



WHITE PAPER

# Trends in Mental Health Conditions

## An Analysis of Private Healthcare Claims

A FAIR Health White Paper, April 30, 2024



Copyright 2024, FAIR Health, Inc. All rights reserved.

## Summary

Mental health conditions may seriously affect cognition, emotional regulation and behavior. To provide needed data on recent trends in mental health conditions and receipt of mental healthcare, FAIR Health delved into its repository of over 46 billion private healthcare claim records, the nation's largest such database. This study focuses on trends in utilization of mental health services from 2019 to 2023, including such aspects as geography, age, gender, in-network services, places of service, specialties and the prevalence of substance use disorders among those with mental health conditions. The key findings, all for the period from 2019 to 2023, unless otherwise specified, include the following:

- Nationally, the percentage of patients with mental health diagnoses rose 39.8 percent, from 13.5 percent of patients who received medical services in 2019 to 18.9 percent in 2023. Among the four US census regions, the Midwest had both the largest increase during the study period (47.0 percent) and the largest percentage of patients with mental health diagnoses in 2023 (21.3 percent).
- The five most common mental health diagnoses in 2023—as measured by the percentage of patients with these diagnoses out of all patients who received medical services in that year—were generalized anxiety disorder, major depressive disorder, attention-deficit/hyperactivity disorder (ADHD), adjustment disorders and bipolar disorder. In all five cases, the percentage of patients increased from 2019 to 2023. The largest increase (70.4 percent) was for patients diagnosed with ADHD, which rose from fourth most common mental health diagnosis in 2019 (1.8 percent of patients) to third most common in 2023 (3.1 percent).
- The percentage of claim lines associated with mental health diagnoses increased 30.5 percent nationally, from 3.8 percent of medical claim lines in 2019 to 5.0 percent in 2023. (A claim line is an individual service or procedure listed on an insurance claim.)
- The percentage of claim lines associated with mental health diagnoses compared to all medical claim lines increased in all states. The five states with the largest growth were Georgia, Connecticut, Hawaii, Montana and Nevada. The five states with the smallest increases were Ohio, New Mexico, Maine, Indiana and Massachusetts.
- The percentage of patients with mental health diagnoses increased across all age groups, but the increase varied by age group. The largest increase was in those aged 65 and over (57.4 percent from 2019 to 2023).
- In 2023, the most commonly diagnosed mental health condition for the age range 0-13 years was ADHD, but for all other age groups it was generalized anxiety disorder.
- Females made up a higher percentage of patients with mental health diagnoses than males did in all except the youngest patients (ages 0-13). Though the percentage of both male and female patients with mental health diagnoses increased during the study period, females showed the larger increase: 44.6 percent, compared to 32.7 percent for males.
- The national percentage of in-network claim lines associated with mental health diagnoses increased. The sharpest rise was in the last quarter of 2023, when the percentage of claim lines rose from 90.2 to 92.2 percent.
- The percentage of claim lines for offices as a place of service for mental health-related visits decreased 39.8 percent, while the percentage of claim lines for telehealth increased 5,123.4 percent from 2019 to 2023. Offices remained the most common place of service for mental health-related visits for every year in the study period except 2021, when telehealth was the most common.

- Several nonphysician specialties increased their share of mental health diagnosis claim lines, including social workers, nurse practitioners, psychiatric nurses, physician assistants and registered nurses, while the share of claim lines for psychiatrists decreased.
- Of patients with a mental health diagnosis, 15.7 percent also had a substance use disorder during the study period. Only 5.6 percent of patients without a mental health diagnosis had a substance use disorder.

## Background

Mental health conditions are common, affecting more than one in five US adults.<sup>1</sup> Also known as mental health disorders or mental illnesses and including such conditions as generalized anxiety disorder, major depressive disorder and bipolar disorder,<sup>2</sup> they may disturb cognition, emotional regulation and behavior.<sup>3</sup> Mental health conditions frequently cause distress, may impair function, often occur with substance use disorders, and may lead to self-harm or suicide.<sup>4,5</sup>

In recent years, particularly since the start of the COVID-19 pandemic in 2020, mental health conditions have grown in prevalence and impact. A systematic review in 2021 found that, due to the pandemic, cases of major depressive disorder increased globally 27.6 percent and cases of anxiety disorders rose 25.6 percent.<sup>6</sup> A study of commercially insured US adults showed that utilization rates for mental healthcare services increased 38.8 percent from 2019 to 2022, while spending for such services grew 53.7 percent.<sup>7</sup> Young people have been particularly vulnerable to worsening mental health both before and during the pandemic. In a national survey of high school students, the percentage of students who experienced persistent feelings of sadness or hopelessness increased 50 percent, rising from 28 percent in 2011 to 42 percent in 2021.<sup>8</sup>

Prevalence rates of mental health conditions in the nation vary by region and state,<sup>9,10</sup> and also by gender and age. As of 2021, 27.2 percent of women and 18.1 percent of men were characterized as having “any mental illness.”<sup>11</sup> Among adults, those aged 18-25 had the highest prevalence of any mental illness (33.7 percent), followed by adults aged 26-49 (28.1 percent) and, then, adults aged 50 or older (15.0

<sup>1</sup> “Mental Illness,” National Institute of Mental Health (NIMH), last updated March 2023, <https://www.nimh.nih.gov/health/statistics/mental-illness>.

<sup>2</sup> “Statistics,” NIMH, accessed March 13, 2024, <https://www.nimh.nih.gov/health/statistics>.

<sup>3</sup> “Mental Disorders,” World Health Organization (WHO), June 8, 2022, <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

<sup>4</sup> “Mental Disorders,” WHO.

<sup>5</sup> “Mental Health Disorder Statistics,” Johns Hopkins Medicine, accessed March 5, 2024, <https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics>.

<sup>6</sup> Damian F. Santomauro et al., “Global Prevalence and Burden of Depressive and Anxiety Disorders in 204 Countries and Territories in 2020 Due to the COVID-19 Pandemic,” *The Lancet* 398, no. 10312 (November 6, 2021): P1700-1712, [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7).

<sup>7</sup> Jonathan H. Cantor et al., “Telehealth and In-Person Mental Health Service Utilization and Spending, 2019 to 2022,” *JAMA Health Forum* 4, no. 8 (August 25, 2023): e232645, <https://doi.org/10.1001/jamahealthforum.2023.2645>.

<sup>8</sup> Centers for Disease Control and Prevention (CDC), *Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021*, accessed March 14, 2024, [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf).

<sup>9</sup> “2021 NSDUH Detailed Tables, Table 6.8B: Levels of Mental Illness in Past Year: Among People Aged 18 or Older; by Geographic and Socioeconomic Characteristics, Percentages, 2021,” Substance Abuse and Mental Health Services Administration (SAMHSA), January 4, 2023, <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>.

<sup>10</sup> “Ranking the States 2022,” Mental Health America (MHA), accessed March 14, 2024, [https://mhanational.org/issues/2022/ranking-states#prevalence\\_mi](https://mhanational.org/issues/2022/ranking-states#prevalence_mi).

<sup>11</sup> “Mental Illness,” NIMH.

percent).<sup>12</sup> Among children younger than 18, 16.5 percent had at least one mental health disorder, according to a 2019 study.<sup>13</sup>

Access to mental healthcare is a pressing issue for many Americans.<sup>14</sup> Barriers to mental health treatment have been attributed to, among other factors, a shortage of mental health professionals, social stigma, racial and ethnic barriers, lack of education and awareness, and/or the substantial proportion of psychiatrists and therapists who do not accept insurance.<sup>15,16,17,18</sup>

To provide needed data on recent trends in mental health conditions and care, FAIR Health delved into its repository of over 46 billion private healthcare claim records, the nation's largest such database. This study focuses on trends in utilization of mental health services from 2019 to 2023, including such aspects as geography, age, gender, in-network services, places of service, specialties and the prevalence of substance use disorders among those with mental health conditions.

## Methodology

Professional and facility claims from FAIR Health's longitudinal dataset with dates of service from January 1, 2019, to December 31, 2023, were included in this study for analyses of de-identified patients. When the percentage of claim lines overall was analyzed, both longitudinal and non-longitudinal data were used. For all analyses, claims were included when the primary or secondary diagnosis was for a mental health disorder.

Specialties were determined using the taxonomy of the provider rendering the service, or the specialty billed on the claim line if that was not available. For analysis of substance use disorders, the presence of a substance use disorder was determined by having a substance use disorder diagnosis in any diagnosis field during the study period.

For analyses of in-network and out-of-network billing, calculations were based on the number of claims in network divided by the sum of the number of claims in network and the number of claims out of network. Claims without network information were not included in these analyses.

