

Greater Willingness to Seek Help May Drive Rise in Mental Health Visits

— Changes in physician coding habits could also be playing a role

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Key Takeaways

- From 2010 to 2024, the prevalence of mental health diagnoses grew by 62% among people ages 10 to 46, according to a Norwegian population-wide study.
- Prevalence rates were higher for primary care visits coded for mental health symptoms versus visits coded for mental health disorders.
- The bigger increase in symptom-coded consultations versus disorder-coded consultations may indicate a change in patient behavior or physician coding habits, researchers said, rather than a true increase in worsening mental health.

A lower threshold for seeking medical help and/or changes in diagnostic practice may be contributing to the increase in primary care consultations for mental health issues among young people, instead of a true increase in worsening mental health, according to a Norwegian population-wide study.



From 2010 to 2024, the prevalence of mental health diagnoses grew by 62% (from 9.9% to 16%) among Norwegians ages 10 to 46, with an increase of 66% for females and 54% for males, reported Kathryn Christine Beck, PhD, of the Norwegian Institute of Public Health in Oslo, and colleagues in the [*Journal of Epidemiology & Community Health*](#).

Of note, prevalence rates were "consistently higher" for visits coded for mental health symptoms, rather than for mental health disorders, the authors noted. Proportions of anxiety symptom consultations increased from 0.44% to 1.7%, while anxiety disorder consultations rose more modestly, from 0.95% to 1.4%. Proportions of depressive symptom consultations increased from 0.73% to 1.8%, while depressive disorder consultations were stable (2.8% to 2.7%).

The bigger increase in symptom-coded consultations versus disorder-coded consultations may indicate a change in patient behavior or physician coding habits, Beck told *MedPage Today*.

"We can't know for sure ... but if we assume that the symptom-coded consultations reflect lighter mental health burden, then this would perhaps mean that there are some changes in help-seeking behavior across time, or also across diagnostic coding practices," Beck said.

General practitioners may now be more reluctant to tag a consultation with a disorder code than in previous years, she noted, citing [qualitative research](#) suggesting that practitioners prefer symptom codes over disorder codes, particularly for anxiety, due to concerns over stigmatizing patients with labels.

These findings may be due to a combination of all these factors, Beck said, adding that she and her team also could not rule out an increase in the underlying mental health burden or distress of the population.

The results align [with findings](#) across other high-income countries, especially among adolescent girls, the authors noted.

"The interpretation of these trends remains contested," Beck and team wrote. "One possibility is that they reflect a genuine deterioration in population mental health, potentially driven by factors such as increased academic pressure, changes in family dynamics, or the rise of [digital technology and social media](#). The COVID-19 pandemic and associated restrictions may have further exacerbated these trends. An alternative interpretation is that the observed increases partly or largely reflect changes in help-seeking behavior and diagnostic practices rather than true changes in underlying prevalence."

Beck said that she and her team hope their findings will help ease the mental health burden on general practitioners and on Norway's primary care system more broadly.

This cross-sectional study included 3,728,002 individuals ages 10-46 in Norway from 2010 to 2024. Beck and team used linked administrative registers of general practitioner contacts to estimate annual sex- and age-specific prevalence of any mental health consultation,



distinguishing anxiety/depression symptoms from disorders.

In subgroup analyses, females ages 16-20 saw the sharpest increase in anxiety symptom visits over the study period, from 0.4% to 2.3% -- a 475% increase -- compared to a less dramatic increase in anxiety disorder visits, which grew from 1.4% to 2.3% -- a 64% increase.

While a 475% increase may seem "drastic," actual prevalence rates reflect "a very small share of the population," Beck said.

After 2020, the prevalence of depressive symptom-coded visits grew sharply among adults ages 21 to 30, especially women, compared to the prior period. By contrast, there was "no comparable increase" in the share of depressive disorder-coded visits. The authors also observed a slight decline in the prevalence of depressive disorder-coded visits in younger adolescents post-2020, which was surprising given pandemic-related lockdowns and school closures, Beck noted.

A limitation of the study was that the administrative data used did not include symptom severity. "Therefore we cannot provide conclusive evidence on the mechanisms underlying the changes in primary healthcare service usage for mental health problems," the authors wrote.

In addition, trends in specialist healthcare services may differ.

Future studies will more closely explore mental health trends after the pandemic and will investigate diagnoses other than anxiety and depression, Beck said.



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Disclosures

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