The State of Mental Health in America

2025

Mental Health America

Acknowledgements

Mental Health America (MHA) was founded in 1909 and is the leading national nonprofit dedicated to the promotion of mental health, well-being, and illness prevention. Our work is informed, designed, and led by the lived experience of those most affected. Operating nationally and in communities across the country, Mental Health America advocates for closing the mental health equity gap, while increasing nationwide awareness and understanding through public education, direct services, tools, and research, making MHA a national standard bearer in public mental health advocacy and community-based solutions.

MHA dedicates this report to mental health advocates who fight tirelessly to help expand access to care and reduce disparities and inequities for people with mental health concerns. To our affiliates, thank you for your incredible state-level advocacy and dedication to promoting recovery and protecting the rights of all.

Special thanks to:
The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), the University of Wisconsin Population Health Institute, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), and the Department of Education (DoE), who every year invest time and money to collect the national survey data, without which this report would not be possible.

This report was researched, written, and prepared by Maddy Reinert and Theresa Nguyen. It was designed by Danielle Fritze.

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Background

Mental Health America (MHA) is the nation's leading national nonprofit dedicated to the promotion of mental health, well-being, and illness prevention. Our work is informed, designed, and led by the lived experience of those most affected. Mental Health America advances the mental health and well-being of all people living in the U.S. through public education, research, advocacy and public policy, and direct service. We envision a world in which all people and communities have opportunity for mental well-being and are enabled to flourish and live with purpose and meaning.

Our report is a collection of data across all 50 states and the District of Columbia and seeks to answer the following questions:

- How many adults and youth have mental health issues?
- How many adults and youth have substance use issues?
- How many adults and youth have access to insurance?
- How many adults and youth have access to adequate insurance?
- How many adults and youth have access to mental health care?
- Which states have higher barriers to accessing mental health care?

Our goal:

- To provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation;
- To track changes in the prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and
- To increase dialogue with and improve outcomes for individuals and families with mental health needs.

Why gather this information?

- Using national survey data allows us to measure a community's mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies.
- Rankings explore which states are more effective at addressing issues related to mental health and substance use.
- Analysis may reveal similarities and differences among states, allowing for assessment of how federal and state mental health policies result in more or less access to care.

How can advocates, policymakers, and communities use this information?

- **To guide decision-making.** This report has been used to generate state needs assessments, inform policy decisions, and evaluate the impact of policy changes across the U.S. Policymakers can use the data to understand where existing policies and programs are working and where additional resources may need to be allocated to improve mental health within their states.
- **To spark change at the state and local level.** Check out From Data to Action: Spotlight on Youth Mental Health Advocacy, created by Mental Health America's Young Leaders Council (YLC). The YLC is a cohort of 10 young advocates, ages 18–25, from across the country. They are transforming mental health systems through youth-led initiatives, policy reform, and community organizing. In this Spotlight, the YLC bridges the gap between research and real change, offering tools and strategies to help turn your state's rankings into local action that improves lives.

Ranking overview and guidelines

This report provides a state-level snapshot of mental health needs, access to care, and outcomes in the U.S. The findings are meant to help inform policy and program planning, analysis, and evaluation. This report is a companion to the online interactive data on the MHA website (www.mhanational.org/issues/state-mental-health-america). The data and tables include state and national data.

MHA guidelines

Given the variability of data, MHA developed guidelines to identify mental health measures that are most appropriate for inclusion in our ranking. Chosen measures met the following guidelines:

- Data that are publicly available and as current as possible to provide up-to-date results.
- Data that are available for all, or nearly all, 50 states and the District of Columbia.
- Data for both adults and youth.
- Data that capture information regardless of varying utilization of the private and public mental health system.
- Data that could be collected annually over time to allow for analysis of future changes and trends.

Data analyzed in this report

The majority of measures in this report represent data collected up to 2023, the most recent year that data were available for analysis. Measures included in the analysis are:

1. Adults with any mental illness (AMI) in the past year
2. Adults with substance use disorder (SUD) in the past year
3. Adults with serious thoughts of suicide in the past year
4. Youth with at least one major depressive episode (MDE) in the past year
5. Youth with SUD in the past year
6. Youth with serious thoughts of suicide in the past year
7. Youth flourishing
8. Adults with SUD who needed but did not receive treatment
9. Adults with AMI who are uninsured
10. Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs
11. Adults with AMI reporting an unmet need for treatment
12. Adults with AMI with private insurance that did not cover mental or emotional problems
13. Youth with private insurance that did not cover mental or emotional problems
14. Youth with MDE who did not receive mental health services
15. Youth who have not had a preventive doctor's visit in the past year
16. Students identified with emotional disturbance for an individualized education program (IEP)
17. Mental health workforce availability

A strong foundation

While the above 17 measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. MHA will continue to explore new measures that allow us to capture more accurately and comprehensively the needs of those with mental illness and their access to care.

Ranking

To better understand the rankings, it is important to compare similar states.

Factors to consider include geography and size. For example, California and New York are similar. Both are large states with densely populated cities. They are less comparable to less populous states like South Dakota, North Dakota, Alabama, or Wyoming. Keep in mind that the size of states and populations matter. Both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alabama, and Wyoming combined.

The rankings are based on the percentages for each state collected from the most recently available data. The majority of measures represent data collected up to 2023. States with positive outcomes are ranked higher (closer to one) than states with poorer outcomes (closer to 51). The overall, adult, youth, prevalence, and access rankings were analyzed by calculating a standardized score (Z score) for each measure and ranking the sum of the standardized scores. For most measures, lower percentages equated to more positive outcomes (e.g., lower rates of substance use or those who are uninsured).

There are two measures where high percentages equate to better outcomes: "Youth flourishing," and "Students identified with emotional disturbance for an individualized education program." Here, the calculated standardized score was multiplied by -1 to obtain a reverse Z score that was used in the sum. All measures were considered equally important, and no weights were given to any measure in the rankings to indicate significance.

Along with calculated rankings, each measure is ranked individually with an accompanying chart and table. The table provides the percentage and estimated population for each ranking. The estimated population number is weighted and calculated by the agency conducting the applicable federal survey. The ranking is based on the Z scores. Data are presented with two decimal places when available.

Major changes to this year's report measures

The measure "Youth who have not had a preventive doctor's visit in the past year" was added to the measure list in this year's report. This measure was added as an upstream measure of access to mental health care, as preventive primary care visits are often the first or only place adolescents receive mental health screenings that allow for early identification and intervention.

The measure "Adults with AMI who reported an unmet need for treatment" was added back into this year's rankings. It had been removed from the rankings last year because SAMHSA made changes to the mental health and substance use treatment questions in 2022. State-level data is reported in two-year pairs, and data from 2022 could not be combined with data from 2021. The data for this measure is now available again with this 2022-2023 year-pair state-level data release.

Two measures were missing data for one or more states. For the measure "Students identified with emotional disturbance for an individualized education program," data for Iowa and New Mexico was not available. Data from Iowa was not available due to data quality concerns. Data for New Mexico was not available because data on the number of school age (ages 5-21) children with disabilities was not submitted to the ED*Facts* system by the deadline for the 2023-2024 school year. For the measure "Adults with 14+ mentally unhealthy days a month who could not see a doctor due to costs," data was not available for Kentucky and Pennsylvania because these states were unable to collect enough data to meet minimum reporting requirements for the CDC's Behavioral Risk Factor Surveillance System (BRFSS). When data was missing for a measure, the state was excluded from

the ranking for that measure. For the Overall, Adult, Youth, Prevalence, and Access to care rankings, if a state was missing data for one of the measures within the ranking, additional weight was redistributed to the measures that did have data.

Survey limitations

Each survey used in this report has its own strengths and limitations. For example, a key strength of SAMHSA's National Survey on Drug Use and Health (NSDUH), CDC's Behavioral Risk Factor Surveillance System (BRFSS), and HRSA's National Survey of Children's Health (NSCH) is that they include national survey data with large sample sizes and utilize statistical modeling to provide weighted estimates of each state population. This means that the data are representative of the general population. A limitation of particular importance to the mental health community is that the NSDUH does not collect information from people who are experiencing homelessness and who are not staying in shelters, are active-duty military personnel, or are institutionalized (i.e., in jails or hospitals). This limitation means that those individuals who have a mental illness who are also experiencing homelessness or are incarcerated are not represented in the data presented by the NSDUH. As a result, these data likely represent the minimum number of individuals experiencing behavioral health conditions and/or lacking access to care in each state. If the data did include individuals who were experiencing homelessness and/or were incarcerated, we would likely see the prevalence of behavioral health issues increase and access to treatment rates worsen. It is MHA's goal to continue to search for the best possible data in future reports. Additional information on the methodology and limitations of the surveys can be found online as outlined in the glossary.

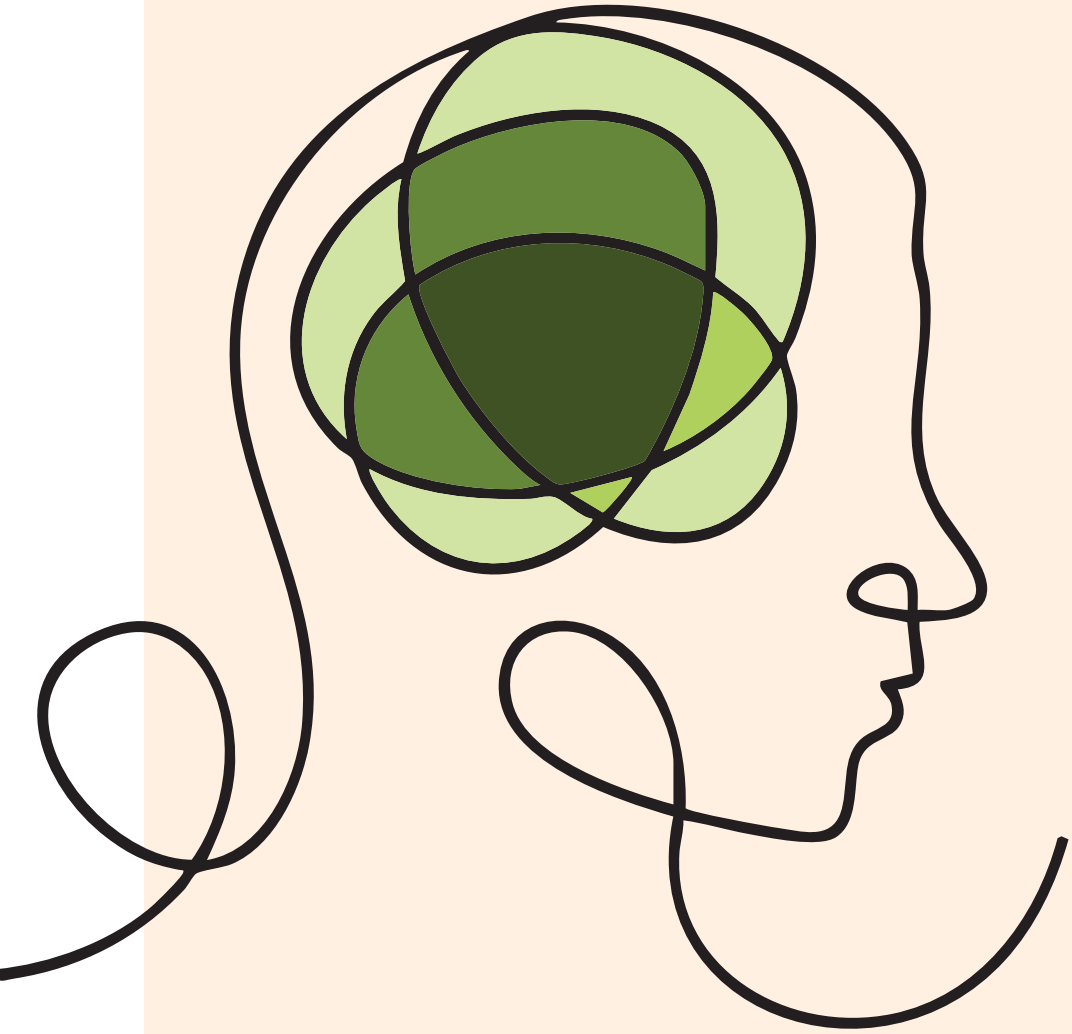
Most of the data analyzed in this report were gathered through 2023. This report reflects the most current survey data that have been reported by the states and made available to the public. During the COVID-19 pandemic, the national surveys used to create the State of Mental Health in America report experienced numerous methodological changes. This means that the data in the 2023 and 2024 State of Mental Health in America reports cannot be compared with earlier years, or used to track rankings over time. The 2025 State of Mental Health in America report uses survey data collected with the same methods that were reported in the 2024 report, so trends can be compared between these two reports.

