SMI may be at an increased risk for contracting COVID-19 (Healthline). Lifestyle risk factors associated with SMI such as substance misuse, smoking, and homelessness are also risk factors for contracting COVID-19 (Healthline). Individuals with SMI are also more likely to have underlying health conditions (diabetes, hypertension, heart disease, poor cholesterol) (Healthline); if individuals with such conditions contract COVID-19, they may experience serious complications (Healthline).

During a time when many mental health professionals and clinicians have started consulting with their clients remotely, those who don’t have a device don’t get the care they need (Healthline). Many people with SMI also have a strong distrust for the healthcare system from previous traumatic experiences cycling in and out of hospitals (Healthline). Experts believe a crisis is headed for the country’s mental healthcare system as state psychiatric hospitals and local clinics gear up for an influx of people with COVID-19 (Healthline).

VETERANS AFFAIRS EFFORTS AND SMI

Many Veterans with SMI also have co-occurring conditions, such as homelessness, addiction, and chronic disease, which can make it harder to effectively treat the underlying SMI (VA). VA has many free mental health apps for Veterans. VA offers VA Telehealth Services to any Veteran who qualifies to receive VA care. There are also additional services such as VA Video Connect (VA). VA offers both video and phone telemental health options.

Telehealth connects Veterans with VA care teams and specialists, no matter the distance, through:

- Real-time, interactive video visits
- In-home and mobile health remote monitoring
- Devices that gather and store health data
- Free mental health apps for Veterans

#morethaneverbefore
NATURAL DISASTERS INFORMATION

- A study of patients with bipolar disorder living in Boston after the 9/11 terrorist attack found that these individuals experienced a relatively high rate of new-onset post-traumatic stress (20%) approximately 1 year post-attack.

- Researchers found a significant increase in mandatory hospitalizations of people with schizophrenia in the 6 months after the 2011 Great East Japan earthquake in Tokyo. Loss of life in Tokyo was minimal but residents were exposed to extensive media coverage of the disasters (SAMHSA study).

- A study of survivors of the 1995 Oklahoma City bombing found that at 6 months after the bombing, 38% of their sample was experiencing new-episode major depression, while 7 years after the disaster, nearly three-quarters (73%) of people with this mental disorder were in full remission (SAMHSA study).

- The prevalence of probable SMI doubled, and nearly half of the respondents exhibited probable post-traumatic stress in a study documenting changes in mental and physical health among 392 low-income parents exposed to Hurricane Katrina (Rhodes, et al. 2010).
RESOURCES

NAMI

Coronavirus: Mental health coping strategies
COVID-19 Resource and Information Guide

CRISIS TEXT LINE

Text “HELLO” to 741741

DISASTER DISTRESS HELPLINE

Call 1-800-985-5990 or text “TalkWithUs” to 66746

NATIONAL SUICIDE PREVENTION LIFELINE

Call 1-800-273-TALK

SMIADVISER

SAMSHA-funded initiative on SMI with Guidance for Individuals, Families, and Communities

TREATMENT ADVOCACY CENTER

COVID-19 Resources for SMI Families

ASSOCIATION OF BEHAVIORAL AND COGNITIVE THERAPIES

Find a CBT Therapist

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

ADAA Telemental Health Providers

AMERICAN PSYCHOLOGICAL ASSOCIATION

A Growing Wave of Online Therapy

POSITIVE PSYCHOLOGY

16 Telemental Health Resources for Practitioners and Patients

#morethaneverbefore
SMIAdviser SAMSHA-funded initiative on SMI to help support the mental health community during the COVID-19 crisis, SMI Adviser provides timely and authoritative resources, education, consultation, tools and more. This page offers guidance on how to support your patients and practice.