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STATISTICS BOOK

Mental Health: statistics and facts

11 full reports · 23 charts · Edition November 2026

15.1%	6,488	7,109	57.3m
TEENS WITH DEPRESSION	SUICIDES 2024	SHORTAGE AREAS	ADULTS TREATED

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ABOUT THIS BOOK

Mental Health: statistics and facts

This page brings together 11 Business Stats reports on Mental Health, grouped into US (8 reports).

Among the figures you will find here: 15.1% (Teens with depression), 6,488 (Suicides 2024), 7,109 (Shortage areas) and 4.9M (Under-5 Deaths 2024).

Most recently revised are Youth mental health treatment in the US: statistics and facts and Veterans mental health treatment: statistics and facts. Every report names its primary source, and its charts and tables can be downloaded and reused for free. The list grows on its own when a new report is published; it last changed on Nov 4, 2026.

Further reading in this topic: Mental health workforce in the US: statistics and facts, Child Health Stats 2026: 4.9M Under-5 Deaths, 150M Stunted and Mental health treatment in the US: statistics and facts.

Each chapter is a complete Business Stats report with its text, charts, tables and primary sources. The online version of every report is updated continuously; this book shows them as of Nov 4, 2026.

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STATISTICS REPORT

Youth mental health treatment in the US: statistics and facts

A crisis that is easing, a gap that remains. Fewer teens report depression than in 2021, but four in ten depressed adolescents still get no treatment. This report shows the latest national data.

Updated Nov 4, 2026 · businesstats.com/youth-mental-health-treatment-us

15.1% TEENS WITH DEPRESSION	**3.7m** ADOLESCENTS AFFECTED	**57.7%** TREATED
13.0% TELEHEALTH	**11.4%** SCHOOL COUNSELING	**33%** PERSISTENT SADNESS

OVERVIEW

Youth mental health treatment at a glance

Mental health problems are common among young Americans, and a majority of those with depression now receive some treatment. According to the 2025 National Survey on Drug Use and Health, 15.1 percent of adolescents aged 12 to 17, about 3.7 million young people, had a major depressive episode in the past year. Of those, 57.7 percent received mental health treatment, while 42.3 percent, about 1.6 million, did not. Across all adolescents, 27.6 percent received some form of mental health treatment in 2025.

The worst of the youth mental health crisis seen during and after the pandemic appears to be easing. The share of adolescents with a major depressive episode fell from a peak of 20.8 percent in 2021 to 15.1 percent in 2025. The CDC Youth Risk Behavior Survey shows the same direction: the share of high school students with persistent feelings of sadness or hopelessness fell from 42 percent in 2021 to 33 percent in 2025, the lowest level since 2017.

This report covers depression and treatment among adolescents, where young people get care, differences by sex and race, diagnosed conditions among children, psychiatric medication and the mental health of high school students. Data for adults is summarised in our hub on mental health treatment in the US. Students at colleges and universities are covered in our report on college student mental health.

15.1%

Adolescents with depression

Major depressive episode, 2025.

57.7%

Of them treated

2025.

27.6%

All adolescents treated

Any mental health treatment, 2025.

33%

Persistent sadness

High school students, 2025.

DEPRESSION

Depression among adolescents

The NSDUH asks adolescents aged 12 to 17 about symptoms of a major depressive episode in the past year. The share rose for years before the pandemic, from 12.5 percent in 2015 to 15.7 percent in 2019 and 17.0 percent in 2020. Because the survey moved to web and in-person interviews from 2021, SAMHSA treats earlier figures as not directly comparable. On the new basis, the share peaked at 20.8 percent in 2021 and has fallen every year since, to 19.5 percent in 2022, 18.1 percent in 2023, 15.4 percent in 2024 and 15.1 percent in 2025.

Adolescents aged 12 to 17 with a past-year major depressive episode in the US, 2015 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Down from the 2021 peak: The share of adolescents with depression fell from 20.8 to 15.1 percent in four years.

Depression affects girls far more often than boys. In the pooled 2022 to 2024 data, 26.0 percent of girls aged 12 to 17 had a major depressive episode, compared with 9.8 percent of boys. By race and ethnicity, the share was highest among multiracial adolescents at 22.0 percent and White adolescents at 19.2 percent, and lowest among Native Hawaiian or Pacific Islander adolescents at 7.6 percent. In 2025, 2.7 million adolescents, or 11.0 percent, had a major depressive episode with severe impairment.

TREATMENT

How many depressed teens get treatment?

Treatment is measured differently today than before the pandemic. Earlier, about four in ten adolescents with a major depressive episode received treatment for depression: 39.3 percent in 2015 and 43.3 percent in 2019. Since 2022 SAMHSA has used a broader measure that counts any mental health treatment. On that basis, 56.8 percent of adolescents with depression were treated in 2022, 59.8 percent in 2023, 60.6 percent in 2024 and 57.7 percent in 2025. SAMHSA notes that the questionnaire changed again in 2024, and the 2025 questionnaire changed again, so the figures for 2022 and 2023, for 2024 and for 2025 should not be read as one trend.

Adolescents with a major depressive episode who received mental health treatment in the US, 2022 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Still four in ten untreated: In 2025, 42.3 percent of adolescents with depression received no mental health treatment.

Large gaps remain between groups. In 2024, 64.3 percent of girls with depression received treatment, compared with 51.1 percent of boys. White adolescents with depression were treated in 67.7 percent of cases, Hispanic adolescents in 53.2 percent and Black adolescents in only 44.7 percent. Regionally, the Northeast had the highest treatment rate at 70.0 percent and the South the lowest at 54.9 percent.

Adolescents with depression who received mental health treatment by race and ethnicity, 2024 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

A racial gap: Black adolescents with depression were treated far less often than White adolescents.

Among adolescents with depression who received no treatment in 2025, 41.7 percent said they had needed care but not received it. And 40.2 percent of all adolescents with depression received neither treatment nor any other mental health services, such as support groups.

SETTINGS

Where young people get care

Adolescents receive mental health care in many places. In 2025, 14.0 percent of all adolescents received treatment in the office of a therapist, psychologist, psychiatrist or other mental health professional, 13.3 percent took prescription medication for their mental health and 13.0 percent received treatment via telehealth. Schools play a big role: 11.4 percent received care at a school health or counseling center. Inpatient care is rare, at 2.5 percent, and 1.1 percent received mental health treatment in a jail or juvenile detention center.

Where adolescents aged 12 to 17 received mental health treatment in the US, 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Telehealth close behind: 13.0 percent were treated by telehealth, 14.0 percent in a therapist office.

The CDC National Health Interview Survey shows a similar picture from parents. In 2021, 14.9 percent of children aged 5 to 17 had received mental health treatment in the past 12 months, up from 13.6 percent in 2019. Among those aged 12 to 17 the share rose from 16.8 to 18.9 percent. Children in nonmetropolitan areas were more likely to receive treatment than those in large cities, 19.1 compared with 14.0 percent in 2021, while Asian children had the lowest rate at 4.4 percent.

DIAGNOSES

Diagnosed conditions among children

According to the NSCH, the federal survey on the health of children, 11 percent of children aged 3 to 17 had a current diagnosis of anxiety in 2023 and 2024, 8 percent a behavior disorder and 4 percent depression. ADHD remains the most common diagnosis: in 2024, 11.7 percent of children aged 3 to 17, about 7.1 million, had current ADHD, including 14.5 percent of boys and 8.8 percent of girls.

Among adolescents aged 12 to 17, diagnosed anxiety rose from 10.0 percent in 2016 to 16.1 percent in 2023 and depression from 5.8 to 8.4 percent, while behavior or conduct problems fell slightly from 7.3 to 6.3 percent. In total, 20.3 percent of adolescents, more than 5.3 million, had a current mental or behavioral condition in 2023. Parents increasingly report difficulty finding care: 61.0 percent of parents of diagnosed teens who needed care said it was hard to get in 2023, up from 45.3 percent in 2018.

Diagnosed mental and behavioral conditions among adolescents aged 12 to 17, 2016 and 2023 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Anxiety up 60 percent: Diagnosed anxiety among adolescents rose from 10.0 to 16.1 percent in seven years.

MEDICATION

Psychiatric medication

The use of antidepressants among children has more than doubled. According to the Department of Health and Human Services, the share of children aged 3 to 17 with a prescription for an SSRI, the most common type of antidepressant, rose from 1.5 percent in 2006 to 2.6 percent in 2017 and peaked at 3.8 percent in 2022, before dipping to 3.6 percent in 2023. Stimulant prescriptions, mostly for ADHD, were more stable at 5.3 percent in 2023. The use of antipsychotics fell slightly, from 1.3 to 1.1 percent. Drug use and its treatment are covered separately in our report on drug use in the US.

Children aged 3 to 17 with an SSRI antidepressant prescription in the US, 2006 to 2023 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

More than doubled: SSRI use among children rose from 1.5 percent in 2006 to 3.6 percent in 2023.

HIGH SCHOOL

Mental health of high school students

The CDC Youth Risk Behavior Survey, released for 2025 in September 2026, tracks how high school students feel. In 2025, 33 percent reported persistent feelings of sadness or hopelessness, down from 40 percent in 2023 and 42 percent in 2021. The share who seriously considered suicide fell from 22 percent in 2021 to 14 percent in 2025, and the share who attempted suicide from 10 to 6 percent. Girls remain far more affected: 43 percent of female students reported persistent sadness in 2025, compared with 24 percent of male students.

Mental health of US high school students, 2013 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Improvement since 2021: Both measures are now back near or below their pre-pandemic levels.

Fewer students receive counseling than seem to need it. In 2025, 18.6 percent of high school students received counseling or therapy in the past year, and 15.4 percent said they needed it but did not get it. Among students with persistent sadness, only 29.6 percent received counseling, while 28.8 percent reported an unmet need. Asian and Black students with persistent sadness had the lowest rates of counseling, 15.7 and 15.4 percent. According to the same CDC report, about one in eight adolescents had used generative AI chatbots for mental health support.

High school students in 2023

- Persistent sadness or hopelessness: 39.7 percent of all students.
- Female students: 52.6 percent; male students: 27.7 percent.
- LGBQ+ students: 65.7 percent; heterosexual students: 31.4 percent.
- Seriously considered suicide: 20.4 percent; attempted suicide: 9.5 percent.

OUTLOOK

What comes next

The latest data point to a turning point after years of worsening youth mental health, but the need for care remains high. Four in ten adolescents with depression still receive no treatment, parents report growing difficulty finding providers, and only about a third of facilities offer programs for children with serious emotional disturbance, as our report on mental health treatment facilities shows. Shortages of child and adolescent psychiatrists are covered in our report on the mental health workforce, and differences in access by income and insurance in our report on treatment disparities. The physical health of young Americans is covered in our report on child health and nutrition, and the global picture in our report on mental health worldwide.

KEY FACTS

Youth mental health treatment in numbers

Key facts

- 15.1 percent of adolescents aged 12 to 17 had a major depressive episode in 2025, down from 20.8 percent in 2021.
- 57.7 percent of adolescents with depression received mental health treatment in 2025.
- 27.6 percent of all adolescents received mental health treatment, 13.0 percent via telehealth.
- Black adolescents with depression were treated in 44.7 percent of cases, White adolescents in 67.7 percent (2024).
- SSRI prescriptions among children rose from 1.5 percent in 2006 to 3.6 percent in 2023.
- 33 percent of high school students reported persistent sadness in 2025, down from 42 percent in 2021.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many teens have depression in the US?

According to the 2025 NSDUH, 15.1 percent of adolescents aged 12 to 17, about 3.7 million, had a major depressive episode in the past year.

How many depressed teens get treatment?

57.7 percent of adolescents with a past-year major depressive episode received mental health treatment in 2025. About 1.6 million did not.

Is youth depression getting better?

Yes. The share of adolescents with depression fell from 20.8 percent in 2021 to 15.1 percent in 2025, and fewer high school students report persistent sadness.

Where do teens get mental health care?

In 2025, 14.0 percent of adolescents were treated in a mental health professional office, 13.0 percent via telehealth and 11.4 percent at school.

Are girls more likely to have depression than boys?

Yes. In 2022 to 2024, 26.0 percent of adolescent girls had a major depressive episode, compared with 9.8 percent of boys.

How many children take antidepressants?

HHS data show that 3.6 percent of children aged 3 to 17 had an SSRI prescription in 2023, up from 1.5 percent in 2006.

How many high school students feel sad or hopeless?

In 2025, 33 percent of US high school students reported persistent feelings of sadness or hopelessness, down from 42 percent in 2021.

Do Black teens get less mental health treatment?

Yes. In 2024, 44.7 percent of Black adolescents with depression received treatment, compared with 67.7 percent of White adolescents.

SOURCES

SAMHSA - 2025 NSDUH national highlights.

SAMHSA - 2025 NSDUH annual national report.

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SAMHSA - 2024 NSDUH short report on adolescent depression and suicide.

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CDC, NCHS - Data brief 381, children mental health treatment 2019.

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CDC - Youth Risk Behavior Survey trends 2015 to 2025.

CDC - YRBS data summary and trends 2013 to 2023.

CDC - MMWR supplement on counseling, 2025 YRBS.

CDC - MMWR supplement on mental health, 2023 YRBS.

STATISTICS REPORT

Mental health workforce in the US: statistics and facts

A growing shortage. Almost half of Americans live in an area short of mental health professionals. This report shows how many there are, what they earn and where the gaps are largest.

Updated Nov 4, 2026 · businesstats.com/mental-health-workforce-us

7,109 SHORTAGE AREAS	**157.1m** PEOPLE AFFECTED	**26.5%** NEED MET
7,825 PRACTITIONERS NEEDED	**27,980** EMPLOYED PSYCHIATRISTS	**491,930** MH COUNSELORS

OVERVIEW

The mental health workforce at a glance

The United States does not have enough mental health professionals to meet demand, and the gap is projected to widen. As of 30 June 2026, the Health Resources and Services Administration counted 7,109 mental health professional shortage areas, home to 157.1 million people. Only 26.5 percent of the need for mental health professionals in these areas was met, and 7,825 additional practitioners would be needed to remove all designations.

By occupation, counselors and social workers make up the largest part of the workforce. According to the Bureau of Labor Statistics, there were 491,930 employed substance abuse, behavioral disorder and mental health counselors in May 2025, along with 132,810 mental health and substance abuse social workers, 75,990 clinical and counseling psychologists, 66,740 marriage and family therapists and 27,980 employed psychiatrists. Psychiatrists earned a mean annual wage of $269,940.

HRSA projects that by 2038, the supply of adult psychiatrists will cover only 50 percent of demand and the supply of psychologists only 48 percent. This report covers employment and pay, shortage areas by state and rurality, and long-term projections. Our hub on mental health treatment in the US summarises the related data; the places where these professionals work are covered in our report on mental health

treatment facilities.

157.1m

People in shortage areas

June 2026.

26.5%

Need met

In mental health shortage areas.

491,930

Employed MH counselors

May 2025.

$269,940

Psychiatrist mean wage

Annual, May 2025.

Why counts differ between sources

- BLS employment figures count wage and salary workers and exclude the self-employed, so they are lower than total supply, especially for psychiatrists and psychologists in private practice.
- HRSA supply estimates count all active professionals: for example 52,164 psychiatrists in 2023, compared with 27,980 employed psychiatrists in the BLS data for 2025.
- Shortage area figures are a snapshot of designations on a given date and change every quarter.

EMPLOYMENT

How many mental health professionals are there?

Counselors are by far the largest group. The 491,930 substance abuse, behavioral disorder and mental health counselors employed in May 2025 outnumbered all psychologists and psychiatrists combined. Including school psychologists and other psychologists, there were 158,750 employed psychologists, by BusinessStats calculation. In addition, 156,960 psychiatric technicians and 35,520 psychiatric aides worked mainly in hospitals and residential facilities. How many adults these professionals reach is covered in our report on adults receiving mental health treatment.

Employment in mental health occupations in the US, May 2025

Interactive chart online: businesstats.com/mental-health-workforce-us

Counselors dominate: Almost half a million counselors, compared with about 28,000 employed psychiatrists.

Pay varies widely by profession. Psychiatrists earned a mean of $269,940 a year in May 2025, more than twice the $112,750 earned by clinical and counseling psychologists. Mental health counselors earned a mean of $64,440, and mental health and substance abuse social workers $68,030. Marriage and family therapists earned $76,960.

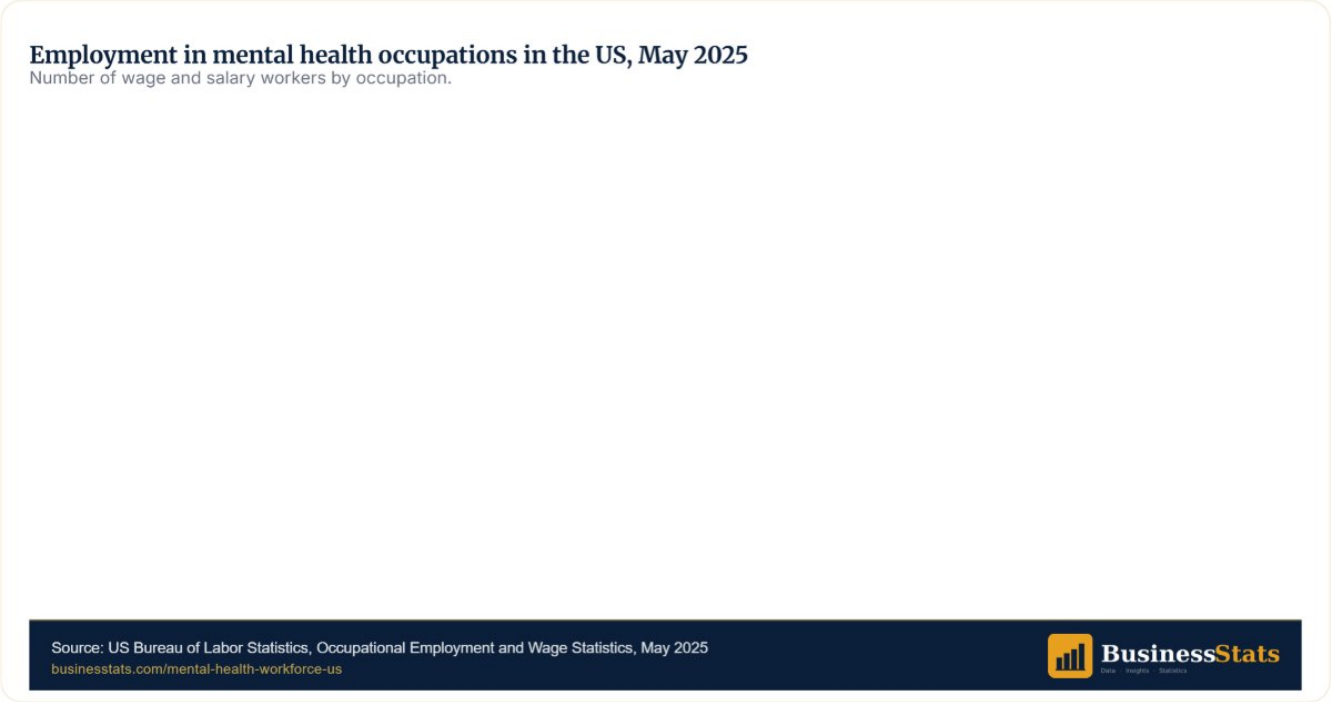


Figure 2: Mean annual wage in mental health occupations in the US, May 2025 (US dollars)

A wide pay gap: Psychiatrists earn about four times as much as counselors.

PROFESSION	HRSA SUPPLY ESTIMATE	YEAR
Psychiatrists (MD and DO)	52,164	2023
Psychologists, doctoral level	104,012	2023
Mental health counselors	154,019	2023
Substance use and behavioral disorder counselors	108,587	2023
Marriage and family therapists	30,566	2023
Social workers	531,223	2023

Psychiatric nurse practitioners and other APRNs	39,354	2022
Psychiatric physician assistants	3,224	2024

STATES

Where are psychiatrists located?

Psychiatrists are concentrated in a few states. According to the latest state level BLS data, for May 2023, New York had the most employed psychiatrists with 4,480, followed by California with 4,320, Florida with 1,850, Massachusetts with 1,190 and Texas with 1,040. Relative to total employment, New York had the highest concentration, at 0.48 psychiatrists per 1,000 jobs, followed by Rhode Island at 0.45 and Vermont at 0.34. Texas had only 0.08 per 1,000 jobs. Access for children and teenagers is covered in our report on youth mental health treatment, and campus counseling in our report on college student mental health.



Figure 3: US states with the most employed psychiatrists, May 2023

New York and California lead: Together they employ more than a third of all psychiatrists.

The highest mean pay for psychiatrists in May 2023 was in Connecticut at $338,620, followed by Louisiana at $318,770, Minnesota at $304,040 and Missouri at $299,560. Offices of physicians were the largest employer, with 6,780 psychiatrists, followed by general hospitals with 4,890.

SHORTAGE AREAS

Mental health professional shortage areas

A mental health professional shortage area is a region, population group or facility with too few mental health professionals for its needs. The number of designations rose from 6,234 in June 2024 to 7,109 in June 2026, and the population living in them from 122.4 million to 157.1 million. The number of practitioners needed to remove all designations rose from 6,143 to 7,825.

Florida needs the most additional mental health practitioners, 775, followed by California with 658, Texas with 631 and Illinois with 393. California has the most designations, 632, ahead of Texas with 412 and Alaska with 347. Texas has the largest population in shortage areas, 14.1 million people, followed by Florida with 13.8 million and California with 12.2 million.



Figure 4: US states needing the most mental health practitioners to remove shortage designations, 2026

Florida tops the list: 775 more practitioners would be needed to remove all designations there.

Some states meet only a small fraction of their need. In West Virginia, only 5.7 percent of the need for mental health professionals in shortage areas was met in June 2026, followed by Delaware with 7.5 percent, Maine with 11.5 percent, North Carolina with 12.0 percent and Tennessee with 13.3 percent.

US states with the lowest share of mental health need met in shortage areas, 2026 (%)

Interactive chart online: businesstats.com/mental-health-workforce-us

West Virginia lowest: Only 5.7 percent of the need for mental health professionals is met.

Most designations are in rural areas. Of the 7,109 mental health shortage areas in June 2026, 4,295, or 60.4 percent, were rural, 2,077 were non-rural and 713 were partially rural. Rural counties are far more likely to have no professionals of certain types at all: in 2021, 69 percent of rural counties had no psychiatric nurse practitioner, compared with 31 percent of urban counties, and 45 percent had no psychologist, compared with 16 percent. The impact on patients is described in our report on untreated mental illness.

Mental health professional shortage areas by rurality in the US, 2026

Interactive chart online: businesstats.com/mental-health-workforce-us

Six in ten rural: 4,295 of 7,109 mental health shortage areas are in rural places.

PROJECTIONS

Projected shortages by 2038

HRSA projects severe shortages over the next decade if current patterns continue. By 2038, the supply of adult psychiatrists is projected to fall short of demand by 36,780 full-time equivalents, meeting only 50 percent of need. Psychologists face a shortfall of 99,840, or 48 percent adequacy, and mental health counselors a shortfall of 99,780, or 55 percent. Addiction counselors are expected to meet only 30 percent of demand. Psychiatric nurse practitioners are one of the few groups projected to be in surplus, at 108 percent of demand.

Projected supply as a share of demand for behavioral health professions in the US, 2038 (%)

Interactive chart online: businesstats.com/mental-health-workforce-us

Half the psychiatrists needed: Supply of adult psychiatrists is projected to meet only 50 percent of demand in 2038.

If demand rises to cover need that currently goes unmet, the gaps grow further: adult psychiatrist supply would cover just 45 percent of demand and psychologists 43 percent. According to HRSA, the average wait for behavioral health services is 48 days. Training is expanding but slowly: according to the Association of American Medical Colleges, the number of first-year psychiatry residents and fellows grew by 26.3 percent between 2016 and 2021. Staffing at the VA is covered in our report on veterans mental health treatment, and the role of technology in our report on AI in healthcare.

PROFESSION	SHORTFALL (FTE)	SUPPLY AS SHARE OF DEMAND
Adult psychiatrists	36,780	50%
Child and adolescent psychiatrists	7,030	61%
Psychologists	99,840	48%
Mental health counselors	99,780	55%
Addiction counselors	77,050	30%
Marriage and family therapists	33,840	60%
School counselors	39,680	80%
Mental health and SUD social workers	17,030	85%

KEY FACTS

The mental health workforce in numbers

Key facts

- 157.1 million people lived in 7,109 mental health professional shortage areas in June 2026.
- Only 26.5 percent of the need for mental health professionals in these areas was met.
- 491,930 mental health counselors and 27,980 psychiatrists were employed in May 2025.
- Psychiatrists earned a mean annual wage of $269,940 in May 2025.
- 60.4 percent of mental health shortage designations are in rural areas.
- By 2038, adult psychiatrist supply is projected to meet only 50 percent of demand.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many psychiatrists are there in the US?