A claim was determined to reflect a telehealth service if rendered in place of service 02 or 10, or if one of the following modifiers appeared: FR, FQ, G0, GQ, GT, 93 or 95. A telehealth service was attributed to a region or state based on the patient's medical service area, which FAIR Health determines based on the unique geographical pattern of services utilized by the patient.

Data contributors who exclusively provide data for workers' compensation claims were excluded from this study.

---

<sup>12</sup> "Mental Illness," NIMH.

<sup>13</sup> Daniel G. Whitney and Mark D. Peterson, "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics* 173, no. 4 (February 11, 2019): 389-91, <https://doi.org/10.1001/jamapediatrics.2018.5399>.

<sup>14</sup> Hemangi Modi, Kendal Orgera and Atul Grover, *Exploring Barriers to Mental Health Care in the U.S.*, Association of American Medical Colleges (AAMC) Research and Action Institute, issue brief, October 10, 2022, [https://doi.org/10.15766/rai\\_a3ewcf9p](https://doi.org/10.15766/rai_a3ewcf9p).

<sup>15</sup> Modi, Orgera and Grover, *Exploring Barriers to Mental Health Care in the U.S.*

<sup>16</sup> "5 Barriers to Mental Health Treatment and Access to Care," Bonterra (blog), June 16, 2021, <https://www.bonterratech.com/blog/barriers-to-mental-healthcare-access>.

<sup>17</sup> *Improving Mental Health Care: The Access Report*, Inseparable, December 2023, <https://www.inseparable.us/AccessReport.pdf>.

<sup>18</sup> Tara F. Bishop et al., "Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care," *JAMA Psychiatry* 71, no. 2 (February 2014): 176-81, <https://doi.org/10.1001/jamapsychiatry.2013.2862>.

For regional analyses, US census regions were used, defined as:

- **Midwest:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin;
- **Northeast:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont;
- **South:** Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia; and
- **West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

## Limitations

The data used in this report comprise claims data for privately insured patients who are covered by insurers and third-party administrators who voluntarily participate in FAIR Health's data contribution program. Medicare Advantage (Medicare Part C) enrollees from contributing insurers are included, but not participants in Medicare Parts A, B and D.<sup>19</sup> In addition, data from Medicaid, CHIP and other state and local government insurance programs are not included, nor are data collected regarding uninsured patients.

This is an observational report based on the data FAIR Health receives from private payors regarding care rendered to covered patients.

The report was not subject to peer review.

---

<sup>19</sup> FAIR Health also receives the entire collection of claims for traditional Medicare Parts A, B and D under the Centers for Medicare & Medicaid Services Qualified Entity Program, but those data are not a source for this report.

# Results

## Overall Findings

Nationally, during the period 2019-2023, the percentage of patients with mental health diagnoses rose 39.8 percent, from 13.5 percent of patients who received medical services in 2019 to 18.9 percent in 2023 (table 1). This shows that nearly one in five privately insured patients who received medical services were diagnosed with mental health conditions in 2023, a number similar to the estimate of more than one in five reported for US adults by the National Institute of Mental Health.<sup>20</sup> FAIR Health data additionally reveal that regional increases during this period varied from 36.3 percent in the Northeast to 47.0 percent in the Midwest. The Midwest had both the largest increase during the study period and the largest percentage of patients with mental health diagnoses in 2023 (21.3 percent).

**Table 1. Percent of patients with mental health diagnoses, national and regional, 2019-2023**

Region	2019	2020	2021	2022	2023	Percent Change 2019-2023
Midwest	14.5%	18.2%	18.8%	20.4%	21.3%	47.0%
Northeast	14.8%	16.6%	17.0%	18.9%	20.1%	36.3%
South	12.2%	15.4%	15.2%	16.9%	17.8%	46.3%
West	13.2%	15.0%	15.1%	16.8%	18.1%	37.6%
National	13.5%	16.0%	16.2%	17.9%	18.9%	39.8%

<sup>20</sup> "Mental Illness," National Institute of Mental Health (NIMH), last updated March 2023, <https://www.nimh.nih.gov/health/statistics/mental-illness>.

The five most common mental health diagnoses in 2023—as measured by the percentage of patients with these diagnoses out of all patients who received medical services in that year—were generalized anxiety disorder, major depressive disorder, attention-deficit/hyperactivity disorder (ADHD), adjustment disorders and bipolar disorder (table 2). In all five cases, the percentage of diagnosed patients increased from 2019 to 2023. The largest increase (70.4 percent) was for patients diagnosed with ADHD, which rose from fourth most common mental health diagnosis in 2019 (1.8 percent of patients) to third most common in 2023 (3.1 percent). Patients with generalized anxiety disorder—the number one diagnosis throughout the period—increased 59.6 percent from 2019 to 2023, rising from 5.7 percent of patients who received medical services in 2019 to 9.1 percent in 2023.

**Table 2. Five most common mental health diagnoses by percent of patients in 2023, compared to 2019-2022**

Condition	2019	2020	2021	2022	2023	Percent Change 2019-2023
Generalized Anxiety Disorder	5.7%	7.5%	7.6%	8.5%	9.1%	59.6%
Major Depressive Disorder	4.0%	4.8%	4.9%	5.3%	5.7%	41.9%
Attention-Deficit/Hyperactivity Disorder	1.8%	2.3%	2.3%	2.8%	3.1%	70.4%
Adjustment Disorders	2.1%	2.5%	2.6%	2.8%	2.9%	35.8%
Bipolar Disorder	0.6%	0.7%	0.7%	0.8%	0.9%	33.7%



In addition to the increases seen in the percentage of patients with mental health diagnoses (table 1), the percentage of claim lines associated with mental health diagnoses compared to all medical claim lines increased nationally and in all four US census regions from 2019 to 2023 (table 3). Nationally, the increase was 30.5 percent, rising from 3.8 percent of all medical claim lines in 2019 to 5.0 percent in 2023. The largest regional increase was seen in the South (42.0 percent), followed by the West (37.0 percent) and the Northeast (27.4 percent). The smallest increase was in the Midwest (22.3 percent).

**Table 3. Percent of claim lines with mental health diagnoses, national and regional, 2019-2023**

Region	2019	2020	2021	2022	2023	Percent Change 2019-2023
Midwest	4.2%	4.4%	4.5%	4.8%	5.1%	<b>22.3%</b>
Northeast	4.5%	5.1%	4.9%	5.4%	5.7%	<b>27.4%</b>
South	2.9%	3.4%	3.5%	3.8%	4.1%	<b>42.0%</b>
West	4.1%	4.9%	4.7%	5.1%	5.6%	<b>37.0%</b>
National	3.8%	4.3%	4.3%	4.7%	5.0%	<b>30.5%</b>



## State-by-State Analysis

In the period 2019-2023, the percentage of claim lines associated with mental health diagnoses compared to all medical claim lines varied by state. In 2019, the top five jurisdictions, from highest to lowest, were Delaware, Massachusetts, Rhode Island, Oregon and Washington, DC (table 4). In 2023, the top five, from highest to lowest, were Oregon; Montana; Alaska; Washington, DC; and Rhode Island. Oregon, Rhode Island and Washington, DC, remained in the top five from 2019, while Montana and Alaska were new to the top five. Of the states in these lists, Montana had the largest percentage change from 2019 to 2023, 62.5 percent, while Massachusetts had the smallest, 14.5 percent.

**Table 4. Top five states by percent of claim lines with mental health diagnoses compared to all medical claim lines by state, 2019-2023**

State	2019 Percent	2023 Percent	2019 Rank	2023 Rank	Percent Change 2019-2023
Delaware	6.3%	7.4%	1	7	17.7%
Massachusetts	6.3%	7.2%	2	8	14.5%
Rhode Island	6.2%	7.8%	3	5	25.1%
Oregon	6.2%	8.6%	4	1	38.8%
Washington, DC	6.0%	8.0%	5	4	33.3%
Alaska	5.5%	8.1%	7	3	46.8%
Montana	5.2%	8.4%	10	2	62.5%

In 2019, the bottom five states, from lowest to highest, were Tennessee, Hawaii, Alabama, Georgia and New Mexico (table 5). In 2023, the bottom five states, from lowest to highest, were Alabama, Tennessee, New Mexico, Hawaii and Mississippi. Four out of five of the bottom five states remained the same as in 2019; Georgia, fourth from the bottom in 2019, left the bottom five in 2023 and Mississippi joined in fifth from the bottom. Of the states in these lists, Georgia had the largest percentage change from 2019 to 2023, 73.6 percent, while New Mexico had the smallest, 9.3 percent.

