



AMERICAN COUNSELING ASSOCIATION

The Effectiveness of and Need for Professional Counseling Services

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THE NEED FOR COUNSELING SERVICES

- Mental disorders are common in the United States and internationally. An estimated 26.2% of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. (1)
- In any given year, more than 6% of adults have a serious mental illness. More than 9% of the population suffers from substance abuse or dependence. (2)
- Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44. (3) In the United States, 70 percent of people with severe disabilities are unemployed. (4) People with mental illnesses have one of the lowest rates of employment of any group with disabilities - only about 1 in 3 is employed. (5)
- A recent study found that roughly one in five service members surveyed 3-12 months post-deployment to Iraq met the screening criteria for PTSD, depression, or anxiety. (6) The problem is especially acute in the National Guard, where as many as 49% of guardsmen report psychological symptoms. (7)
- There are over 54 million Americans with disabilities, a full 20 percent of the U.S. population. Almost half of these individuals have a severe disability, affecting their ability to see, hear, walk, or perform other basic functions of life. (8)
- According to a recent Harris Survey, conducted by the National Organization of Disability, 72% of Americans with disabilities want to work. (8)
- Americans with disabilities have a lower level of educational attainment than those without disabilities. One out of five adults with disabilities has not graduated from high school, compared to less than one of ten adults without disabilities. National graduation rates for students who receive special education and related services have stagnated at 27% for the past three years, while rates are 75% for students who do not rely on special education. (8)
- In 2007, among young adults aged 18 to 25, the rate of binge drinking was 41.8%, and the rate of heavy drinking was 14.7%. These rates were similar to the rates in 2006. (9)
- In 2007, an estimated 2.7 million person aged 12 or older used an illicit drug for the first time within the past 12 months. A majority of these past year illicit drug initiates reported that their first drug was marijuana (56.2%). Nearly one third initiated with psychotherapeutics (30.6%, including 19.0% with pain relievers, 6.5% with tranquilizers, 4.1% with stimulants, and 1.1% with sedatives). A sizable proportion reported inhalants (10.7%) as their first illicit drug, and a small proportion used hallucinogens as their first drug (2.0%). (9)
- In 2007, an estimated 22.3 million persons (9.0 % of the population aged 12 or older) were classified with substance dependence or abuse in the past year based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)*. Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.7 million were

dependent on or abused illicit drugs but not alcohol, and 15.5 million were dependent on or abused alcohol but not illicit drugs. (9)

- Treatment need is defined as having a substance use disorder or receiving treatment at a specialty facility (hospital inpatient, drug or alcohol rehabilitation, or mental health centers) within the past 12 months. In 2007, 23.2 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.4% of persons aged 12 or older). Of these, 2.4 million received treatment and 20.8 million persons did not receive treatment at a specialty substance abuse facility in the past year. (9)
- In 2007, there were an estimated 24.3 million adults aged 18 or older in the United States with serious psychological distress in the past year. This represents 10.9% of all adults in this country, a rate similar to the serious psychological distress rate in 2006 (11.3%) but below the rate in 2004 (12.2%). (9)
- Among the 24.3 million adults with serious psychological distress in 2007, 10.8 million (44.6%) used mental health services in the past year. Among all adults with serious psychological distress, 38.8% received a prescription medication, 27.3% received outpatient services, and 5.1% received inpatient services for a mental health problem in the past year. (9)
- Among the 5.4 million adults with both serious psychological distress and substance dependence or abuse (i.e., a substance use disorder) in 2007, nearly half (46.5%) received mental health care or substance use treatment at a specialty facility; 10.4% received both mental health care and specialty substance use treatment, 33.3% received only mental health care, and 2.8% received only specialty substance use treatment. (9)
- In 2007, 7.5% of persons aged 18 or older (16.5 million persons) had at least one major depressive episode (MDE) in the past year. Almost 1 in 20 adults (4.6 % or 10.1 million persons) had a past year MDE with severe impairment. (9)
- Among adults aged 18 or older who had at least one major depressive episode in the past year, 64.5% received treatment (i.e., saw or talked to a medical doctor or other professional or used prescription medication) for depression in the same time period, which was lower than in 2006 (69.1%). (9)
- Among adults aged 18 or older with at least one major depressive episode in the past year in 2007, women were more likely than men to receive treatment for depression in the past year (68.0% vs. 57.8%), though the treatment rate for women was significantly lower than in 2006 (73.7%). (9)
- Residents of metropolitan areas are 1.5 times more likely to receive mental health treatment than are those living in rural areas with a population of 2,500 residents or less. (10)