HRSA estimates the supply of psychiatrists at 52,164 in 2023. BLS counted 27,980 employed psychiatrists in May 2025, a figure that excludes the self-employed.

How much do psychiatrists earn?

The mean annual wage of employed psychiatrists was $269,940 in May 2025, according to BLS.

How many people live in mental health shortage areas?

157.1 million people lived in 7,109 designated mental health professional shortage areas as of 30 June 2026.

Which state needs the most mental health professionals?

Florida needs the most additional practitioners, 775, followed by California with 658 and Texas with 631.

Which state has the most psychiatrists?

New York had the most employed psychiatrists in May 2023, 4,480, followed by California with 4,320.

Will the shortage of psychiatrists get worse?

HRSA projects a shortfall of 36,780 adult psychiatrists by 2038, with supply meeting only 50 percent of demand.

How long do people wait for mental health care?

According to HRSA, the average wait for behavioral health services is 48 days.

Are rural areas more affected?

Yes. 60.4 percent of mental health shortage designations are rural, and in 2021, 45 percent of rural counties had no psychologist.

SOURCES

US Bureau of Labor Statistics - Occupational Employment and Wages, May 2025.

US Bureau of Labor Statistics - Psychiatrists, OEWS May 2023.

HRSA - Designated Health Professional Shortage Areas statistics.

HRSA - Behavioral Health Workforce Brief 2025.

HRSA - Behavioral Health Workforce Brief 2023.

Association of American Medical Colleges - 2022 Physician Specialty Data Report.

STATISTICS REPORT

Mental health treatment in the US: statistics and facts

More care, still not enough. One in five American adults now receives mental health treatment, yet half of those with a mental illness go without. This hub collects the key data in one place.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-us

57.3m ADULTS TREATED	**21.6%** SHARE OF ADULTS	**54.6m** WITH MENTAL ILLNESS
50.9% AMI TREATED	**15.1%** TEENS WITH MDE	**157.1m** IN SHORTAGE AREAS

OVERVIEW

Mental health treatment in the US at a glance

Mental health care has become one of the largest parts of the American health system. According to the 2025 National Survey on Drug Use and Health, run by the Substance Abuse and Mental Health Services Administration (SAMHSA), 57.3 million adults aged 18 or older received mental health treatment in the past year. That is 21.6 percent of all adults, or more than one in five. In 2002, when the current survey series began, 27.2 million adults, 13.0 percent, were treated. In the comparable series to 2019, the number rose to 40.2 million; later surveys use new measures that put treatment at a higher level but cannot be compared directly.

Yet the need for care is still larger than the care provided. In 2025, 54.6 million adults, 20.6 percent of the adult population, had a mental illness in the past year, and 18.2 million had a serious mental illness that substantially interfered with daily life. Only 50.9 percent of adults with any mental illness received treatment, leaving 26.9 million untreated. Among adolescents aged 12 to 17, 3.7 million had a major depressive episode in 2025, and 42.3 percent of them received no mental health treatment.

Several forces shape access to care. Almost half of Americans, 157.1 million people, live in an area that the federal government designates as short of mental health professionals. Cost remains a barrier: 5.4 percent

of adults said they did not get needed mental health care in 2025 because of the cost. And treatment rates differ sharply by group. White adults with a mental illness are far more likely to be treated than Black, Hispanic or Asian adults, and women are more likely to be treated than men.

This hub brings together the latest official data on mental health treatment in the United States, drawing on SAMHSA, the CDC, the Health Resources and Services Administration (HRSA), the Bureau of Labor Statistics and the Department of Veterans Affairs. Each section ends with a link to a detailed report on that subject.

57.3m

Adults treated

21.6% of adults, 2025.

54.6m

Adults with mental illness

20.6% of adults, 2025.

26.9m

Untreated adults

With any mental illness.

157.1m

In shortage areas

People, June 2026.

Key terms used in this report

- Any mental illness (AMI): a diagnosable mental, behavioral or emotional disorder in the past year, of any severity.
- Serious mental illness (SMI): a mental illness that substantially interferes with or limits one or more major life activities.
- Major depressive episode (MDE): a period of at least two weeks of depressed mood or loss of interest plus other symptoms of depression.
- Mental health treatment: inpatient or outpatient care, telehealth, prescription medication or treatment in a correctional setting for a mental health condition, as defined by SAMHSA.
- Mental health professional shortage area (HPSA): an area, population group or facility designated by HRSA as having too few mental health professionals.

Mental illness and mental health treatment among US adults, 2025 (millions)

Interactive chart online: businesstats.com/mental-health-treatment-us

Half untreated: 26.9 million of the 54.6 million adults with a mental illness got no care.

TREATMENT LEVELS

How many Americans receive mental health treatment?

Two federal surveys measure mental health treatment among adults. The National Survey on Drug Use and Health asks about treatment in the past year in any setting, while the CDC National Health Interview Survey asks whether adults took prescription medication for their mental health or received counseling or therapy from a mental health professional in the past 12 months. Both show a clear increase over the past two decades.

In the SAMHSA series, the share of adults treated rose slowly from 13.0 percent in 2002 to 14.5 percent in 2012, then faster to 16.1 percent, or 40.2 million adults, in 2019. Measured differently after the pandemic, the share was 21.8 percent in 2022, 23.0 percent in 2023, 22.9 percent in 2024 and 21.6 percent in 2025. SAMHSA cautions that these later years cannot be compared directly with each other or with earlier years because the questionnaire changed, but the level of treatment is clearly higher than before 2020.

In the CDC survey, the share of adults who received any mental health treatment rose from 19.2 percent in 2019 to 20.3 percent in 2020 and 23.9 percent in 2023. The increase was similar for adults aged 18 to 44 and 45 to 64, while there was no significant change among adults aged 65 and older. Medication use in 2024 stood at 19.3 percent of adults and counseling at 14.0 percent. Preliminary data for 2025 show 13.4 percent of adults counseled by a mental health professional.

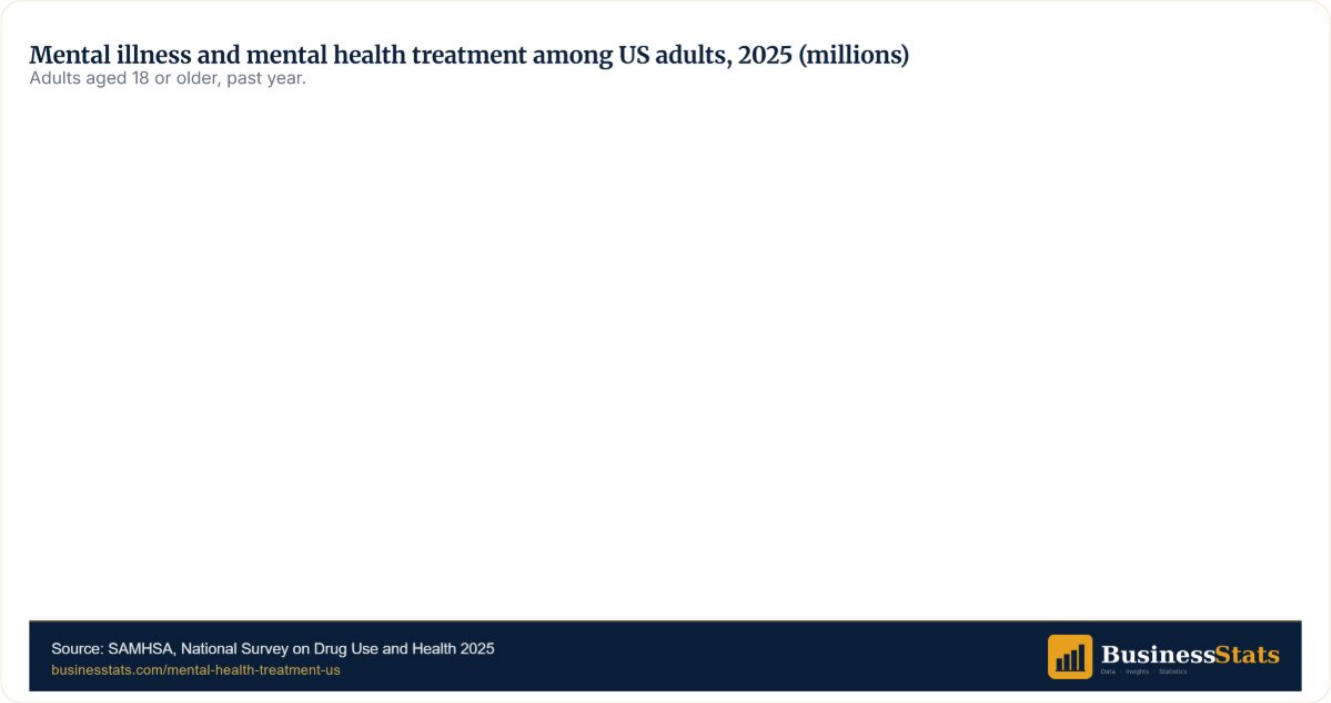


Figure 2: US adults who received any mental health treatment, 2019, 2020 and 2023 (%)

Almost one in four: 23.9 percent of US adults received mental health treatment in 2023.

Medication is the most common form of treatment. Already in 2019, 13.1 percent of adults took prescription medication for a mental health condition, compared with 8.3 percent who received outpatient care such as therapy and 1.0 percent who received inpatient care. Most of the growth since 2002 came from medication. Counseling is much more common among younger adults: in 2024, 20.2 percent of adults aged 18 to 29 received counseling or therapy, compared with 5.0 percent of those aged 75 and older. The full trend, types of care and reasons for not seeking help are covered in our report on adults receiving mental health treatment.

MENTAL ILLNESS

How common is mental illness?

Mental illness affects about one in five American adults each year. In 2025, 20.6 percent of adults, 54.6 million people, had any mental illness and 6.9 percent, 18.2 million, had a serious mental illness. About one in three adults with a mental illness had a serious one. Beginning with the 2025 survey, SAMHSA uses a new statistical model to classify mental illness and has re-estimated earlier years on the new basis: under that method, the share of adults with any mental illness was 21.0 percent in 2021 and 21.5 percent in 2024, a stable level.

Mental illness is most common among young adults. In 2025, 28.6 percent of adults aged 18 to 25 and 27.1 percent of those aged 26 to 49 had any mental illness, compared with 12.8 percent of adults aged 50 and older. Serious mental illness follows the same pattern: 12.1 percent among those aged 18 to 25, 9.6 percent among those aged 26 to 49 and 3.0 percent among those aged 50 and older. In absolute terms, the largest group is adults aged 26 to 49, of whom 28.5 million had a mental illness.



Figure 3: US adults with any and serious mental illness by age, 2025 (%)

Young adults most affected: More than one in four adults under 50 had a mental illness in 2025.

Suicidal thoughts are part of the picture. In 2025, 13.9 million adults, 5.3 percent, had serious thoughts of suicide, 4.9 million made a suicide plan and 2.3 million attempted suicide. Mental illness also often occurs alongside substance use: 18.5 million adults had both a mental illness and a substance use disorder in 2025. Substance use is covered in our report on drug use in the US, other risks to health in our report on health risk factors in the US, and international comparisons in our report on mental health worldwide.

TREATMENT GAP

The treatment gap

Despite the growth in treatment, about half of adults with a mental illness receive no care. In 2025, 27.8 million of the 54.6 million adults with any mental illness received treatment, 50.9 percent, while 26.9 million

did not. Among adults with a serious mental illness, 67.7 percent, or 12.3 million, were treated, but about 5.9 million went without care. Of these, 40.5 percent, 2.3 million people, said they had needed care but did not receive it.

The gap is largest for people with both a mental illness and a substance use disorder. Of the 18.5 million adults with both conditions in 2025, 42.6 percent, 7.9 million, received neither mental health nor substance use treatment. Those who were treated mostly received only mental health care: 72.9 percent of the treated group. Among adults with a serious mental illness and a substance use disorder, 28.7 percent received no treatment.

Cost is one of the main obstacles. According to preliminary CDC estimates, 5.4 percent of all adults did not get mental health care they needed in 2025 because they could not afford it. In earlier SAMHSA surveys, cost was the most frequently cited reason among people with unmet need: 37.2 percent of adults who needed care but did not get it in 2016 said they could not afford it, ahead of those who thought they could handle the problem without treatment, 31.0 percent, and those who did not know where to go, 26.0 percent. The full picture is in our report on untreated mental illness.

GROUP, 2025	TOTAL	TREATED	NOT TREATED
Adults with any mental illness	54.6m	27.8m (50.9%)	26.9m (49.1%)
Adults with serious mental illness	18.2m	12.3m (67.7%)	5.9m
Adults with AMI and substance use disorder	18.5m	10.6m (57.4%)	7.9m (42.6%)
Adolescents with major depressive episode	3.7m	2.1m (57.7%)	1.6m (42.3%)

DISPARITIES

Who is less likely to receive care?

Treatment rates differ greatly between groups. In 2024, 57.9 percent of White adults with any mental illness received treatment, compared with 52.0 percent of multiracial adults, 44.1 percent of Hispanic adults, 38.5 percent of Black adults and 32.5 percent of Asian adults. After adjusting for other factors, SAMHSA found that Asian adults had 0.31 times the odds of White adults of being treated, Black adults 0.47 times and Hispanic adults 0.62 times. The gap has persisted for years: in pooled data for 2022 and 2023, 57.4 percent of White adults with a mental illness were treated compared with 35.4 percent of Asian adults.

US adults with any mental illness who received treatment by group, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

A gap of 25 points: White adults with a mental illness were treated far more often than Asian adults.

Sex is another major factor. In 2024, 59.2 percent of women with a mental illness received treatment, compared with 42.1 percent of men. Among all adults, CDC data show women were also more likely to take medication for their mental health, 24.9 percent compared with 13.4 percent of men, and to receive counseling, 16.9 compared with 10.9 percent. Income and insurance matter: 55.5 percent of adults with a mental illness at twice the poverty line or more were treated, compared with 45.8 percent of those just above the poverty line. Among adults with serious thoughts of suicide in 2024, 53.8 percent of the insured but only 26.1 percent of the uninsured were treated.

Where people live also shapes the kind of care they get: rural adults lean more on prescriptions and less on talking therapy than residents of big cities. These and other differences are explored in our report on mental health treatment disparities.

YOUNG PEOPLE

Mental health treatment for children and teens

Depression among teenagers rose sharply in the years before and during the pandemic and has since eased. According to SAMHSA, 20.8 percent of adolescents aged 12 to 17 had a major depressive episode in 2021. The share fell to 19.5 percent in 2022, 18.1 percent in 2023, 15.4 percent in 2024 and 15.1 percent, or 3.7 million teenagers, in 2025. Girls are far more affected than boys: in pooled data for 2022 to 2024, 26.0 percent of girls had a major depressive episode, compared with 9.8 percent of boys.

US adolescents aged 12 to 17 with a major depressive episode, 2021 to 2025 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

Falling since 2021: The share of teens with major depression dropped from 20.8 to 15.1 percent.

Of the adolescents with a major depressive episode in 2025, 57.7 percent, 2.1 million, received mental health treatment. Overall, 27.6 percent of all adolescents received some mental health treatment in 2025. The most common setting was the office of a therapist, psychologist, psychiatrist or other mental health

professional, used by 14.0 percent of adolescents, followed by school health or counseling centers, 11.4 percent. 13.3 percent of adolescents took prescription medication for their mental health and 13.0 percent received treatment by telehealth. Treatment differs by group: in 2024, 67.7 percent of White teenagers with major depression were treated, compared with 44.7 percent of Black teenagers. More detail is in our report on youth mental health treatment and on child health in our report on child health and nutrition.

COLLEGE STUDENTS

Mental health on campus

College students show high but improving levels of distress. According to the Healthy Minds Study for 2024 to 2025, based on more than 84,000 students at 135 colleges, 37 percent of students had moderate to severe depression, down from 44 percent in 2021 to 2022, and 32 percent had moderate to severe anxiety, down from 37 percent. The share who had seriously considered suicide in the past year fell from 15 to 11 percent over the same period.

US college students with moderate to severe depression, 2021-22 to 2024-25 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

Three years of decline: Depression among students fell by seven percentage points.

Students are relatively likely to get help. In 2024 to 2025, 37 percent had received therapy or counseling in the past year and 30 percent had taken psychiatric medication. Among students with symptoms of depression or anxiety, 60 percent received some treatment. The main barriers are lack of time, cited by 23 percent, and cost, 22 percent. College counseling centers saw 162,187 students in 2024 to 2025, according to the Center for Collegiate Mental Health, and anxiety was the most common concern, in 64.9 percent of clients. More is in our report on college student mental health.

VETERANS

Veterans and VA mental health care

Veterans face a much higher risk of suicide than other adults. According to the Department of Veterans Affairs, 6,488 veterans died by suicide in 2024, an average of 17.7 per day. The veteran suicide rate was 36.4 per 100,000, compared with 16.4 among non-veteran adults. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women, and male veterans a rate 56.5 percent

higher than non-veteran men. Firearms were involved in 74.3 percent of veteran suicides.

The VA runs one of the largest mental health systems in the country. In 2024, 6.27 million veterans were recent users of VA health care, and 48.2 percent of them had a mental health or substance use diagnosis. More than 1.1 million veterans received video telemental health care in fiscal year 2024, and VA mental health funding was $16.73 billion in fiscal year 2025, with $18.89 billion requested for 2026. Still, 62.2 percent of the veterans who died by suicide in 2024 had not used VA health care in the previous two years. More is in our report on veterans mental health treatment.

MEASURE	VALUE	YEAR
Veteran suicides	6,488	2024
Veteran suicides per day	17.7	2024
Veteran suicide rate per 100,000	36.4	2024
Non-veteran adult suicide rate per 100,000	16.4	2024
Recent VHA users	6.27 million	2024
VHA users with MH or SUD diagnosis	48.2%	2024
VA mental health funding	$16.73 billion	FY 2025

FACILITIES

Where Americans receive treatment

Treatment is delivered by a large network of specialty facilities, alongside private practices, primary care doctors and hospitals. According to SAMHSA, 21,205 facilities providing mental health or substance use treatment took part in the 2024 national survey of treatment services. Of these, 14,091 offered mental health treatment, including 8,839 that offered both mental health and substance use treatment.

Most mental health facilities are privately run. In 2024, 56.2 percent were private non-profit organizations and 29.8 percent private for-profit businesses, up from 16.9 percent in 2021. Local, county or community governments ran 5.8 percent, state governments 4.4 percent, the federal government 3.0 percent and tribal governments 0.8 percent. 85.3 percent of facilities offered outpatient care, 17.5 percent residential care and 9.1 percent hospital inpatient care.

US mental health treatment facilities by operator, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

For-profit share rising: Almost three in ten facilities are now private for-profit businesses.

Most facilities accept public and private insurance. In 2024, 86.0 percent accepted cash or self-payment, 84.5 percent Medicaid, 83.1 percent private health insurance and 63.5 percent Medicare. 50.9 percent offered free or minimal-payment treatment to clients who could not pay. 68.4 percent offered suicide prevention services. More is in our report on mental health treatment facilities.

WORKFORCE

The shortage of mental health professionals

The supply of mental health professionals has not kept pace with demand. As of 30 June 2026, HRSA counted 7,109 mental health professional shortage areas, home to 157.1 million people, up from 122.4 million in June 2024. Barely a quarter of the need in these areas was met. 60.4 percent of the designations are in rural areas.

US states with the largest population in mental health shortage areas, 2026 (millions)

Interactive chart online: businesstats.com/mental-health-treatment-us

Texas and Florida lead: More than 13 million people in each state live in a shortage area.

Counselors make up the largest part of the workforce. In May 2025, there were 491,930 employed substance abuse, behavioral disorder and mental health counselors, 132,810 mental health and substance abuse social workers, 75,990 clinical and counseling psychologists and 27,980 employed psychiatrists, according to the Bureau of Labor Statistics. Including the self-employed, HRSA estimates the supply of psychiatrists at 52,164 in 2023. HRSA projects that by 2038 the supply of adult psychiatrists will meet only 50 percent of demand, and the supply of psychologists only 48 percent. The average wait for behavioral health services is 48 days. More is in our report on the mental health workforce, and new tools such as digital triage are discussed in our report on AI in healthcare.

OUTLOOK

What has changed since the pandemic?

The pandemic was a turning point for mental health care in the US. It brought a surge of anxiety and depression, especially among young people, and pushed treatment online almost overnight. At college counseling centers, 96.1 percent of clients were seen only by video in 2020; by 2024 to 2025, 68.0 percent were again seen only in person and 10.3 percent only by video. Telehealth has nonetheless stayed part of care: 13.0 percent of adolescents received mental health treatment via telehealth in 2025, and the VA delivered 6.5 million video telemental health episodes in fiscal year 2024. More on the pandemic is in our report on COVID-19 statistics.

Several trends point in a positive direction. Depression among teenagers and college students has declined for several years in a row, and every adult treatment measure since 2022 shows a higher level than the last comparable figure for 2019. At the same time, the gap between need and supply remains large. About half of adults with a mental illness receive no treatment, the population living in shortage areas has grown, and the treatment gaps by race, sex and income have hardly changed. Spending on wellbeing outside the medical system is covered in our report on the wellness industry.

The data in this hub come from different surveys, each with its own methods. SAMHSA has changed its treatment questions several times since 2020 and, from 2025, uses a new method to classify mental illness. Figures from different years and different sources should therefore be compared with caution, and BusinessStats shows breaks in the data wherever they occur.

KEY FACTS

Mental health treatment in the US in numbers

Key facts

- 57.3 million US adults, 21.6 percent, received mental health treatment in 2025.
- 54.6 million adults had a mental illness, and 26.9 million of them were not treated.
- 67.7 percent of adults with a serious mental illness received treatment.

- In 2024, 57.9 percent of White adults with a mental illness were treated, compared with 38.5 percent of Black and 32.5 percent of Asian adults.
- 15.1 percent of teenagers had a major depressive episode in 2025, down from 20.8 percent in 2021.
- 37 percent of college students had moderate to severe depression in 2024 to 2025.
- 6,488 veterans died by suicide in 2024, a rate more than twice that of non-veterans.
- 157.1 million people lived in a mental health professional shortage area in June 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many Americans receive mental health treatment?

57.3 million adults, 21.6 percent of all US adults, received mental health treatment in 2025, according to SAMHSA.

How many Americans have a mental illness?

In 2025, 54.6 million adults, 20.6 percent, had any mental illness in the past year, and 18.2 million, 6.9 percent, had a serious mental illness.

What share of people with mental illness get treatment?

50.9 percent of adults with any mental illness and 67.7 percent of adults with a serious mental illness were treated in 2025.

What is the most common type of mental health treatment?

Prescription medication. In 2024, 19.3 percent of adults took medication for their mental health and 14.0 percent received counseling or therapy.

Is mental health treatment increasing in the US?

Through 2019, yes: the share of adults treated rose from 13.0 percent in 2002 to 16.1 percent. Since 2022, new measures put it at about 21 to 23 percent, but SAMHSA says these are not comparable with earlier years.

Which groups are least likely to be treated?

Asian, Black and Hispanic adults, men and the uninsured. In 2024, 32.5 percent of Asian adults with a mental illness were treated, compared with 57.9 percent of White adults.

How many teenagers have depression?

15.1 percent of adolescents aged 12 to 17, 3.7 million, had a major depressive episode in 2025, and 57.7 percent of them received treatment.

How many veterans die by suicide?

6,488 veterans died by suicide in 2024, 17.7 per day, according to the Department of Veterans Affairs.

Is there a shortage of mental health professionals?

Yes. 157.1 million people lived in a mental health professional shortage area in June 2026, and only 26.5 percent of the need there was met.

How many mental health treatment facilities are there?

14,091 facilities offered mental health treatment in the 2024 SAMHSA survey, out of 21,205 mental health and substance use treatment facilities.

SOURCES

SAMHSA - 2025 NSDUH national highlights.

SAMHSA - 2025 NSDUH companion report.

SAMHSA - 2019 NSDUH key indicators.

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HRSA - Behavioral Health Workforce Brief 2025.

US Bureau of Labor Statistics - Occupational Employment and Wages, May 2025.

US Department of Veterans Affairs - National Veteran Suicide Prevention Annual Report 2026.

US Department of Veterans Affairs - FY 2026 Budget in Brief.

University of Michigan School of Public Health - Healthy Minds Study 2024-25.

Center for Collegiate Mental Health - 2025 Annual Report.