State-level data for the NSDUH and the NSCH are calculated using two years of combined data to ensure there is sufficient sample size for each state. All state-level measures using NSDUH and NSCH data represent data combined from the 2022 and 2023 surveys. National data for 2024 was available for six of the 17 measures: "Adults with any mental illness (AMI) in the past year," "Adults with substance use disorder (SUD) in the past year," "Adults with serious thoughts of suicide in the past year," "Youth with at least one major depressive episode (MDE) in the past year," "Youth with SUD in the past year," and "Youth with serious thoughts of suicide in the past year." The 2024 national data was reported in the text when available. Even for those measures where 2024 national data is available, the tables report 2022-2023 combined data, as those data were the most recently available at the state-level. The measure "Students identified with emotional disturbance for an individualized education program" is based on Department of Education data from the 2023-2024 school year. BRFSS data and data for the measure "Mental health workforce availability" (2024) were calculated using a single year of data.

The urgent need to maintain behavioral health surveillance data

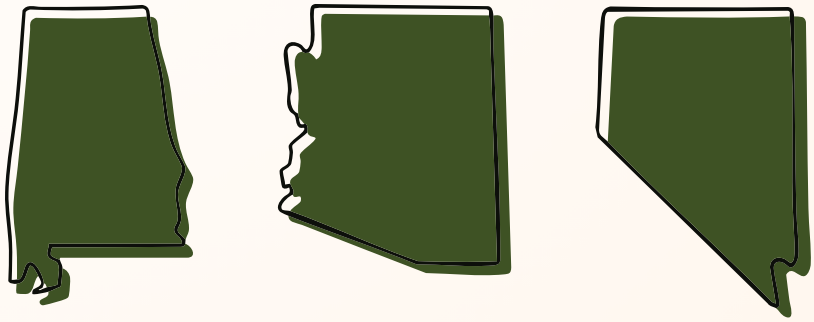
This report aims to track changes in prevalence of mental health conditions and access to care across the U.S., supporting policy and program planning, analysis, and evaluation. Without data like these, state agencies, policymakers, providers, and other stakeholders lack the information needed to direct resources to populations at greatest risk or to assess the impact of policy or programming changes. The federal government must continue to fund and support the collection of nationwide data on mental and behavioral health, such as through surveys like the National Survey on Drug Use and Health (NSDUH) and the Behavioral Risk Factor Surveillance System (BRFSS).

The federal government must also continue to distribute funding to states to maintain state-level data collection. This year's report had to exclude more states from the rankings than ever before because several states did not collect or report sufficient data to meet reporting requirements. Even in the absence of federal funding, states must invest in the infrastructure and resources necessary to collect these data.



Key findings

New York, Hawaii, and New Jersey **scored the best across 17 measures** of prevalence of mental illness and access to mental health care.



Alabama, Arizona, and Nevada **scored the worst**, with **higher prevalence** of mental illness and **lower access** to mental health care.

This is the **second year in a row that Nevada and Arizona were the two lowest** ranked states.

The prevalence of mental health concerns among adults in the U.S. has not changed significantly from 2021 to 2024.

In 2024:

23.4%

of adults in the U.S. **experienced any mental illness** (AMI) in the past year, equivalent to over 60 million people.

17.7%

of adults in the U.S. **had a substance use disorder** (SUD) in the past year, totaling over 46 million people.

5.5%

of adults **reported experiencing serious thoughts of suicide**, totaling over 14 million people.

Mental health among youth in the U.S. improved significantly from 2023 to 2024.

The percentage of **youth** (ages 12-17) who experienced a **major depressive episode** (MDE) in the past year **decreased** from 18.10% in 2023 to 15.40% in 2024.

The percentage of **youth** (ages 12-17) reporting **serious thoughts of suicide** in the past year **decreased** from 12.30% of youth in 2023 to 10.10% of youth in 2024.

But still, young people are struggling.

In 2024:

11.3% of **youth** (ages 12-17) in the U.S. experienced a **major depressive episode (MDE) with severe impairment in the past year**, meaning it severely impacted their functioning at work, school, or home. That's a total of 2.8 million youth whose depression significantly impaired their functioning.

Nearly 3 million **youth** (ages 12-17) reported **frequent thoughts of suicide**.

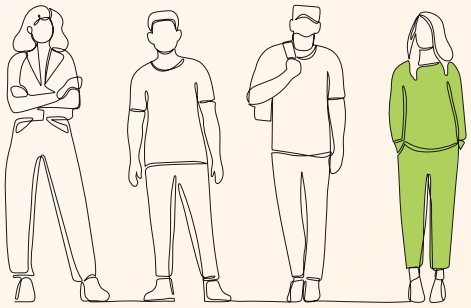
And access to mental health care remains out of reach for millions of people in the U.S. who need it.

In 2022 and 2023:

77.09% of all **adults** with a **substance use disorder did not receive treatment**.

9.2% of **adults** with **any mental illness** (AMI) were **uninsured**, totaling over 5 million people.

28.6% of **adolescents** (ages 12-17) **did not have a preventive health visit** in the past year. That totaled over 7 million young people in the U.S.



1 in 4 (25%) **adults** with AMI reported an **unmet need for mental health treatment** in the past year.

In the U.S., there were 320 individuals for every one mental health provider in 2024.

State rankings

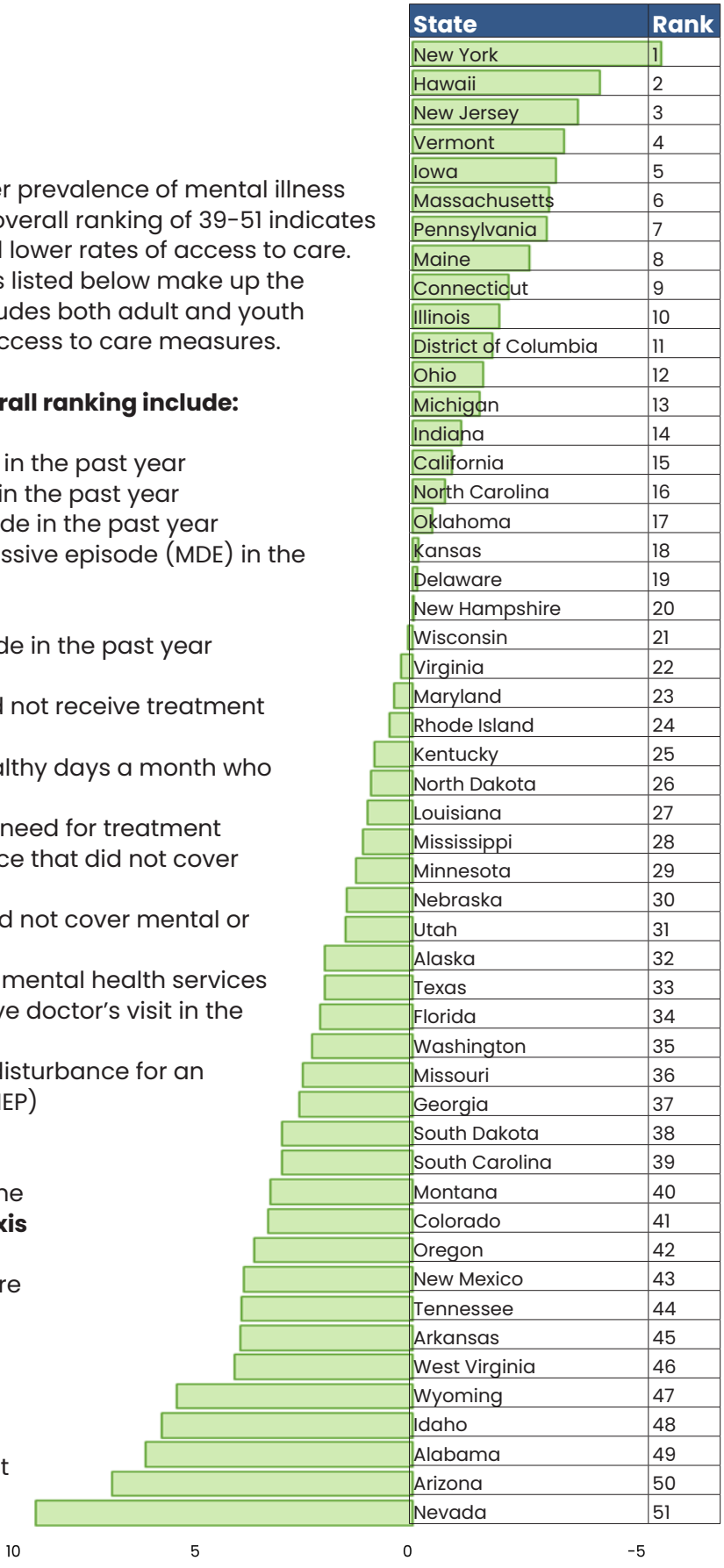
Overall ranking

An overall ranking of 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking of 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 17 measures listed below make up the overall ranking. The overall ranking includes both adult and youth measures, as well as prevalence and access to care measures.