Children

- In 2005, slightly less than 5% of children ages 4–17 were reported by a parent to have serious difficulties with emotions, concentration, behavior, or being able to get along with other people. Among the parents of children with serious (definite or severe) difficulties, 81% reported contacting a health care provider or school staff about their child's difficulties, 40% reported their child was prescribed medication for their difficulties, and 47% reported their child had received treatment or help other than medication. (11)
- In any given year, about 5% to 7% of adults have a serious mental illness, according to several nationally representative studies. A similar percentage of children - about 5% to 9% - have a

serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year. (5)

- It is estimated that about 75% of children with emotional and behavioral disorders do not receive specialty mental health services. (12)
- Each year, more than 1 million youth come in contact with the juvenile justice system and more than 100,000 youths are placed in some type of correctional facility. An astounding 80% of children entering the juvenile justice system have mental disorders. Many juvenile detention facilities are not equipped to treat them. (13)
- An estimated 3 million youths were at risk for suicide in 2000. Teens who reported using alcohol or illicit substances were more likely to be at risk for suicide. However, only 36% of youths at risk for suicide received any kind of mental health treatment over the past year. (14)
- In 2007, there were 2.0 million youths (8.2% of the population aged 12 to 17) who had a major depressive episode (MDE) during the past year. An estimated 1.4 million (5.5%) had MDE with severe impairment in one or more role domains (chores at home; school or work; close relationships with family; or social life). (9)
- Among 12 to 17 year olds who had a past year major depressive episode in 2007, 35.5% had used illicit drugs during the same period. This was higher than the rate of 17.2% among youths who did not have a past year major depressive episode. Similarly, the rates of past month daily cigarette use and heavy alcohol use were higher for youths with a major depressive episode (4.8 and 3.8%, respectively) than for youths who did not have a major depressive episode (2.3 and 2.2%, respectively). (9)
- In 2007, 38.9% of youths aged 12 to 17 with a past year major depressive episode received treatment for depression (saw or talked to a medical doctor or other professional or used prescription medication). Among youths with a past year major depressive episode, 20.5% saw or talked to a medical doctor or other professional only, 2.5% used prescription medication only, and 15.6% received treatment from both sources for depression in the past year. (9)
- In 2007, 3.1 million youths aged 12 to 17 (12.5%) received treatment or counseling for problems with behavior or emotions in the specialty mental health setting (inpatient or outpatient care). Additionally, 11.5% of youths received services in the education setting, and 2.8% received mental health services in the general medical setting in the past 12 months. Mental health services were received in both the specialty setting and either the education or general medical settings (i.e., care from multiple settings) by 5.1% of youths. (9)

Seniors

- Older Americans are disproportionately likely to die by suicide. (15) In 2001, 5,393 Americans over age 65 committed suicide. Of those, 85% (n=4,589) were men and 15% (n=804) were women (CDC 2004). (16)
- Non-Hispanic white men age 85 and older were most likely to die by suicide. In 2004, they had a rate of 49.8 suicide deaths per 100,000 persons in that age group. (15)
- In the 5 years between 1999 and 2004, the national average suicide rate for individuals over 65 was 14.8. (17)
- Despite representing only 13% of the population, seniors account for 20% of all suicide deaths. (18)