STATISTICS REPORT

Mental health treatment facilities in the US: statistics and facts

Fewer beds, more for-profits. America has about 21,000 mental health and addiction treatment facilities. Inpatient care is shrinking and for-profit operators are growing fast. This report shows the numbers from the national census of providers.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-facilities-us

21,205 FACILITIES 2024	**14,091** MENTAL HEALTH	**85.3%** OUTPATIENT
9.1% INPATIENT	**29.8%** FOR-PROFIT	**84.5%** ACCEPT MEDICAID

OVERVIEW

Mental health treatment facilities at a glance

The United States had 21,205 facilities treating mental illness, substance use disorders or both in 2024, according to SAMHSA, the federal agency that runs the national census of treatment providers. Of these, 14,091 offered mental health treatment, and 8,839 of those also treated substance use disorders. The rest were facilities that only treated substance use. The survey reached 90.4 percent of eligible facilities, so the counts are close to a full census.

The facilities look very different from the asylums of the past. In 2024, 85.3 percent of mental health facilities offered outpatient care, while only 9.1 percent offered hospital inpatient care, down from 15.0 percent in 2021. Ownership is shifting too: private for-profit providers made up 29.8 percent of mental health facilities in 2024, up from 16.9 percent three years earlier.

This report covers the number of facilities, who runs them, the type of care they offer, the payment they accept and the services and age groups they serve. A summary of all related data is in our hub on mental health treatment in the US. The people who staff these facilities are covered in our report on the mental health workforce.

21,205
Treatment facilities
Mental health and substance use, 2024.

14,091
Offer mental health care
Including 8,839 that also treat SUD.

85.3%
Offer outpatient care
Mental health facilities, 2024.

29.8%
For-profit
Up from 16.9% in 2021.

How SAMHSA counts facilities

- Since 2021 SAMHSA has surveyed mental health and substance use facilities together in the N-SUMHSS.
- Facilities that treat both are counted as both mental health and substance use facilities.
- From 2017 to 2020 mental health facilities were counted in a separate survey, the N-MHSS, so figures before and after 2021 are not directly comparable.
- The jump in mental health facilities in 2024 mostly reflects more combined facilities being classified as offering mental health care, not a wave of new openings.

COUNT

How many facilities are there?

The most stable measure is the total number of unique facilities treating mental illness or substance use. It has barely changed since the combined survey began: 20,622 in 2021, 21,160 in 2022, 20,681 in 2023 and 21,205 in 2024. Within that total, the number reporting mental health treatment rose from 9,050 in 2021 to 14,091 in 2024. Most of the rise came from facilities offering both services, whose number grew from 2,438 to 8,839.

Mental health and substance use treatment facilities in the US, 2021 to 2024

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

A stable total: The number of treatment facilities has stayed close to 21,000 since 2021.

YEAR	MENTAL HEALTH FACILITIES	OF WHICH ALSO TREAT SUD	SURVEY
2017	11,582	n/a	N-MHSS
2018	11,682	n/a	N-MHSS
2019	12,472	n/a	N-MHSS
2020	12,275	n/a	N-MHSS
2021	9,050	2,438	N-SUMHSS
2022	9,586	3,280	N-SUMHSS
2023	9,856	3,795	N-SUMHSS
2024	14,091	8,839	N-SUMHSS

The older survey counted between 11,582 and 12,472 mental health facilities a year from 2017 to 2020. The lower 2021 figure does not mean thousands of facilities closed: the new survey used a different frame and a lower response rate of 78.8 percent. Comparisons across the 2021 break should therefore be made with care.

OWNERSHIP

Who runs the facilities?

Most mental health facilities are privately run. In 2024, 86.0 percent were private, either non-profit or for-profit, and 14.0 percent were run by local, state, federal or tribal governments. Private non-profit organizations remain the largest group with 56.2 percent, but their share has fallen every year since 2021, when it was 64.5 percent. Over the same period the for-profit share rose by almost 13 percentage points, from 16.9 to 29.8 percent.

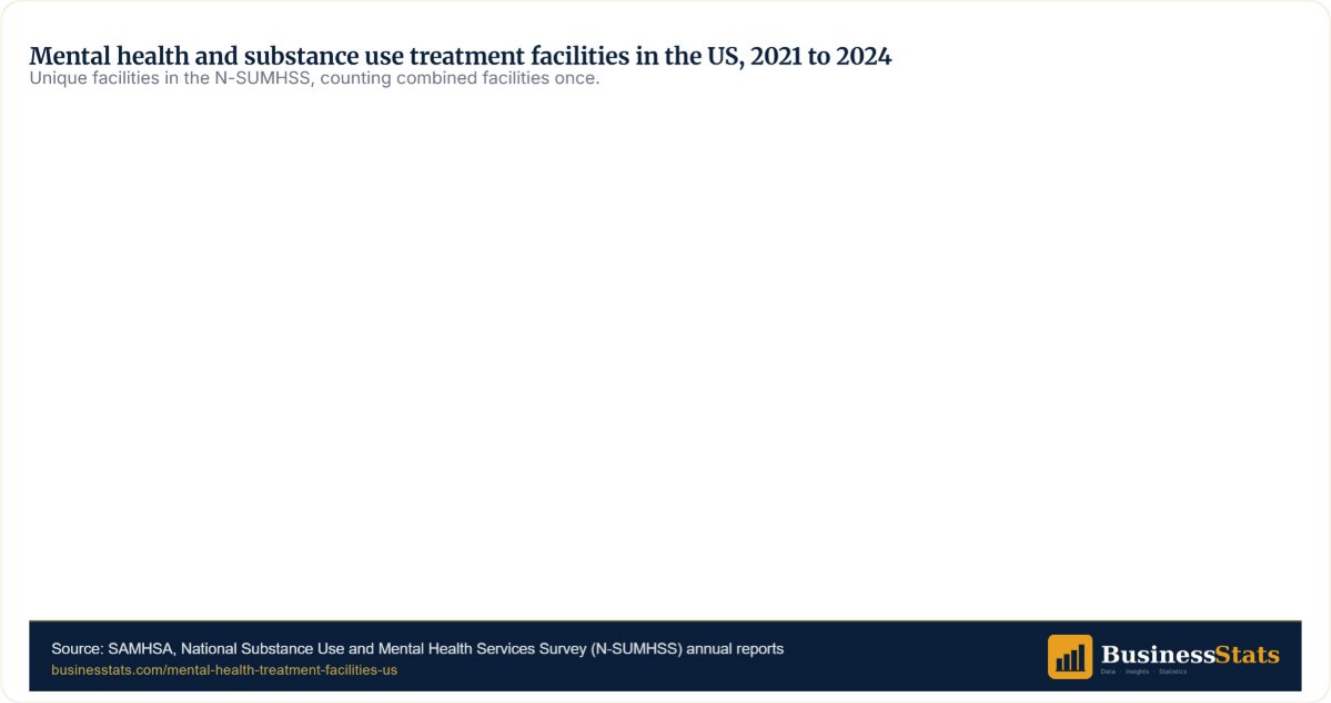


Figure 2: Ownership of mental health treatment facilities in the US, 2021 and 2024 (%)

For-profits gain ground: Almost three in ten mental health facilities were for-profit in 2024.

Public providers have lost share. Local, county or community governments ran 5.8 percent of mental health facilities in 2024, state governments 4.4 percent and the federal government 3.0 percent. Tribal governments ran 0.8 percent, up from 0.3 percent. Combined substance use and mental health facilities lean even more toward for-profit operators: 33.9 percent of them were for-profit in 2024. Facilities that only treat substance use are covered alongside addiction trends in our report on drug use in the US.

TYPE OF CARE

Outpatient, residential and inpatient care

Outpatient treatment dominates. In 2024, 85.3 percent of mental health facilities offered outpatient services, 17.5 percent residential care and 9.1 percent hospital inpatient care. Facilities can offer more than one setting, so the shares add up to more than 100 percent. The share offering inpatient care has fallen steadily, from 15.0 percent in 2021 to 13.6 percent in 2022, 12.0 percent in 2023 and 9.1 percent in 2024, while the outpatient share has risen.

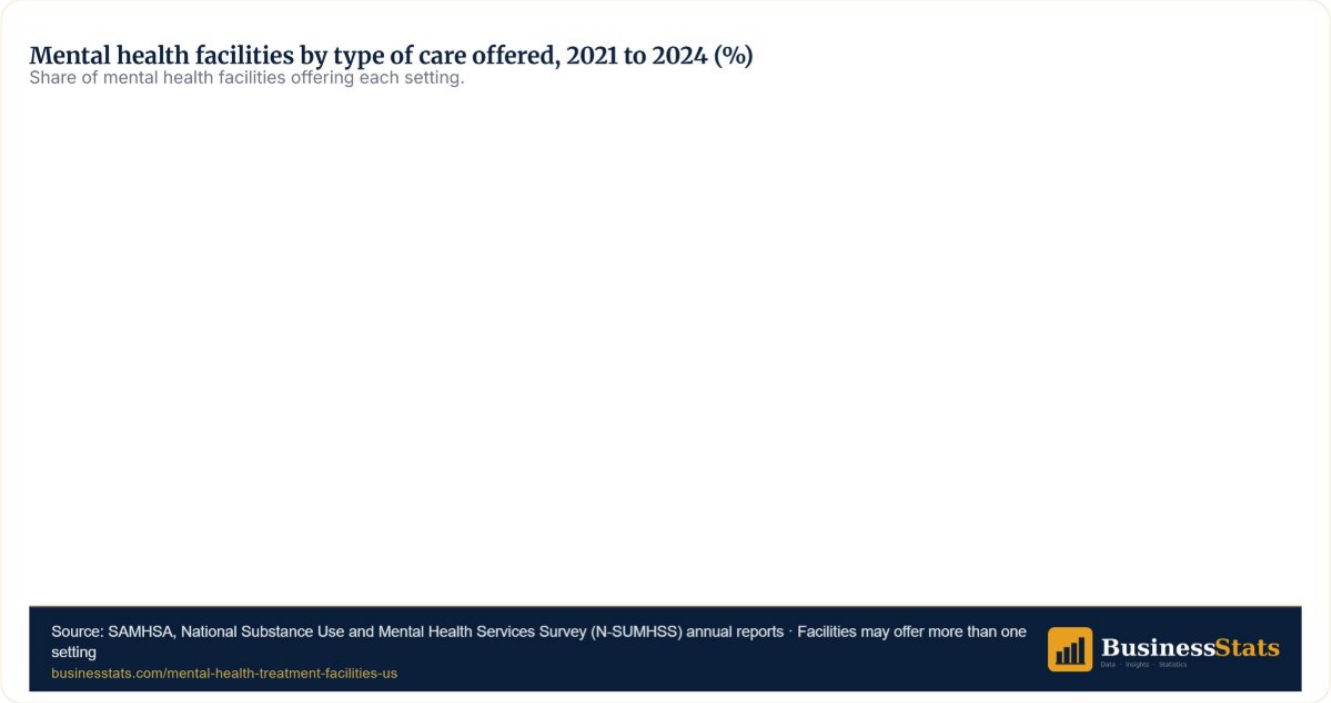


Figure 3: Mental health facilities by type of care offered, 2021 to 2024 (%)

The shift to outpatient care: Fewer than one in ten mental health facilities offered inpatient care in 2024.

The last detailed count of clients from the older survey shows how concentrated care is in outpatient settings. On 30 April 2020, mental health facilities had 3.72 million clients enrolled: 3.59 million in outpatient care, 77,622 inpatients and 43,744 in residential care. Facilities reported 85,948 designated inpatient beds, of which 90 percent were in use, and 46,828 residential beds, 93 percent in use.

PAYMENT

Insurance and payment accepted

Most facilities accept the main forms of insurance. In 2024, 84.5 percent of mental health facilities accepted Medicaid, 83.1 percent private health insurance and 63.5 percent Medicare. Cash or self-payment was accepted by 86.0 percent. About half, 50.9 percent, offered treatment at no charge or minimal payment for clients who could not pay, down from 54.8 percent in 2021. The Medicaid share also slipped, from 87.9 percent in 2021.

Payment accepted by mental health treatment facilities in the US, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Medicaid widely accepted: More than eight in ten facilities take Medicaid patients.

Medicare acceptance is notably lower than Medicaid or private insurance, which matters for older adults. Medicare is the main insurer for adults aged 65 and older. How cost and insurance shape who gets care is covered in our reports on mental health treatment disparities and untreated mental illness.

SERVICES

Services and groups served

Beyond the basic setting, facilities differ widely in what they offer. In 2024, 80.4 percent of mental health facilities provided care for people with both a serious mental illness or emotional disturbance and a substance use disorder, and 63.4 percent ran programs tailored to co-occurring disorders. Suicide prevention services were offered by 68.4 percent, and 60.2 percent prescribed antipsychotic medication for serious mental illness.

Services and programs at mental health treatment facilities in the US, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Children less served: Fewer than a third of facilities had programs for children and adolescents with serious emotional disturbance.

Programs for specific age groups are less common. Only 31.8 percent of facilities had programs for children and adolescents with serious emotional disturbance, 36.2 percent for young adults and 36.7 percent for seniors. Almost all facilities, 97.2 percent, were licensed, certified or accredited. The treatment of young people is covered in our report on youth mental health treatment.

STATES

Suicide prevention by state

The availability of services varies between states. In 47 states and territories, more than 60 percent of mental health facilities offered suicide prevention services in 2024. Oklahoma had the highest share at 89.8 percent, followed by South Dakota at 89.1 percent and Wyoming at 87.8 percent. Nationally, the share has been close to 70 percent since 2021.

States with the highest share of mental health facilities offering suicide prevention, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Oklahoma leads: Nine in ten mental health facilities in Oklahoma offered suicide prevention services.

Facilities are only one part of the picture. A facility can only treat as many people as it has staff, and many regions lack psychiatrists and therapists, as our report on the mental health workforce shows. How many adults actually receive care is covered in our report on adults receiving mental health treatment, and the treatment of veterans, many of whom use federal VA facilities, in our report on veterans mental health treatment.

KEY FACTS

Mental health facilities in numbers

Key facts

- 21,205 mental health and substance use treatment facilities in 2024, a stable total since 2021.
- 14,091 facilities offered mental health treatment, 8,839 of them also treated substance use.
- 85.3 percent offered outpatient care, only 9.1 percent inpatient care.
- 29.8 percent were for-profit, up from 16.9 percent in 2021.
- 84.5 percent accepted Medicaid and 63.5 percent Medicare.
- 68.4 percent offered suicide prevention services.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many mental health facilities are in the US?

SAMHSA counted 14,091 facilities offering mental health treatment in 2024, out of 21,205 facilities treating mental illness, substance use or both.

Are most mental health facilities for-profit?

No. In 2024, 56.2 percent were private non-profit, 29.8 percent private for-profit and 14.0 percent government-run. The for-profit share is rising fast.

How many mental health facilities offer inpatient care?

Only 9.1 percent of mental health facilities offered hospital inpatient care in 2024, down from 15.0 percent in 2021. Most, 85.3 percent, offered outpatient care.

Do mental health facilities accept Medicaid?

Yes, most do. In 2024, 84.5 percent accepted Medicaid, 83.1 percent private insurance and 63.5 percent Medicare.

Can you get free mental health treatment in the US?

About half of facilities, 50.9 percent in 2024, offered treatment at no charge or minimal payment for clients who could not pay.

How many facilities offer suicide prevention services?

68.4 percent of mental health facilities offered suicide prevention services in 2024. Oklahoma had the highest share at 89.8 percent.

How many facilities treat children?

Only 31.8 percent of mental health facilities had programs for children and adolescents with serious emotional disturbance in 2024.

Why did the number of mental health facilities jump in 2024?

Mostly because more combined facilities reported mental health treatment, rising from 3,795 to 8,839. The total number of treatment facilities stayed close to 21,000.

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SAMHSA - 2018 National Mental Health Services Survey.

SAMHSA - 2017 National Mental Health Services Survey.

STATISTICS REPORT

Mental health treatment disparities in the US: statistics and facts

Not everyone gets care. Black, Hispanic and Asian Americans, men and the uninsured are far less likely to be treated for a mental illness. This report shows the size of the gaps.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-disparities-us

57.9% WHITE, AMI TREATED	**44.1%** HISPANIC	**38.5%** BLACK
32.5% ASIAN	**42.1%** MEN	**59.2%** WOMEN

OVERVIEW

Mental health treatment disparities at a glance

Whether an American with a mental illness receives treatment depends heavily on race, sex, income and insurance. According to the 2024 National Survey on Drug Use and Health, 57.9 percent of White adults with any mental illness received mental health treatment, compared with 44.1 percent of Hispanic adults, 38.5 percent of Black adults and 32.5 percent of Asian adults. Women with a mental illness were treated in 59.2 percent of cases, men in only 42.1 percent.

Income and insurance matter too. In 2024, 55.5 percent of adults with a mental illness living at twice the federal poverty level or more received treatment, compared with 45.8 to 48.8 percent of those on lower incomes. Among adults who had seriously thought about suicide, 53.8 percent of insured adults received treatment, but only 26.1 percent of the uninsured. These gaps have persisted for years and appear in every major federal survey.

This report looks at differences by race and ethnicity, sex, income, education, insurance and place of residence, using SAMHSA and CDC data. The national context is set out in our hub on mental health treatment in the US. Overall treatment levels are covered in our report on adults receiving mental health treatment, and the total number of untreated adults in our report on untreated mental illness.

57.9%

White adults with AMI treated

2024.

32.5%

Asian adults with AMI treated

2024.

17.1 pts

Gender gap

Women vs men with AMI, 2024.

26.1%

Uninsured treated

Adults with serious suicidal thoughts, 2024.

How to read these figures

- Most figures show the share of adults with any mental illness (AMI) who received treatment, so they compare access to care among people who need it.
- Estimates for American Indian or Alaska Native and Native Hawaiian or Pacific Islander adults are often suppressed by SAMHSA because samples are small.
- Data from different survey years and methods are shown separately and should not be joined into one trend.

RACE AND ETHNICITY

Large racial and ethnic gaps

The racial gap in treatment is one of the most persistent findings in US mental health data. In pooled data for 2022 and 2023, 57.4 percent of White adults with a mental illness received treatment, compared with 56.1 percent of multiracial adults, 43.5 percent of Hispanic adults, 40.9 percent of Black adults, 38.8 percent of American Indian or Alaska Native adults and 35.4 percent of Asian adults. In absolute numbers, 22.0 million White adults with a mental illness were treated, compared with 4.1 million Hispanic and 2.5 million Black adults.



Figure 1: Adults with any mental illness who received treatment by race and ethnicity in the US, 2022 to 2023 (%)

Asian adults least likely to be treated: About one in three Asian adults with a mental illness received care.

The 2024 survey confirms the pattern. After adjusting for other factors, SAMHSA found that Hispanic adults with a mental illness had 0.62 times the odds of receiving treatment of White adults, Black adults 0.47 times and Asian adults 0.31 times. Native Hawaiian or Pacific Islander adults had just 0.16 times the odds.

GROUP	TREATED, ADULTS WITH AMI 2024	ADJUSTED ODDS VS WHITE ADULTS
White	57.9%	1.00 (reference)
Two or more races	52.0%	n/a
Hispanic	44.1%	0.62
Black	38.5%	0.47
Asian	32.5%	0.31
Native Hawaiian or Pacific Islander	suppressed	0.16

Earlier data show that the gaps are even larger when looking at all adults rather than only those with a mental illness. In the years 2015 to 2019, 18.3 percent of all White adults received mental health services

each year on average, compared with 8.9 percent of Black adults, 8.7 percent of Hispanic adults and 5.9 percent of Asian adults. Black adults were, however, the group most likely to receive inpatient care, at 1.5 percent.



Figure 2: Adults receiving mental health services by race and ethnicity in the US, 2015 to 2019 (%)

Three times the rate: White adults used mental health services three times as often as Asian adults.

SEX

A gender gap in care

Men with a mental illness are much less likely to be treated than women. In 2024, 42.1 percent of men with any mental illness received treatment, compared with 59.2 percent of women, and SAMHSA estimated that men had about half the odds of receiving treatment, 0.51. The gap is visible within every racial and ethnic group: in 2015 to 2019, 12.5 percent of White men received mental health services compared with 23.9 percent of White women, and 7.3 percent of Black men compared with 10.2 percent of Black women. Population figures by sex are in our report on the population of the US by sex and age.



Figure 3: Adults receiving mental health services by sex and race in the US, 2015 to 2019 (%)

Women in every group: Women of every race and ethnicity used mental health services more often than men.

INCOME AND EDUCATION

Income, education and insurance

Treatment rises with income, but not in a straight line. In 2024, 48.8 percent of adults with a mental illness living below the poverty line received treatment, 45.8 percent of those between 100 and 199 percent of the poverty line, and 55.5 percent of those at 200 percent or more. People with the lowest incomes may be helped by Medicaid, which most mental health facilities accept, while the near poor often fall into a gap between public and private coverage.



Figure 4: Adults with any mental illness who received treatment by poverty level in the US, 2024 (%)

The near poor fall behind: Adults just above the poverty line were least likely to be treated.

Education and insurance make an even bigger difference for people in crisis. Among the 14.3 million adults who had serious thoughts of suicide in 2024, 50.3 percent received mental health treatment. The share was 57.0 percent among college graduates but only 34.0 percent among adults without a high school diploma. Insured adults were treated twice as often as the uninsured, 53.8 compared with 26.1 percent. Facilities that offer free or low-cost care are covered in our report on mental health treatment facilities.

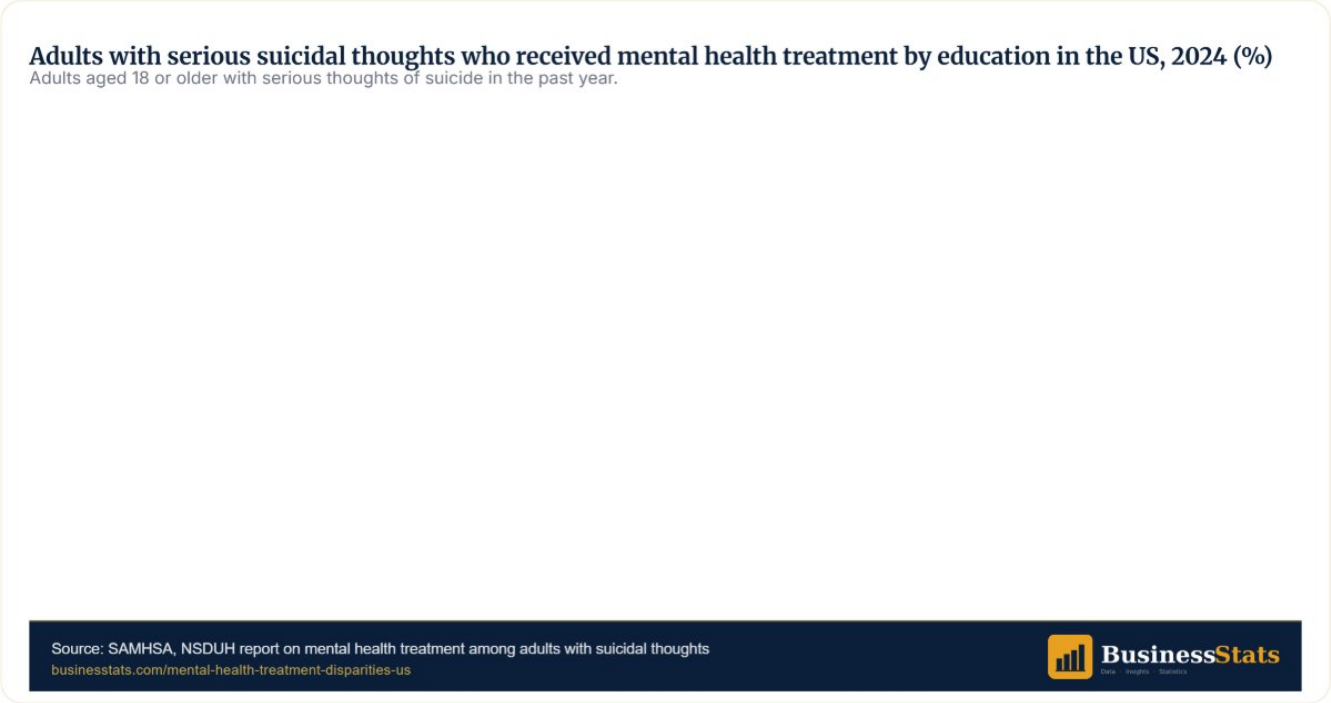


Figure 5: Adults with serious suicidal thoughts who received mental health treatment by education in the US, 2024 (%)

Education matters: College graduates in crisis were treated far more often than those without a diploma.

CDC DATA

What the National Health Interview Survey shows

The CDC National Health Interview Survey shows the same racial pattern. In 2020, 24.4 percent of White adults received mental health treatment, compared with 15.3 percent of Black adults, 12.6 percent of Hispanic adults and 7.7 percent of Asian adults. Asian adults were especially unlikely to receive counseling: 4.8 percent compared with 11.2 percent of White adults.