**Table 5. Bottom five states by percent of claim lines with mental health diagnoses compared to all medical claim lines by state, 2019-2023**

State	2019 Percent	2023 Percent	2019 Rank	2023 Rank	Percent Change 2019-2023
Tennessee	1.9%	2.9%	51	50	49.2%
Hawaii	2.2%	3.6%	50	48	63.1%
Alabama	2.2%	2.6%	49	51	18.1%
Georgia	2.5%	4.3%	48	36	73.6%
New Mexico	2.7%	3.0%	47	49	9.3%
Mississippi	2.8%	3.7%	44	47	31.6%

From 2019 to 2023, the percentage of claim lines associated with mental health diagnoses compared to all medical claim lines increased in all states. The five states with the largest growth, from largest to smallest, were Georgia, Connecticut, Hawaii, Montana and Nevada (table 6). Each of these top five states showed more than 50 percent growth during the study period. Of these, Montana was one of the top five states by percent of medical claim lines associated with mental health diagnoses in 2023 (table 4) and Georgia was one of the bottom five states by percent of medical claim lines associated with mental health diagnoses in 2019 (table 5). Hawaii was one of the bottom five in both 2019 and 2023.

**Table 6. States with the largest change in percent of claim lines with mental health diagnoses compared to all medical claim lines by state, 2019-2023**

State	2019 Percent	2023 Percent	2019 Rank	2023 Rank	Percent Change 2019-2023
Georgia	2.5%	4.3%	48	36	73.6%
Connecticut	3.9%	6.4%	26	11	65.4%
Hawaii	2.2%	3.6%	50	48	63.1%
Montana	5.2%	8.4%	10	2	62.5%
Nevada	2.9%	4.5%	42	34	57.4%

The five states with the smallest increases (15 percent or less), from smallest to largest, were Ohio, New Mexico, Maine, Indiana and Massachusetts (table 7). Of these, Massachusetts was one of the top five states by percent of medical claim lines associated with mental health diagnoses in 2019 (table 4) and New Mexico was one of the bottom five states by percent of medical claim lines associated with mental health diagnoses in 2019 and 2023 (table 5).

**Table 7. States with the smallest change in percent of claim lines with mental health diagnoses compared to all medical claim lines by state, 2019-2023**

State	2019 Percent	2023 Percent	2019 Rank	2023 Rank	Percent Change 2019-2023
Ohio	4.6%	4.8%	14	27	3.1%
New Mexico	2.7%	3.0%	47	49	9.3%
Maine	4.2%	4.7%	17	29	11.6%
Indiana	4.1%	4.6%	21	33	13.2%
Massachusetts	6.3%	7.2%	2	8	14.5%

## Age

The percentage of patients with mental health diagnoses out of all patients who received medical services during the period 2019-2023 increased across all age groups, but the increase varied by age group (table 8). The largest increase from 2019 to 2023 was among those aged 65 and over (57.4 percent). The second largest increases were in patients in the age groups 23-30 and 31-40 (both 44.1 percent). Over the study period, the age group with the largest percentage of patients with a mental health diagnosis shifted. In 2019, 2020 and 2021, that age group was 14-18. In 2022, the 19-22 and 23-30 age groups tied for the largest percentage of patients, and, in 2023, the 23-30 age group alone had the largest percentage of patients with a mental health diagnosis.

**Table 8. Percent of patients with mental health diagnoses by age group, 2019-2023**

Age Group	2019	2020	2021	2022	2023	Percent Change 2019-2023
0 to 9	5.0%	5.5%	5.5%	6.0%	6.5%	<b>29.6%</b>
10 to 13	16.0%	16.8%	16.6%	18.1%	19.0%	<b>18.6%</b>
14 to 18	20.4%	21.9%	22.4%	24.3%	24.5%	<b>19.6%</b>
19 to 22	19.5%	21.6%	22.3%	25.5%	26.9%	<b>38.1%</b>
23 to 30	19.3%	21.1%	21.6%	25.5%	27.9%	<b>44.1%</b>
31 to 40	17.6%	20.3%	20.3%	23.3%	25.4%	<b>44.1%</b>
41 to 50	14.6%	17.4%	17.1%	19.0%	20.3%	<b>38.5%</b>
51 to 64	10.9%	13.4%	13.1%	14.2%	14.8%	<b>35.9%</b>
65+	8.6%	12.3%	12.7%	13.0%	13.5%	<b>57.4%</b>

In 2019, the number one mental health diagnosis in patients in each age group from 14 to 65 (as measured by the percentage of patients with a particular diagnosis out of all patients who received medical services in that age group in that year) was generalized anxiety disorder (table 9). In the two youngest age groups, 0-9 and 10-13, the number one diagnosis in 2019 was ADHD, and, in the 65 and over age group, the number one diagnosis was major depressive disorder. These three diagnoses (ADHD, generalized anxiety disorder and major depressive disorder) plus adjustment disorders made up the top three in varying positions across all age groups in 2019. Generalized anxiety disorder was in the first, second or third position in every age group, while ADHD was only that common in younger age groups (0-30), though it was fourth most diagnosed in the 31-50 age range and sixth most diagnosed in the 51-65 age group. Major depressive disorder was in the top two in every age group 14 and over, while it came in fourth in the age group 10-13 and in eighth in the age group 0-9.

**Table 9. Rankings of most commonly diagnosed mental health conditions by age group, 2019**

0 to 9	10 to 13	14 to 18	19 to 22	23 to 30	31 to 40	41 to 50	51 to 65	65+
Attention-Deficit/Hyperactivity Disorder (2.20%)	Attention-Deficit/Hyperactivity Disorder (7.32%)	Generalized Anxiety Disorder (7.25%)	Generalized Anxiety Disorder (8.33%)	Generalized Anxiety Disorder (8.59%)	Generalized Anxiety Disorder (8.04%)	Generalized Anxiety Disorder (6.61%)	Generalized Anxiety Disorder (4.81%)	Major Depressive Disorder (3.65%)
Adjustment Disorders (1.09%)	Generalized Anxiety Disorder (4.18%)	Major Depressive Disorder (5.85%)	Major Depressive Disorder (6.16%)	Major Depressive Disorder (5.39%)	Major Depressive Disorder (4.85%)	Major Depressive Disorder (4.51%)	Major Depressive Disorder (3.89%)	Generalized Anxiety Disorder (3.64%)
Generalized Anxiety Disorder (1.01%)	Adjustment Disorders (3.26%)	Attention-Deficit/Hyperactivity Disorder (5.26%)	Attention-Deficit/Hyperactivity Disorder (3.14%)	Attention-Deficit/Hyperactivity Disorder (2.77%)	Adjustment Disorders (3.02%)	Adjustment Disorders (2.42%)	Adjustment Disorders (1.56%)	Adjustment Disorders (1.05%)
Emotional and Behavioral Disorders (0.52%)	Major Depressive Disorder (1.7%)	Adjustment Disorders (3.79%)	Adjustment Disorders (2.34%)	Adjustment Disorders (2.69%)	Attention-Deficit/Hyperactivity Disorder (1.99%)	Attention-Deficit/Hyperactivity Disorder (1.11%)	Bipolar Disorder (0.58%)	Mood (Affective) Disorders (0.47%)
Conduct Disorders (0.38%)	Emotional and Behavioral Disorders (0.73%)	Mood (Affective) Disorders (1.22%)	Bipolar Disorder (1.18%)	Bipolar Disorder (1.15%)	Bipolar Disorder (0.92%)	Bipolar Disorder (0.82%)	Mood (Affective) Disorders (0.57%)	Bipolar Disorder (0.36%)
Tic Disorders (0.16%)	Mood (Affective) Disorders (0.67%)	Emotional and Behavioral Disorders (0.61%)	Mood (Affective) Disorders (0.99%)	Mood (Affective) Disorders (0.87%)	Mood (Affective) Disorders (0.80%)	Mood (Affective) Disorders (0.72%)	Attention-Deficit/Hyperactivity Disorder (0.48%)	Delusional and Other Schizoaffective Disorders (0.22%)
Mood (Affective) Disorders (0.12%)	Conduct Disorders (0.61%)	Bipolar Disorder (0.55%)	Post-traumatic Stress Disorder (0.62%)	Post-traumatic Stress Disorder (0.69%)	Post-traumatic Stress Disorder (0.66%)	Post-traumatic Stress Disorder (0.54%)	Post-traumatic Stress Disorder (0.34%)	Post-traumatic Stress Disorder (0.16%)
Major Depressive Disorder (0.10%)	Tic Disorders (0.25%)	Post-traumatic Stress Disorder (0.49%)	Emotional and Behavioral Disorders (0.49%)	Emotional and Behavioral Disorders (0.49%)	Emotional and Behavioral Disorders (0.35%)	Emotional and Behavioral Disorders (0.22%)	Other Anxiety Disorders (0.14%)	Other Anxiety Disorders (0.14%)

In 2023, there were some notable changes in the top eight mental health diagnoses by age group (table 10). In most of the diagnostic and age categories, the percentage of patients increased, even when rankings stayed the same or decreased. For example, while ADHD remained ranked number one among the age groups 0-9 and 10-13, as it had in 2019 (table 9), the share of patients with this diagnosis increased from 2.20 percent to 3.10 percent for the 0-9 age group, and from 7.32 percent to 9.03 percent for the 10-13 age group. ADHD also moved up from third most common in the age group 14-18 (5.26 percent), to second (7.24 percent). Similarly, ADHD rose from sixth most common in the age group 51-65 in 2019 (0.48 percent) to fourth in the same age group in 2023 (0.95 percent). Finally, ADHD did not feature in the top eight diagnoses among patients 65 and over in 2019, but in 2023, ADHD was the eighth most common mental health condition, representing 0.24 percent of patients. The only diagnosis where the percentage of patients decreased was conduct disorders in the age group 10-13.