- Only one-third of seniors who live in the community who need mental health services actually receive them. Less than 3% receive outpatient mental health treatment by specialty mental health providers. (19) The National Council on Disability estimates that very few of the 15-25% of older adults with a mental illness receive treatment. (20)
- Less than 3% of older Americans report seeing mental health professionals for treatment, the smallest percentage of any age group. (21)
- Seven million people age 65 and older in the United States (20% of the older adult population) have a mental illness, and that number is expected to double to 15 million in the next three decades. (22)
- Of the elderly who commit suicide, up to 75% had visited a physician within the month before their suicide. (15)
- Abuse of alcohol and drugs affects up to 8 million adults aged 60 or older. (23)
- Medicare spending on all mental health services in 2001 was \$7.2 billion, representing 3% of all Medicare spending (\$242 billion). In contrast, mental health as a proportion of all health care expenditures accounted for 12% of Medicaid funds and 4% of spending by private insurance in 2001. (24)
- The current number of health care practitioners, including physicians, who have training in geriatrics is inadequate. As the population ages, the number of older Americans experiencing mental problems will almost certainly increase. Since geriatric specialists are already in short supply, these demographic trends portend an intensifying shortage in the future. There must be a substantial public and private sector investment in geriatric education and training, with attention given to the importance of geriatric mental health needs. (25)
- There is a current shortage of approximately 12,000 geriatric specialists in the US; by 2030 the shortage will more than double to about 28,000. (26)
- 80% of older adults suffer from at least one chronic condition, leading to increased risk of depression. (26)
- Between 2005 and 2030, the number of older Americans will nearly double from 37 million to 70 million, an increase from 12% of the population to 20%. (26)
- The demand for mental health services is likely to increase as the baby boom cohort has tended to utilize mental health services more frequently than the current older adult cohort and has tended to be less stigmatized by seeking mental health care. (27)

THE COSTS OF LACK OF ACCESS TO NEEDED SERVICES

- Mental illness causes more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. Approximately 217 million days of work are lost annually due to productivity decline related to mental illness and substance abuse disorders, costing United States employers \$17 billion each year. In total, estimates of the indirect costs associated with mental illness and substance abuse disorders range from a low of \$79 billion to a high of \$105 billion per year (both based on 1990 dollars). (28)
- Between 1992 and 2002 the overall economic cost of drug abuse to society increased at a rate of 5.9% annually. By 2002 the economic cost of drug abuse was \$180.8 billion. (29)

- Substance abuse, including smoking, illegal drugs, and alcohol, costs the United States more than \$484 billion per year. Illicit drug use alone costs the nation \$161 billion a year. (30) Each year approximately 40 million debilitating illnesses or injuries occur among Americans as a result of their substance abuse. (31)

THE EFFECTIVENESS OF COUNSELING

- The counseling profession can help alleviate shortages in mental health providers; the Bureau of Labor Statistics predicts 30% growth in the number of mental health counselors between 2006 and 2016. (26)
- The efficacy of treatment for mental illness and substance abuse disorders is well documented and has improved dramatically over the past 50 years. (32)
- The evidence strongly favors letting clients select a psychological treatment that makes sense to them and permitting therapists to be consonant with the attitudes, values, and culture of the client, rather than having third-party payers or health maintenance organizations mandate a particular type of treatment. (33)
- According to *A Naturalistic Longitudinal Evaluation of Counseling in Primary Care*, after patients were provided counseling “there was a significant reduction in severity of symptoms” for anxiety, depression, self-esteem, and quality of life. (34)
- Providing access to counselors’ services is inexpensive. A study by the Texas Department of Insurance found that a state law requiring insurers to reimburse for the services of licensed professional counselors did not significantly increase coverage costs. Claims costs for services provided by licensed professional counselors accounted for less than .1% of total claims for the insurers surveyed. A similar survey conducted by the State of Virginia found that, in 1996, claims for counselors’ services amounted to .26% of insurers’ total claims. (35)
- Drug treatment has been shown to reduce drug use by 40%-60% and significantly reduces criminal activity during and after treatment. The reduction in arrest rate due to treatment is about 40%. (36)
- Every \$1 investment in addiction treatment programs yields \$4-\$7 return in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are taken into account, savings increase to a ratio of 12:1. (36)
- It is cost effective to attempt to prevent the initial onset of depression in high risk individuals, including those who have some symptoms but who do not meet full criteria for a diagnosis of major depression, because almost half of those individuals who have a first episode of depression will go on to have a second. (37)
- Drug treatment during and after imprisonment not only increases the number of people who are drug-free, but also increases the number of people who are arrest-free. In one study, 57% of former prisoners who received treatment and aftercare remained arrest free after 42 months, in comparison with only 25% of the control group. (30)
- A Vocational Rehabilitation (VR) counselor with a master’s degree in vocational rehabilitation is able to obtain a higher number of employment outcomes at a lower cost to the State VR agency. The data also suggests that a master’s level VR counselor has a higher production level for people with severe disabilities. (38)

