

Table 1: US Public Spending Related to Mental Illness in 2019

<u>With Indicators of Mental Illness</u>		
<u>Program type</u>	<u>Number of people</u>	<u>Spending</u>
In the general population...		
HUD housing assistance	963,000 <i>households</i>	\$8.84 billion
SNAP	3.74 million <i>households monthly</i>	\$11.2 billion
TANF	208,000 <i>families monthly</i>	\$1.11 billion
SSI	1.61 million	\$11.7 billion
SSDI	2.39 million	\$31.2 billion
<i>Total</i>		\$64.1 billion
People experiencing homelessness...		
Grants for services	insufficient data	\$498 billion
People involved with criminal justice system...		
Local jails	196,000 <i>daily</i>	\$6.89 billion
State prisons	178,000	\$6.16 billion
Federal prisons	13,800	\$489 million
<i>Total</i>		\$13.5 billion
Police responses	insufficient data	\$12.3 billion
<i>Total from all programs</i>		\$90.5 billion

Figures are annual estimates for the year of 2019 unless otherwise noted. Amounts in bold are included in total.

HUD housing assistance, SNAP, and TANF

Data from the sample adult interviews of the 2019 [National Health Interview Survey \(NHIS\)](#) were used for HUD housing assistance, SNAP, and TANF calculations. For these calculations, the prevalence of mental illness is the fraction of adults in households receiving assistance from the relevant program who have depression/anxiety. Respondents are defined as having depression/anxiety for the purposes of this analysis if they show moderate to severe [symptoms indicative of depression and/or anxiety based on](#) the 8-item depression scale (PHQ-8) and the 7-item generalized anxiety disorder scale (GAD-7) respectively. Respondents were identified as adults in a household receiving HUD housing assistance, SNAP benefits, and TANF for the purpose of this analysis based on the following questions respectively:

“Are you/Are you or anyone in your family/Is your family at ^HNO ^HNOSUF ^STRNAME paying lower rent because the Federal, State, or local government is paying part of the cost?”¹

“At any time IN THE LAST 12 MONTHS did you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME receive food stamp benefits/[state food stamp program name]?”

“In ^LASTYEAR, did you/you or any family members receive... Any public assistance or welfare payments from the state or local welfare office?”²

For HUD housing assistance calculations, the 2019 [HUD Picture of Subsidized Housing](#) data was used. The number of HUD housing assistance recipients with depression/anxiety is given as a number of households. The number of occupied households receiving HUD assistance was multiplied by the fraction of adults in households

¹ The following note is also included in the survey with the housing question: “Government housing assistance could come from monetary assistance to help pay rent, a program called “Section 8,” direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.”

² The survey questions on housing assistance and state/local welfare could be used for HUD and TANF respectively for the following reasons: 1) HUD housing assistance and TANF are the primary forms of government rental assistance of non-federal welfare respectively; and 2) the relevant statistic is what fraction of adults in a household receiving assistance have depression/anxiety and the number of household recipients with an adult member with depression/anxiety is determined using counts from HUD and TANF data; even if this calculation included some recipients of rental assistance or state/local welfare outside of HUD or TANF there is no reason to believe that the prevalence of depression/anxiety among the population of recipients of a similar program would be different.

receiving HUD assistance who have depression/anxiety to give the number of households receiving HUD assistance with an adult member with depression/anxiety. HUD spending on recipients with depression/anxiety was determined by multiplying the number of households receiving HUD assistance with an adult member with depression/anxiety by the average HUD expenditure per household per month, times 12 months.

For SNAP benefits calculations, the [Supplemental Nutrition Assistance Program 2019 National Level Monthly Summary](#) data was used. The number of SNAP participants with depression/anxiety is given as a number of households. The number of households participating in SNAP monthly with an adult member with depression/anxiety was calculated from the fraction of adults in households participating in SNAP who have depression/anxiety times the average number of households participating in SNAP per month throughout 2019. Spending on SNAP benefits for people with depression/anxiety was determined using the number of participating households with an adult member with depression/anxiety monthly, times the average monthly benefit per household, times 12 months.

For TANF, data from the [Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2019](#) was used. The number of families receiving TANF monthly with an adult with depression/anxiety was calculated using the average of the number of participating families per month in 2019 times the fraction of adults in households receiving TANF who have depression/anxiety. Spending on TANF benefits for recipients with depression/anxiety was determined using the number of families with an adult with depression/anxiety monthly, time the average monthly benefit per family, times 12 months.