**Table 10. Rankings of most commonly diagnosed mental health conditions by age group, 2023**

0 to 9	10 to 13	14 to 18	19 to 22	23 to 30	31 to 40	41 to 50	51 to 65	65+
Attention-Deficit/Hyperactivity Disorder (3.10%)	Attention-Deficit/Hyperactivity Disorder (9.03%)	Generalized Anxiety Disorder (10.7%)	Generalized Anxiety Disorder (13.63%)	Generalized Anxiety Disorder (14.04%)	Generalized Anxiety Disorder (12.84%)	Generalized Anxiety Disorder (10.34%)	Generalized Anxiety Disorder (7.33%)	Generalized Anxiety Disorder (6.17%)
Generalized Anxiety Disorder (1.44%)	Generalized Anxiety Disorder (6.33%)	Attention-Deficit/Hyperactivity Disorder (7.24%)	Major Depressive Disorder (8.44%)	Major Depressive Disorder (8.19%)	Major Depressive Disorder (7.22%)	Major Depressive Disorder (6.12%)	Major Depressive Disorder (5.09%)	Major Depressive Disorder (6.11%)
Adjustment Disorders (1.31%)	Adjustment Disorders (3.82%)	Major Depressive Disorder (7.13%)	Attention-Deficit/Hyperactivity Disorder (5.28%)	Attention-Deficit/Hyperactivity Disorder (4.96%)	Adjustment Disorders (4.23%)	Adjustment Disorders (3.2%)	Adjustment Disorders (2.06%)	Adjustment Disorders (1.64%)
Emotional and Behavioral Disorders (0.74%)	Major Depressive Disorder (2.15%)	Adjustment Disorders (4.19%)	Adjustment Disorders (3.26%)	Adjustment Disorders (3.98%)	Attention-Deficit/Hyperactivity Disorder (4.21%)	Attention-Deficit/Hyperactivity Disorder (2.33%)	Attention-Deficit/Hyperactivity Disorder (0.95%)	Mood (Affective) Disorders (0.58%)
Conduct Disorders (0.41%)	Emotional and Behavioral Disorders (0.81%)	Mood (Affective) Disorders (1.23%)	Bipolar Disorder (1.53%)	Bipolar Disorder (1.60%)	Bipolar Disorder (1.24%)	Bipolar Disorder (1.06%)	Bipolar Disorder (0.76%)	Bipolar Disorder (0.55%)
Tic Disorders (0.21%)	Mood (Affective) Disorders (0.71%)	Emotional and Behavioral Disorders (0.69%)	Mood (Affective) Disorders (1.14%)	Post-traumatic Stress Disorder (1.32%)	Post-traumatic Stress Disorder (1.20%)	Post-traumatic Stress Disorder (0.91%)	Mood (Affective) Disorders (0.57%)	Delusional and Other Schizoaffective Disorders (0.30%)
Mood (Affective) Disorders (0.13%)	Conduct Disorders (0.57%)	Post-traumatic Stress Disorder (0.68%)	Post-traumatic Stress Disorder (1.09%)	Mood (Affective) Disorders (1.01%)	Mood (Affective) Disorders (0.88%)	Mood (Affective) Disorders (0.75%)	Post-traumatic Stress Disorder (0.54%)	Post-traumatic Stress Disorder (0.24%)
Major Depressive Disorder (0.12%)	Obsessive-Compulsive Disorder (0.35%)	Phobic Anxiety Disorders (0.64%)	Gender Dysphoria (0.66%)	Emotional and Behavioral Disorders (0.61%)	Emotional and Behavioral Disorders (0.60%)	Emotional and Behavioral Disorders (0.41%)	Emotional and Behavioral Disorders (0.21%)	Attention-Deficit/Hyperactivity Disorder (0.24%)

Other increases included generalized anxiety disorder, which rose from second most common (3.64 percent) to first (6.17 percent) in patients 65 and over, and from third (1.01 percent) to second (1.44 percent) in children aged 0-9. In the age group 19-22, the percentage of patients with generalized anxiety disorder rose from 8.33 percent in 2019 to 13.63 percent in 2023, a 63.6 percent increase. Major depressive disorder increased from 3.65 percent of patients aged 65 and over to 6.11 percent, even

though it dropped from first to second most common. Post-traumatic stress disorder rose in rank in the age group 14-18 and all the age groups from 23 to 50. While bipolar disorder was among the top five mental health diagnoses in 2023 across all patients studied (table 2), it appears in the top five diagnoses only among adults aged 19 and over, as table 10 illustrates.

## Gender

Table 11 shows the percentage of patients with mental health diagnoses out of all patients who received medical services, by gender. In the period 2019-2023, females made up a higher percentage of patients with mental health diagnoses than males did, which was consistent with other researchers' findings.<sup>21</sup> Though the percentage of both male and female patients in the FAIR Health data increased during the study period, females exhibited the larger increase, 44.6 percent, while males increased 32.7 percent.

**Table 11. Percent of patients with mental health diagnoses by gender, 2019-2023**

Gender	2019	2020	2021	2022	2023	Percent Change 2019-2023
Female	15.1%	18.6%	19.0%	20.8%	21.9%	44.6%
Male	11.6%	13.1%	12.9%	14.4%	15.4%	32.7%

Table 12 shows the gender distribution of patients with mental health diagnoses for each year in the period 2019-2023. Females accounted for over 60 percent of patients in each year and males less than 40 percent. The female share grew by 1.3 percent across the period, and the male share fell by the same percentage.

**Table 12. Gender distribution of patients with mental health diagnoses, 2019-2023**

Gender	2019	2020	2021	2022	2023	Percent Change 2019-2023
Female	61.8%	62.7%	63.4%	63.2%	63.1%	1.3%
Male	38.2%	37.3%	36.6%	36.8%	36.9%	-1.3%

<sup>21</sup> "Mental Illness," National Institute of Mental Health (NIMH), last updated March 2023, <https://www.nimh.nih.gov/health/statistics/mental-illness>.

When the percentages of female and male patients were broken down by age group, each increased overall from 2019 to 2023 and, in every age group, females increased more than males (table 13). The gender disparities in the increases were most pronounced in the age groups 10-13 (females increased 30.2 percent, while males increased 9.8 percent), 14-18 (females increased 28.6 percent, males 8.6 percent) and 19-22 (females increased 47.9 percent, males 21.7 percent). Females also made up the greater share of patients with mental health diagnoses in all age groups except the two youngest. In the age groups 0-9 and 10-13, males made up a higher percentage of patients each year from 2019 to 2023. This is similar to the findings of a previous FAIR Health study of eating disorders, in which the percentage of claim lines associated with males was higher than for females in the youngest age group only (ages 0-9).<sup>22</sup>