The 17 measures that make up the overall ranking include:

1. Adults with any mental illness (AMI) in the past year
2. Adults with substance use disorder in the past year
3. Adults with serious thoughts of suicide in the past year
4. Youth with at least one major depressive episode (MDE) in the past year
5. Youth with SUD in the past year
6. Youth with serious thoughts of suicide in the past year
7. Youth flourishing
8. Adults with SUD who needed but did not receive treatment
9. Adults with AMI who are uninsured
10. Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs
11. Adults with AMI reporting an unmet need for treatment
12. Adults with AMI with private insurance that did not cover mental or emotional problems
13. Youth with private insurance that did not cover mental or emotional problems
14. Youth with MDE who did not receive mental health services
15. Youth who have not had a preventive doctor's visit in the past year
16. Students identified with emotional disturbance for an individualized education program (IEP)
17. Mental health workforce availability

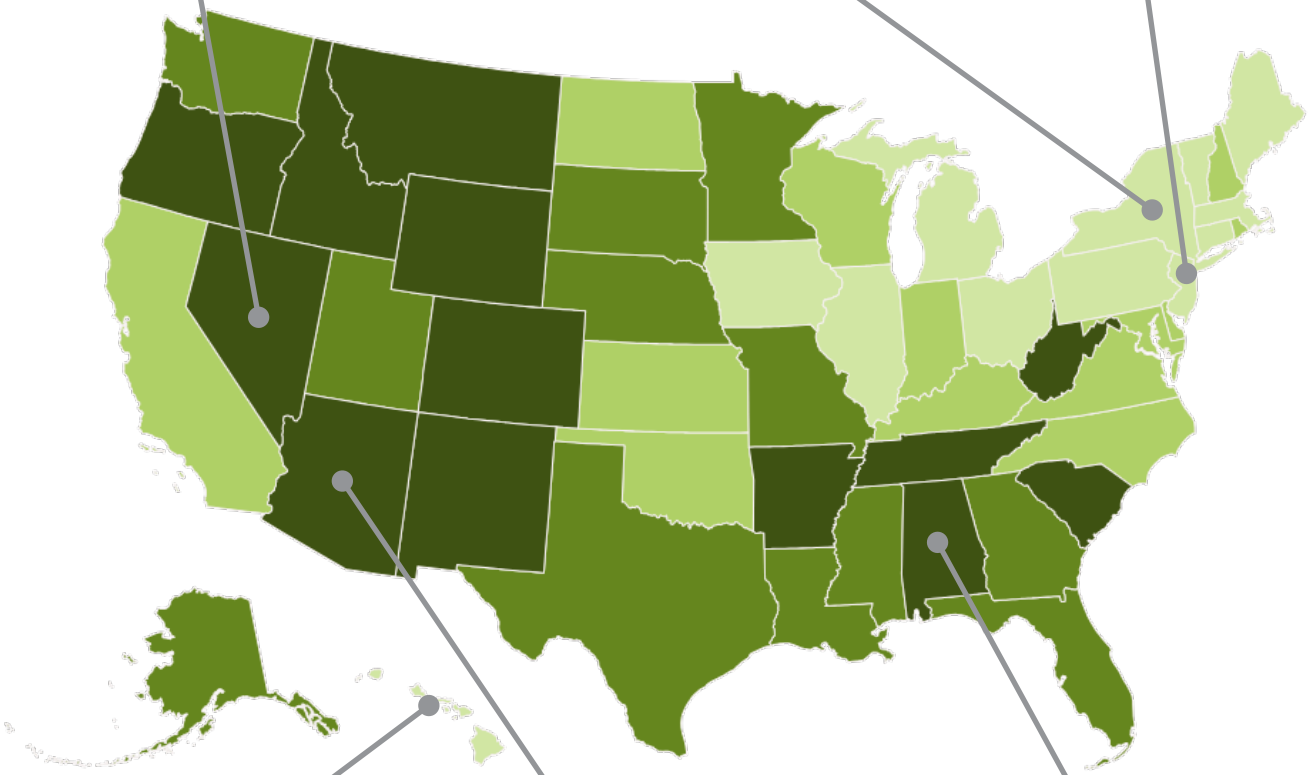
The chart is a visual representation of the sum of the scores for each state. **The axis on the bottom of the chart** provides an opportunity to see the difference in score between ranked states. For example, New York (ranked **in first place**) **has a Z score of -6**. That is lower (better than the average) than Nevada (ranked in **last place**) **with a Z score of 9**. New Hampshire (ranked 20) has a score that is closest to zero (the average).



Nevada (ranked 51):
The measures that had the largest effect on Nevada's Overall Ranking were youth with MDE in the past year (22.63%, ranked 50), adults with SUD (22.45%, ranked 46), and the percentage of youth who did not receive any preventive care in the past year (37.90%, ranked 51).

New York (ranked 1):
The measures that had the largest effect on New York's Overall Ranking were youth with serious thoughts of suicide (11.30%, ranked 1), youth with MDE in the past year (16.88%, ranked 5), and adults with AMI who are uninsured (4.20%, ranked 6).

New Jersey (ranked 3):
The measures that had the largest effect on New Jersey's Overall Ranking were youth flourishing (64.50%, ranked 2) and adults with AMI in the past year (19.69%, ranked 1).



Hawaii (ranked 2):
The measures that had the largest effect on Hawaii's Overall Ranking were adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs (14.62%, ranked 1) and youth with SUD in the past year (6.84%, ranked 2).

Arizona (ranked 50):
The measures that had the largest effect on Arizona's Overall Ranking were youth with SUD (10.15%, ranked 49) and mental health workforce availability (550:1, ranked 47).

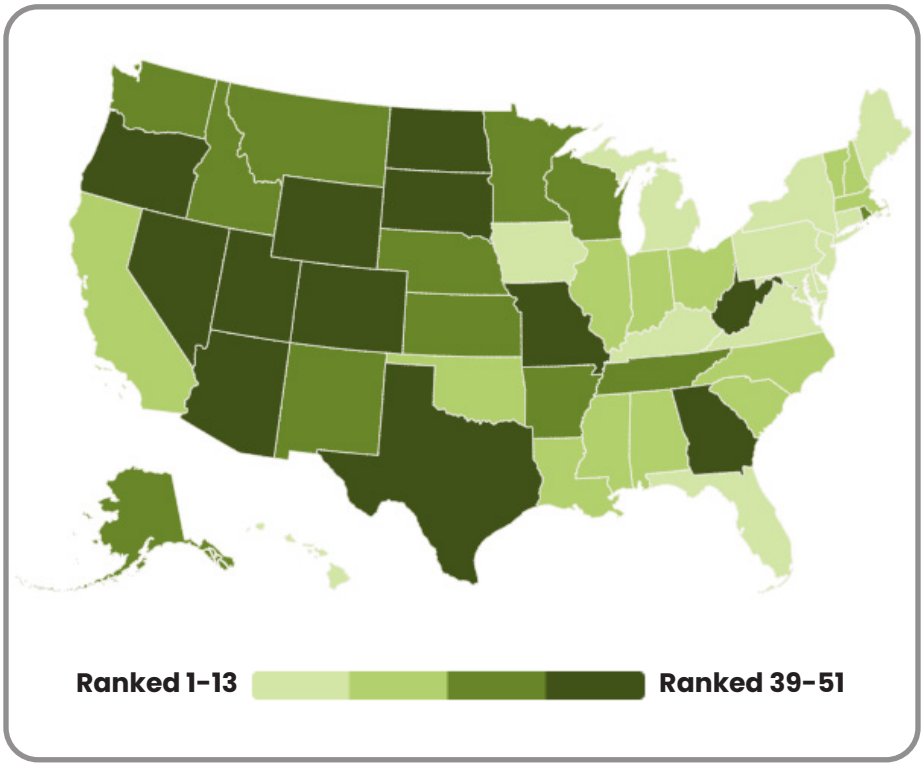
Alabama (ranked 49):
The measures that had the largest effect on Alabama's Overall Ranking were mental health workforce availability (740:1, ranked 51) and youth with private insurance that does not cover mental or emotional problems (18.00%, ranked 51).

Adult ranking

States that are ranked 1-13 have a lower prevalence of mental illness and higher rates of access to care for adults (ages 18+). States that are ranked 39-51 have a higher prevalence of mental illness and lower rates of access to care for adults.

The eight measures that make up the adult ranking include:

1. Adults with any mental illness (AMI) in the past year
2. Adults with substance use disorder (SUD) in the past year
3. Adults with serious thoughts of suicide in the past year
4. Adults with SUD who needed but did not receive treatment
5. Adults with AMI who are uninsured
6. Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs
7. Adults with AMI reporting an unmet need for treatment
8. Adults with AMI with private insurance that did not cover mental or emotional problems



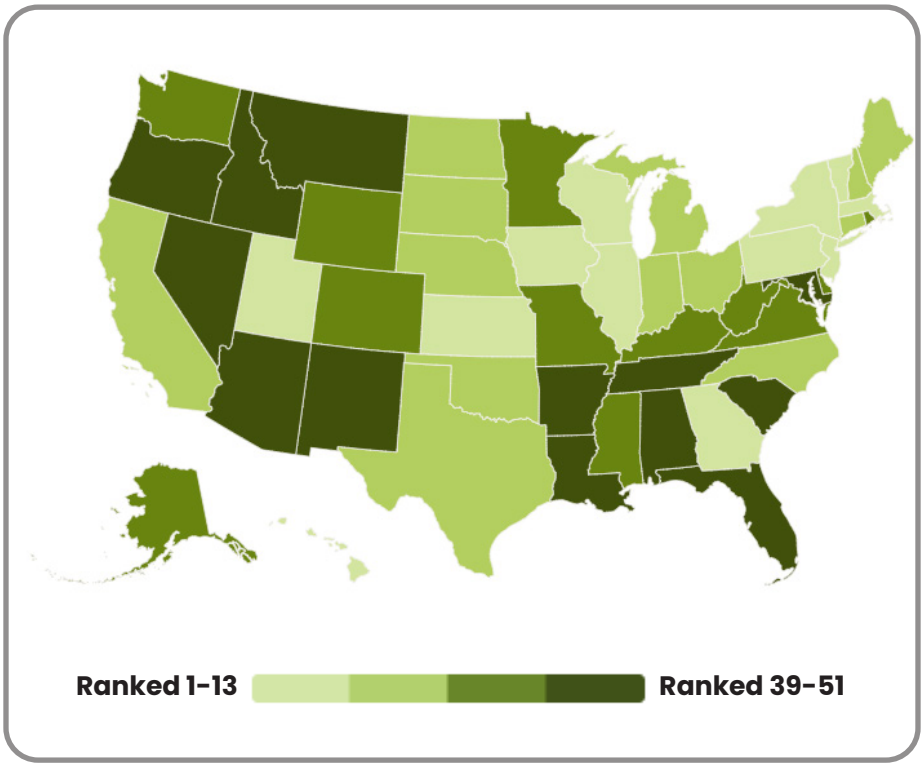
Rank	State
1	New York
2	Hawaii
3	New Jersey
4	Delaware
5	Iowa
6	Virginia
7	Connecticut
8	Maryland
9	Pennsylvania
10	Maine
11	Florida
12	Michigan
13	Kentucky
14	Indiana
15	Louisiana
16	Ohio
17	California
18	Alabama
19	Illinois
20	Vermont
21	Mississippi
22	New Hampshire
23	South Carolina
24	North Carolina
25	Oklahoma
26	Massachusetts
27	Rhode Island
28	New Mexico
29	Minnesota
30	Kansas
31	Arkansas
32	Montana
33	Alaska
34	Wisconsin
35	Washington
36	Nebraska
37	Tennessee
38	Idaho
39	Arizona
40	Missouri
41	Texas
42	North Dakota
43	West Virginia
44	South Dakota
45	District of Columbia
46	Oregon
47	Georgia
48	Colorado
49	Nevada
50	Utah
51	Wyoming

Youth ranking

States with rankings 1-13 have a lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 have a higher prevalence of mental illness and lower rates of access to care for youth.