Figure 6: Adults receiving any mental health treatment by race and ethnicity in the US, 2020 (%)

Same pattern, different survey: White adults were treated three times as often as Asian adults.

Among younger adults aged 18 to 44, the CDC reported higher treatment in 2021 than in 2019 for White adults, 30.4 compared with 23.8 percent, and Asian adults, 10.8 compared with 6.0 percent. Among Black adults the share was 12.4 percent in 2019, 17.0 percent in 2020 and 14.8 percent in 2021. Place of residence also plays a role: in 2024, 22.9 percent of adults in nonmetropolitan areas took mental health medication compared with 16.7 percent in large central cities, but only 10.6 percent received counseling, compared with 15.2 percent. The shortage of providers in rural areas is described in our report on the mental health workforce.



Figure 7: Adults receiving mental health medication or counseling by urbanization in the US, 2024 (%)

Pills in the country, therapy in the city: Rural adults take more medication but get less counseling.

Young people face similar gaps. Among adolescents with a major depressive episode in 2024, 67.7 percent of White teenagers received treatment compared with 44.7 percent of Black teenagers, as described in our report on youth mental health treatment. For veterans, see our report on veterans mental health treatment.

KEY FACTS

Treatment disparities in numbers

Key facts

- 57.9 percent of White adults with a mental illness received treatment in 2024, compared with 38.5 percent of Black and 32.5 percent of Asian adults.
- Asian adults had 0.31 times the odds of White adults of being treated, after adjustment.
- 42.1 percent of men with a mental illness were treated, compared with 59.2 percent of women.
- Adults at 200 percent of the poverty line or more were treated in 55.5 percent of cases.

- Among adults with serious suicidal thoughts, 53.8 percent of the insured but only 26.1 percent of the uninsured got treatment.
- Rural adults are more likely to take medication but less likely to receive counseling.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

Are there racial disparities in mental health treatment?

Yes. In 2024, 57.9 percent of White adults with a mental illness were treated, compared with 44.1 percent of Hispanic, 38.5 percent of Black and 32.5 percent of Asian adults.

Which group is least likely to receive mental health treatment?

Among groups with reliable estimates, Asian adults. SAMHSA estimated their adjusted odds of treatment at 0.31 times those of White adults in 2024.

Are men less likely to get mental health care?

Yes. 42.1 percent of men with a mental illness were treated in 2024, compared with 59.2 percent of women.

Does income affect mental health treatment?

Yes. 55.5 percent of adults with a mental illness at 200 percent of the poverty line or more were treated in 2024, compared with 45.8 percent of those between 100 and 199 percent.

Does insurance affect mental health treatment?

Among adults with serious suicidal thoughts in 2024, 53.8 percent of insured adults received treatment compared with 26.1 percent of the uninsured.

Is mental health care different in rural areas?

Rural adults take more mental health medication, 22.9 percent in 2024, but receive less counseling, 10.6 percent, than adults in large cities.

Do Black adults receive less mental health treatment?

Yes. 38.5 percent of Black adults with a mental illness received treatment in 2024. Their adjusted odds of treatment were 0.47 times those of White adults.

Have the disparities narrowed?

Not clearly. The gaps seen in 2015 to 2019 were still present in 2022 to 2023 and 2024, although survey methods differ between these periods.

SOURCES

SAMHSA - 2024 NSDUH short report on mental health treatment among adults and adolescents.

SAMHSA - 2021 to 2023 NSDUH race and ethnicity companion report.

SAMHSA - 2021 NSDUH mental health chartbook, racial and ethnic differences 2015 to 2019.

SAMHSA - NSDUH report on mental health treatment among adults with serious suicidal thoughts.

CDC, NCHS - Data brief 419, mental health treatment among adults 2020.

CDC, NCHS - Data brief 444, mental health treatment among adults aged 18 to 44.

CDC, NCHS - Data brief 564, mental health treatment among adults 2024.

STATISTICS REPORT

College student mental health in the US: statistics and facts

Better, but not good. Depression among US college students has fallen for three years, yet more than a third still screen positive. This report shows the data from the main national surveys.

Updated Nov 4, 2026 · businesstats.com/college-student-mental-health-us

37% DEPRESSION	18% SEVERE DEPRESSION	32% ANXIETY
11% SUICIDAL THOUGHTS	37% THERAPY	30% MEDICATION

OVERVIEW

College student mental health at a glance

Mental health problems remain common at American colleges, but the latest data show a third year of improvement. According to the Healthy Minds Study for the 2024 to 2025 academic year, which surveyed more than 84,000 students at 135 colleges and universities, 37 percent of students screened positive for moderate to severe depression, down from 44 percent in 2021 to 2022. Anxiety fell from 37 to 32 percent, and the share who had seriously considered suicide in the past year fell from 15 to 11 percent.

Use of mental health care has stayed high. In 2024 to 2025, 37 percent of students had received therapy or counseling in the past year and 30 percent had taken psychiatric medication. Among students with symptoms of depression or anxiety, 60 percent had received some form of treatment. College counseling centers see students with increasingly complex histories: according to the Center for Collegiate Mental Health, 64.4 percent of clients in 2024 to 2025 had received counseling before, the highest share since 2012.

This report brings together the three main national sources on student mental health: the Healthy Minds Study, the American College Health Association survey and the Center for Collegiate Mental Health. Our hub on mental health treatment in the US puts these figures in national context. Data on teenagers before

college is in our report on youth mental health treatment.

37%

Moderate to severe depression

2024 to 2025, down from 44%.

32%

Anxiety

Down from 37% in 2021 to 2022.

37%

Therapy or counseling

In the past year.

60%

Symptomatic students treated

With depression or anxiety.

About the three surveys

- Healthy Minds Study: annual online survey of students at participating colleges, using standard screening tools for depression (PHQ-9) and anxiety (GAD-7).
- ACHA National College Health Assessment: survey of students at member schools; the spring 2025 wave covered 65,950 students at 97 schools.
- Center for Collegiate Mental Health: data from students who use counseling centers, 162,187 clients at 209 centers in 2024 to 2025.
- The surveys use different samples and methods, so their figures are not directly comparable.

TRENDS

Depression and anxiety are falling

After the sharp deterioration during the COVID-19 pandemic, symptoms of depression among college students have declined for three years in a row. The share of students with moderate to severe depression fell from 44 percent in 2021 to 2022 to 42 percent, 38 percent and then 37 percent in 2024 to 2025. Severe depression fell from 23 to 18 percent over the same period. Even so, more than one in three students still screens positive for depression.

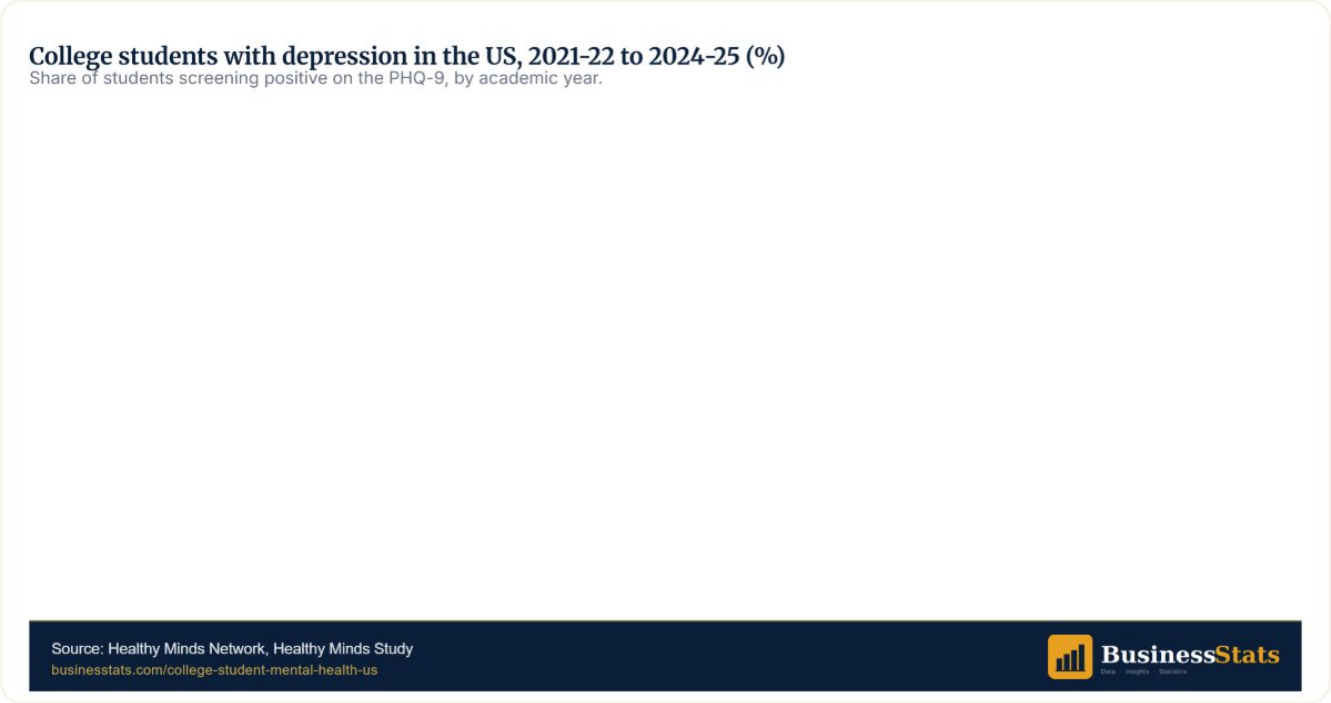


Figure 1: College students with depression in the US, 2021-22 to 2024-25 (%)

Three years of improvement: Moderate to severe depression fell from 44 to 37 percent of students.

The improvement extends beyond depression. Comparing 2021 to 2022 with 2024 to 2025, the share of students with moderate to severe anxiety fell from 37 to 32 percent, serious thoughts of suicide in the past year fell from 15 to 11 percent, and high loneliness fell from 58 to 52 percent. The share of students who were flourishing, a measure of positive mental health, was 36 percent in 2024 to 2025 after 38 percent in the previous year. Global comparisons are in our report on mental health worldwide.

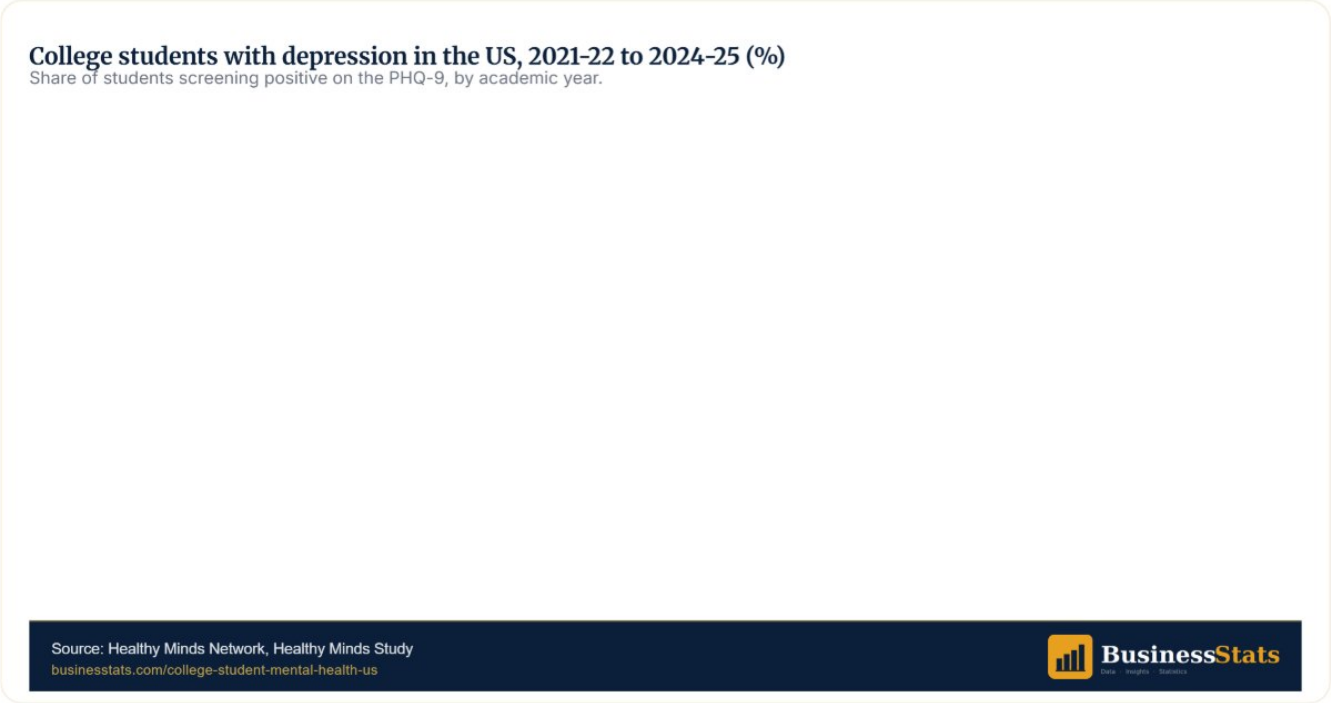


Figure 2: Mental health indicators among US college students, 2021-22 and 2024-25 (%)

Lower across the board: Anxiety, suicidal thoughts and loneliness all declined over three years.

TREATMENT

How many students get help?

Treatment rates among students are high compared with the general population. In 2024 to 2025, 37 percent of students in the Healthy Minds Study had received therapy or counseling in the past year, a level that has been stable for four years. 30 percent had taken psychiatric medication, compared with 31 percent in 2023 to 2024 and 29 percent in 2022 to 2023. Among students with symptoms of depression or anxiety, 60 percent had received some treatment. Stigma is low on a personal level: in 2023 to 2024 only 7 percent said they would think less of someone who sought treatment, but 41 percent believed that most people would. Adult treatment rates are in our report on adults receiving mental health treatment.

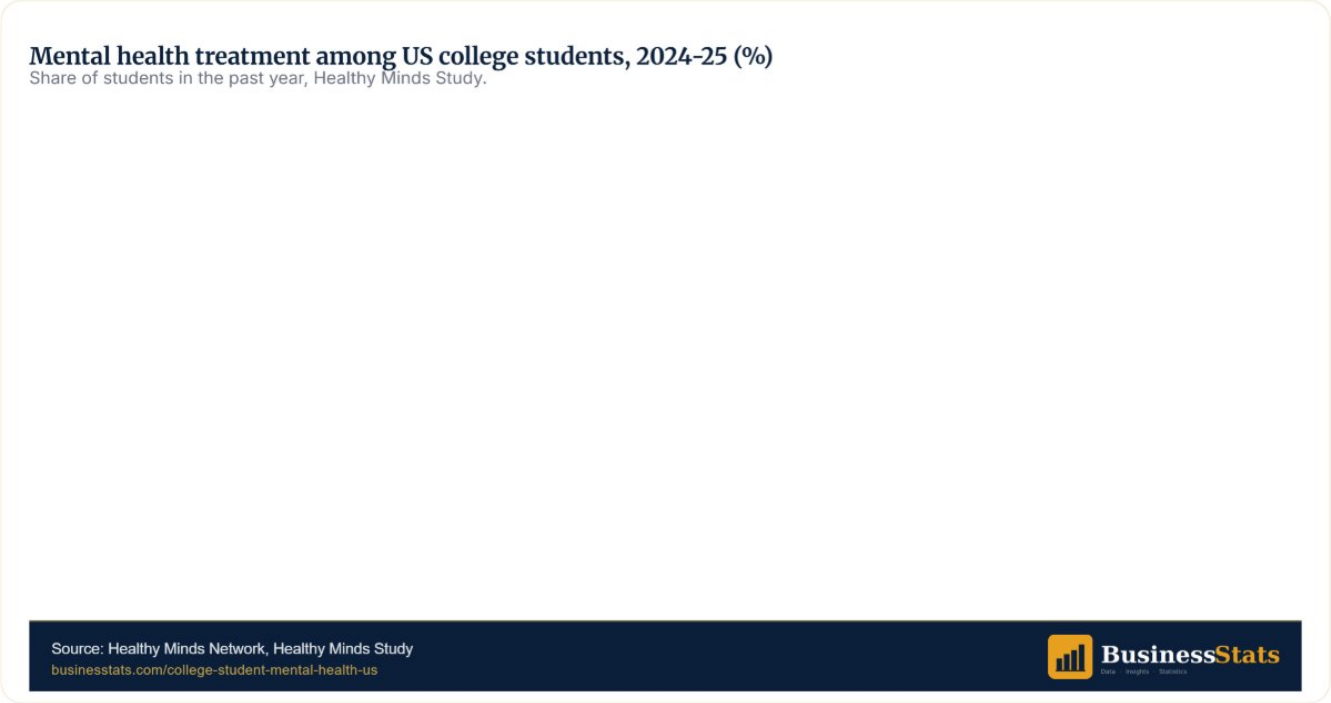


Figure 3: Mental health treatment among US college students, 2024-25 (%)

Six in ten symptomatic students treated: But four in ten with depression or anxiety symptoms receive no care.

The main reasons students give for not seeking help are practical. In 2024 to 2025, 23 percent cited a lack of time, 22 percent financial reasons, and 18 percent said they preferred to deal with problems on their own or with family and friends.

Top reasons US college students give for not getting mental health care, 2024-25 (%)

Interactive chart online: businesstats.com/college-student-mental-health-us

Time and money: Lack of time and cost are the most common barriers.

ACHA SURVEY

Distress, loneliness and suicide risk

The American College Health Association survey from spring 2025 gives a broader picture of student wellbeing. Of the 65,950 students surveyed, 18.7 percent reported serious psychological distress, 46.7 percent screened positive for loneliness and 25.5 percent screened positive on a suicide risk

questionnaire. 10.1 percent had injured themselves in the past 12 months, and 25.4 percent reported high stress in the past 30 days. Distress varied sharply by gender identity: 14.3 percent of cisgender men, 18.6 percent of cisgender women and 36.9 percent of transgender and gender nonconforming students reported serious distress. Wider differences between groups are in our report on mental health treatment disparities.

Mental health indicators among US college students, spring 2025 (%)

Interactive chart online: businesstats.com/college-student-mental-health-us

Almost half lonely: 46.7 percent of students screened positive for loneliness.

COUNSELING CENTERS

Inside college counseling centers

College counseling centers are where most students receive care on campus. According to the Center for Collegiate Mental Health, 209 participating centers saw 162,187 students in 2024 to 2025, with 4,694 clinicians providing 1,114,255 appointments. Anxiety was the most common concern, assessed by clinicians in 64.9 percent of clients, followed by relationship problems at 24.1 percent.

Students arriving at counseling centers increasingly have a history of care and risk. In 2024 to 2025, 64.4 percent of clients had received counseling before and 39.9 percent had taken psychiatric medication, both the highest shares since 2012. 34.1 percent had seriously considered suicide at some point in their lives, 29.2 percent had injured themselves, a record, and 11.3 percent had made a suicide attempt, also a record. 10.1 percent had been hospitalized for mental health reasons.

History of US college counseling center clients, 2024-25 (%)

Interactive chart online: businesstats.com/college-student-mental-health-us

Complex needs: Almost two in three clients had prior counseling and one in nine a past suicide attempt.

The pandemic changed how counseling is delivered, but in-person care has returned. In 2024 to 2025, 68.0 percent of clients were seen only in person, compared with 1.7 percent in 2020, when 96.1 percent were seen only by video. The video-only share fell to 10.3 percent. Staffing pressures across the sector are covered in our report on the mental health workforce, and the wider treatment gap in our report on

untreated mental illness.

US college counseling center clients by mode of care, 2020 and 2024-25 (%)

Interactive chart online: businesstats.com/college-student-mental-health-us

Back in the room: In-person-only care rose from 1.7 to 68.0 percent of clients.

WIDER CONTEXT

Trauma, basic needs and staff wellbeing

Many students who seek counseling carry experiences that go beyond academic stress. According to the Center for Collegiate Mental Health, 44.2 percent of counseling center clients in 2024 to 2025 reported a traumatic event at some point in their lives, up from 37.5 percent in 2012. 25.6 percent reported unwanted sexual contact, and 19.7 percent said they had experienced discrimination in the past six months. About a quarter of clients reported insecurity in basic needs such as food or housing. The average level of distress measured by the centers, on the CCAPS-34 index, was 1.72 in 2024 to 2025, only slightly higher than 15 years earlier.

Access to counseling centers is fairly quick once students reach out: 83 percent of clients were seen for a first appointment within 5 business days, and 75.3 percent of scheduled appointments were attended. Other problems also show up in the surveys. In the Healthy Minds Study for 2023 to 2024, 13 percent of students screened positive for an eating disorder.

Mental health strain is not limited to students. In the 2024 to 2025 Healthy Minds survey of more than 9,000 faculty and staff at 22 institutions, 16 percent had symptoms of depression, 17 percent symptoms of anxiety and 27 percent reported high burnout.

MEASURE	VALUE	SOURCE
Clients with a lifetime traumatic event	44.2%	CCMH 2024-25
Clients reporting discrimination, past 6 months	19.7%	CCMH 2024-25
First appointment within 5 business days	83%	CCMH 2024-25
Students screening positive for an eating disorder	13%	HMS 2023-24
Faculty and staff with depression symptoms	16%	HMS 2024-25

Faculty and staff with high burnout	27%	HMS 2024-25

KEY FACTS

College student mental health in numbers

Key facts

- 37 percent of college students had moderate to severe depression in 2024 to 2025, down from 44 percent in 2021 to 2022.
- Anxiety fell to 32 percent and serious thoughts of suicide to 11 percent.
- 37 percent of students received therapy or counseling in the past year and 30 percent took psychiatric medication.
- 60 percent of students with depression or anxiety symptoms received treatment.
- Lack of time, 23 percent, and cost, 22 percent, are the top barriers to care.
- Counseling centers saw 162,187 students in 2024 to 2025; 64.4 percent had prior counseling.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many college students have depression?

In the 2024-25 Healthy Minds Study, 37 percent of US college students screened positive for moderate to severe depression and 18 percent for severe depression.

Is college student mental health getting better?

Depression has declined for three consecutive years, and anxiety, suicidal thoughts and loneliness are all lower than in 2021-22.

How many college students get therapy?

37 percent of students received therapy or counseling in the past year in 2024-25, and 30 percent took psychiatric medication.

Why do students not seek mental health care?

The most common reasons are lack of time, 23 percent, financial reasons, 22 percent, and preferring to handle problems alone, 18 percent.

How many students consider suicide?

11 percent of students seriously considered suicide in the past year in 2024-25, down from 15 percent in 2021-22.

What is the most common concern at college counseling centers?

Anxiety, assessed in 64.9 percent of counseling center clients in 2024-25, according to the Center for Collegiate Mental Health.

Do college counseling centers still use telehealth?

Less than during the pandemic. 10.3 percent of clients were seen only by video in 2024-25, compared with 96.1 percent in 2020.

Are college students lonely?

52 percent reported high loneliness in the Healthy Minds Study and 46.7 percent screened positive in the spring 2025 ACHA survey.

SOURCES

Healthy Minds Network - Healthy Minds Study 2024-25 national data report.

University of Michigan School of Public Health - Healthy Minds Study 2024-25 results.

UCLA Center for Health Policy Research - Healthy Minds Study 2024-25 data report.

University of Michigan School of Public Health - Healthy Minds Study 2023-24 results.

American College Health Association - NCHA III spring 2025 reference group executive summary.

Center for Collegiate Mental Health - 2025 Annual Report.

STATISTICS REPORT

Adults receiving mental health treatment in the US: statistics and facts

From 27 to 57 million. The number of US adults in mental health treatment rose from 27.2 million in 2002 to 57.3 million in 2025, though survey methods changed along the way. This report shows who gets care and what kind.

Updated Nov 4, 2026 · businesstats.com/adults-mental-health-treatment-us

57.3m ADULTS TREATED 2025	**21.6%** SHARE OF ADULTS	**13.0%** SHARE IN 2002
50.9% AMI TREATED	**67.7%** SMI TREATED	**14.0%** COUNSELING 2024

OVERVIEW

Adult mental health treatment at a glance

Mental health treatment among US adults is far more common than in the early 2000s. According to the 2025 National Survey on Drug Use and Health, 57.3 million adults, 21.6 percent of all adults aged 18 or older, received mental health treatment in the past year. In 2002, the first year of the current survey series, the share was 13.0 percent, or 27.2 million people. Prescription medication is the most common form of treatment, followed by outpatient care such as therapy and counseling.