**Table 13. Percent of patients with mental health diagnoses by age group and gender, 2019-2023**

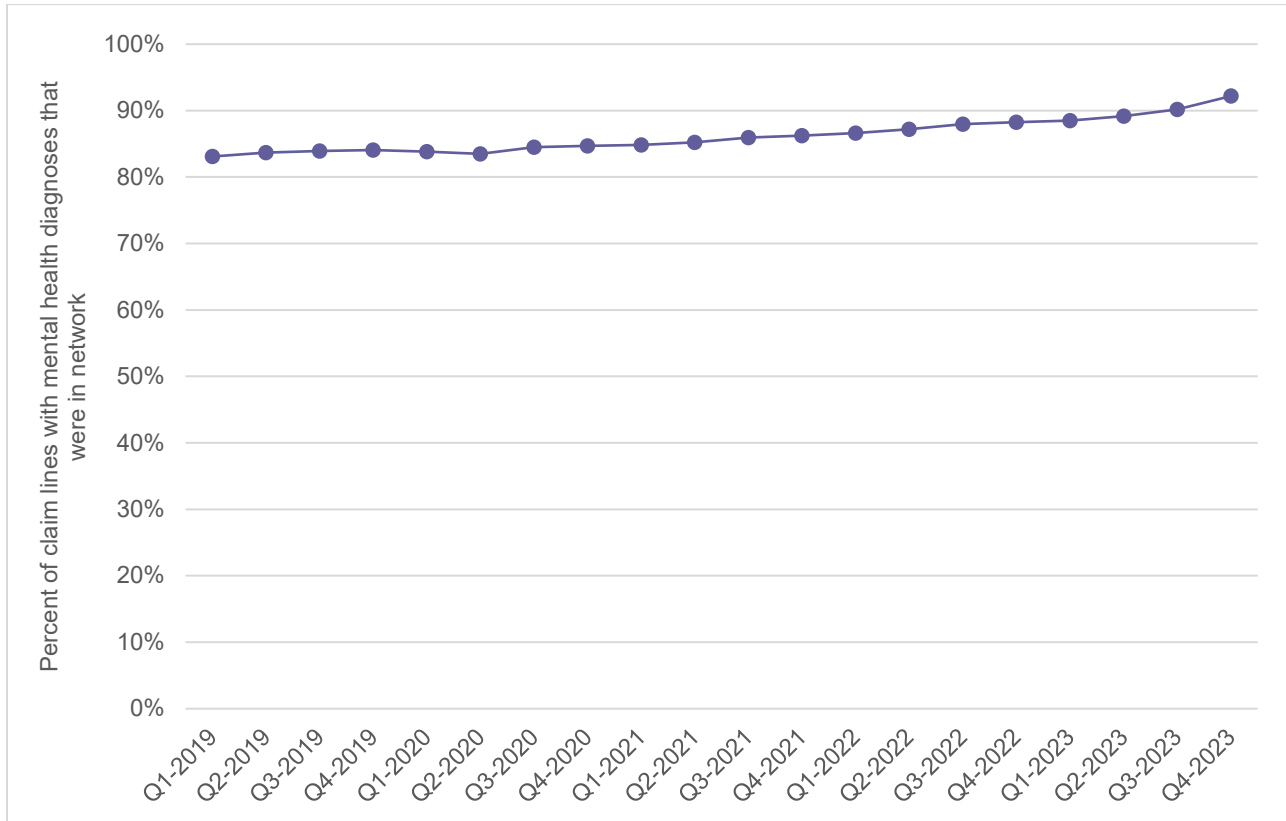
Age Group	2019		2020		2021		2022		2023		Percent Change (2019-2023)	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0 to 9	3.8%	6.1%	4.3%	6.6%	4.4%	6.5%	4.8%	7.1%	5.2%	7.7%	36.1%	26.0%
10 to 13	14.1%	17.9%	15.6%	18.0%	16.4%	16.9%	17.6%	18.6%	18.4%	19.6%	30.2%	9.8%
14 to 18	22.3%	18.4%	24.8%	18.8%	26.7%	18.0%	28.7%	19.7%	28.7%	20.0%	28.6%	8.6%
19 to 22	20.7%	18.0%	24.5%	18.2%	26.1%	17.7%	29.3%	20.7%	30.6%	21.9%	47.9%	21.7%
23 to 30	20.3%	17.9%	23.5%	17.9%	24.7%	17.6%	28.4%	21.4%	30.7%	23.8%	51.3%	32.9%
31 to 40	18.9%	15.8%	22.9%	16.9%	23.3%	16.6%	26.2%	19.6%	28.2%	21.7%	49.0%	37.3%
41 to 50	16.5%	12.1%	20.4%	13.6%	20.2%	13.3%	22.2%	15.1%	23.3%	16.3%	41.1%	35.0%
51 to 64	13.1%	8.1%	16.6%	9.7%	16.2%	9.5%	17.4%	10.3%	18.1%	10.9%	37.8%	33.4%
65+	10.6%	6.2%	15.4%	8.8%	15.9%	8.9%	16.2%	9.2%	16.9%	9.6%	58.9%	54.0%

<sup>22</sup> FAIR Health, *Spotlight on Eating Disorders: An Analysis of Private Healthcare Claims*, A FAIR Health White Paper, November 15, 2023, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Spotlight%20on%20Eating%20Disorders%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.



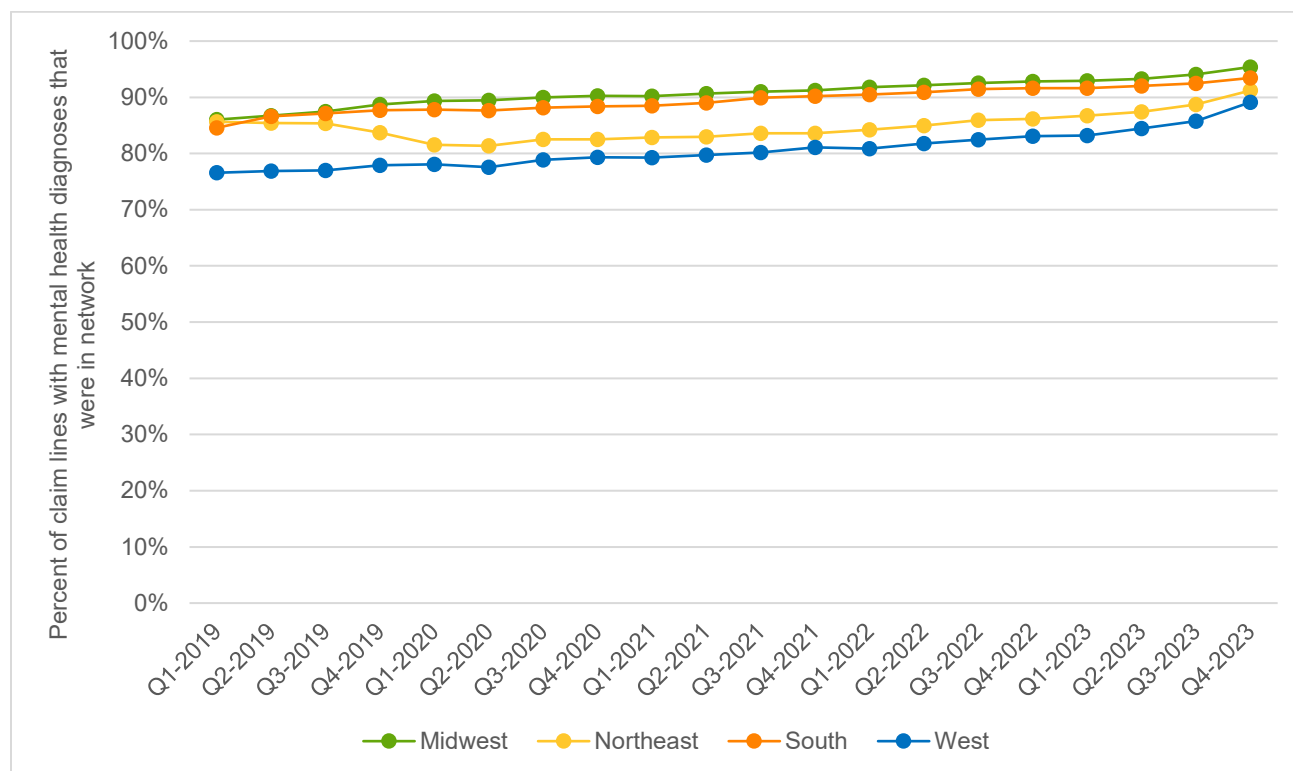
## In-Network Trends

The national percentage of in-network claim lines associated with mental health diagnoses rose from 2019 to 2023 (figure 1). In the first quarter of 2019, that percentage was 83.1 percent, and by the fourth quarter of 2023 it had risen to 92.2 percent, a 10.9 percent increase. The sharpest rise was in the last quarter of 2023, when the percentage of claim lines rose from 90.2 to 92.2 percent.