The eight measures that make up the youth ranking include:

1. Youth with at least one major depressive episode (MDE) in the past year
2. Youth with substance use disorder (SUD) in the past year
3. Youth with serious thoughts of suicide in the past year
4. Youth flourishing
5. Youth with private insurance that did not cover mental or emotional problems
6. Youth with MDE who did not receive mental health services
7. Youth who have not had a preventive doctor's visit in the past year
8. Students identified with emotional disturbance for an individualized education program (IEP)



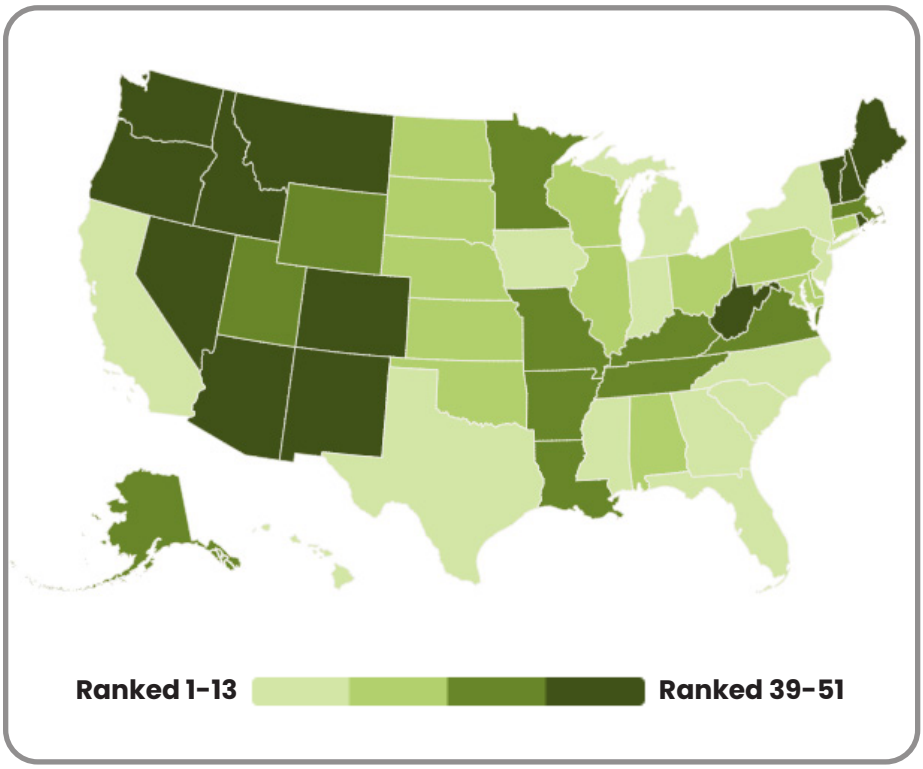
Rank	State
1	District of Columbia
2	Vermont
3	New York
4	Massachusetts
5	Iowa
6	Pennsylvania
7	Hawaii
8	Illinois
9	New Jersey
10	Utah
11	Kansas
12	Wisconsin
13	Georgia
14	North Dakota
15	Ohio
16	Maine
17	Indiana
18	North Carolina
19	Texas
20	Michigan
21	Connecticut
22	Oklahoma
23	California
24	New Hampshire
25	South Dakota
26	Nebraska
27	Mississippi
28	Rhode Island
29	Missouri
30	Minnesota
31	Colorado
32	Virginia
33	West Virginia
34	Delaware
35	Wyoming
36	Kentucky
37	Alaska
38	Washington
39	Oregon
40	Maryland
41	Louisiana
42	Tennessee
43	South Carolina
44	Florida
45	Montana
46	Arkansas
47	New Mexico
48	Idaho
49	Arizona
50	Alabama
51	Nevada

Prevalence ranking

States with rankings 1-13 have lower prevalence of mental health and substance use issues. States with rankings 39-51 have a higher prevalence of mental health and substance use issues.

The seven measures that make up the prevalence ranking include:

1. Adults with any mental illness (AMI) in the past year
2. Adults with substance use disorder (SUD) in the past year
3. Adults with serious thoughts of suicide in the past year
4. Youth with at least one major depressive episode (MDE) in the past year
5. Youth with SUD in the past year
6. Youth with serious thoughts of suicide in the past year
7. Youth flourishing



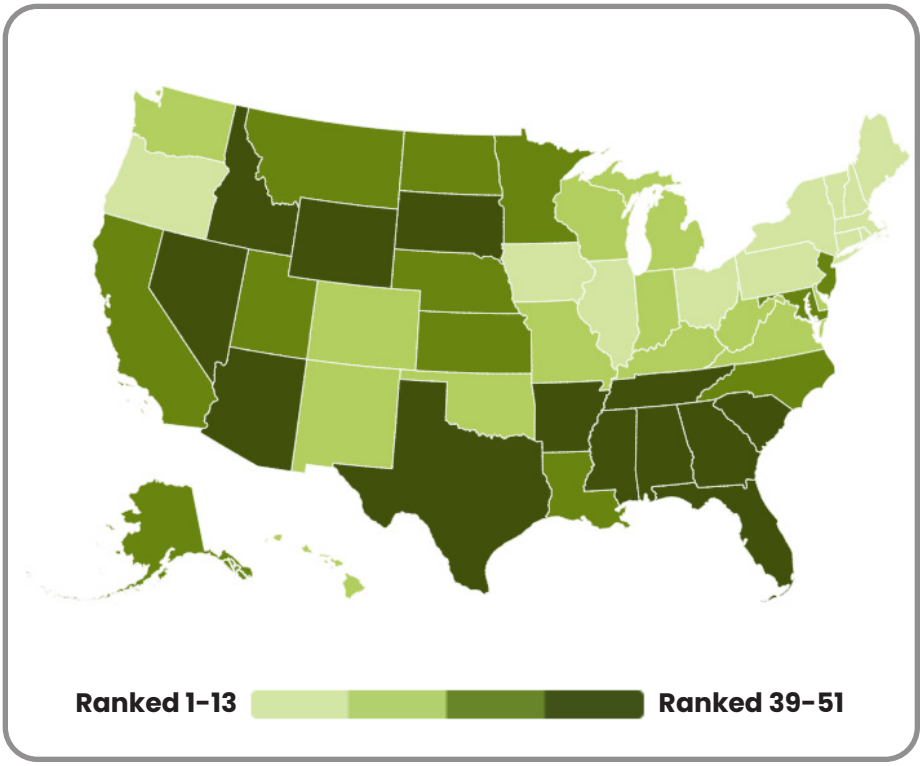
Rank	State
1	New Jersey
2	Texas
3	Mississippi
4	Hawaii
5	New York
6	North Carolina
7	California
8	South Carolina
9	Georgia
10	Florida
11	Iowa
12	Indiana
13	Michigan
14	Kansas
15	Illinois
16	Oklahoma
17	North Dakota
18	Alabama
19	Delaware
20	Pennsylvania
21	Connecticut
22	Ohio
23	Maryland
24	Nebraska
25	Wisconsin
26	South Dakota
27	Louisiana
28	Utah
29	Virginia
30	Massachusetts
31	Alaska
32	District of Columbia
33	Minnesota
34	Tennessee
35	Kentucky
36	Arkansas
37	Missouri
38	Wyoming
39	Washington
40	Rhode Island
41	Arizona
42	Idaho
43	Montana
44	New Hampshire
45	Vermont
46	Nevada
47	New Mexico
48	West Virginia
49	Maine
50	Colorado
51	Oregon

Access to care ranking

States with rankings 1-13 provide relatively more access to insurance and mental health care. States with rankings 39-51 provide relatively less access to insurance and mental health care.

The ten measures that make up the access ranking include:

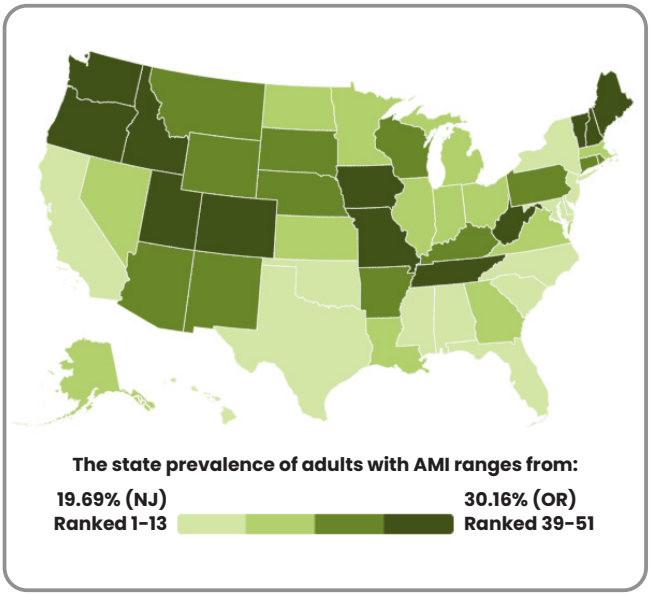
1. Adults with substance use disorder (SUD) who needed but did not receive treatment
2. Adults with any mental illness (AMI) who are uninsured
3. Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs
4. Adults with AMI reporting an unmet need for treatment
5. Adults with AMI with private insurance that did not cover mental or emotional problems
6. Youth with private insurance that did not cover mental or emotional problems
7. Youth with at least one major depressive episode (MDE) who did not receive mental health services
8. Youth who have not had a preventive doctor's visit in the past year
9. Students identified with emotional disturbance for an individualized education program (IEP)
10. Mental health workforce availability



Rank	State
1	Vermont
2	Maine
3	Massachusetts
4	New Hampshire
5	Pennsylvania
6	District of Columbia
7	Oregon
8	New York
9	Connecticut
10	Rhode Island
11	Iowa
12	Ohio
13	Illinois
14	Colorado
15	Michigan
16	Kentucky
17	New Mexico
18	Hawaii
19	Virginia
20	Washington
21	Wisconsin
22	West Virginia
23	Oklahoma
24	Missouri
25	Indiana
26	Delaware
27	New Jersey
28	Montana
29	Minnesota
30	Maryland
31	Kansas
32	Louisiana
33	Utah
34	Alaska
35	Nebraska
36	North Dakota
37	California
38	North Carolina
39	South Dakota
40	Arkansas
41	Idaho
42	Tennessee
43	Wyoming
44	Florida
45	Arizona
46	Georgia
47	Nevada
48	Mississippi
49	South Carolina
50	Texas
51	Alabama

Adult prevalence of mental illness

Adults with any mental illness (AMI) in the past year



In 2024, 23.40% of adults in the U.S. experienced any mental illness (AMI) in the past year, **equivalent to over 60 million people.**

In 2024, 5.60% of adults had a serious mental illness.