Among adults who have a mental illness, about half receive treatment. In 2025, 50.9 percent of the 54.6 million adults with any mental illness and 67.7 percent of the 18.2 million adults with a serious mental illness were treated. A separate federal survey, the National Health Interview Survey, found that 19.3 percent of adults took prescription medication for their mental health in 2024 and 14.0 percent received counseling or therapy from a mental health professional.

This report covers the long-term trend, the types of treatment adults receive, differences by age, sex and income, and the reasons people give for not getting care. For the wider picture, see our hub on mental health treatment in the US. The adults who go without care are covered in our report on untreated mental

illness.

57.3m

Adults treated

21.6% of adults, 2025.

50.9%

AMI treated

Adults with any mental illness.

67.7%

SMI treated

Adults with serious mental illness.

19.3%

Took MH medication

NHIS, 2024.

Breaks in the data

- SAMHSA changed how it measures treatment several times: in 2020 (pandemic data collection), 2021 (web survey and telehealth added), 2022 (new treatment definition), 2024 and 2025 (questionnaire changes).
- The years 2002 to 2019 form one comparable series. Later years are shown separately and should not be compared directly.
- From 2025, SAMHSA also uses a new method to classify mental illness, so mental illness figures for 2025 differ from those first published for earlier years.

LONG-TERM TREND

Two decades of rising treatment

Between 2002 and 2019, the share of adults receiving mental health treatment rose from 13.0 to 16.1 percent, and the number from 27.2 million to 40.2 million. Growth was slow until about 2011 and then accelerated: the share reached 14.5 percent in 2012, 15.0 percent in 2018 and 16.1 percent in 2019, the last year before the pandemic changed how the survey was conducted.

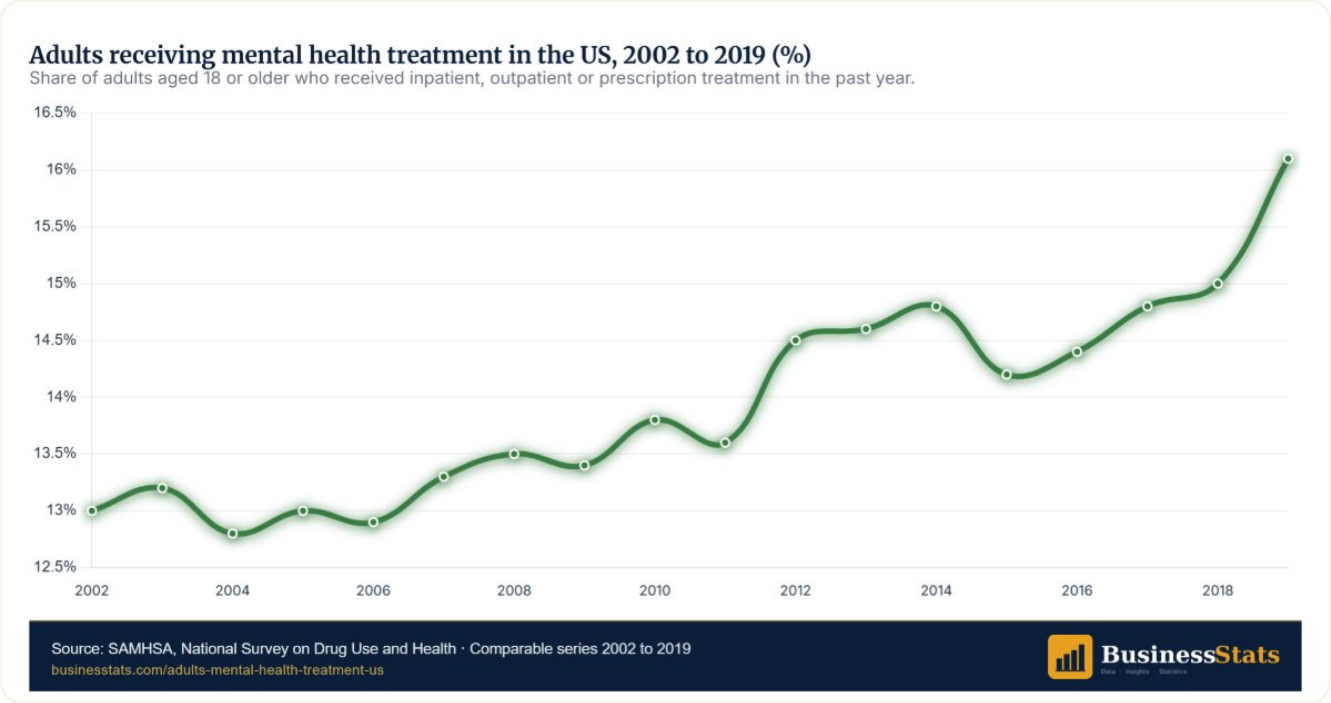


Figure 1: Adults receiving mental health treatment in the US, 2002 to 2019 (%)

Steady growth: The share of adults in treatment rose by about a quarter between 2002 and 2019.

Since 2020, the survey has changed several times, but each measure since 2022 shows a level well above 2019. The share of adults treated was 16.9 percent in 2020 and 18.8 percent in 2021, when telehealth was included for the first time. Under the new definition introduced in 2022, the share was 21.8 percent in 2022 and 23.0 percent in 2023. It was 22.9 percent, or 60.1 million adults, in 2024 and 21.6 percent, or 57.3 million, in 2025, measured with a revised questionnaire in each of those years.

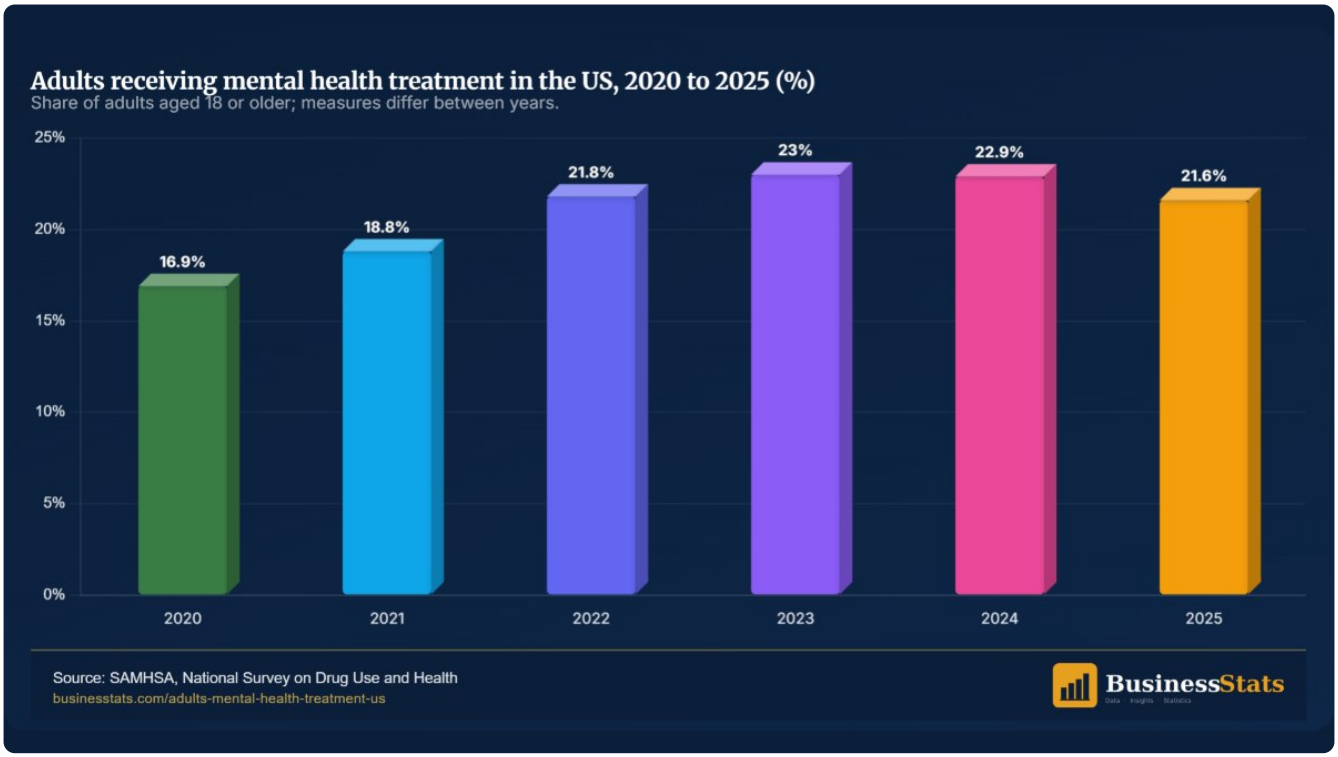


Figure 2: Adults receiving mental health treatment in the US, 2020 to 2025 (%)

One in five adults: Around 21 to 23 percent of adults have received treatment each year since 2022.

TYPES OF CARE

Medication, therapy and inpatient care

Prescription medication is by far the most common type of mental health treatment. In 2019, 13.1 percent of adults, 32.6 million people, took prescription medication for a mental health condition, compared with 8.3 percent, or 20.6 million, who received outpatient care and 1.0 percent, or 2.4 million, who received inpatient care. In 2002, the shares were 10.5, 7.4 and 0.7 percent. Almost all of the growth came from medication; outpatient care stayed between 6 and 8 percent of adults for most of the period.

Adults receiving mental health treatment by type in the US, 2002 to 2016 (%)

Interactive chart online: businesstats.com/adults-mental-health-treatment-us

Medication drives growth: Prescription treatment rose from 10.5 to 12.0 percent of adults while outpatient care was flat.

The National Health Interview Survey shows a similar pattern. In 2024, 19.3 percent of adults took prescription medication for their mental health and 14.0 percent received counseling or therapy. In 2019, the shares were 15.8 and 9.5 percent, and 19.2 percent of adults received any treatment. That share rose to 23.9 percent in 2023. Substance use, which often occurs alongside mental illness, is covered in our report on drug use in the US.

YEAR	ANY TREATMENT	PRESCRIPTION MEDICATION	COUNSELING OR THERAPY
2019	19.2%	15.8%	9.5%
2020	20.3%	16.5%	10.1%
2023	23.9%	n/a	n/a
2024	n/a	19.3%	14.0%
2025	n/a	n/a	13.4%

MENTAL ILLNESS

Treatment among adults with mental illness

Among adults with a mental illness, treatment rates were remarkably stable for many years. Between 2008 and 2019, between 40 and 45 percent of adults with any mental illness received treatment each year, rising from 40.9 percent in 2008 to 44.8 percent in 2019. Among adults with a serious mental illness, the share stayed between about 63 and 69 percent. Under the later measures, the share of adults with any mental illness who were treated was 47.2 percent in 2021, 50.6 percent in 2022, 53.9 percent in 2023 and 52.1 percent in 2024; these years use different methods and are shown only as separate values.

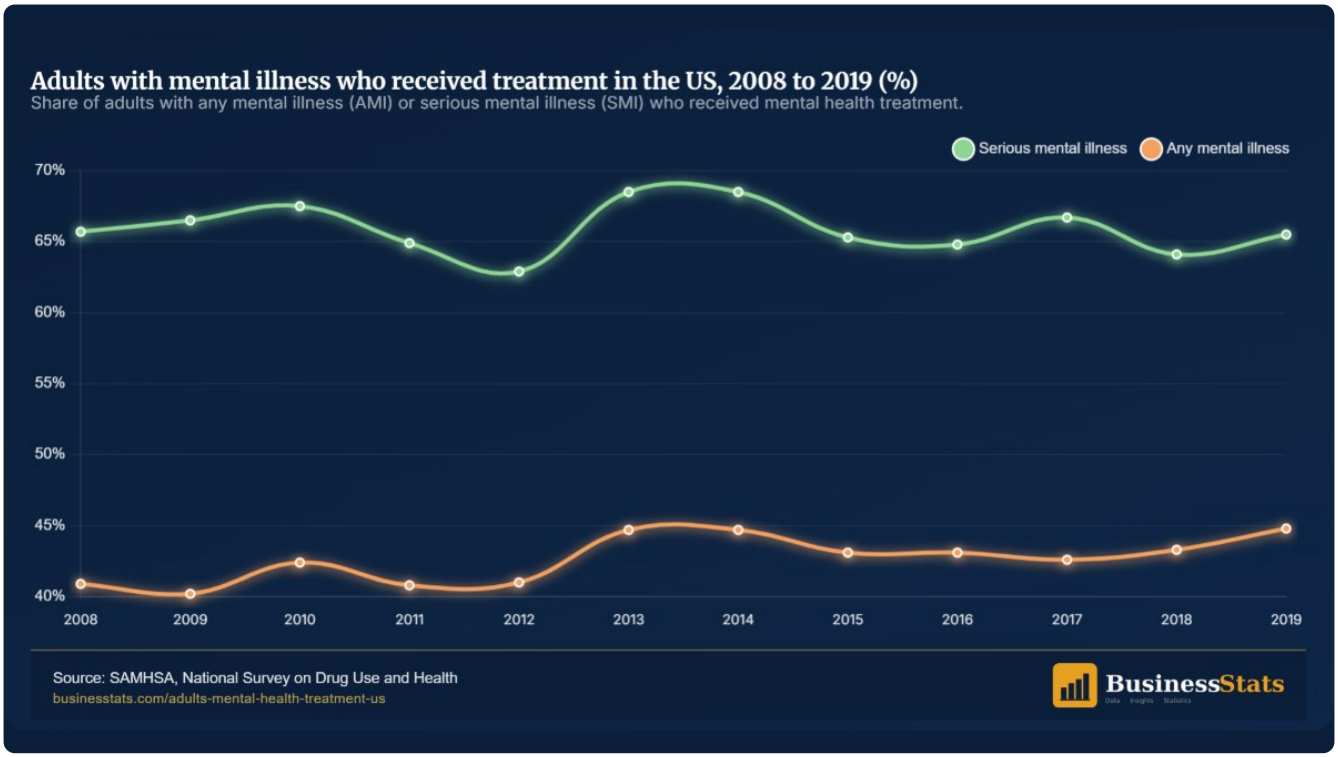


Figure 4: Adults with mental illness who received treatment in the US, 2008 to 2019 (%)

A stubborn gap: For more than a decade, fewer than half of adults with a mental illness were treated.

In 2025, 54.6 million adults had any mental illness, 20.6 percent of all adults, and 18.2 million had a serious mental illness, 6.9 percent. About one in three adults with a mental illness had a serious one. Mental illness was most common among young adults: 28.6 percent of those aged 18 to 25 had any mental illness, compared with 12.8 percent of those aged 50 and older. Global comparisons are in our report on mental health worldwide.

AGE AND SEX

Who receives treatment?

Counseling is much more common among younger adults, while medication use is similar across ages. In 2024, 20.2 percent of adults aged 18 to 29 received counseling or therapy, compared with 11.7 percent of those aged 45 to 64 and 5.0 percent of those aged 75 and older. Medication use ranged only from 18.2 to 20.4 percent across age groups.

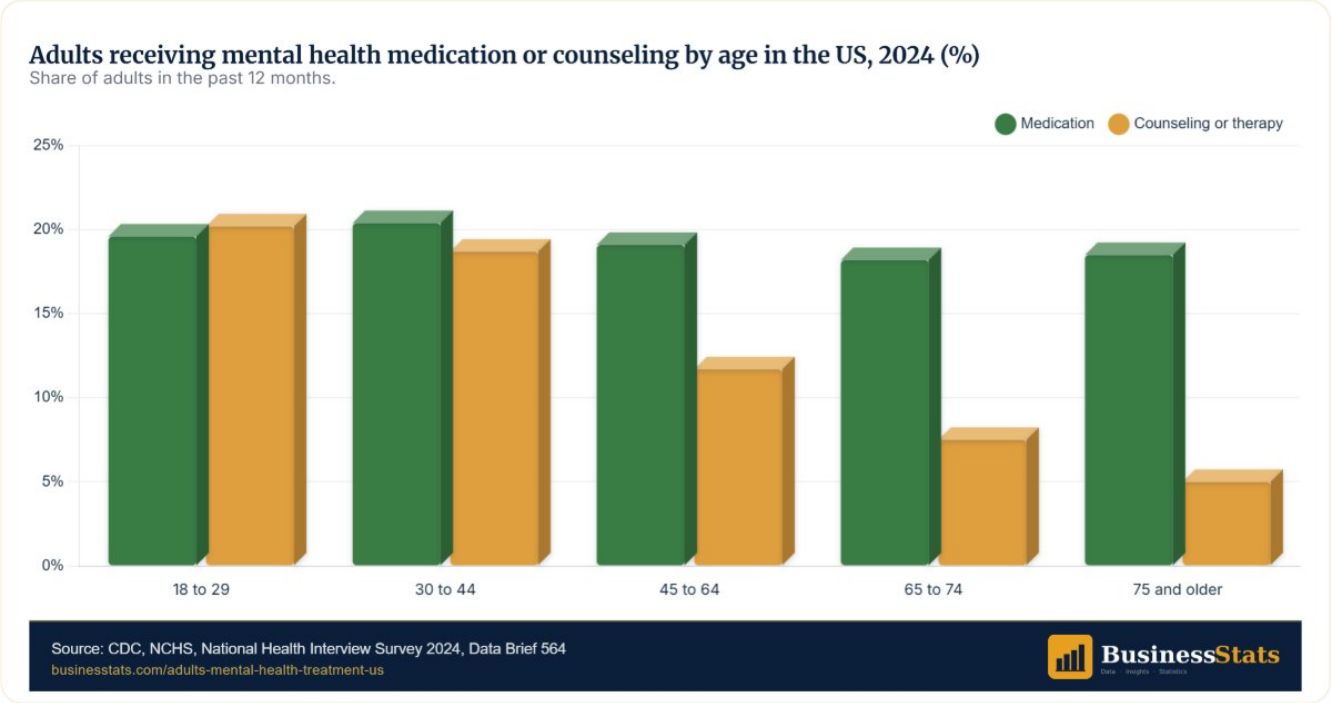


Figure 5: Adults receiving mental health medication or counseling by age in the US, 2024 (%)

Therapy is for the young: Counseling falls sharply with age while medication use stays level.

Women are much more likely to receive treatment than men. In 2024, 24.9 percent of women took mental health medication and 16.9 percent received counseling, compared with 13.4 and 10.9 percent of men. Among adults with any mental illness in 2024, 59.2 percent of women were treated compared with 42.1 percent of men. Differences by race, income and insurance are covered in detail in our report on mental health treatment disparities; the population structure is in our report on the population of the US by sex and age.

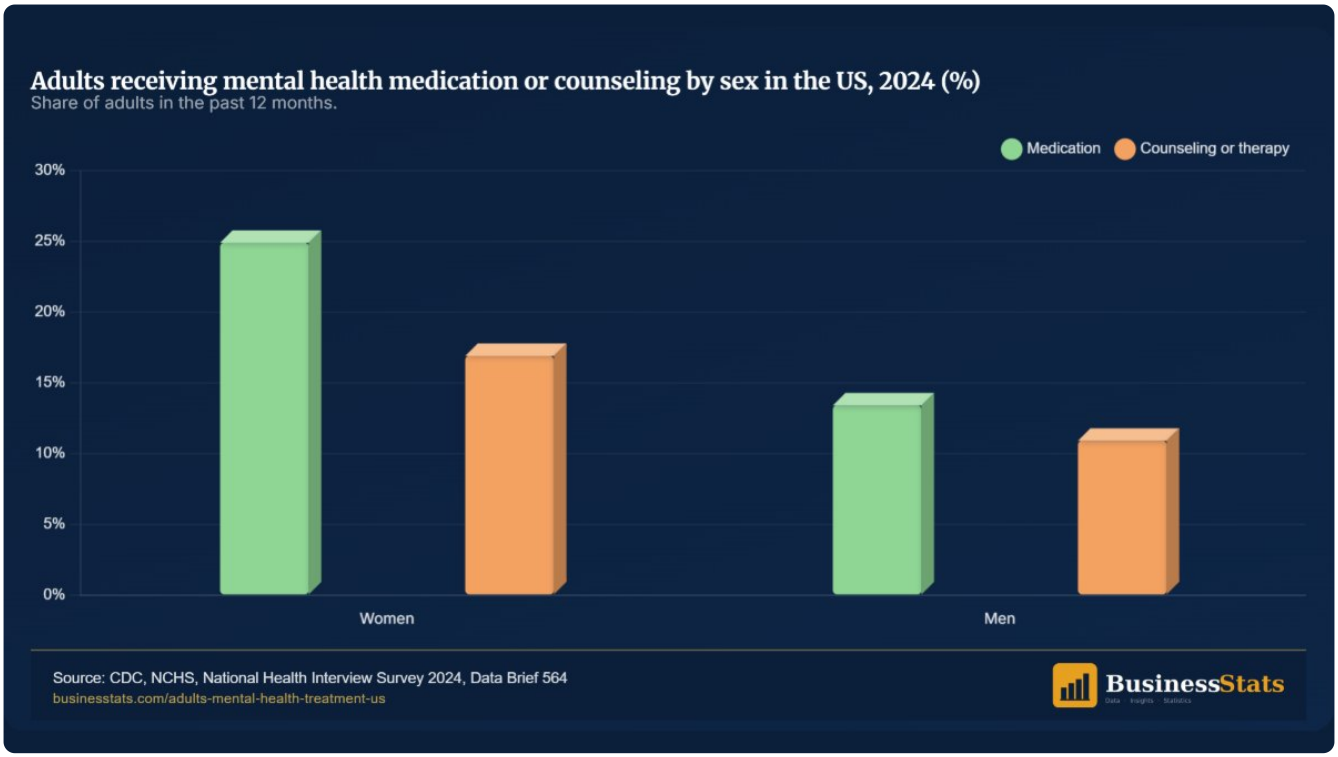


Figure 6: Adults receiving mental health medication or counseling by sex in the US, 2024 (%)

Women lead: Almost one in four women took medication for their mental health in 2024.

BARRIERS

Why adults do not get care

Cost has long been the main reason adults give for not getting mental health care they need. In 2016, among the 5.5 million adults who felt they needed care but did not receive it, 37.2 percent said they could not afford it, 31.0 percent thought they could handle the problem without treatment, 26.0 percent did not know where to go, and 21.7 percent did not have time. Among adults with a serious mental illness, 46.2 percent cited cost. In 2018, 54.7 percent of adults with a serious mental illness and unmet need said they could not afford care. More recent figures on cost are in our report on untreated mental illness, and the shortage of providers in our report on the mental health workforce.

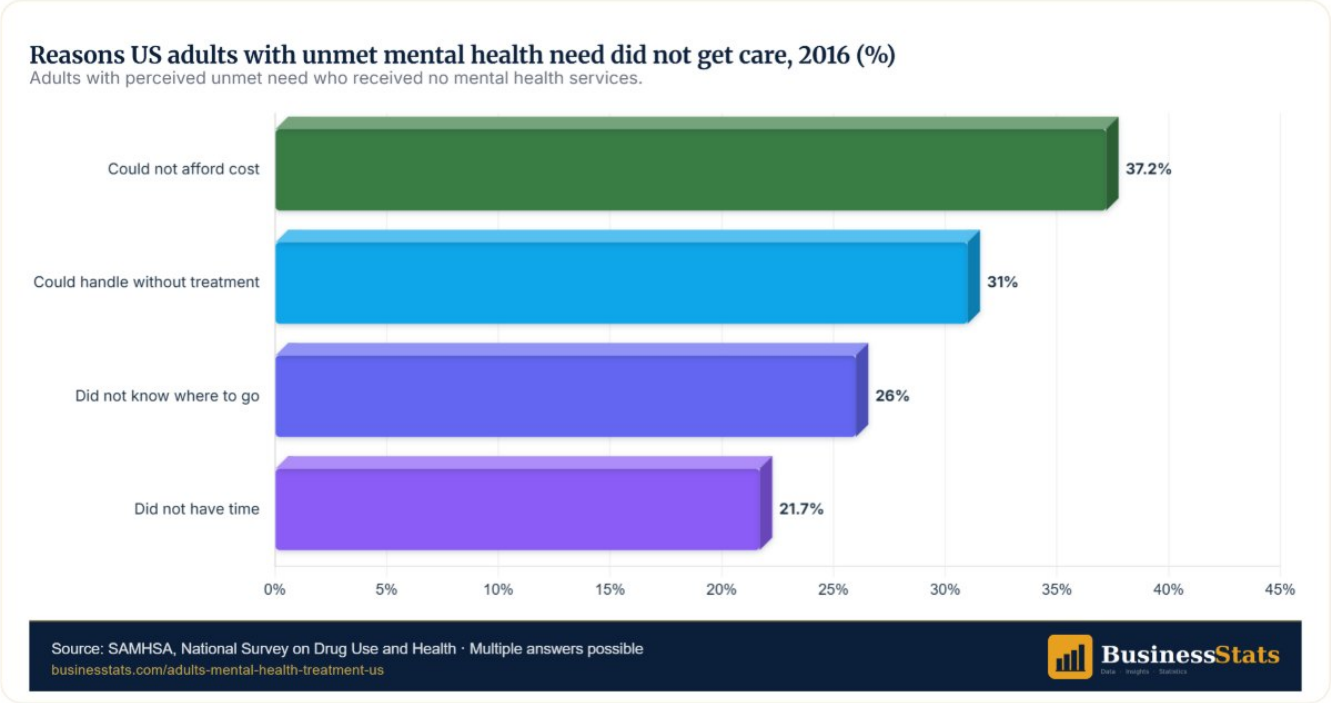


Figure 7: Reasons US adults with unmet mental health need did not get care, 2016 (%)

Cost comes first: More than a third of adults who went without care said they could not afford it.