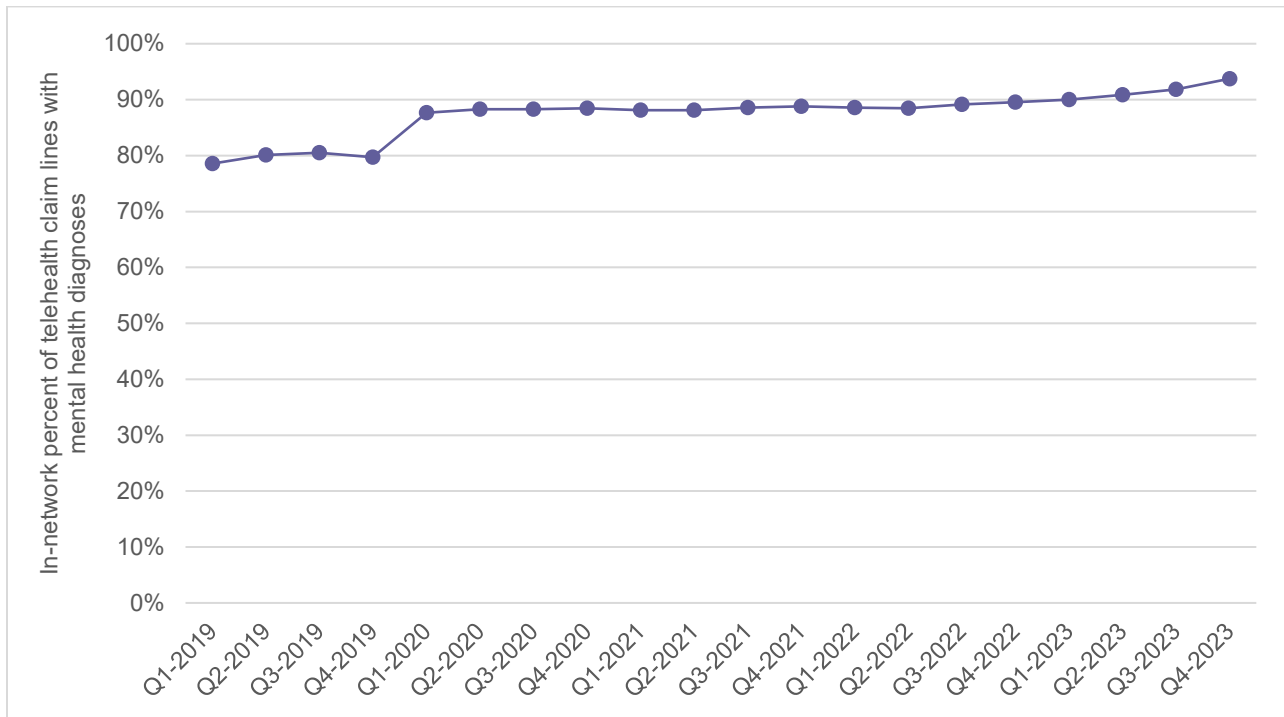
**Figure 1. In-network percent of claim lines with mental health diagnoses, national, 2019-2023**

The percentage of in-network claim lines associated with mental health diagnoses increased in all four census regions during the period 2019-2023 (figure 2). The West had the lowest percentage of claim lines throughout, ranging from 76.6 percent to 89.1 percent, and the Midwest had the highest (86.0 to 95.4 percent), though it was closely followed by the South (84.6 to 93.4 percent). After closely mirroring the Midwest and South, the Northeast showed a decrease in the percentage of claim lines in the fourth quarter of 2019 which, combined with a second decrease in the first quarter of 2020, led to that region more closely matching the West for much of the study period. All four regions began to converge in the most recent quarter studied, which showed a relatively steep increase when compared to earlier in the study period. This latest rise was consistent with the national increase shown in figure 1. The increase in the percentage of claim lines in the West (4.0 percent) and Northeast (2.8 percent) was higher than that in the Midwest (1.4 percent) or South (1.0 percent) during this final quarter of 2023.



**Figure 2. In-network percent of claim lines with mental health diagnoses, by region, 2019-2023**

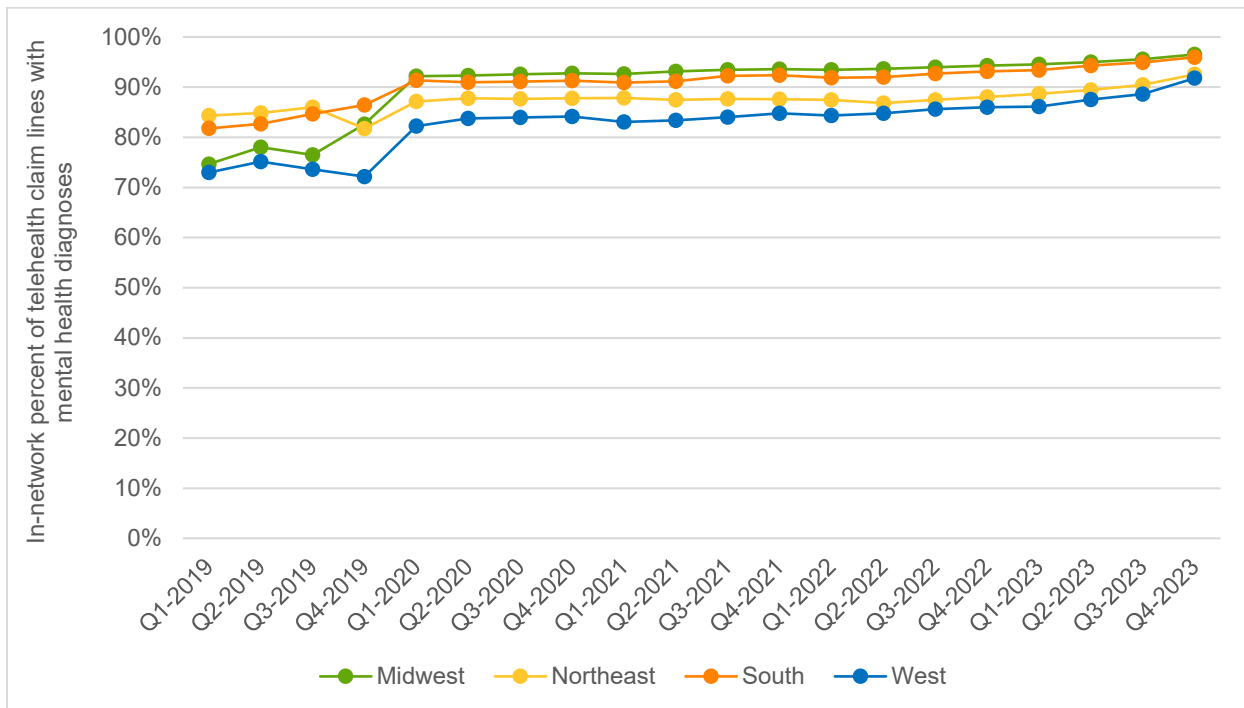
As was the case with in-network medical claim lines associated with mental health diagnoses (figure 1), the national percentage of in-network telehealth claim lines associated with mental health diagnoses showed an increase during the study period (figure 3). The quarterly change was most pronounced in the first quarter of 2020, a 10.0 percent rise that corresponded to the start of the COVID-19 pandemic in early 2020, when telehealth use rapidly grew.<sup>23</sup> Another, less steep rise from the third to the fourth quarter of 2023 was consistent with that observed for all in-network claim lines associated with mental health diagnoses during the same period in figure 1.



**Figure 3. In-network percent of telehealth claim lines with mental health diagnoses, national, 2019-2023**

<sup>23</sup> Lisa M. Koonin et al., “Trends in the Use of Telehealth during the Emergence of the COVID-19 Pandemic—United States, January-March 2020,” *Morbidity and Mortality Weekly Report (MMWR)* 69, no. 43 (October 30, 2020): 1595-99, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>.

In every region, the percentage of in-network telehealth claim lines associated with mental health diagnoses increased from 2019 to 2023 (figure 4), though there was some variation. For example, while the percentage of claim lines in the Midwest and South increased from the third to the fourth quarter of 2019, they decreased in the Northeast and West during the same period. All regions exhibited a sharp increase in the first quarter of 2020 in line with the national increase at that time corresponding to the start of the COVID-19 pandemic (figure 3). As also seen in figures 1-3, another relatively sharp increase occurred in the fourth quarter of 2023. The regional-level view offered by figure 4 reveals the most recent national increase in figure 3 was driven by steeper increases in the West (3.6 percent) and Northeast (2.2 percent) when compared to the Midwest (1.0 percent) and South (1.2 percent), a pattern also seen in all in-network claim lines associated with mental health diagnoses (figure 2).