The national rates of mental illness and serious mental illness among adults in the U.S. did not change significantly from 2021 to 2024.

In 2022 and 2023, the most recently available state-level data, 36 states had a higher prevalence of AMI than the national average. In Oregon, Utah, and West Virginia, the three lowest ranked states, nearly 1 in 3 adults had AMI in 2022-2023.

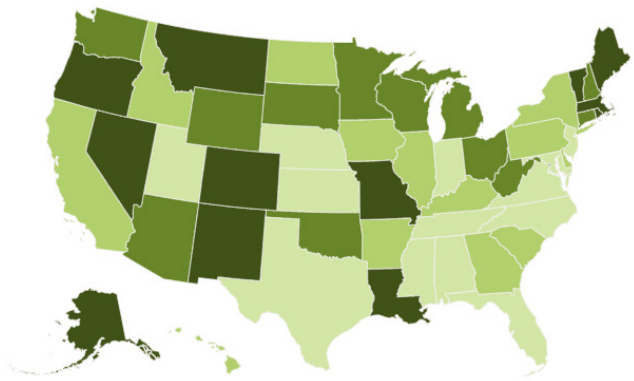
Rank	State	%	#
1	New Jersey	19.69	1,416,000
2	Florida	19.97	3,551,000
3	Mississippi	20.47	450,000
4	South Carolina	20.52	843,000
5	California	20.99	6,316,000
6	Texas	21.02	4,689,000
7	Hawaii	21.16	231,000
8	New York	21.29	3,293,000
9	North Carolina	21.32	1,759,000
10	Delaware	21.90	176,000
11	Alabama	22.09	860,000
12	Oklahoma	22.20	665,000
13	Maryland	22.29	1,055,000
14	Louisiana	22.59	774,000
15	Illinois	22.61	2,192,000
16	Georgia	23.08	1,906,000
17	Michigan	23.16	1,812,000
18	Nevada	23.16	571,000
19	Virginia	23.25	1,542,000
20	Ohio	23.37	2,113,000
21	Alaska	23.47	124,000
22	North Dakota	23.53	137,000
23	Kansas	23.72	519,000
24	Indiana	23.73	1,229,000
25	Minnesota	23.74	1,038,000
26	Massachusetts	23.99	1,342,000

Rank	State	%	#
27	Connecticut	24.13	689,000
28	South Dakota	24.14	163,000
29	Rhode Island	24.37	214,000
30	Pennsylvania	24.39	2,480,000
31	Nebraska	24.43	359,000
32	Arkansas	24.47	564,000
33	Montana	24.60	216,000
34	Wisconsin	24.81	1,141,000
35	New Mexico	24.88	404,000
36	Wyoming	24.89	110,000
37	Kentucky	25.22	864,000
38	Arizona	25.70	1,468,000
39	Iowa	25.72	626,000
40	Maine	25.76	290,000
41	Missouri	26.08	1,233,000
42	Tennessee	26.48	1,441,000
43	Idaho	26.72	391,000
44	New Hampshire	26.93	305,000
45	Vermont	27.02	143,000
46	Colorado	27.73	1,263,000
47	Washington	27.99	1,695,000
48	District of Columbia	28.55	155,000
49	West Virginia	29.33	408,000
50	Utah	29.93	732,000
51	Oregon	30.16	1,015,000
	National	22.95*	58,969,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

According to SAMHSA, "Substance Use Disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. Drug use includes the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year."

Adults with substance use disorder (SUD) in the past year



The state prevalence of adults with SUD ranges from:

13.68% (UT)
Ranked 1-13

24.68% (DC)
Ranked 39-51

In 2024, 17.70% of adults in the U.S. had a substance use disorder (SUD) in the past year, totaling **over 46 million people**.

In 2024, the number of overdose deaths in the U.S. decreased for the first time since 2018,[1] likely due to state and federal investments in naloxone access, treatment, and other strategies. However, the percentage of adults with SUD did not change significantly from 2021 to 2024, indicating a continued need for substance use prevention and early intervention services across the U.S.

Some states have been successful in reducing both rates of SUD and overdose. Indiana (ranked 2), for example, had the largest decrease in adults with SUD, from 19.08% in 2021-2022 combined data to 15.53% in 2022-2023. Indiana also had the second largest decrease in overdose deaths during that period, at 18.00%.[2]

Rank	State	%	#
1	Utah	13.68	335,000
2	Indiana	15.53	805,000
3	New Jersey	15.62	1,123,000
4	Texas	15.75	3,514,000
5	Maryland	15.80	747,000
6	North Carolina	16.06	1,325,000
7	Florida	16.40	2,915,000
8	Mississippi	16.61	365,000
9	Tennessee	16.88	919,000
10	Alabama	16.92	659,000
11	Virginia	17.06	1,132,000
12	Kansas	17.10	374,000
13	Nebraska	17.19	252,000
14	Iowa	17.21	419,000
15	South Carolina	17.66	725,000
16	New York	17.83	2,757,000
17	Hawaii	17.84	195,000
18	California	17.90	5,384,000
19	North Dakota	18.03	105,000
20	Georgia	18.07	1,492,000
21	Pennsylvania	18.11	1,842,000
22	Illinois	18.27	1,771,000
23	Idaho	18.37	269,000
24	Kentucky	18.53	635,000
25	Arkansas	18.57	428,000
26	Delaware	18.58	149,000

Rank	State	%	#
27	South Dakota	18.61	126,000
28	Wyoming	18.92	84,000
29	West Virginia	18.97	264,000
30	Michigan	19.10	1,495,000
31	Ohio	19.35	1,749,000
32	New Hampshire	19.36	219,000
33	Minnesota	19.38	848,000
34	Arizona	19.41	1,108,000
35	Washington	19.43	1,176,000
36	Wisconsin	19.54	898,000
37	Oklahoma	19.58	587,000
38	Connecticut	20.00	571,000
39	Missouri	20.86	986,000
40	Louisiana	20.94	718,000
41	Massachusetts	20.98	1,174,000
42	Montana	21.27	187,000
43	Maine	21.32	240,000
44	Vermont	21.56	114,000
45	New Mexico	22.31	362,000
46	Nevada	22.45	553,000
47	Alaska	22.55	119,000
48	Oregon	22.59	760,000
49	Rhode Island	22.81	200,000
50	Colorado	23.61	1,076,000
51	District of Columbia	24.68	134,000
	National	18.05*	46,382,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

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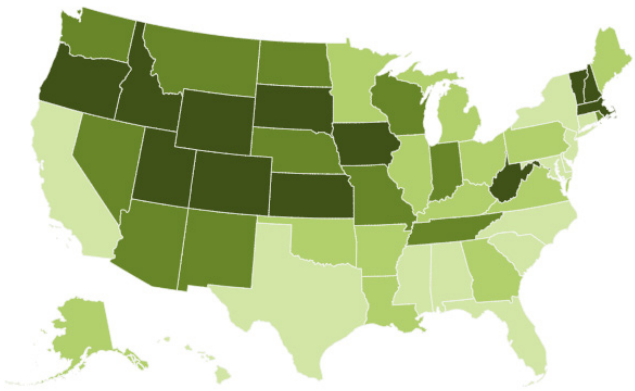
Adults with serious thoughts of suicide in the past year



The state prevalence of adults with serious thoughts of suicide ranges from:

4.18% (MS)
Ranked 1-13

7.56% (UT)
Ranked 39-51

In 2024, 5.50% of adults reported experiencing serious thoughts of suicide (suicidal ideation). The estimated number of adults with suicidal ideation in the U.S. in 2024 was **over 14 million**.

The most recently available suicide death data was collected in 2023. In 2023, the suicide rate was 14 per 100,000 people. Both rates of suicidal ideation and deaths were the same in 2023 as in 2022.

There were, however, changes in state rates of suicidal ideation among adults during that period. Texas had a statistically significant 0.68% decrease in suicidal ideation among adults from 2021 to 2023. Massachusetts had the largest increase in suicidal ideation among adults, from 4.36% in 2021-2022 combined data to 6.07% in 2022-2023.

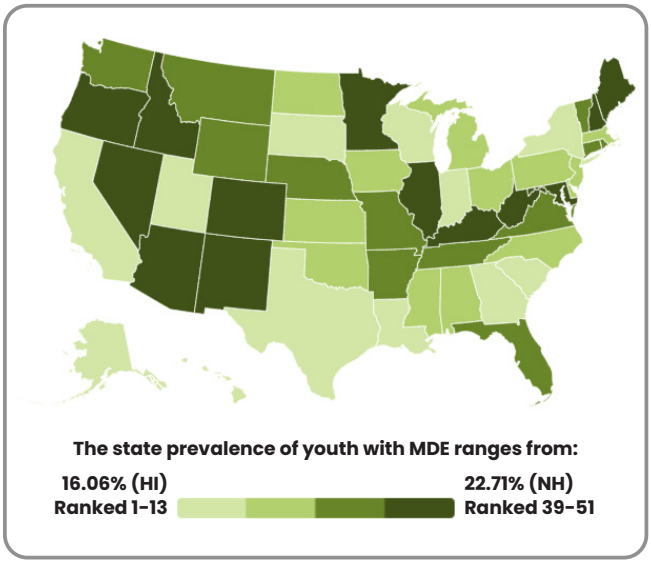
Rank	State	%	#
1	Mississippi	4.18	92,000
2	Texas	4.30	960,000
3	Florida	4.42	787,000
4	North Carolina	4.45	367,000
5	South Carolina	4.45	183,000
6	California	4.59	1,382,000
7	Delaware	4.67	37,000
8	New Jersey	4.73	340,000
9	Alabama	4.73	184,000
10	New York	4.80	743,000
11	Maryland	4.82	228,000
12	Hawaii	4.84	53,000
13	Connecticut	4.86	139,000
14	Minnesota	4.94	216,000
15	Michigan	4.96	388,000
16	Illinois	5.02	487,000
17	Louisiana	5.22	179,000
18	Maine	5.24	59,000
19	Virginia	5.25	349,000
20	Georgia	5.26	435,000
21	Ohio	5.27	476,000
22	Alaska	5.28	28,000
23	Arkansas	5.29	122,000
24	Oklahoma	5.33	160,000
25	Pennsylvania	5.34	543,000
26	Kentucky	5.44	186,000

Rank	State	%	#
27	North Dakota	5.45	32,000
28	Indiana	5.48	284,000
29	Rhode Island	5.48	48,000
30	New Mexico	5.49	89,000
31	Montana	5.49	48,000
32	Wisconsin	5.53	254,000
33	Tennessee	5.56	303,000
34	Nevada	5.60	138,000
35	Washington	5.62	340,000
36	Arizona	5.68	324,000
37	Missouri	5.68	269,000
38	Nebraska	5.70	84,000
39	Kansas	5.79	127,000
40	New Hampshire	5.81	66,000
41	Iowa	5.87	143,000
42	Idaho	5.90	86,000
43	South Dakota	5.96	40,000
44	Vermont	5.99	32,000
45	District of Columbia	6.04	33,000
46	Massachusetts	6.07	340,000
47	Colorado	6.19	282,000
48	Wyoming	6.48	29,000
49	Oregon	6.62	223,000
50	West Virginia	6.62	92,000
51	Utah	7.56	184,000
	National	5.06*	13,010,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

Youth prevalence of mental illness

Youth (ages 12-17) with at least one major depressive episode (MDE) in the past year



The percentage of youth (ages 12-17) who experienced a major depressive episode (MDE) in the past year decreased significantly between 2023 and 2024. In 2023, 18.10% of youth reported suffering from at least one MDE in the past year, compared to 15.40% in 2024.