Where care is delivered also matters. In 2024, adults in nonmetropolitan areas were more likely to take mental health medication, 22.9 percent, than those in large cities, 16.7 percent, but less likely to receive counseling, 10.6 compared with 15.2 percent. Providers and settings are described in our report on mental health treatment facilities.

KEY FACTS

Adult mental health treatment in numbers

Key facts

- 57.3 million US adults, 21.6 percent, received mental health treatment in 2025.
- The share of adults in treatment rose from 13.0 percent in 2002 to 16.1 percent in 2019.
- Prescription medication is the most common form of treatment: 13.1 percent of adults in 2019 and 19.3 percent in the NHIS for 2024.

- 50.9 percent of adults with any mental illness and 67.7 percent with a serious mental illness were treated in 2025.
- Women are more likely than men to receive both medication and counseling.
- Cost is the most common reason for not getting needed care.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many adults receive mental health treatment in the US?

57.3 million adults, 21.6 percent of all adults, received mental health treatment in 2025, according to SAMHSA.

Has mental health treatment increased?

Yes. In the comparable series, the share of adults treated rose from 13.0 percent in 2002 to 16.1 percent in 2019, and later measures show between 21 and 23 percent.

What is the most common mental health treatment?

Prescription medication. In 2024, 19.3 percent of adults took medication for their mental health and 14.0 percent received counseling, according to the CDC.

What share of adults with mental illness get treatment?

In 2025, 50.9 percent of adults with any mental illness and 67.7 percent of adults with a serious mental illness received treatment.

Do women receive more mental health treatment than men?

Yes. In 2024, 24.9 percent of women took mental health medication compared with 13.4 percent of men, and 16.9 versus 10.9 percent received counseling.

Which age group uses therapy most?

Adults aged 18 to 29: 20.2 percent received counseling or therapy in 2024, compared with 5.0 percent of those aged 75 and older.

Why do adults not get mental health care?

The most common reason is cost. In 2016, 37.2 percent of adults with unmet need said they could not afford care.

Can NSDUH treatment figures be compared over time?

Only within the same method. 2002 to 2019 is one comparable series; 2020, 2021, 2022 to 2023, 2024 and 2025 use different measures.

SOURCES

SAMHSA - 2019 NSDUH key substance use and mental health indicators.

SAMHSA - Mental health findings from the 2016 NSDUH.

SAMHSA - 2020 NSDUH highlights.

SAMHSA - 2021 NSDUH national report.

SAMHSA - 2023 NSDUH highlights.

SAMHSA - 2024 NSDUH highlights.

SAMHSA - 2025 NSDUH highlights.

SAMHSA - 2025 NSDUH companion report.

CDC, NCHS - Data brief 380, mental health treatment among adults 2019.

CDC, NCHS - Data brief 419, mental health treatment among adults 2020.

CDC, MMWR - QuickStats, mental health treatment 2019 to 2023.

CDC, NCHS - Data brief 564, mental health treatment among adults 2024.

CDC, NCHS - NHIS early release 2025.

STATISTICS REPORT

Health risk factors in the U.S. statistics & facts

Updated Sep 30, 2026 · businesstats.com/health-risk-factors-us

47.7% HIGH BLOOD PRESSURE	**40.3%** ADULT OBESITY	**12.0%** HAVE DIABETES
9.1% SMOKE CIGARETTES	**79,384** OVERDOSE DEATHS 2024	**47.2%** MEET ACTIVITY GUIDELINE

Overview

The risks that shape American health

Most deaths in the United States are not caused by accidents or infections but by chronic diseases such as heart disease, stroke, cancer and diabetes, and most of those diseases are driven by a small number of risk factors. High blood pressure, obesity, tobacco, alcohol, drugs, physical inactivity, poor diet and too little sleep account for a large share of illness, disability and early death. The good news is that these risks can be measured, tracked and changed, which is why federal health agencies monitor them closely through surveys such as the National Health and Nutrition Examination Survey, the National Health Interview Survey and the Behavioral Risk Factor Surveillance System.

The latest data paint a mixed picture. Nearly half of American adults have high blood pressure, four in ten have obesity, and 40 million people have diabetes. Yet cigarette smoking has fallen to a record low of 9.1 percent of adults, drug overdose deaths have fallen sharply since their 2023 peak, and the adult obesity rate appears to have started to decline as millions of Americans take GLP-1 weight-loss drugs. This report sets out the data on each major risk factor, how it has changed over time, who is most affected and how many deaths it is linked to.

Snapshot

How common are the major risk factors?

The chart compares the share of US adults affected by each major risk factor, using the most recent national survey for each. High blood pressure is the most widespread, affecting 47.7 percent of adults,

followed by obesity at 40.3 percent. More than half of adults do not meet the federal guideline for aerobic physical activity, and almost a third regularly sleep less than seven hours a night.

Prevalence of Major Health Risk Factors Among US Adults, Latest Data (%)Share of adults with each risk factor or behaviour, most recent national survey.

Data:

CDC National Center for Health Statistics: NHANES August 2021 to August 2023 (hypertension, obesity, high total cholesterol); National Health Interview Survey 2024 (physical activity, short sleep) and 2025 early release (cigarettes, e-cigarettes); CDC National Diabetes Statistics Report, 2023 data (diabetes, all ages); BRFSS 2023 via SHADAC (binge or heavy drinking).

Note:

not meeting the activity guideline is 100 percent minus the 47.2 percent who met the federal aerobic guideline in 2024. Surveys, years and age ranges differ, so figures are indicative rather than strictly comparable. Compiled by BusinessStats.Switch to the table for exact figures.

Blood pressure leads: 47.7 percent of US adults have high blood pressure and 40.3 percent have obesity, the two most widespread risk factors.

Many of these risks cluster in the same people. Obesity raises the risk of high blood pressure, diabetes and high cholesterol, while smoking, heavy drinking and inactivity often go together. People with lower incomes and less education are more likely to have several risk factors at once, which helps explain why life expectancy in the United States varies so widely between groups and regions. The size and age structure of the population, set out in our data on the US population by sex and age, also matters: many risks rise sharply with age, and the population is getting older.

Blood Pressure

High blood pressure: the most common risk

High blood pressure, or hypertension, is the single most common serious risk factor in the United States. According to NHANES data for August 2021 to August 2023, 47.7 percent of adults had hypertension, defined as a blood pressure of 130/80 mm Hg or higher or taking medication to lower it. Prevalence was higher in men, at 50.8 percent, than in women, at 44.6 percent, and rose steeply with age: 23.4 percent of adults aged 18 to 39, 52.5 percent of those aged 40 to 59 and 71.6 percent of those aged 60 and over.

The Hypertension Control Gap: US Adults With High Blood Pressure (%)Share of adults with hypertension who are aware, treated and controlled, August 2021 to August 2023.

Data:

CDC NCHS Data Brief 511, Hypertension Prevalence, Awareness, Treatment, and Control Among Adults Age 18 and Older: United States, August 2021 to August 2023 (October 2024).

Note:

control means blood pressure below 130/80 mm Hg. Compiled by BusinessStats.Switch to the table for exact figures.

Only one in five controlled: just 20.7 percent of adults with high blood pressure had it under control, and more than four in ten did not know they had it.

The biggest problem is not diagnosis but control. Among adults with hypertension, only 59.2 percent were aware of it, 51.2 percent were taking medication, and just 20.7 percent had their blood pressure under control, with no significant improvement compared with the period before the COVID-19 pandemic. According to the CDC, high blood pressure was a primary or contributing cause of 680,179 deaths in 2024, and it cost the country an estimated 219 billion dollars a year in 2019. Global Burden of Disease estimates for 2023 attribute 47 percent of US deaths from ischemic heart disease to high systolic blood pressure, more than any other single risk.

Obesity

Obesity: four in ten adults

Obesity is the risk factor that has changed most over the past six decades. In the early 1960s, 13.4 percent of American adults had obesity, defined as a body mass index of 30 or more. The share rose steadily from the 1980s onward, passed 30 percent around 2000, and reached 42.4 percent in 2017 to 2018. In the most recent NHANES data, for August 2021 to August 2023, it was 40.3 percent, a change that was not statistically significant. Severe obesity, a body mass index of 40 or more, has kept rising, reaching 9.7 percent on an age-adjusted basis.

Obesity and Severe Obesity Among US Adults, 1960 to 2023 (%)Age-adjusted prevalence among adults aged 20 and over, measured by NHANES.

Data:

CDC NCHS Health E-Stat, Prevalence of Overweight, Obesity, and Severe Obesity Among Adults Age 20 and Older: United States, 1960 to 1962 Through August 2021 to August 2023.

Note:

selected survey periods; obesity is a BMI of 30 or more and severe obesity 40 or more, based on measured height and weight. Compiled by BusinessStats.Switch to the table for exact figures.

Tripled in 60 years: adult obesity rose from 13.4 percent in 1960 to 1962 to 40.3 percent in 2021 to 2023, and severe obesity from 0.9 to 9.7 percent.

Obesity is most common in middle age, affecting 46.4 percent of adults aged 40 to 59, compared with 35.5 percent of those aged 20 to 39 and 38.9 percent of those aged 60 and over. Women are more likely than men to have severe obesity, at 12.1 percent against 6.7 percent. Education makes a large difference: 31.6 percent of adults with a bachelor degree or higher had obesity, compared with around 45 percent of those without a degree. Because NHANES measures height and weight directly rather than relying on what people report, it is considered the most accurate source of national obesity data.

States

Obesity by state

State data come from the Behavioral Risk Factor Surveillance System, which relies on self-reported height and weight and therefore produces lower figures than NHANES. In 2024, adult obesity was highest in West Virginia at 41.4 percent, Mississippi at 40.4 percent and Louisiana at 39.2 percent, and lowest in Colorado at 25.0 percent and the District of Columbia at 25.5 percent, according to an analysis of CDC data by TFAH, a public health nonprofit. Nineteen states had rates of 35 percent or more, down from 23 in 2023.

Adult Obesity Rate: Highest and Lowest US States, 2024 (%)Self-reported adult obesity prevalence by state, Behavioral Risk Factor Surveillance System.

Data:

TFAH, State of Obesity 2025 report, based on CDC BRFSS 2024.

Note:

BRFSS uses self-reported height and weight, which produces lower estimates than the measured NHANES data used elsewhere in this report. Compiled by BusinessStats.Switch to the table for exact figures.

A 16-point gap: adult obesity ranged from 41.4 percent in West Virginia to 25.0 percent in Colorado in 2024.

The newest state maps, released by the CDC on 24 September 2026 and based on 2025 data, show that no state or territory had an adult obesity prevalence of 40 percent or more, while 21 states, Guam and Puerto Rico had a prevalence between 35 and 40 percent. The District of Columbia had the lowest figure, at 24.2 percent. By region, obesity was most common in the Midwest, at 35.5 percent, and the South, at 34.8 percent, and least common in the West, at 30.7 percent, and the Northeast, at 29.6 percent.

GLP-1 Drugs

The GLP-1 effect

A new class of medicines may be starting to change the obesity picture. GLP-1 receptor agonists such as semaglutide, sold as Ozempic and Wegovy, and tirzepatide, sold as Mounjaro and Zepbound, were developed for type 2 diabetes but produce substantial weight loss. According to Gallup, the share of US adults taking a GLP-1 injection for weight loss more than doubled from 5.8 percent in early 2024 to 12.4 percent in mid-2025, and over the same period the obesity rate in its self-reported survey fell from a peak of 39.9 percent in 2022 to 37.0 percent in 2025.

US Adults Taking GLP-1 Injections for Weight Loss by Age, 2025 (%)Share of adults currently taking a GLP-1 injectable for weight loss, second and third quarters of 2025.

Data:

Gallup National Health and Well-Being Index, 2025, based on 16,946 US adults.

Note:

self-reported use of injectable GLP-1 drugs for weight loss; the all-adults figure compares with 5.8 percent in the first quarter of 2024. Compiled by BusinessStats.Switch to the table for exact figures.

Most common in middle age: 17.0 percent of adults aged 50 to 64 were taking a GLP-1 drug for weight loss in 2025, against 6.7 percent of those aged 18 to 29.

Use is higher among women, 15.2 percent, than men, 9.7 percent. The drugs remain expensive, supply was constrained for much of 2023 and 2024, and many people stop taking them, so their long-term effect on national obesity rates is still uncertain. Measured NHANES data covering the period of rapid uptake will be needed to confirm the trend. The rise of these medicines has also transformed the drug industry, as

covered in our overview of the global pharmaceutical industry.

Diabetes

Diabetes and prediabetes

Diabetes is both a disease and a major risk factor for heart disease, stroke, kidney failure and blindness. The CDC estimates that 40.1 million Americans, or 12.0 percent of the population, had diabetes in 2023, of whom 29.1 million had been diagnosed and 11.0 million had not. More than a quarter of adults with diabetes, 27.6 percent, did not know they had it. A further 115.2 million adults had prediabetes, blood sugar levels that are higher than normal but not yet high enough to be diagnosed as diabetes, including more than half of those aged 65 and over.

Most cases are type 2 diabetes, which is closely linked to obesity and physical inactivity. Gallup self-reported data show diabetes reaching an all-time high of 13.8 percent of adults in 2025. Global Burden of Disease researchers found that high fasting blood sugar was one of the fastest-growing contributors to heart disease deaths in the United States between 1990 and 2023, rising by 39 percent as a share of the burden, second only to high body mass index.

Cholesterol

Cholesterol: a quiet success

High cholesterol is one risk factor that has improved. The share of adults with high total cholesterol, 240 mg/dL or more, fell from 18.3 percent in 1999 to 2000 to 11.0 percent in 2013 to 2014, and was 11.3 percent in August 2021 to August 2023, helped by the widespread use of statin drugs. Low levels of HDL, the so-called good cholesterol, also became less common, falling from 22.2 percent of adults in 2007 to 2008 to 13.8 percent. Men were far more likely than women to have low HDL, at 21.5 against 6.6 percent. Even so, high LDL cholesterol remains a leading cause of heart disease, accounting for an estimated 29 percent of US ischemic heart disease deaths in 2023.

Tobacco

Smoking falls to a record low

Cigarette smoking is the great public health success story of the past 60 years. In 1965, 42.4 percent of American adults smoked cigarettes. After the first Surgeon General report on smoking and health in 1964,

and decades of taxes, advertising restrictions, smoke-free laws and cessation programmes, the rate fell below 20 percent by 2010 and to 11.6 percent in 2022. Early release data from the 2025 National Health Interview Survey put it at a record low of 9.1 percent.

Cigarette Smoking Among US Adults, 1965 to 2025 (%)Share of adults aged 18 and over who currently smoke cigarettes.

Data:

CDC National Health Interview Survey, compiled by the American Lung Association (1965 to 2022); CDC NHIS early release estimates for 2025.

Note:

selected years; 2025 is an early release estimate. Compiled by BusinessStats.Switch to the table for exact figures.

Down by almost four fifths: adult cigarette smoking fell from 42.4 percent in 1965 to 9.1 percent in 2025.

Smoking still causes enormous harm. The CDC estimates that cigarette smoking and secondhand smoke cause more than 480,000 deaths in the United States every year, including more than 40,000 among nonsmoking adults exposed to secondhand smoke, and that more than 16 million Americans live with a disease caused by smoking. Smoking remains the leading cause of preventable death. At the same time, 6.7 percent of adults used electronic cigarettes in 2025, most of them younger adults, and the long-term health effects of vaping are still being studied.

Alcohol

Alcohol: 178,000 deaths a year

Excessive alcohol use is one of the leading preventable causes of death. The CDC estimates that about 178,000 people died each year from excessive drinking in 2020 and 2021, a 29 percent increase from about 138,000 a year in 2016 and 2017. Two thirds of those deaths, about 117,000, resulted from long-term drinking, through cancers, heart disease, liver disease and alcohol use disorder, while one third, about 61,000, resulted from the effects of drinking too much on a single occasion, such as motor vehicle crashes, poisonings and suicides. On average, these deaths shortened lives by 24 years.

Binge drinking, defined as four or more drinks on one occasion for women or five or more for men, is the most common form of excessive drinking. In 2023, 16.4 percent of US adults reported binge or heavy

drinking, the lowest rate in five years, according to an analysis of BRFSS data by the State Health Access Data Assistance Center. In January 2025 the US Surgeon General issued an advisory highlighting the link between alcohol and at least seven types of cancer.

Drugs

Drug overdoses fall from their peak

Drug overdoses became one of the most visible health crises in modern American history. Deaths rose from about 70,600 in 2019 to a peak of about 108,000 in 2022, driven by illicit fentanyl, which increasingly contaminated the supply of heroin, cocaine, methamphetamine and counterfeit pills. Since then the trend has reversed. Final CDC data show overdose deaths fell 26.2 percent from 105,007 in 2023 to 79,384 in 2024, the largest annual decline on record, and provisional data point to about 69,100 deaths in the 12 months ending in January 2026.

Drug Overdose Deaths in the United States, 2019 to 2026Number of deaths from drug overdose per year.

Data:

CDC NCHS final mortality data (2019 to 2024, including Data Brief 549); CDC provisional drug overdose death counts for the 12 months ending January 2026, as reported by Medical Daily.

Note:

the final point is a provisional predicted count for a 12-month period and may be revised. Compiled by BusinessStats.Switch to the table for exact figures.

A sharp reversal: overdose deaths fell from about 108,000 in 2022 to 79,384 in 2024 and about 69,100 in the 12 months to January 2026.

Deaths involving synthetic opioids other than methadone, mainly fentanyl, fell 35.6 percent between 2023 and 2024, from 72,776 to 47,735. Researchers point to several possible reasons, including wider access to the overdose-reversal drug naloxone, more treatment with medications for opioid use disorder such as buprenorphine and methadone, changes in the illicit drug supply, and changes in drug use patterns. The age-adjusted overdose death rate fell to 23.1 per 100,000 in 2024, close to its level in 2019, though still far above the rates of the early 2000s. Mental health and substance use are closely linked, as discussed in our report on mental health worldwide.

Deaths

How many deaths are linked to each risk?

Comparing the number of deaths linked to each risk factor helps show where the burden is greatest, although the estimates use different methods and some deaths are counted under more than one risk. High blood pressure was listed as a primary or contributing cause on 680,179 death certificates in 2024. Smoking causes more than 480,000 deaths a year, excessive drinking about 178,000, and drug overdoses 79,384 in 2024.

Annual US Deaths Linked to Selected Risk FactorsLatest CDC estimates of deaths caused by or involving each risk.

Data:

CDC: High Blood Pressure Facts (2024 deaths with hypertension as a primary or contributing cause); Smoking and Tobacco Use (annual deaths from smoking and secondhand smoke); Facts About U.S. Deaths from Excessive Alcohol Use (annual average, 2020 to 2021); NCHS Data Brief 549 (2024 overdose deaths).

Note:

methods differ and the categories overlap, so the figures cannot be added together. Compiled by BusinessStats.Switch to the table for exact figures.

Blood pressure and tobacco dominate: high blood pressure contributed to about 680,000 deaths in 2024, and smoking causes more than 480,000 a year.

Obesity, poor diet and physical inactivity are harder to count in this way, because they act mainly through other conditions such as heart disease, diabetes and cancer. Global Burden of Disease estimates for 2023 attribute 39 percent of US ischemic heart disease deaths to dietary risks, and found that high body mass index was the fastest-growing contributor to heart disease deaths since 1990, up 55 percent. Almost 89 percent of US ischemic heart disease deaths in 2023 were linked to modifiable risk factors.

Physical Activity

Physical activity and sleep

Regular physical activity lowers the risk of heart disease, stroke, type 2 diabetes, several cancers and depression, yet most Americans do not get enough. In 2024, 47.2 percent of adults met the federal guideline of at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity a week, according to the National Health Interview Survey. Men were more likely to meet it than women, at

52.3 against 42.4 percent, and the share fell with age from 54.0 percent of those aged 18 to 34 to 38.4 percent of those aged 65 and over. Adults in rural areas, at 40.2 percent, were less active than those in large cities, at 51.5 percent, and only 22.4 percent of adults with a disability met the guideline.

Sleep is increasingly recognised as a health risk in its own right. In 2024, 30.5 percent of adults slept less than seven hours a night, the minimum recommended for adults, rising to 34.5 percent of those aged 50 to 64 and 40.2 percent of Black adults. Short sleep is linked to obesity, diabetes, high blood pressure, heart disease and depression, as well as accidents. New technologies, from wearable trackers to AI-based screening, are giving people and doctors more ways to monitor these risks, as covered in our data on the most exciting technologies for healthcare and AI in healthcare.

Outlook

What comes next for American health

The data show that American health risks are moving in different directions. Smoking and overdose deaths are falling, cholesterol has improved, and obesity may finally be turning a corner. But high blood pressure remains poorly controlled, diabetes is at record levels, severe obesity continues to rise, and deaths from alcohol increased sharply around the pandemic. Many of these risks are closely tied to income, education and where people live.

Three developments will shape the next decade. The spread of GLP-1 drugs could reduce obesity, diabetes and heart disease if costs fall and access widens. Better control of blood pressure, which requires regular screening and consistent treatment, could prevent hundreds of thousands of heart attacks and strokes. And public health programmes on tobacco, alcohol and overdoses will need sustained funding to hold on to recent gains. The economic stakes are large: chronic diseases driven by these risks account for most of US health spending, a significant share of the national economy described in our data on US GDP, and a growing market for the companies covered in our reports on the medical technology industry and leading medical device companies.

Key Facts

US health risks in numbers

A few figures sum up the state of the major risks.

47.7%Adults with high blood pressureOnly 20.7 percent of them controlled.40.3%Adults with obesityMeasured, August 2021 to August 2023.9.1%Adults who smoke cigarettes2025, a record low.79,384Overdose deaths2024, down 26.2 percent.

Together they show both how much progress is possible and how much remains to be done.

FAQ

Frequently Asked Questions

High blood pressure, obesity, tobacco, poor diet, physical inactivity, high blood sugar, excessive alcohol use and drug use. High blood pressure is the most common, affecting 47.7 percent of adults, and contributed to 680,179 deaths in 2024.

40.3 percent of US adults had obesity in August 2021 to August 2023, according to measured NHANES data, and 9.4 percent had severe obesity. State estimates based on self-reported data are lower.

There are early signs. Measured NHANES data showed no significant change from 2013 to 2023, but Gallup self-reported data show obesity falling from 39.9 percent in 2022 to 37.0 percent in 2025 as GLP-1 drug use rose.

9.1 percent of US adults smoked cigarettes in 2025, a record low, down from 42.4 percent in 1965. Another 6.7 percent used e-cigarettes. Smoking still causes more than 480,000 deaths a year.

47.7 percent of adults had hypertension in August 2021 to August 2023. Only 59.2 percent of them were aware of it and just 20.7 percent had it under control.

40.1 million people, or 12.0 percent of the population, had diabetes in 2023, including 11.0 million undiagnosed. Another 115.2 million adults had prediabetes.

Yes. Overdose deaths fell 26.2 percent from 105,007 in 2023 to 79,384 in 2024, and provisional data show about 69,100 in the 12 months ending January 2026, down from a peak of about 108,000 in 2022.

About 178,000 a year in 2020 and 2021, according to the CDC, up 29 percent from 2016 and 2017. Two thirds were caused by long-term drinking and one third by drinking too much on one occasion.

47.2 percent of adults met the federal guideline for aerobic physical activity in 2024, including 52.3 percent of men and 42.4 percent of women.

Sources

CDC NCHS - Obesity and severe obesity prevalence in adults, August 2021 to August 2023.

CDC NCHS - overweight, obesity and severe obesity among adults, 1960 to 2023.

CDC NCHS - hypertension prevalence, awareness, treatment and control, 2021 to 2023.

CDC - high blood pressure facts.

CDC NCHS - total and HDL cholesterol in adults, 2021 to 2023.

CDC - National Diabetes Statistics Report.

CDC NCHS - cigarette smoking and e-cigarette use, 2025.

American Lung Association - overall smoking trends, 1965 to 2022.

CDC - cigarette smoking.

CDC - facts about US deaths from excessive alcohol use.