**Figure 4. In-network percent of telehealth claim lines with mental health diagnoses, by region, 2019-2023**

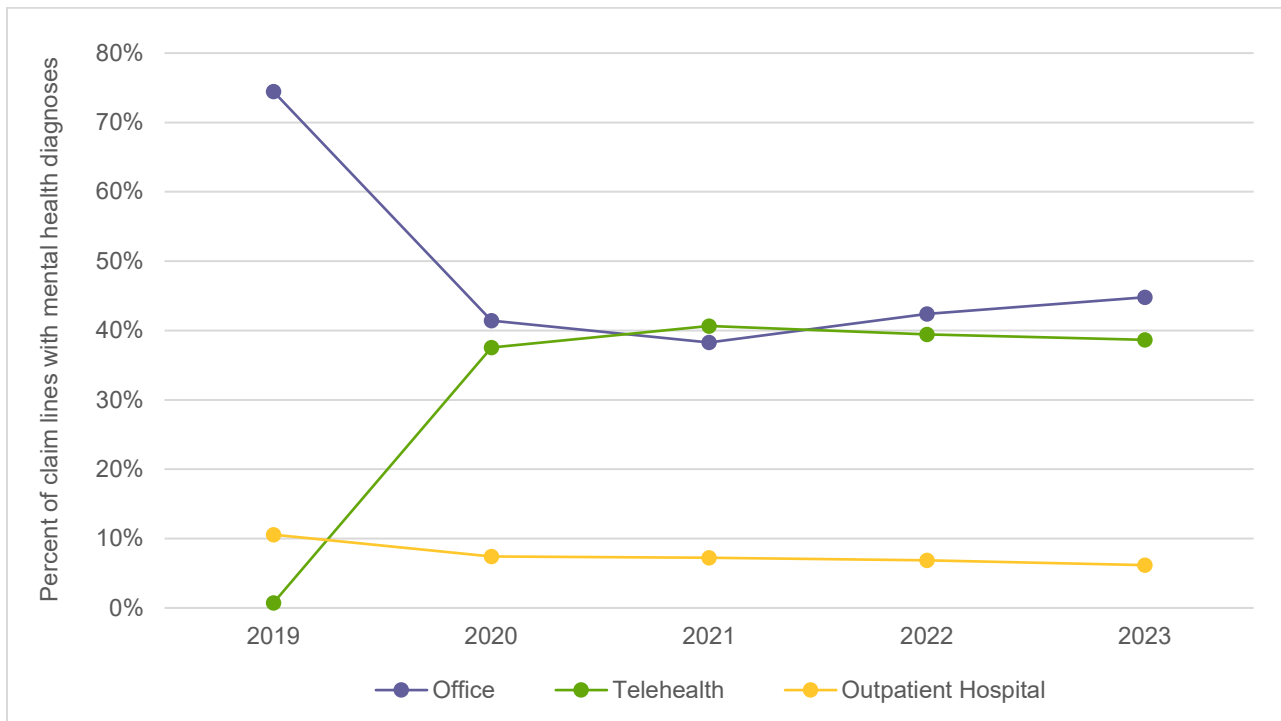
## Place of Service

Table 14 shows the percentage of claim lines associated with mental health diagnoses from 2019 to 2023 by place of service. Offices were the most common place of service for mental health-related visits in 2023, as they were in 2019, 2020 and 2022; however, the percentage of claim lines for offices decreased almost 40 percent over the study period, from 74.4 percent in 2019 to 44.8 percent in 2023. In 2021, telehealth (40.7 percent of claim lines) replaced offices (38.3 percent) as the most common place of service; overall, telehealth as a place of service for mental health diagnoses increased 5,123.4 percent from 2019 to 2023, likely due to the surge in use of this venue of care beginning with the start of the COVID-19 pandemic in 2020. Several other place of service categories decreased during the study period. For example, the percentage of claim lines from emergency rooms decreased by 44.6 percent, from 1.9 percent in 2019 to 1.1 percent in 2023.

**Table 14. Percent of claim lines with mental health diagnoses by place of service, 2019-2023**

Place of Service	2019	2020	2021	2022	2023	Percent Change 2019-2023
Office	74.4%	41.4%	38.3%	42.4%	44.8%	<b>-39.8%</b>
Telehealth	0.7%	37.6%	40.7%	39.4%	38.6%	<b>5123.4%</b>
Outpatient Hospital	10.6%	7.4%	7.2%	6.9%	6.2%	<b>-41.6%</b>
Independent Laboratory	5.4%	4.1%	4.2%	4.2%	4.0%	<b>-27.2%</b>
Inpatient Hospital	3.5%	3.0%	2.9%	2.7%	2.5%	<b>-29.9%</b>
Emergency Room – Hospital	1.9%	1.2%	1.1%	1.0%	1.1%	<b>-44.6%</b>
Community Mental Health Center	0.5%	0.3%	0.3%	0.3%	0.6%	<b>17.0%</b>
Inpatient Psychiatric Facility	0.5%	0.5%	0.5%	0.5%	0.5%	<b>-3.3%</b>
Other Places of Service	2.4%	4.5%	4.8%	2.6%	1.8%	<b>-22.8%</b>

Figure 5 illustrates the year-to-year trends in three places of service used for mental health services from 2019 to 2023. As displayed numerically in table 14, offices far exceeded telehealth and outpatient hospital facilities as places of service for claim lines associated with mental health diagnoses in 2019. In 2020, however, office use fell substantially, and telehealth use, previously associated with just 0.7 percent of claim lines, rose to nearly meet it. Both places of service hovered around 40 percent in 2020, 2021 and 2022, although telehealth began a slow decline in 2021, while office use started to increase. By 2023, office use had increased to 44.8 percent of claim lines, surpassing telehealth. Despite its decline, in 2023, telehealth remained a popular venue for mental health services (38.6 percent of claim lines). By comparison, the percentage of claim lines from the third ranked place of service, outpatient hospital facilities, decreased in 2020, though far less steeply than offices (falling from 10.6 percent to 7.4 percent), and continued to steadily decrease through 2023, ending that year at 6.2 percent.



**Figure 5. Percent of claim lines with mental health diagnoses by place of service, 2019-2023**

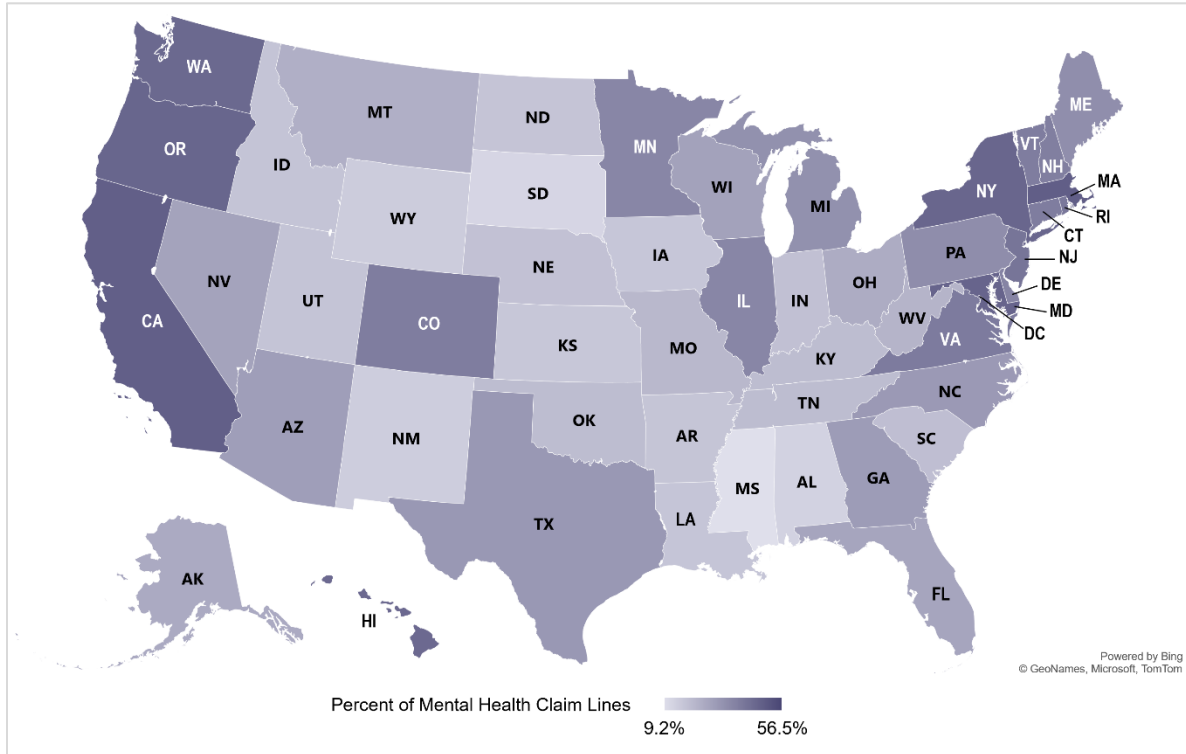
Among the four census regions, FAIR Health calculated the percentage of claim lines associated with mental health services that were rendered via telehealth in 2023 (table 15). The Northeast had the highest percentage of claim lines for mental health services rendered via telehealth (43.3 percent). The other three regions ranged from 27.9 to 41.5 percent.