In 2024, 11.30% of youth in the U.S. experienced a MDE with severe impairment, meaning it severely impacted their functioning at work, school, or home. **That's an estimated 2.8 million youth whose depression significantly impaired their functioning**.

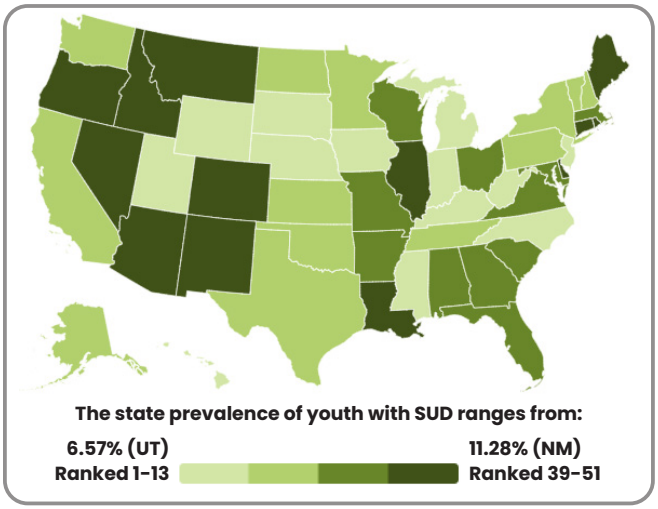
Alaska had the largest improvement in the percentage of youth with MDE, shifting from 21.72% in 2021-2022 to 17.27% in 2022-2023 (5% decrease). California, Indiana, New York, and Washington also had statistically significant decreases in the percentage of youth with MDE in the past year.

Rank	State	%	#
1	Hawaii	16.06	16,000
2	District of Columbia	16.10	6,000
3	South Dakota	16.67	13,000
4	Utah	16.68	56,000
5	New York	16.88	232,000
6	Indiana	17.01	95,000
7	Georgia	17.03	156,000
8	Alaska	17.27	10,000
9	Texas	17.30	457,000
10	California	17.53	534,000
11	Wisconsin	17.55	80,000
12	Louisiana	17.74	66,000
13	South Carolina	17.75	72,000
14	Mississippi	17.92	44,000
15	Oklahoma	18.10	61,000
16	New Jersey	18.28	130,000
17	Massachusetts	18.73	90,000
18	North Dakota	18.84	11,000
19	Delaware	18.86	14,000
20	Iowa	18.87	49,000
21	Alabama	18.91	75,000
22	North Carolina	19.14	158,000
23	Pennsylvania	19.15	179,000
24	Michigan	19.16	145,000
25	Ohio	19.17	174,000
26	Kansas	19.34	48,000

Rank	State	%	#
27	Rhode Island	19.61	14,000
28	Florida	19.62	301,000
29	Montana	19.63	16,000
30	Arkansas	19.65	49,000
31	Connecticut	19.66	53,000
32	Tennessee	19.87	108,000
33	Vermont	19.89	8,000
34	Virginia	19.93	131,000
35	Wyoming	20.14	10,000
36	Washington	20.15	116,000
37	Nebraska	20.20	34,000
38	Missouri	20.20	98,000
39	Illinois	20.30	200,000
40	Kentucky	20.53	73,000
41	Idaho	20.58	35,000
42	Maine	20.59	19,000
43	Minnesota	20.94	96,000
44	Arizona	21.06	121,000
45	New Mexico	21.36	36,000
46	West Virginia	21.46	27,000
47	Oregon	21.90	66,000
48	Colorado	21.91	96,000
49	Maryland	22.30	106,000
50	Nevada	22.63	56,000
51	New Hampshire	22.71	21,000
	National	18.82*	4,860,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

Youth (ages 12-17) with substance use disorder (SUD) in the past year



The percentage of youth (ages 12-17) with substance use disorder (SUD) decreased significantly between 2021 and 2024. In 2021, 9.20% of youth in the U.S. had a SUD in the past year compared to 7.80% in 2024.

Youth substance use decreased during the COVID-19 pandemic and has remained low, even as youth have returned to school in-person. In 2024, the percentage of 8th-12th graders who reported abstaining from using alcohol, marijuana, or nicotine was the highest recorded since the question was introduced in 2017.[3]

Youth with depression and anxiety were more likely to use substances, especially illicit drugs, than their peers. The percentage of youth with a past year major depressive episode (MDE) who used illicit drugs was 21% higher than those without MDE. The percentage of youth with moderate to severe anxiety who use illicit drugs was 16% higher than those without anxiety symptoms. This indicates that while substance use may be declining among the general population, addressing youth mental health challenges is critical to sustaining those gains.

Rank	State	%	#
1	Utah	6.57	22,000
2	Hawaii	6.84	7,000
3	Iowa	7.09	18,000
4	North Carolina	7.58	63,000
5	Mississippi	7.58	19,000
6	South Dakota	7.70	6,000
7	New Jersey	7.79	55,000
8	Nebraska	7.86	13,000
9	Kentucky	7.90	28,000
10	Wyoming	8.00	4,000
11	Michigan	8.03	61,000
12	West Virginia	8.05	10,000
13	Indiana	8.07	45,000
14	New Hampshire	8.09	8,000
15	New York	8.17	112,000
16	Texas	8.17	216,000
17	California	8.18	249,000
18	Oklahoma	8.21	28,000
19	Minnesota	8.24	38,000
20	Tennessee	8.25	45,000
21	Vermont	8.33	4,000
22	Alaska	8.34	5,000
23	North Dakota	8.39	5,000
24	Pennsylvania	8.52	80,000
25	Washington	8.57	49,000
26	Kansas	8.61	21,000

Rank	State	%	#
27	Ohio	8.63	78,000
28	Virginia	8.69	57,000
29	South Carolina	8.77	36,000
30	Arkansas	8.79	22,000
31	Maryland	8.82	42,000
32	Alabama	8.86	35,000
33	Missouri	8.90	43,000
34	Massachusetts	8.95	43,000
35	Georgia	9.11	83,000
36	District of Columbia	9.13	3,000
37	Florida	9.16	141,000
38	Wisconsin	9.20	42,000
39	Idaho	9.24	16,000
40	Rhode Island	9.30	7,000
41	Illinois	9.32	92,000
42	Montana	9.35	8,000
43	Louisiana	9.52	35,000
44	Maine	9.57	9,000
45	Connecticut	9.72	26,000
46	Colorado	9.88	43,000
47	Oregon	10.02	30,000
48	Nevada	10.05	25,000
49	Arizona	10.15	58,000
50	Delaware	10.34	8,000
51	New Mexico	11.28	19,000
	National	8.56*	2,210,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

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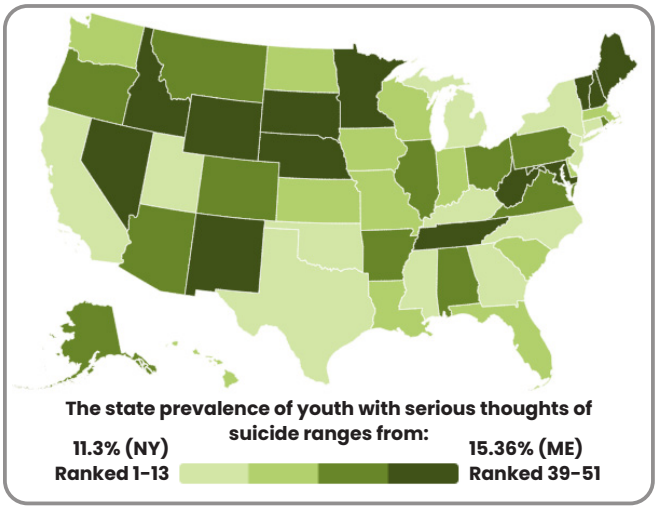
Youth (ages 12-17) with serious thoughts of suicide in the past year



The national rate of youth (ages 12-17) reporting serious thoughts of suicide (suicidal ideation) has decreased significantly, from 12.30% of youth in 2023 to 10.10% of youth in 2024. **Still, that totals nearly 3 million youth reporting suicidal ideation.**

Rates of suicidal ideation and suicide decreased among even the highest risk populations in 2023. According to the 2023 Youth Risk Behavior Surveillance System (YRBSS), 41.00% of LGBTQ+ students in the U.S. reported seriously considering attempting suicide, a 4% decrease from 2021. However, rates of suicidal ideation were still 28% higher among LGBTQ+ youth than their cisgender and heterosexual peers.[4]

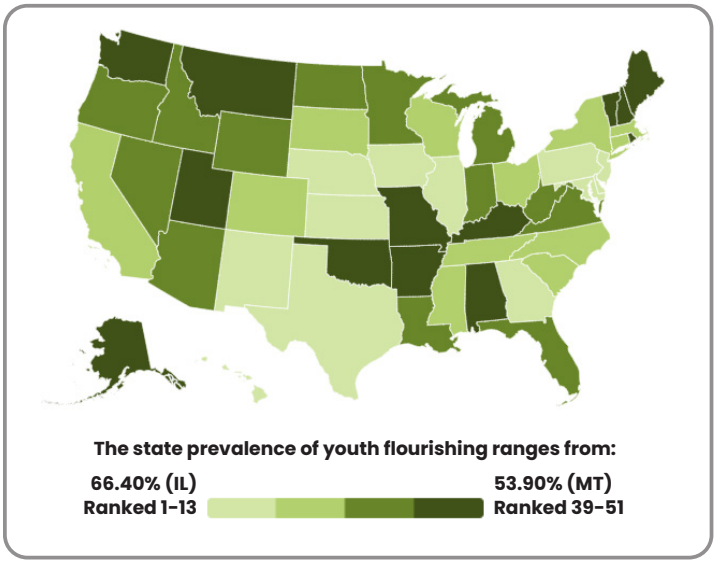
The decrease in youth suicidal ideation signifies substantial improvement in connecting youth to mental health and crisis resources, likely due in part to greater investment in 988 and crisis services from 2021 to 2023. To further decreases in youth suicide, states must continue to invest in both crisis care and upstream suicide prevention. This includes sustaining specialized services for the populations at greatest risk, including LGBTQ+ youth.