- During their first few years of service, counselors with master's degrees in rehabilitation counseling had higher competitive closure rates for clients with severe disabilities than did counselors with unrelated bachelor's and master's degrees. Further, counselors with master's degrees in rehabilitation counseling performed significantly better than those with unrelated degrees after between 3 and 14 years service in state vocational rehabilitation programs. (38)

Effectiveness of School Counseling

- Based on its research, the Institute of Medicine has concluded that mental health and psychological services were essential for many students to achieve academically, and recommended that such services be considered mainstream, and not optional. (39)
- According to the Department of Education, the current student/counselor ratio is 475:1. (40) According to the American Counseling Association, the recommended student/counselor ratio is 250:1. (39)
- A 2006 study of an evidence-based program showed that lower student-to-counselor ratios decrease both the recurrence of student disciplinary problems and the number of students involved in a disciplinary incident. (41)
- Several studies found that elementary guidance activities have a positive influence on elementary students' academic achievement. (42)
- Studies on high school attrition indicate that preventive counseling, occurring before students are in crisis, reduces the risk of these students dropping out later. (43)
- Counseling decreases classroom disturbances. Counseling services support teachers in the classroom and enable teachers to provide quality instruction designed to assist students in achieving high standards. Students in schools that provide counseling services indicated that their classes were less likely to be interrupted by other students, and that their peers behaved better in school. (44)
- A study of Missouri high schools shows that schools with more fully implemented model guidance programs had students who were more likely to report that (a) they had earned higher grades, (b) their education was better preparing them for the future, (c) their school made more career and college information available to them, and (d) their school had a more positive climate (greater feelings of belonging and safety at school, classes less likely to be interrupted, peers behaving better). After removing the variables of school enrollment size, socioeconomic status, and percentage of minority students in attendance, positive program effects were identifiable. Results highlight the important roles school counselors play in promoting the central educational goals of their schools and support a comprehensive guidance program focus for university counseling faculty who train school counselors. (45)
- In studies on the effects of a small group counseling approach for failing elementary school students, 83% of participating students showed improvement in grades. (46)
- A study done in Gwinnett County, Georgia shows that school counselors impact students' academic performance and can increase the on-task, productive behavior of students and reduce disruptive behaviors. The Behavior Rating Checklist indicated statistically significant decreases in disruptive behaviors and significant increases in productive, on-task behaviors for both the third grade and the fifth grade students tested. Language arts progress was statistically significant for both grade levels as well. (47)

- School counselors have proven effective in preventing students from committing suicide. The most effective prevention programs start with younger students and portray suicide as a mental health problem, not a dramatic way of ending a life. It is essential that counselors involve the parents of troubled students in the counseling process. (48)
- Health and mental health care services can play an important role in violence prevention at all levels (primary, secondary and tertiary), including preventing problem behaviors from developing; identifying and serving specific, at-risk populations; and reducing the deleterious effects of violence on victims and witnesses. (49)

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