SHADAC - excessive alcohol consumption trends.

CDC NCHS - drug overdose deaths in the United States, 2023 to 2024.

Medical Daily - CDC provisional overdose deaths, 12 months ending January 2026.

CDC NCHS - aerobic physical activity among adults, 2024.

CDC NCHS - short sleep duration and sleep difficulties, 2024.

CDC - adult obesity prevalence maps, 2025 data.

TFAH - State of Obesity 2025 report.

Gallup - obesity rate declining in U.S.

American College of Cardiology - GBD 2023 drivers of US ischemic heart disease deaths.

Figures come from federal health surveys and vital statistics, which differ in method, year and age range. NHANES measures height, weight and blood pressure directly; NHIS and BRFSS rely on self-reports. Death estimates for different risk factors overlap and cannot be added together. All data compiled by BusinessStats.

STATISTICS REPORT

Veterans mental health treatment: statistics and facts

17.7 veterans a day. Suicide among US veterans fell in 2024 but the rate remains more than twice that of other adults. This report shows the data and the care the VA provides.

Updated Nov 4, 2026 · businesstats.com/veterans-mental-health-treatment-us

6,488 SUICIDES 2024	**17.7** PER DAY	**36.4** RATE PER 100K
62.2% NO RECENT VHA CARE	**6.27m** VHA USERS	**$16.7bn** MH FUNDING FY25

OVERVIEW

Veterans mental health at a glance

Veterans carry a higher risk of suicide than other American adults, and mental health care is one of the largest parts of the Department of Veterans Affairs health system. According to the VA National Veteran Suicide Prevention Annual Report published in 2026, 6,488 veterans died by suicide in 2024, an average of 17.7 per day. That was 174 fewer than in 2023. The unadjusted suicide rate among veterans was 36.4 per 100,000, more than twice the rate of 16.4 among non-veteran adults.

The VA treats a growing share of veterans for mental health and substance use conditions. In 2024, 6.27 million veterans were recent users of the Veterans Health Administration, up from 3.86 million in 2001, even though the total veteran population fell from 25.9 million to 17.8 million. Of these VHA users, 48.2 percent had a mental health or substance use diagnosis, compared with 27.8 percent in 2001. VA mental health funding reached $16.7 billion in fiscal year 2025.

This report covers veteran suicide trends, rates by sex and age, the role of VA care, telehealth and community care, spending, and survey data on mental illness among veterans. How veterans compare with the general population is shown in our hub on mental health treatment in the US. Figures on the military itself are in our report on the armed forces of the United States.

6,488
Veteran suicides
2024, VA data.

17.7
Per day
Average in 2024.

36.4
Rate per 100,000
Non-veterans: 16.4.

$16.7bn
VA mental health funding
Fiscal year 2025.

In a crisis

- The Veterans Crisis Line is reached by dialing 988 and pressing 1, by texting 838255, or by online chat.
- The line is open to veterans, service members and their families, whether or not they are enrolled in VA care.

SUICIDE TREND

Veteran suicides since 2001

The number of veteran suicides rose from 6,289 in 2001 to a peak of 7,015 in 2018, then fell back to 6,488 in 2024. Because the veteran population has been shrinking, the rate has risen much faster than the count: from 24.3 per 100,000 in 2001 to 36.6 in 2023 and 36.4 in 2024. Over the whole period from 2001 to 2024, 159,980 veterans died by suicide, about one in six of all adult suicides in the US.

Number of veteran suicides in the US, 2001 to 2024

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Down from the 2018 peak: 6,488 veterans died by suicide in 2024, the lowest count since 2006.

Veteran suicide rate in the US, 2001 to 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Rising rate: The veteran suicide rate climbed by half since 2001 as the veteran population shrank.

Firearms were involved in 74.3 percent of veteran suicides in 2024: 75.4 percent among men and 51.9 percent among women. In 2023, the share was 73.3 percent, according to the 2025 edition of the report.

SEX AND AGE

Who is most at risk?

The gap between veterans and non-veterans is largest among women. In 2024, the suicide rate among female veterans was 13.9 per 100,000, compared with 6.7 among non-veteran women. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women. Among men, the rate was 39.2 for veterans and 27.6 for non-veterans, an age-adjusted gap of 56.5 percent.

Suicide rate among veterans and non-veterans by sex in the US, 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Twice the risk: Veterans had a suicide rate more than twice that of non-veteran adults in 2024.

Young veterans have the highest rates. In 2024, the suicide rate was 45.5 per 100,000 among veterans aged 18 to 34, 38.5 among those aged 35 to 54, 32.7 among those aged 55 to 74 and 35.8 among those aged 75 and older. Among male veterans aged 18 to 34, it reached 53.0.

Veteran suicide rate by age group in the US, 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Highest among the youngest: Veterans aged 18 to 34 had a suicide rate of 45.5 per 100,000.

VA CARE

The role of VA health care

Most veterans who die by suicide were not recent VA patients. In 2024, 62.2 percent of veteran suicide decedents, 4,038 people, had not used VHA care in 2023 or 2024. The remaining 37.8 percent, 2,450 people, had. The suicide rate among recent VHA users was 39.1 per 100,000, compared with 35.1 among other veterans, reflecting the higher level of illness among people who seek VA care.

Veteran suicide decedents by recent VHA care in the US, 2024

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Six in ten outside VA care: 4,038 of the 6,488 veterans who died by suicide in 2024 were not recent VHA patients.

At the same time, a growing share of veterans rely on the VA. Recent VHA users rose from 3.86 million in 2001 to 6.27 million in 2024. Nearly half of them, 48.2 percent, had a mental health or substance use diagnosis in 2024, up from 46.1 percent in 2023 and 27.8 percent in 2001. In total, the VA had 7.3 million unique patients in fiscal year 2024, many of them treated in the settings described in our report on mental health treatment facilities. Substance use among veterans is covered in our report on drug use in the US.

US veteran population and recent VHA users, 2001 and 2024 (millions)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

More patients, fewer veterans: VHA users rose by 2.4 million while the veteran population fell by 8.1 million.

TELEHEALTH

Telehealth, the crisis line and community care

Video visits have become a regular part of VA mental health care. According to the VA Clinical Services 2024 annual report, more than 1.1 million veterans received 6.5 million video telemental health episodes in fiscal year 2024, a 10 percent increase in veterans served from the year before. In fiscal year 2023, video accounted for about a third of all VA mental health visits.

The Veterans Crisis Line handled 1.1 million calls, texts and chats in fiscal year 2024 and 1.3 million in fiscal year 2025, according to the VA. The VA also carried out more than 5.3 million suicide risk screenings in calendar year 2025. When VA facilities cannot provide care in time, veterans can be referred to private providers. According to the Government Accountability Office, more than 350,000 veterans received 602,472 community care referrals for behavioral health in fiscal years 2021 to 2024, at a cost of $4.29 billion. About 60 percent of the referrals were for outpatient psychotherapy. The wider shortage of providers is covered in our report on the mental health workforce.

MEASURE	VALUE	PERIOD
Veterans using video telemental health	More than 1.1 million	FY 2024
Video telemental health episodes	6.5 million	FY 2024
Veterans Crisis Line contacts	1.1 million	FY 2024
Veterans Crisis Line contacts	1.3 million	FY 2025
Suicide risk screenings	More than 5.3 million	2025
Behavioral health community care referrals	602,472	FY 2021 to 2024
Cost of those referrals	$4.29 billion	FY 2021 to 2024

SPENDING

VA mental health spending

Mental health care is one of the fastest growing parts of the VA budget. According to the VA Budget in Brief for fiscal year 2026, mental health care funding was $15.69 billion in fiscal year 2024 and $16.73 billion in fiscal year 2025. The request for 2026 is $18.89 billion, and the advance request for 2027 is $19.53 billion. Funding for suicide prevention outreach rises from $560 million in 2024 to a requested $713 million in 2027.

VA mental health care funding, fiscal years 2024 to 2027 (billion US dollars)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Approaching $20 billion: VA mental health funding is set to rise by a quarter between 2024 and 2027.

SURVEY DATA

Mental illness among veterans

Survey data from SAMHSA show that veterans are about as likely as non-veterans to have a mental illness or a substance use disorder, and those with a mental illness are about as likely to receive treatment, in line with the patterns in our report on adults receiving mental health treatment. In the 2023 National Survey on Drug Use and Health, more than half of veterans with any mental illness in each age group had received

treatment in the past year, and 1.0 million veterans, 5.3 percent, had both a mental illness and a substance use disorder. Combat experience matters: in pooled data for 2022 to 2024, 21.3 percent of veterans who served in a combat zone had a mental illness and 6.4 percent a serious mental illness, both significantly higher than among other veterans. The national treatment gap is covered in our report on untreated mental illness, and differences between groups in our report on mental health treatment disparities.

KEY FACTS

Veterans mental health in numbers

Key facts

- 6,488 veterans died by suicide in 2024, 17.7 per day, down from 7,015 in 2018.
- The veteran suicide rate was 36.4 per 100,000 in 2024, compared with 16.4 for non-veteran adults.
- Female veterans had an age-adjusted suicide rate 99.9 percent higher than non-veteran women.
- 62.2 percent of veteran suicide decedents had no recent VHA care.
- 48.2 percent of the 6.27 million recent VHA users had a mental health or substance use diagnosis in 2024.
- VA mental health funding was $16.73 billion in FY 2025, with $18.89 billion requested for FY 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many veterans die by suicide each day?

In 2024, an average of 17.7 veterans died by suicide each day, 6,488 in total, according to the VA.

Is the veteran suicide rate higher than for other adults?

Yes. The unadjusted rate was 36.4 per 100,000 for veterans in 2024 and 16.4 for non-veteran adults.

Are female veterans at higher risk?

Yes. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women in 2024.

Did most veterans who died by suicide use VA care?

No. 62.2 percent of veterans who died by suicide in 2024 had not used VHA care in 2023 or 2024.

How many veterans have a mental health diagnosis at the VA?

48.2 percent of the 6.27 million recent VHA users had a mental health or substance use diagnosis in 2024.

How much does the VA spend on mental health?

VA mental health care funding was $15.69 billion in FY 2024 and $16.73 billion in FY 2025. The FY 2026 request is $18.89 billion.

How do veterans reach the Veterans Crisis Line?

By dialing 988 and pressing 1, texting 838255 or using online chat. The line handled 1.3 million contacts in FY 2025.

Do veterans use telehealth for mental health care?

Yes. More than 1.1 million veterans received 6.5 million video telemental health episodes from the VA in FY 2024.

SOURCES

US Department of Veterans Affairs, VA News - Crisis Line and screening figures, 2025.

US Department of Veterans Affairs - National Veteran Suicide Prevention Annual Report 2026.

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US Department of Veterans Affairs - National Veteran Suicide Prevention Annual Report 2025, part 2.

US Government Accountability Office - GAO-26-108799, community care behavioral health referrals.

SAMHSA - NSDUH data spotlight on veterans, 2022 to 2024.

SAMHSA - 2023 NSDUH veteran population slides.

STATISTICS REPORT

Child health and nutrition statistics & facts

Updated Sep 30, 2026 · businesstats.com/child-health-nutrition-statistics

4.9M UNDER-5 DEATHS 2024	**37.4** U5 MORTALITY PER 1,000	**150.2M** STUNTED CHILDREN
42.8M WASTED CHILDREN	**188M** OBESE AGES 5 TO 19	**85%** DTP3 COVERAGE 2025

Overview

Child health and nutrition in numbers

The health and nutrition of children has improved dramatically over the past three decades, but progress has slowed and huge gaps remain. According to the UN Inter-agency Group for Child Mortality Estimation (UN IGME), 4.9 million children died before their fifth birthday in 2024, less than half the 10.1 million of 2000 and far below the 13.0 million of 1990. Yet the pace of decline has slowed by 60 percent since 2015, and 58 percent of all under-five deaths now occur in sub-Saharan Africa.

Malnutrition remains one of the biggest threats to children. The joint estimates of UNICEF, the World Health Organization (WHO) and the World Bank show that 150.2 million children under five, or 23.2 percent, were stunted in 2024, 42.8 million were wasted and 35.5 million were overweight. At the same time, the world has passed a turning point: in 2025, for the first time, more school-age children and adolescents were obese, 9.4 percent, than underweight, 9.2 percent, according to UNICEF. This report sets out the latest data on child survival, undernutrition, obesity, diets, immunisation and the key risks for children.

4.9MUnder-five deaths2024, UN IGME.150.2MStunted children under 52024, 23.2 percent.188MChildren 5 to 19 with obesity2025, UNICEF.13.5MZero-dose children2025, no vaccines at all. Child Mortality

Child mortality: 4.9 million deaths a year

Under-five deaths have fallen by more than 60 percent since 1990. The UN IGME estimates that 13.0 million children under five died in 1990, 10.1 million in 2000, 7.1 million in 2010 and 6.1 million in 2015. In 2024, the number was 4.9 million. The under-five mortality rate fell from 93.5 deaths per 1,000 live births in 1990 to

76.7 in 2000, 42.9 in 2015 and 37.4 in 2024.

Global Under-Five Deaths, 1990 to 2024 (million)Number of deaths of children under five years of age.

Data:

UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, Report 2025, March 2026. Compiled by BusinessStats.Switch to the table for exact figures.

Down by nearly two thirds: under-five deaths fell from 13.0 million in 1990 to 4.9 million in 2024, but progress has slowed since 2015.

Newborns account for a growing share of deaths. Of the 4.9 million under-five deaths in 2024, 2.3 million, or 47 percent, were babies in their first month of life. The global neonatal mortality rate was 17.2 deaths per 1,000 live births. A further 2.1 million children, adolescents and young people aged 5 to 24 also died in 2024. In the first month of life, complications of preterm birth caused 36 percent of deaths and complications during labour and delivery 21 percent; after the first month, malaria was the largest single killer, at 17 percent of deaths.

MEASURE	1990	2000	2015	2024
Under-five deaths (million)	13.0	10.1	6.1	4.9
Under-five mortality rate (per 1,000)	93.5	76.7	42.9	37.4
Neonatal mortality rate (per 1,000)				17.2
Newborn deaths (million)				2.3

By Region

Child mortality by region

Where a child is born still decides their chance of survival. In 2024, the under-five mortality rate was 71.6 deaths per 1,000 live births in sub-Saharan Africa, almost 14 times the rate of 5.2 in Europe and Northern America and nearly 19 times the 3.8 in Australia and New Zealand. Central and Southern Asia had a rate of 32.0, Northern Africa and Western Asia 26.1 and Eastern and South-Eastern Asia 13.0.

Under-Five Mortality Rate by Region, 2024 (deaths per 1,000 live births)Probability of dying before age five per 1,000 live births, by SDG region.

Data:

UN IGME, Levels and Trends in Child Mortality, Report 2025. Compiled by BusinessStats.Switch to the table for exact figures.

A 19-fold gap: a child born in sub-Saharan Africa faced an under-five mortality rate of 71.6 per 1,000 in 2024, against 3.8 in Australia and New Zealand.

Sub-Saharan Africa accounted for 58 percent of all under-five deaths in 2024 and Southern Asia for 25 percent, meaning these two regions together account for more than four in five deaths. Only three countries had an under-five mortality rate above 100 per 1,000 live births: Niger, Nigeria and Somalia. Children living in fragile and conflict-affected settings are nearly three times more likely to die before age five than children elsewhere. On current trends, 60 countries, home to 42 percent of all children under five worldwide, will miss the 2030 target for under-five mortality, and 66 countries will miss the target for newborn deaths.

Child Survival: Key Facts

- **58 percent** of under-five deaths in 2024 were in sub-Saharan Africa and 25 percent in Southern Asia.
- **3 countries**, Niger, Nigeria and Somalia, had under-five mortality above 100 per 1,000 live births.
- **Nearly 3 times** higher risk of death before age five for children in fragile or conflict-affected settings.
- **More than 100,000** children aged 1 to 59 months died directly from malnutrition in 2024.
- **60 countries** are off track for the 2030 under-five mortality target.

Malnutrition

Malnutrition in children under five

Malnutrition in children takes several forms. Stunting, meaning being too short for age, reflects chronic undernutrition and affects brain development and future earnings. Wasting, meaning being too thin for height, is a sign of acute undernutrition and is the most immediate threat to life. Overweight is the opposite problem, and is rising in many countries. The UNICEF, WHO and World Bank Joint Child Malnutrition Estimates (JME) for 2025 found that in 2024, 150.2 million children under five were stunted, 42.8 million were wasted, including 12.2 million severely wasted, and 35.5 million were overweight.

Children Under Five Affected by Malnutrition, 2024 (million)Number of children under five by form of malnutrition.

Data:

UNICEF, WHO and World Bank, Joint Child Malnutrition Estimates, 2025 edition.

Note:

severe wasting is a subset of wasting. Compiled by BusinessStats.Switch to the table for exact figures.

Stunting dominates: 150.2 million children under five were stunted in 2024, more than three times the 42.8 million who were wasted.

Progress has been slow. Stunting prevalence fell from 26.4 percent in 2012 to 23.2 percent in 2024, and the number of stunted children has been stuck at about 150 million since 2021. Wasting fell from 7.4 percent, or 50.9 million children, in 2012 to 6.6 percent in 2024. Overweight has not improved at all, edging up from 5.3 percent to 5.5 percent. Boys are more affected than girls: 24.4 percent of boys were stunted in 2024 against 21.9 percent of girls, and 5.8 percent of boys were overweight against 5.1 percent of girls.

Malnutrition Prevalence Among Children Under Five, 2012 vs 2024 (%)Share of children under five affected, global.

Data:

UN Sustainable Development Goals Report 2025, Goal 2, based on the Joint Child Malnutrition Estimates. Compiled by BusinessStats.Switch to the table for exact figures.

Slow progress on undernutrition, none on overweight: stunting fell from 26.4 to 23.2 percent between 2012 and 2024, while overweight rose from 5.3 to 5.5 percent.

Undernutrition is concentrated in two regions. Asia is home to 51 percent of stunted children and Africa to 43 percent. Three quarters of severely wasted children live in Asia and 22 percent in Africa. Wasting prevalence was highest in Central and Southern Asia, at 13.0 percent in 2024, and in Oceania excluding Australia and New Zealand, at 8.4 percent. Only about a quarter of countries are on track to meet the 2030 target on stunting, and just 1 in 6 on overweight.

INDICATOR	2012	2024	CHANGE
Stunting (prevalence)	26.4 percent	23.2 percent	minus 3.2 points
Stunting (number)		150.2 million	flat since 2021
Wasting (prevalence)	7.4 percent	6.6 percent	minus 0.8 points
Wasting (number)	50.9 million	42.8 million	minus 8.1 million

Overweight (prevalence)	5.3 percent	5.5 percent	plus 0.2 points
Overweight (number)	36.3 million	35.5 million	minus 0.8 million

Anaemia

Anaemia and micronutrient deficiencies

Hidden hunger, a lack of essential vitamins and minerals, affects even more children than stunting. The WHO estimates that 40 percent of children aged 6 to 59 months worldwide, or 269 million children, are anaemic, most often because of iron deficiency. The WHO African Region has about 103 million anaemic young children and the South-East Asia Region about 83 million. Anaemia in early childhood impairs brain development, learning and resistance to infection.

Mothers are affected too. The WHO estimates that 30 percent of non-pregnant women and 37 percent of pregnant women aged 15 to 49 are anaemic, and the UN reports that anaemia among women of reproductive age rose from 27.6 percent in 2012 to 30.7 percent in 2023. Maternal anaemia increases the risk of low birthweight and preterm birth, the leading causes of newborn deaths.

40%Children 6 to 59 months with anaemia269 million, WHO.37%Pregnant women with anaemiaWHO.30.7%Women 15 to 49 with anaemia2023, up from 27.6 percent in 2012.1 in 3Women projected anaemic by 2030UN. Diets

Diets and child food poverty

What young children eat matters as much as how much. UNICEF, in its 2024 report on child food poverty covering nearly 100 countries, found that 181 million children under five, 1 in 4, live in severe child food poverty, meaning they eat from no more than two of eight food groups. These children are up to 50 percent more likely to suffer from wasting. Four in five of them eat only breastmilk or other milk and starchy staples such as rice, maize or wheat; fewer than 10 percent eat fruits and vegetables, and fewer than 5 percent eat nutrient-rich foods such as eggs, fish, poultry or meat. Rising food prices make this worse, as covered in our report on food inflation.

Children Under Five in Severe Child Food Poverty by Region (million)Children consuming two or fewer of eight food groups.

Data:

UNICEF, Child Food Poverty: Nutrition Deprivation in Early Childhood, June 2024.

Note:

other regions derived as the remainder of the 181 million total. Compiled by BusinessStats.Switch to the table for exact figures.

South Asia and Africa bear the brunt: 64 million children in South Asia and 59 million in sub-Saharan Africa live in severe child food poverty, two thirds of the global total.

Severe child food poverty is not only a problem of poor households: 46 percent of affected children live in poor households, but 54 percent, or 97 million, live in relatively wealthier households, a sign that food environments and knowledge matter as well as income. About 65 percent of these children live in just 20 countries. In Somalia, 63 percent of young children are in severe child food poverty, and in the Gaza Strip data collected between December 2023 and April 2024 showed 9 in 10 children affected.

Breastfeeding

Breastfeeding

Breastfeeding is one of the most effective ways to protect child health, providing complete nutrition in the first six months and protection against infections. According to the Global Breastfeeding Scorecard 2025, nearly 50 percent of infants under six months worldwide are now exclusively breastfed, up 8 percentage points since 2020, and rates of continued breastfeeding at one and two years have risen by about 10 points over five years. The World Health Assembly target is 60 percent exclusive breastfeeding by 2030.

Policy gaps hold progress back. Only 17 percent of countries have legislation substantially aligned with the International Code of Marketing of Breast-milk Substitutes, only 10 percent meet International Labour Organization standards for maternity leave, and just 4 percent receive adequate donor funding for breastfeeding support per birth.

Obesity

Childhood obesity: a new majority problem

While undernutrition persists, obesity is rising fast. In its Child Nutrition Report 2025, UNICEF found that among children and adolescents aged 5 to 19, obesity prevalence rose from 3 percent in 2000 to 9.4 percent in 2025, while underweight fell from 13 percent to 9.2 percent. For the first time, more young people are obese than underweight: about 188 million school-age children and adolescents live with

obesity. Obesity now exceeds underweight in every region except sub-Saharan Africa and South Asia.

Obesity vs Underweight Among Children Aged 5 to 19, 2000 vs 2025 (%)Global prevalence among school-age children and adolescents.

Data:

UNICEF, Child Nutrition Report 2025, September 2025. Compiled by BusinessStats.Switch to the table for exact figures.

A historic crossover: obesity among 5 to 19 year olds tripled from 3 percent in 2000 to 9.4 percent in 2025, overtaking underweight at 9.2 percent.

The highest rates are found in the Pacific islands, where obesity has doubled since 2000: 38 percent of children and adolescents in Niue, 37 percent in the Cook Islands and 33 percent in Nauru are obese. Among larger countries, rates are 27 percent in Chile and 21 percent in both the United States and the United Arab Emirates.

Obesity Among Children and Adolescents Aged 5 to 19, Selected Countries, 2025 (%)Share of children and adolescents with obesity.

Data:

UNICEF, Child Nutrition Report 2025. Compiled by BusinessStats.Switch to the table for exact figures.

Pacific islands lead the world: 38 percent of children and adolescents in Niue are obese, and more than 1 in 5 in Chile, the United States and the UAE.

Marketing of unhealthy food is a major driver. In a UNICEF poll of 64,000 young people in more than 170 countries, 75 percent recalled seeing advertisements for sugary drinks, snacks or fast food in the previous week, and 60 percent said the ads made them want to eat those products. Even in conflict-affected countries, 68 percent had seen such marketing. UNICEF warns that the global economic cost of overweight and obesity could exceed 4 trillion dollars a year by 2035.

United States

Child obesity in the United States

In the United States, about 1 in 5 children and adolescents aged 2 to 19, or 14.7 million young people, have obesity, a prevalence of 19.7 percent in 2017 to March 2020, according to the Centers for Disease Control and Prevention (CDC). Rates rise with age, from 12.7 percent among 2 to 5 year olds to 20.7 percent at

ages 6 to 11 and 22.2 percent at 12 to 19. Hispanic children, at 26.2 percent, and non-Hispanic Black children, at 24.8 percent, have higher rates than non-Hispanic white children, at 16.6 percent, and non-Hispanic Asian children, at 9.0 percent. Adult risk factors are covered in our report on health risk factors in the US.

US Childhood Obesity by Family Income, 2017 to March 2020 (%)Obesity prevalence among children and adolescents aged 2 to 19, by family income relative to the federal poverty level (FPL).

Data:

US Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey. Compiled by BusinessStats.Switch to the table for exact figures.