Rank	State	%	#
1	New York	11.30	155,000
2	District of Columbia	11.60	4,000
3	Connecticut	11.87	32,000
4	Texas	12.04	319,000
5	Utah	12.12	41,000
6	Mississippi	12.16	30,000
7	Georgia	12.17	111,000
8	Michigan	12.34	93,000
9	California	12.39	377,000
10	Oklahoma	12.39	42,000
11	North Carolina	12.51	103,000
12	Kentucky	12.58	45,000
13	New Jersey	12.59	89,000
14	Massachusetts	12.61	61,000
15	North Dakota	12.62	8,000
16	Kansas	12.62	31,000
17	South Carolina	12.66	51,000
18	Iowa	12.75	33,000
19	Missouri	12.88	62,000
20	Washington	12.92	74,000
21	Hawaii	12.92	13,000
22	Wisconsin	12.92	59,000
23	Louisiana	12.97	48,000
24	Florida	12.98	199,000
25	Indiana	13.10	73,000
26	Delaware	13.23	10,000

Rank	State	%	#
27	Arizona	13.37	77,000
28	Pennsylvania	13.38	125,000
29	Alaska	13.39	8,000
30	Colorado	13.45	59,000
31	Alabama	13.48	53,000
32	Rhode Island	13.52	10,000
33	Ohio	13.53	123,000
34	Arkansas	13.65	34,000
35	Montana	13.70	11,000
36	Oregon	13.72	42,000
37	Virginia	13.76	90,000
38	Illinois	13.79	136,000
39	Minnesota	13.98	64,000
40	Nebraska	14.06	23,000
41	Idaho	14.12	24,000
42	New Hampshire	14.19	13,000
43	Nevada	14.23	35,000
44	Wyoming	14.42	7,000
45	Tennessee	14.54	79,000
46	West Virginia	14.63	19,000
47	Maryland	14.66	70,000
48	Vermont	14.71	6,000
49	New Mexico	14.74	25,000
50	South Dakota	14.98	11,000
51	Maine	15.36	14,000
	National	12.87*	3,322,000*

*The most recently available state-level data was collected in 2022 and 2023. The national percentage in the table is reflective of 2022-2023 combined data for consistency.

Youth (ages 6-17) flourishing



In 2022 and 2023, 60.40% of youth (ages 6-17) across the U.S. met all three criteria for flourishing.

The criteria for flourishing were designed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau to assess children and adolescents' learning, resilience, and self-regulation.[5] Youth who were flourishing were those who always or usually showed interest and curiosity in learning new things, work to finish tasks they started, and stayed calm and in control when faced with a challenge. These were established as high priority, baseline measures of flourishing that could be improved through investment in early interventions for parents and families – including social support, conflict resolution, and resources for families to meet basic needs.

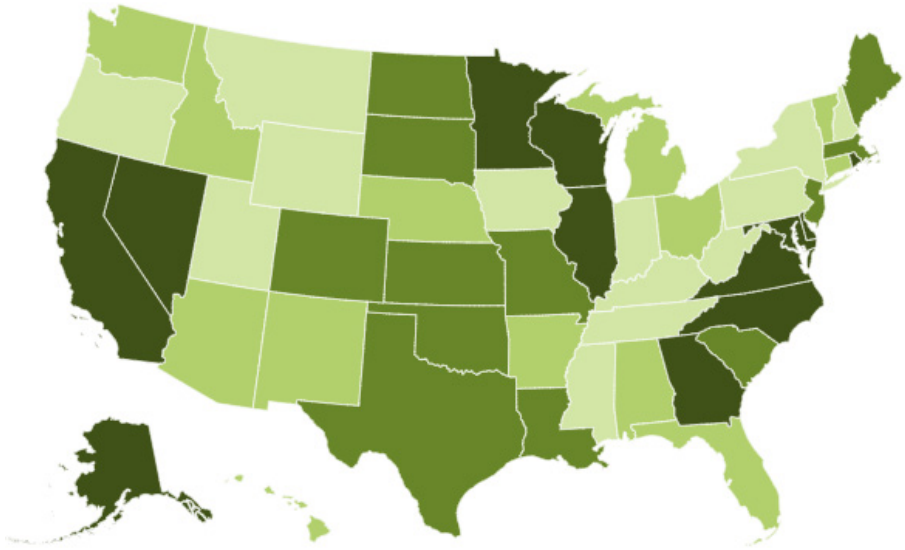
To capture a more comprehensive picture of well-being, researchers have suggested covering five domains: physical health, mental well-being, social behavior, cognitive and academic development, and relationships.[6]

Studies using more holistic measures of well-being among adults have found that young adults reported lower well-being than they did in happiness studies in the early 2000s.[7] These findings suggest that not only is adolescent and young adult mental health in crisis, but states need to take an earlier and more comprehensive approach to reducing rates of loneliness, supporting education and employment, and ensuring access to care for better physical and mental health for all.

Rank	State	%	#
1	Illinois	66.40	1,257,191
2	New Jersey	64.50	872,530
3	Iowa	63.50	315,473
4	District of Columbia	63.20	48,147
5	Hawaii	63.20	128,104
6	Maryland	63.00	574,530
7	Georgia	62.70	1,084,181
8	New Mexico	62.70	202,567
9	Kansas	62.50	298,652
10	Nebraska	62.00	200,414
11	Delaware	61.90	86,601
12	Texas	61.90	3,150,547
13	Pennsylvania	61.80	1,117,629
14	Massachusetts	61.70	571,082
15	California	61.60	3,653,991
16	Mississippi	61.30	288,459
17	Ohio	61.30	1,077,565
18	Tennessee	61.00	637,174
19	South Carolina	60.90	468,346
20	New York	60.70	1,632,381
21	North Carolina	60.60	961,401
22	Wisconsin	60.60	527,688
23	Connecticut	60.50	306,632
24	South Dakota	60.10	89,254
25	Colorado	59.60	507,133
26	Florida	59.30	1,741,248
27	North Dakota	59.30	71,727
28	Arizona	59.00	647,934
29	Louisiana	59.00	424,830
30	Minnesota	58.50	519,217
31	Indiana	58.20	625,538
32	Nevada	58.20	276,584
33	Michigan	58.10	847,457
34	West Virginia	57.90	143,534
35	Wyoming	57.80	53,508
36	Idaho	57.50	187,481
37	Virginia	57.50	737,372
38	Oregon	57.30	337,186
39	Alaska	57.00	67,663
40	Alabama	56.90	431,616
41	Arkansas	56.80	270,340
42	Oklahoma	56.70	365,276
43	Vermont	56.70	45,876
44	New Hampshire	56.60	100,732
45	Rhode Island	56.50	79,372
46	Missouri	56.40	523,722
47	Maine	55.00	93,943
48	Washington	54.50	618,487
49	Kentucky	54.10	370,934
50	Utah	54.00	350,275
51	Montana	53.90	87,728
	National	60.40	30,077,252

Adult access to care

Adults with substance use disorder (SUD) who needed but did not receive treatment



In 2022-2023 combined data, over three-quarters (77.09%) of all adults with a substance use disorder (SUD) did not receive the treatment they needed. Over 80.00% of adults who needed care did not receive it in California, Georgia, and Illinois, the three lowest-ranked states.

Most adults with SUD who sought or considered treatment in 2023 but did not ultimately receive it said it was because they thought they should have been able to handle their drug or alcohol use on their own (74.10%), they weren't ready to start treatment (65.60%), and/or they were not ready to stop or cut back using alcohol or drugs (60.10%).[8] To best support individuals who may need treatment for SUD but are not ready to stop using substances, states must continue to invest in services to reduce overdose rates, such as distribution of opioid overdose reversal treatments and fentanyl test strips. These services are critical to keep individuals safe and save lives while expanding access to treatment and lasting recovery.

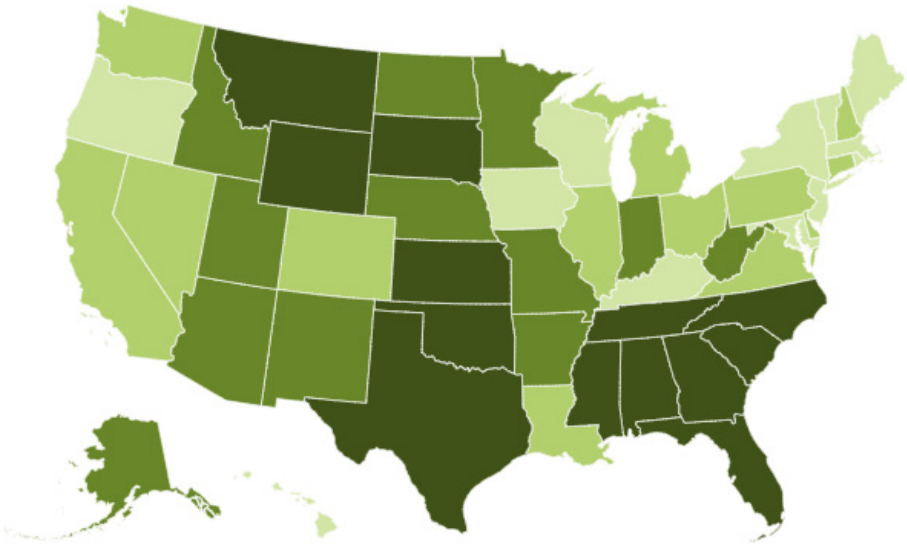
There were significant improvements in reducing other barriers to substance use care from 2022 to 2023. The percentage of people reporting they did not receive SUD treatment because they did not know how or where to get it decreased by 11.80%, from 48.90% in 2022 to 37.10% in 2023. The percentage of people reporting their health insurance did not cover alcohol or drug use treatment also decreased, from 40.10% in 2022 to 28.60% in 2023.[9]

These reductions are likely due to large state and federal investments in substance use awareness and increasing access to treatment providers and programs in 2022 and 2023. However, the significant cuts to Medicaid passed in 2025 threaten improvements in access to substance use care. [10]At the state level, Medicaid funding must be protected to maintain progress in expanding access to substance use treatment.