SSI and SSDI

For SSI and SSDI calculations, all data was taken from the 2019 [SSI Annual Statistical Report](#) and the [Annual Statistical Report on the Social Security Disability Insurance Program](#). Recipients were considered people with SPMI if they were in one of the following diagnostic categories: Schizophrenic and other psychotic disorders; Mood disorders; Organic mental disorders; Other mental disorders.³

Homelessness Services

For calculations on people experiencing homelessness, the 2019 [Point-in-Time \(PIT\) count](#), completed by Continuums of Care (CoC), was used. From the PIT count, [HUD reported](#) that 116,179 homeless persons were “Severely Mentally Ill.” It is unclear how this classification of severely mentally ill is determined. No specific directions are given in the guidance to CoC programs for PIT counts. The determination of SMI may vary based on the CoC program and be largely influenced by assumptions and bias. In the absence of any better estimate, this number is used to grossly approximate the amount of HUD spending on people experiencing homelessness with SMI. Dividing the number of homeless persons classified as having SMI by the total count of homeless persons, 20.5% of homeless persons have SMI. [Most federal funding for homelessness](#) is distributed by HUD through [CoC grants](#), primarily, and [Emergency Solutions Grants \(ESG\)](#), secondarily.⁴ The sum of CoC grants and ESGs was multiplied by the fraction of people experiencing homelessness classified as having SMI to give the amount of HUD spending on services for people experiencing homelessness with SMI in 2019.

Incarceration

For calculations relevant to incarcerated people, information on prevalence of mental illness was drawn from 2011-2012 data and 2016 data. However, data on the number of incarcerated persons and spending on

³ People with mood disorders, organic mental disorders, and other mental disorders from SSI and SSDI annual report data are included as people with SPMI because following Section 12 of the [Disability Evaluation Under Social Security guidelines](#), in order to qualify under the classifications of “Depressive, bipolar and related disorders,” “Anxiety and obsessive-compulsive disorders,” or “Trauma- and stressor-related disorders” the condition must meet requirements to be considered severe and persistent. It is unclear why the definitions of Mental Disorders in the disability evaluation documents differ from the categories in the annual reports. It was assumed that mood disorders, organic mental disorders, and other mental disorders primarily cover depressive and bipolar disorders, trauma- and stressor-related disorders, and anxiety disorders respectively. The SSI numbers only include recipients under 65; those 65 or older would not need to have a disability diagnosis to receive SSI and are therefore not included in diagnostic group counts.

⁴ Grants are paid from October of the award year through September of the following year; so, to overlap with 2019 PIT counts FY2018 funding numbers were used.

incarcerated people were drawn from 2019 (or inflated to 2019 values). Prevalence rates of mental illness among people in jail were drawn from the Bureau of Justice Statistics' report, [Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates](#), which analyzes data from the National Inmate Survey (NIS-3) from 2011-2012. Prevalence rates of mental illness among people in prisons were drawn from the BJS report, [Indicators of Mental Health Problems Reported by Prisoners](#), which analyzes data from the [2016 Survey on Prison Inmates](#).⁵ Severe Psychological Distress in the last 30 days, based on inmate report of symptoms using the K6 screener, was used as the indicator of mental illness from both sources. The number of incarcerated people in jail is the average daily population of people in jail from the BJS [Jail inmates in 2019](#). The number of incarcerated people in prison is taken from the number of people in prison at year end in 2019 from the [Prisoners in 2020 Statistical Tables](#).⁶ Spending per inmate in jail is the annual cost per inmate in jail from [Pew research on jail costs in 2017](#) inflated to 2019 dollars using the January 2017 and 2019 Consumer Price Indices from the [Bureau of Labor Statistics](#). Spending per inmate in state prisons is the annual average per inmate from the National Institute of Corrections' data on [2019 National Averages](#). Spending per inmate in federal prison on average in 2019 is taken from the Federal Register's [Annual Determination of Average Cost of Incarceration Fee \(COIF\)](#).

Policing

Similar to research on mental illness among people experiencing homelessness, the numbers on mental illness involvement in police responses are inconsistent and limited by lack of data collection. The best estimate on police spending on people with mental illness comes from a [research project conducted by the Treatment Advocacy Center in 2017](#), which involved a national survey of police departments and sheriffs' offices on mental illness and included responses from 355 offices/departments across almost every state. The report found that on average 10% of law enforcement budgets were spent on calls involving people with mental illness. [Research from the Urban Institute](#) found that state and local government spent \$123 billion on police in 2019, using data from the US Census Bureau Annual Survey of State and Local Government Finances. Combining these statistics, 10% of \$123 billion is given as a gross estimate of the amount of spending on policing on people with mental illness.

⁵ The NIS-3 report on mental health did not split up by people in federal versus state prison, where the SPI did, and the SPI did not include jail inmates; which is why both were used.

⁶ The 2020 tables were used because the 2019 report notes incomplete data for the year of report.