Poverty and obesity go together: 25.8 percent of US children in families at or below 130 percent of the poverty level have obesity, more than double the 11.5 percent in the highest-income group.

Childhood obesity in the US is closely linked to income: prevalence is 25.8 percent among children in families with incomes at or below 130 percent of the federal poverty level, 21.2 percent between 130 and 350 percent, and 11.5 percent above 350 percent. Among girls, non-Hispanic Black girls have the highest prevalence, at 30.8 percent, and among boys, Hispanic boys, at 29.3 percent. Annual medical costs of childhood obesity were estimated at 1.3 billion dollars in 2019 dollars, with children who have obesity incurring 116 dollars more in medical costs per year than children at a healthy weight. See our data on births in the US and the US population by age for demographic context.

Immunisation

Childhood immunisation

Vaccines are among the most effective tools for child survival. According to WHO and UNICEF estimates published in July 2026, 90 percent of infants worldwide, about 116 million, received a first dose of diphtheria, tetanus and pertussis vaccine (DTP1) in 2025, and 85 percent, about 110 million, completed the three-dose series (DTP3). Coverage of the first dose of measles vaccine was 84 percent and of the second dose 77 percent, both well below the 95 percent needed to prevent outbreaks.

Global Childhood Immunisation Coverage by Vaccine, 2025 (%)Share of the target population vaccinated.

Data:

WHO and UNICEF Estimates of National Immunization Coverage (WUENIC), July 2026.

Note:

HPV is first dose among girls; yellow fever in at-risk countries was 53 percent. Compiled by BusinessStats.Switch to the table for exact figures.

Big gaps for newer vaccines: coverage reached 90 percent for the first DTP dose in 2025 but only 61 percent for rotavirus and 33 percent for HPV.

In 2025, 13.5 million children received no vaccines at all, so-called zero-dose children, down about 750,000 from 14.3 million in 2024. About 53 percent of them live in ten countries: Afghanistan, Angola, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Nigeria, Pakistan, the Philippines and Yemen, and more than half live in fragile or conflict-affected countries. A further 7.3 million infants started their vaccinations but did not complete them. Coverage of newer vaccines remains low: 71 percent for pneumococcal vaccine, 61 percent for rotavirus and 33 percent for the first dose of HPV vaccine among girls. The disruption caused by the pandemic, when coverage fell sharply, is covered in our report on the COVID-19 pandemic.

Progress varies sharply between regions and countries. Since 2019, coverage has improved in the Americas and in South-East Asia, which is now the best-performing WHO region, while Africa, the Eastern Mediterranean and Europe remain below their pre-pandemic levels and the Western Pacific has declined. Individual countries show how quickly coverage can change with conflict, policy and trust in vaccines.

COUNTRY	CHANGE	VACCINE AND PERIOD
Sudan	plus 35 percentage points	DTP1, 2024 to 2025
Syria	minus 6 points	DTP1, 2024 to 2025
Syria	minus 12 points	Measles first dose, 2024 to 2025
South Africa	minus 20 points	DTP1, 2019 to 2025
Bosnia and Herzegovina	minus 23 points	Measles first dose, after gains the year before

Other Risks

Other risks to child health

Beyond disease and diet, many children face other threats to their health and development. Child marriage, still common in parts of Africa and South Asia, is linked to early pregnancy and higher risks for both

mothers and babies, as shown in our data on the countries with the highest child marriage rates. Mental health problems often begin in childhood and adolescence, a topic covered in our report on mental health worldwide. Conflict, displacement and climate change also threaten child health by destroying health systems, disrupting food supplies and spreading disease.

Child Health Targets for 2030 and Where the World Stands

- **Under-five mortality:** target of 25 per 1,000 or lower in every country; global rate 37.4 in 2024, with 60 countries off track.
- **Newborn mortality:** target of 12 per 1,000 or lower; global rate 17.2 in 2024, with 66 countries off track.
- **Stunting:** global prevalence 23.2 percent in 2024; only about a quarter of countries on track.
- **Exclusive breastfeeding:** target of 60 percent; nearly 50 percent in the latest data.
- **Zero-dose children:** target to halve from the 2019 level; 13.5 million in 2025.

Outlook

The outlook for child health

The world has made extraordinary progress on child health since 1990, with under-five deaths falling from 13.0 million to 4.9 million a year. But progress has slowed sharply since 2015, and cuts to international aid in 2025 and 2026 threaten programmes for vaccines, nutrition and malaria. Undernutrition still affects 150 million young children, while obesity is rising in almost every region, creating a double burden for many countries.

The most effective solutions are well known: vaccination, breastfeeding, better diets, clean water, skilled care at birth and treatment for malaria, pneumonia and diarrhoea. Scaling them up in sub-Saharan Africa and South Asia, where most child deaths occur, will decide whether the world meets its 2030 goals. Our data on world population shows where the next generation of children will be born.

Key Facts

Child health and nutrition in numbers

37.4Under-five mortality ratePer 1,000 live births, 2024.42.8MWasted children under 52024.9.4%Obesity among 5 to 19 year olds2025, above underweight.85%DTP3 vaccine coverage2025. FAQ

Frequently Asked Questions

4.9 million children died before their fifth birthday in 2024, including 2.3 million newborns, according to the UN Inter-agency Group for Child Mortality Estimation.

Sub-Saharan Africa accounted for 58 percent of under-five deaths in 2024 and Southern Asia for 25 percent. Niger, Nigeria and Somalia had the highest under-five mortality rates.

150.2 million children under five, or 23.2 percent, were stunted in 2024, according to the UNICEF, WHO and World Bank Joint Child Malnutrition Estimates.

42.8 million children under five, or 6.6 percent, were wasted in 2024, including 12.2 million who were severely wasted.

Yes. In 2025, 9.4 percent of children and adolescents aged 5 to 19 were obese and 9.2 percent underweight, the first time obesity has been more common, according to UNICEF.

It describes young children who eat from two or fewer of eight food groups. UNICEF estimates 181 million children under five, 1 in 4, live in severe child food poverty.

In 2025, 85 percent of infants worldwide completed three doses of DTP vaccine, but 13.5 million children received no vaccines at all.

Nearly 50 percent of infants under six months are exclusively breastfed, up 8 points since 2020. The 2030 target is 60 percent.

About 19.7 percent of US children and adolescents aged 2 to 19, or 14.7 million, have obesity, rising to 25.8 percent in the lowest-income families.

Sources

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Malnutrition and mortality figures are modelled estimates and are revised with each edition. Obesity figures for school-age children are UNICEF estimates. All data compiled by BusinessStats.

STATISTICS REPORT

Mental Health Worldwide — Statistics & Facts 2026

Updated Mar 19, 2026 · businesstats.com/mental-health-worldwide

970M PEOPLE AFFECTED GLOBALLY	**1 in 8** PEOPLE WORLDWIDE	**$6T** ANNUAL ECONOMIC COST
280M DEPRESSION CASES	**75%** TREATMENT GAP (LMICS)	**<2%** HEALTH BUDGETS ALLOCATED

Overview

Mental Health Worldwide 2026 — A Global Crisis Demanding Urgent Action

Mental health is one of the most significant and most neglected challenges in global public health. According to the World Health Organization, approximately **970 million people worldwide** — roughly 1 in 8 of the global population — live with a mental health disorder. When including all forms of mental distress that fall below clinical diagnostic thresholds, the proportion rises to approximately 1 in 5 people experiencing significant mental health challenges in any given year. The economic cost is staggering: mental health conditions cost the global economy approximately **$6 trillion annually** in lost productivity, healthcare expenditure, and social welfare costs — more than the combined economic output of the world's third and fourth largest economies. Depression is the leading cause of disability worldwide, and suicide claims approximately 700,000 lives each year — more deaths annually than HIV/AIDS, malaria, and homicide combined. For broader global health and economic context see our GDP statistics on economic output across the countries most affected.

Despite this scale, mental health receives extraordinary little attention and resources relative to its burden. Globally, governments allocate less than **2% of their health budgets** to mental health — meaning that for every dollar spent on physical health, less than two cents goes to mental health. In low-income countries, this figure can be as low as 0.5% of the health budget. The global treatment gap — the proportion of people with mental health conditions who receive no treatment whatsoever — is approximately 75% in low and middle income countries and between 35-50% even in high-income countries. COVID-19 significantly

worsened this already dire situation: the pandemic triggered a 25% increase in anxiety and depression globally in its first year, adding tens of millions of new cases to an already overwhelmed system. The pandemic also disrupted mental health services in 93% of countries, according to WHO surveys, creating massive unmet need. The convergence of rising prevalence, inadequate resources, pervasive stigma, and service disruption makes mental health one of the defining public health challenges of the 2020s and 2030s.

Mental health disorders affect approximately 970 million people globally — 1 in 8 of the world population. Despite being the leading cause of disability worldwide, mental health receives less than 2% of global health budgets. COVID-19 increased the global prevalence of anxiety and depression by 25% in 2020 alone, dramatically worsening an already significant treatment gap. Global Mental Health Prevalence 2000–2026 People with Mental Health Disorders Worldwide — 2000 to 2026 Millions · WHO · Global Burden of Disease · IHME 2000–2026 970M2026 Total

+25% spike in 2020 due to COVID-19 Sources: WHO World Mental Health Report · IHME Global Burden of Disease Study 2021

Disorders by Type

Mental Health Disorders by Type — Anxiety Most Prevalent, Depression Most Disabling

Anxiety disorders are the most prevalent category of mental health conditions globally, affecting approximately **301 million people** — approximately 4% of the global population. Anxiety disorders encompass generalised anxiety disorder (GAD), panic disorder, social anxiety disorder, specific phobias, and post-traumatic stress disorder (PTSD). Depression (major depressive disorder) affects approximately **280 million people** worldwide — approximately 3.8% of the population — and is the leading cause of disability globally, measured in Years Lived with Disability (YLDs). Bipolar disorder affects approximately 40 million people. Schizophrenia spectrum disorders affect approximately 24 million. Eating disorders — including anorexia nervosa, bulimia nervosa, and binge eating disorder — affect approximately 14 million. Autism spectrum disorder (ASD) affects approximately 78 million people. Attention-deficit hyperactivity disorder (ADHD) affects approximately 139 million children and adults globally. The burden of these conditions varies significantly by age, gender, and income level: women are disproportionately affected by depression and anxiety; men have higher rates of substance use disorders and suicide; young people aged 15-29 are most affected by first onset of major mental disorders. For health policy context see our GDP

statistics on countries investing most in health systems.

Mental Health Disorders by Type — Global Global Mental Health Disorder Prevalence by Category 2025 Millions of people · WHO World Mental Health Report · GBD 2021

Countries with Highest Mental Health Disorder Prevalence 2025

Economic Cost

Economic Cost of Mental Health — $6 Trillion Annually, $16 Trillion by 2030

The economic cost of mental health disorders is among the most significant and most underestimated financial burdens in global economics. The Lancet Commission on Global Mental Health estimated the cumulative global economic cost of mental health conditions at approximately **$6 trillion per year** in 2026, projected to reach approximately **$16 trillion by 2030** if current trends continue without significant intervention. This cost breaks down into three primary components: direct healthcare costs (approximately $2 trillion — hospital care, medication, outpatient treatment); indirect costs from lost productivity (approximately $3 trillion — absenteeism, presenteeism, premature death and disability reducing labour force participation); and social costs (approximately $1 trillion — social welfare payments, criminal justice costs, homelessness attributable to mental ill-health). The productivity cost is particularly striking: depression and anxiety alone cost the global economy approximately $1 trillion per year in lost productivity, according to WHO estimates. Employer-level analyses show that for every dollar invested in treating depression and anxiety, there is a $4-5 return in improved health and productivity — making mental health investment one of the highest-return areas of healthcare spending. For broader economic impact see our global financial markets statistics.

Global Economic Cost of Mental Health 2016–2030 Economic Cost of Mental Health Disorders — USD Trillions USD Trillions · Lancet Commission · WEF · *2026–2030 projected $6T2025 Cost Actual Projected

$6T today → $16T by 2030 without action Sources: Lancet Commission on Global Mental Health · World Economic Forum · *2027–2030 projected

Mental Health Budget Allocation by Country 2025

Mental Health Spending — % of Health Budget Mental Health Budget as % of Total Health Budget — 2025 % of national health budget · WHO Mental Health Atlas 2023 · OECD 2025

Treatment Gap

The Global Mental Health Treatment Gap — 75% Go Untreated in Low-Income Countries

The treatment gap in mental health — the proportion of people with diagnosable mental health conditions who receive no treatment — is one of the most profound inequities in global healthcare. In low and middle income countries (LMICs), which account for approximately 80% of the world's population, approximately **75% of people with mental health disorders receive no treatment** whatsoever. Even in high-income countries with developed healthcare systems, the treatment gap ranges from 35-50% — meaning up to half of all people with diagnosable conditions go untreated. The barriers to treatment are multifaceted: stigma remains the most significant barrier globally, with millions of people avoiding seeking help due to fear of discrimination, social exclusion, or damage to employment prospects; there is a severe global shortage of mental health workers — the median rate of mental health workers per 100,000 population is approximately 13 in high-income countries compared to just 2 in low-income countries; mental health services are often geographically inaccessible in rural and remote areas; and out-of-pocket costs for mental health treatment are prohibitive in many countries without adequate insurance coverage or public funding. For health economics context see our UK financial markets data on healthcare system funding models.

Treatment Gap by Income Level Mental Health Treatment Gap — % Receiving No Treatment % of people with mental disorders receiving no treatment · WHO Mental Health Atlas 2023

Country Data

Mental Health by Country — Prevalence Rates and Spending 2025

Mental health prevalence and investment vary significantly by country — though comparisons must be made with caution, as higher reported prevalence in developed countries often reflects better diagnosis and reporting systems rather than a genuinely higher burden. The United States has one of the highest reported rates of mental health disorders among high-income countries, with approximately **1 in 5 US adults** experiencing a mental illness annually. Australia, New Zealand, and Iceland also report high prevalence rates. Nordic countries — despite high reported rates — also invest most heavily in mental health services and have the lowest treatment gaps. The contrast with low-income countries is stark: Sub-Saharan Africa carries a significant mental health burden exacerbated by poverty, conflict, displacement,

and HIV/AIDS, yet receives a tiny fraction of global mental health resources. India — home to approximately 200 million people with mental health conditions — allocates less than 1% of its health budget to mental health, reflecting both resource constraints and persistent stigma. For global health economic context see our Germany financial markets data on European healthcare spending comparisons.

Mental Health Statistics by Country 2025Click to sort

COUNTRY	PREVALENCE (%)	MENTAL HEALTH SPEND (% GDP)	PSYCHIATRISTS PER 100K	TREATMENT GAP (%)
United States	20.6%	1.0%	16.0	44%
Australia	20.1%	0.8%	13.5	38%
New Zealand	19.8%	0.9%	12.0	40%
United Kingdom	18.5%	0.7%	18.0	35%
Germany	17.8%	0.8%	27.0	30%
France	18.0%	0.7%	22.0	35%
Sweden	17.2%	0.9%	30.0	25%
Brazil	12.0%	0.3%	3.2	68%
India	7.5%	0.06%	0.3	83%
Nigeria	4.2%	0.02%	0.1	90%
China	9.0%	0.4%	2.2	92%
Japan	14.5%	0.6%	12.0	55%

Youth Mental Health

Youth Mental Health — A Generation in Crisis

Youth mental health has emerged as a specific and urgent concern within the broader global mental health picture. Approximately **50% of all mental health conditions begin before the age of 14**, and 75% begin before age 25 — making adolescence and young adulthood the critical window for prevention and early intervention. The COVID-19 pandemic had a disproportionate impact on young people's mental health: school closures, social isolation, disrupted education and employment transitions, and increased family stress all contributed to significant deterioration in adolescent mental health globally. CDC data for the US

showed that in 2021, 44% of high school students experienced persistent feelings of sadness or hopelessness — up from 28% in 2011 — and approximately 1 in 5 had seriously considered suicide. Similar trends were documented across the UK, Australia, and other high-income countries. The rise of social media has been linked to declining adolescent mental health in multiple longitudinal studies — though the causal relationship is debated, the correlation between heavy social media use and depression and anxiety among teenage girls is particularly strong. For technology context see our TikTok users statistics and Spotify statistics on youth digital media consumption patterns.

Youth Mental Health — Key Indicators 2024 Youth Mental Health Burden — Global Indicators 2024 % of adolescents/young adults · CDC · WHO · UNICEF 2024 Youth mental health has deteriorated significantly over the past decade. In 2021, 44% of US high school students reported persistent sadness or hopelessness — up from 28% in 2011. Globally, 50% of all mental health conditions begin before age 14. The combination of COVID-19 disruption, social media pressures, and academic stress has created a generation facing unprecedented mental health challenges.

Digital Mental Health — Technology Closing the Treatment Gap

Digital mental health is rapidly emerging as the most promising pathway to closing the vast global treatment gap. Mental health apps — smartphone-based interventions providing cognitive behavioural therapy (CBT), mindfulness, mood tracking, and crisis support — are accessible to anyone with a smartphone, potentially reaching the billions of people globally with no access to traditional mental health services. The global digital mental health market reached approximately **$45 billion in 2025**, growing at approximately 25% annually, making it one of the fastest-growing health technology segments. Leading platforms include Calm (20M+ subscribers), Headspace (3M+ subscribers), BetterHelp and Talkspace (online therapy), and Woebot (AI-powered CBT chatbot). The efficacy evidence for digital mental health interventions is growing: multiple randomised controlled trials have demonstrated that app-based CBT produces clinically meaningful reductions in depression and anxiety symptoms, with effect sizes comparable to face-to-face therapy for mild to moderate presentations. AI advances are accelerating digital mental health innovation: large language model-powered chatbots can conduct mental health assessments, provide evidence-based coping strategies, and identify crisis signals — potentially providing a first layer of mental health support at near-zero marginal cost. For the AI technology context see our AI market size worldwide statistics.

Workplace Mental Health — The $1 Trillion Productivity Crisis

Workplace mental health has become one of the most significant concerns in corporate management and public policy globally. Depression and anxiety alone cost the global economy approximately **$1 trillion per year** in lost productivity — primarily through presenteeism (working while unwell, with reduced effectiveness) rather than absenteeism. The World Health Organization estimates that for every dollar invested in scaled-up treatment for common mental disorders, there is a return of $4 in improved health and productivity. Employee burnout — which WHO officially classified as an occupational phenomenon in 2019 — affects approximately 23% of employees globally, according to Gallup's State of the Global Workplace report. Following COVID-19, major employers globally have dramatically expanded mental health benefits: US Fortune 500 companies now almost universally include Employee Assistance Programs (EAPs), mental health days, and access to therapy platforms. The UK's National Institute for Health and Care Excellence (NICE) guidelines recommend that all employers of over 500 employees implement a workplace mental health strategy. The investment case is compelling — companies with strong mental health programs report 30% lower absenteeism, 40% lower employee turnover, and significantly higher productivity scores. Mental health is increasingly viewed as a core component of ESG (environmental, social, and governance) reporting, with major institutional investors scrutinising workforce wellbeing data as an indicator of long-term corporate health.

Key Statistics

Mental Health Worldwide — Key Statistics & Facts 2026

The data on global mental health paints a picture of vast unmet need against a backdrop of transformative change in how the world understands and addresses mental health. Suicide remains one of the most significant public health tragedies: approximately **700,000 people die by suicide** each year globally — one death every 40 seconds. Suicide is the fourth leading cause of death among 15-29 year olds worldwide. The gender gap in suicide is stark: men die by suicide at approximately 3x the rate of women in high-income countries, despite women having higher rates of depression and anxiety diagnosis. Post-traumatic stress disorder (PTSD) affects approximately 70 million people globally — disproportionately affecting conflict-affected populations, refugees, first responders, and survivors of sexual violence. The COVID-19 pandemic created a significant PTSD burden among healthcare workers globally. The global mental health workforce shortage is acute: WHO estimates a shortage of approximately 1.18 million mental health workers globally to meet current need, let alone the additional need created by COVID-19. Technology is beginning to address this gap: digital mental health — apps, online therapy platforms, AI-powered interventions —

processed approximately 100 million therapy sessions globally in 2025, though evidence on efficacy varies widely across modalities.

970MPeople Affected 700KSuicide Deaths/Year $6TAnnual Economic Cost 1.18MWorker Shortage 50%Onset Before Age 14 <2%Budget Allocation Critical Data Point COVID-19 Increased Global Anxiety and Depression by 25% in 2020 — Adding 76 Million New Cases in a Single Year

The COVID-19 pandemic triggered the largest single-year increase in mental health conditions ever recorded. WHO data shows that the pandemic increased rates of anxiety and depression by approximately 25% globally in 2020, adding approximately 76 million new cases of anxiety disorder and 53 million new cases of major depressive disorder. Women and young people were disproportionately affected. The pandemic also disrupted mental health services in 93% of countries, creating a catastrophic mismatch between rising need and reduced supply. Healthcare workers faced particular mental health risks: surveys showed rates of burnout, anxiety, depression, and PTSD among frontline workers exceeding 40% in many countries. The mental health consequences of COVID-19 are expected to continue affecting global mental health indicators for years — recovery from a global mental health crisis of this scale typically takes a decade or more.

Forecast 2030

Mental Health Worldwide — Forecast and Priorities to 2030

The trajectory of global mental health to 2030 will be shaped by three competing forces. The first is rising burden — demographic trends (ageing populations, rapid urbanisation), climate anxiety, economic instability, conflict and displacement, and continued digital media pressures on young people will continue to push mental health needs upward. Without significant investment, the global economic cost of mental health conditions is projected to reach **$16 trillion by 2030**. The second force is investment momentum — the post-COVID recognition of mental health as a public health emergency has driven increased government commitments globally: the WHO's Comprehensive Mental Health Action Plan 2013-2030 has been endorsed by 194 countries; the UK has committed to expanding talking therapies access; the US Congress passed the Mental Health Reform Act expanding coverage requirements; and major employers are investing in employee mental health at unprecedented levels. The third force is technology innovation — digital mental health represents the most significant structural change in service delivery since the introduction of antidepressants: AI-powered chatbots are providing cognitive behavioural therapy (CBT) at scale; smartphone apps are enabling real-time mood tracking and crisis intervention; telemedicine

platforms are expanding access to psychiatrists and therapists in underserved communities. For the broader technology context see our AI market size statistics on how AI is transforming healthcare delivery.

Mental Health Forecasts 2030 Global Mental Health — Key Projections to 2030 $16TEconomic Cost 2030 (proj.) 1.1BPeople Affected 2030 (proj.) 500MDigital MH App Users 2030 50%Target: Reduce Treatment Gap 5%WHO Target: Health Budget Share $1TDigital MH Market 2030

Mental health is not just a health issue — it is a human rights, economic, and development issue that touches every country, community, and family on earth. The data presented in this report tells a story of vast unmet need, persistent stigma, and chronic underfunding — but also of growing awareness, political momentum, and technological innovation that offers genuine hope for closing the treatment gap over the coming decade.

FAQ

Frequently Asked Questions — Mental Health Worldwide

Approximately **970 million people worldwide** live with a mental health disorder — 1 in 8 of the global population. Including all mental distress, approximately 1 in 5 people are affected in any given year.

Mental health disorders cost the global economy approximately **$6 trillion annually** in healthcare costs, lost productivity, and social costs. This is projected to reach $16 trillion by 2030 without significant intervention.

Anxiety disorders are most prevalent at 301 million cases globally. Depression affects 280 million and is the leading cause of disability. Together they account for approximately 60% of all mental health disorder cases.

Approximately **75% of people with mental health disorders in low and middle income countries receive no treatment**. Even in high income countries, the treatment gap is 35-50%. Globally, less than 2% of health budgets go to mental health.

COVID-19 increased global rates of anxiety and depression by **approximately 25% in 2020**, adding 76 million new anxiety cases and 53 million new depression cases. The pandemic disrupted mental health services in 93% of countries, creating a catastrophic gap between rising need and reduced provision.

Data Sources & References

Primary: WHO World Mental Health Report 2022

Primary: Lancet Commission on Global Mental Health and Sustainable Development

Supporting: IHME — Global Burden of Disease Study 2021 · OECD Mental Health and Work Report 2025 · Our World in Data — Mental Health

Prevalence figures represent proportion of population with diagnosable mental health disorder in a 12-month period unless stated. Economic cost figures include direct healthcare, productivity and social welfare costs. Treatment gap data from WHO Mental Health Atlas 2023. Country-level data subject to reporting variation. If you are experiencing a mental health crisis, please contact your national crisis line or a trusted healthcare professional. Mental Health Statistics 2026 Global Mental Health Depression Statistics Anxiety Disorder Prevalence Mental Health Treatment Gap Youth Mental Health Mental Health Economic Cost WHO Mental Health

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