**Table 15. Percent of claim lines for mental health services rendered via telehealth, 2023**

Region	Percent of Claim Lines
Midwest	27.9%
Northeast	43.3%
South	29.5%
West	41.5%



In 2023, the percentage of claim lines for mental health services rendered via telehealth varied by state (figure 6). The top five jurisdictions, from highest to lowest, were Washington, DC; Massachusetts; California; Maryland; and Oregon. In Washington, DC, for example, over 50 percent of mental health services were rendered via telehealth in 2023. The bottom five states, from lowest to highest, were Mississippi, South Dakota, Alabama, New Mexico and Wyoming. In Mississippi, for example, less than 10 percent of mental health services were rendered via telehealth in 2023.



**Figure 6. Percent of claim lines for mental health services rendered via telehealth by state, 2023**

## Specialty

When claim lines with mental health diagnoses were arrayed by treating specialty of individual provider from 2019 to 2023, there was variation over time (table 16). Notably, among the most common specialties caring for patients with mental health diagnoses in 2023, the following nonphysician specialties increased their share of claim lines with mental health diagnoses over the study period: social workers (12.1 percent increase), nurse practitioners (77.2 percent), psychiatric nurses (97.9 percent), physician assistants (76.5 percent) and registered nurses (126.0 percent). The trend toward more nonphysicians treating mental health conditions is consistent with trends reported in primary care treatment of mental health in an earlier FAIR Health study.<sup>24</sup> In the current data, addiction medicine also increased (17.6 percent). Conversely, the following specialties shown in table 16 decreased in their share of claim lines with mental health diagnoses during the study period: psychology (27.1 percent decrease), psychiatry (26.4 percent), family practice (6.3 percent), internal medicine (15.1 percent), pediatric medicine (12.3 percent) and pediatric psychiatry (27.0 percent).

**Table 16. Claim lines with mental health diagnoses arrayed by treating specialty of individual provider, 2019-2023**

Specialty	2019	2020	2021	2022	2023	Percent Change 2019-2023
Social Worker	33.5%	34.0%	35.1%	36.7%	37.6%	12.1%
Psychology	16.2%	17.1%	15.6%	13.5%	11.8%	-27.1%
Psychiatry	13.5%	12.5%	11.4%	10.6%	9.9%	-26.4%
Family Practice	9.9%	9.6%	9.6%	9.4%	9.3%	-6.3%
Nurse Practitioner	3.0%	3.3%	3.8%	4.5%	5.3%	77.2%
Psychiatric Nurse	2.7%	3.2%	3.7%	4.5%	5.3%	97.9%
Internal Medicine	4.8%	4.5%	4.3%	4.2%	4.1%	-15.1%
Pediatric Medicine	2.6%	2.5%	2.6%	2.5%	2.3%	-12.3%
Physician Assistant	1.1%	1.3%	1.5%	1.7%	2.0%	76.5%
Addiction Medicine	1.7%	1.8%	1.9%	1.9%	2.0%	17.6%
Pediatric Psychiatry	1.7%	1.6%	1.5%	1.4%	1.2%	-27.0%
Registered Nurse	0.5%	0.6%	0.8%	0.9%	1.2%	126.0%
Others	8.8%	8.1%	8.3%	8.2%	8.1%	-7.9%

<sup>24</sup> FAIR Health, *A Window into Primary Care: An Analysis of Private Healthcare Claims*, A FAIR Health White Paper, March 15, 2023, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/A%20Window%20into%20Primary%20Care%20-%20FAIR%20Health%20White%20Paper.pdf>.

## Substance Use Disorders

As shown in table 17, 15.7 percent of patients with a mental health diagnosis also had a substance use disorder during the study period (2019-2023). Only 5.6 percent of patients without a mental health diagnosis had a substance use disorder.

**Table 17. Percent of patients with a substance use disorder, 2019-2023**

Patient Type	Percent of Patients with Substance Use Disorder
With a Mental Health Diagnosis	15.7%
Without a Mental Health Diagnosis	5.6%

Among patients with both a mental health condition and a substance use disorder during the study period, substance use disorders occurred more frequently with some mental health conditions than others (table 18). Over 50 percent of patients with delusional and other schizoaffective disorders also had a substance use disorder. Over 40 percent of patients with schizophrenia, personality disorders and gambling addiction also had a substance use disorder.

**Table 18. Percent of patients with a substance use disorder by mental health condition, 2019-2023**

Mental Health Condition	Percent of Patients with Substance Use Disorder
Delusional and Other Schizoaffective Disorders	51.6%
Schizophrenia	49.5%
Personality Disorders	42.5%
Gambling Addiction	40.4%
Bipolar Disorder	39.2%
Post-traumatic Stress Disorder	28.1%
Other Behavioral and Personality Disorders	26.0%
Mood (Affective) Disorders	24.0%
Other Anxiety Disorders	22.7%
Major Depressive Disorder	22.2%
Conduct Disorders	21.8%
Impulse Disorders	20.7%
Generalized Anxiety Disorder	17.3%
Sexual Dysfunction Disorders	16.9%
Eating Disorders	16.0%
Phobic Anxiety Disorders	15.6%
Emotional and Behavioral Disorders	15.3%
Gender Dysphoria	13.4%
Adjustment Disorders	13.2%
Obsessive-Compulsive Disorder	13.0%
Attention-Deficit/Hyperactivity Disorder	11.6%
Pregnancy-Related Mental Health Conditions	9.3%
Tic Disorders	5.4%

## Conclusion

This study of mental health conditions in the period 2019-2023 makes several notable findings. Nationally, the percentage of patients with mental health diagnoses rose nearly 40 percent, and nearly one in five patients were diagnosed with mental health conditions in 2023. Among the four US census regions, the Midwest had both the largest increase during the study period and the largest percentage of patients with mental health diagnoses in 2023.

The five most common mental health diagnoses in 2023 were generalized anxiety disorder, major depressive disorder, ADHD, adjustment disorders and bipolar disorder. In all five cases, the percentage of patients increased from 2019 to 2023; the largest increase was for patients diagnosed with ADHD.

The percentage of claim lines associated with mental health diagnoses increased more than 30 percent nationally. The percentage of claim lines associated with mental health diagnoses compared to all medical claim lines increased in all states, from Georgia with the largest growth to Ohio with the smallest.

The percentage of patients with mental health diagnoses increased across all age groups, with the largest increase in those aged 65 and over. In 2023, the most commonly diagnosed mental health condition for the age range 0-13 was ADHD, but for all other age groups it was generalized anxiety disorder.

Females made up a higher percentage of patients with mental health diagnoses than males did in all but the youngest age groups. Though the percentage of both male and female patients increased during the study period, the increase for females was greater.

The national percentage of in-network claim lines associated with mental health diagnoses increased throughout the study period, with the sharpest rise in the last quarter of 2023. The percentage of claim lines for offices as a place of service for mental health-related visits decreased nearly 40 percent, while the percentage of claim lines for telehealth increased more than 5,000 percent. Several nonphysician specialties increased their share of mental health diagnosis claim lines, including social workers, nurse practitioners, psychiatric nurses, physician assistants and registered nurses, while the share of claim lines for psychiatrists decreased.

The percentage of patients with a mental health diagnosis who also had a substance use disorder during the study period was higher than the percentage of patients without a mental health diagnosis who had a substance use disorder.

The findings in this report have implications for stakeholders across the healthcare spectrum, including patients with mental health conditions and the providers who treat them, as well as payors and policy makers. FAIR Health hopes that these findings will also be starting points for further research on mental health conditions.

## About FAIR Health

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health qualifies as a public charity under section 501(c)(3) of the federal tax code. FAIR Health possesses the nation's largest collection of private healthcare claims data, which includes over 46 billion claim records and is growing at a rate of over 3 billion claim records a year. FAIR Health licenses its privately billed data and data products—including benchmark modules, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D, which accounts for a separate collection of over 47 billion claim records; FAIR Health includes among the private claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's free, award-winning, national consumer websites are [fairhealthconsumer.org](https://fairhealthconsumer.org) and [fairhealthconsumidor.org](https://fairhealthconsumidor.org). For more information on FAIR Health, visit [fairhealth.org](https://fairhealth.org).

FAIR Health, Inc.  
800 Third Avenue, Suite 900  
New York, NY 10022  
212-370-0704  
[fairhealth.org](https://fairhealth.org)  
[fairhealthconsumer.org](https://fairhealthconsumer.org)  
[fairhealthconsumidor.org](https://fairhealthconsumidor.org)

Copyright 2024, FAIR Health, Inc. All rights reserved.