Rank	State	%	#
1	West Virginia	70.85	216,000
2	Utah	70.93	277,000
3	Kentucky	71.33	506,000
4	Pennsylvania	71.74	1,516,000
5	Wyoming	72.30	67,000
6	Mississippi	73.13	311,000
7	Tennessee	73.22	791,000
8	New Hampshire	74.41	182,000
9	Montana	74.66	150,000
10	Indiana	74.69	672,000
11	Iowa	74.77	362,000
12	New York	74.91	2,354,000
13	Oregon	74.98	610,000
14	Idaho	75.05	228,000
15	Hawaii	75.32	155,000
16	Arizona	75.34	871,000
17	Alabama	75.38	581,000
18	Vermont	75.49	96,000
19	Michigan	75.57	1,224,000
20	Connecticut	75.74	489,000
21	Ohio	75.74	1,490,000
22	Washington	75.89	969,000
23	Florida	75.89	2,424,000
24	Arkansas	76.01	361,000
25	New Mexico	76.20	278,000
26	Nebraska	76.42	210,000

Rank	State	%	#
27	South Dakota	76.83	104,000
28	Missouri	76.83	855,000
29	Kansas	76.87	319,000
30	Texas	76.95	3,023,000
31	Maine	77.07	212,000
32	Oklahoma	77.08	499,000
33	South Carolina	77.43	615,000
34	Colorado	77.48	860,000
35	New Jersey	77.59	990,000
36	Massachusetts	77.63	999,000
37	North Dakota	77.66	91,000
38	Louisiana	77.84	594,000
39	Nevada	78.12	471,000
40	Maryland	78.22	665,000
41	Delaware	78.28	129,000
42	North Carolina	78.45	1,164,000
43	Virginia	78.72	992,000
44	Minnesota	78.88	713,000
45	Wisconsin	79.25	778,000
46	Rhode Island	79.55	177,000
47	District of Columbia	79.67	118,000
48	Alaska	79.94	96,000
49	Illinois	80.50	1,596,000
50	Georgia	81.50	1,357,000
51	California	82.05	4,855,000
	National	77.09	39,662,000

Adults with any mental illness (AMI) who are uninsured



The state prevalence of uninsured adults with AMI ranges from:

3.30% (VT) Ranked 1-13 — 19.40% (TX) Ranked 39-51

In 2022-2023, 9.20% of adults with any mental illness (AMI) in the U.S. were uninsured, totaling over 5 million people. Nine of the states with the highest rates of uninsured adults were in the southern U.S. In Texas (ranked 51) nearly 1 in 5 adults with AMI did not have health insurance.

Medicaid is the largest payer for behavioral health care in the U.S. In 2023, 26% of all adults with a mental illness or substance use disorder were covered by Medicaid, totaling 22 million adults.[11]

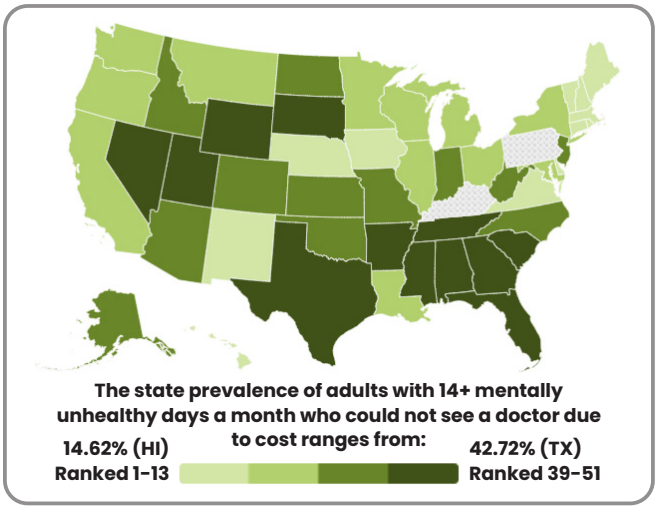
In 2025, Congress passed the H.R. 1, the One Big Beautiful Bill Act, which included significant cuts to Medicaid and coverage through the Affordable Care Act (ACA) marketplace.[12] According to the Congressional Budget Office (CBO), these provisions will cause about 15 million people to lose their current health coverage. This includes 10 million people who are estimated to become uninsured due to Medicaid and ACA marketplace cuts, and 4.2 million who will lose coverage due to cuts to premium tax credit enhancements that lower the cost of health insurance.[13] People who are uninsured are more likely to forgo needed mental and physical health care, leading to worse outcomes over time.[14]

Individuals with mental health and substance use conditions are exempt from work requirements and will not have to pay copays for mental health services under H.R. 1. However, these cuts are still likely to significantly limit access to health care for adults with behavioral health conditions and result in worsening outcomes. Nearly 70% of Medicaid enrollees with a mental illness also have at least one chronic health condition.[15] While mental health services are exempt from copays under H.R. 1, many physical health services are not, so people with mental health conditions may be forced to forgo care for their chronic conditions due to cost. H.R. 1 also limits states' ability to raise or implement provider taxes and reduces existing provider taxes in expansion states. The CBO estimates that this change alone could cut $191 billion in federal spending cuts over the next 10 years, likely forcing states to cut reimbursement and available services, including behavioral health services.[16]

Rank	State	%	#
1	Vermont	3.30	5,000
2	Maryland	3.70	40,000
3	Rhode Island	3.70	8,000
4	District of Columbia	3.90	7,000
5	Wisconsin	4.00	45,000
6	New York	4.20	135,000
7	Oregon	4.40	49,000
8	Hawaii	4.70	11,000
9	Massachusetts	5.00	66,000
10	Maine	5.30	17,000
11	Iowa	5.40	35,000
12	Kentucky	5.40	49,000
13	New Jersey	5.70	75,000
14	Connecticut	5.80	41,000
15	Michigan	5.80	104,000
16	California	5.90	361,000
17	Louisiana	6.10	49,000
18	Pennsylvania	6.20	152,000
19	Washington	6.40	116,000
20	Colorado	6.50	86,000
21	Ohio	6.60	137,000
22	Illinois	6.80	150,000
23	Virginia	6.90	105,000
24	Nevada	7.00	40,000
25	New Hampshire	7.00	22,000
26	Delaware	7.10	12,000

Rank	State	%	#
27	Idaho	7.20	30,000
28	Indiana	7.40	92,000
29	New Mexico	7.60	31,000
30	Alaska	7.80	9,000
31	Arkansas	8.10	49,000
32	Minnesota	8.10	84,000
33	West Virginia	8.20	37,000
34	Nebraska	8.70	29,000
35	North Dakota	8.90	12,000
36	Missouri	9.60	123,000
37	Arizona	9.70	145,000
38	Utah	10.50	82,000
39	Montana	10.90	23,000
40	South Carolina	13.50	107,000
41	Alabama	14.10	122,000
42	Florida	14.70	526,000
43	North Carolina	14.70	252,000
44	Georgia	14.80	279,000
45	South Dakota	15.70	25,000
46	Oklahoma	16.60	106,000
47	Wyoming	16.60	19,000
48	Kansas	17.10	88,000
49	Tennessee	18.70	272,000
50	Mississippi	19.10	84,000
51	Texas	19.40	889,000
	National	9.20	5,431,000

Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs



In 2023, 26.58% of adults who reported experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs. This was a 2% increase over 2022 and a 4% increase over 2021.

In Texas (ranked 49), more than 4 in 10 people with frequent mental distress could not afford to see a doctor in 2023. Most of the states with the least access to affordable health care were located in the southeastern U.S.

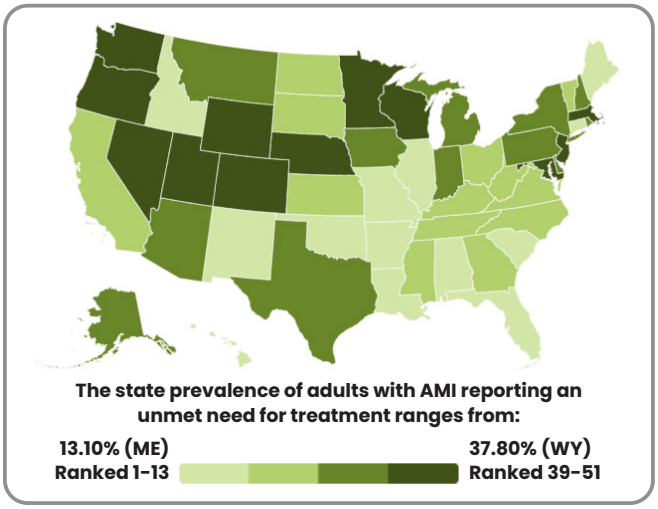
Cost is one of the main reasons people forgo needed mental health care. In 2023, over half (59.80%) of adults with a mental illness who sought or thought they needed mental health care said the reason they did not receive it was because they thought it would cost too much.[17] Further, a 2025 poll by the Kaiser Family Foundation found that 18.00% of adults who delayed or skipped care reported that their health got worse as a result.[18] To reduce rates of mental health crises and ensure the best outcomes for recovery, states must combat the rising costs of health care. This requires both short-term solutions, such as financial assistance, and long-term solutions, such as limiting payer and provider costs through legislation and regulatory processes.[19]

Rank	State	%	#
1	Hawaii	14.62	21,671
2	Vermont	16.98	14,045
3	Rhode Island	17.75	24,667
4	Massachusetts	18.12	150,564
5	Iowa	18.57	69,757
6	Delaware	18.70	21,434
7	Connecticut	18.83	77,460
8	New Mexico	19.07	50,173
9	Maine	19.19	38,792
10	Virginia	19.28	200,710
11	Nebraska	19.46	38,758
12	District of Columbia	19.49	14,235
13	New Hampshire	19.84	34,619
14	Wisconsin	20.52	138,030
15	Minnesota	20.54	126,388
16	New York	20.68	449,469
17	Maryland	21.15	139,286
18	Oregon	22.38	129,537
19	Washington	22.45	219,170
20	California	23.28	1,019,121
21	Montana	23.77	37,568
22	Michigan	23.91	317,156
23	Louisiana	24.10	156,923
24	Ohio	24.21	376,352
25	Illinois	24.56	330,129
26	Alaska	24.57	20,002

Rank	State	%	#
27	North Carolina	24.91	317,907
28	Colorado	25.37	179,874
29	New Jersey	25.54	254,387
30	Indiana	25.91	229,965
31	West Virginia	26.64	81,164
32	Oklahoma	26.70	137,261
33	Idaho	26.77	58,556
34	North Dakota	26.81	20,850
35	Missouri	27.29	213,638
36	Arizona	27.83	235,937
37	Kansas	28.17	96,882
38	Utah	28.19	111,333
39	South Carolina	28.77	191,197
40	Tennessee	28.95	307,194
41	Alabama	30.04	188,410
42	Florida	30.04	810,041
43	Wyoming	31.12	19,525
44	Nevada	32.54	163,592
45	South Dakota	32.70	32,066
46	Arkansas	33.42	146,043
47	Mississippi	33.46	114,528
48	Georgia	34.54	454,276
49	Texas	42.72	1,552,114
50	Kentucky	*	*
51	Pennsylvania	*	*
	National	26.58	10,215,094

*Kentucky and Pennsylvania were excluded from BRFSS because they were unable to collect enough data to meet minimum reporting requirements.

Adults with any mental illness (AMI) reporting an unmet need for treatment



In 2022-2023 combined data, 1 in 4 adults with any mental illness (AMI) in the U.S. reported an unmet need for mental health treatment in the past year. Unmet need is defined as seeking treatment or thinking they should receive treatment but not receiving it.

In Wyoming (ranked 51), nearly 4 in 10 adults with AMI had an unmet need for mental health treatment in 2022-2023.

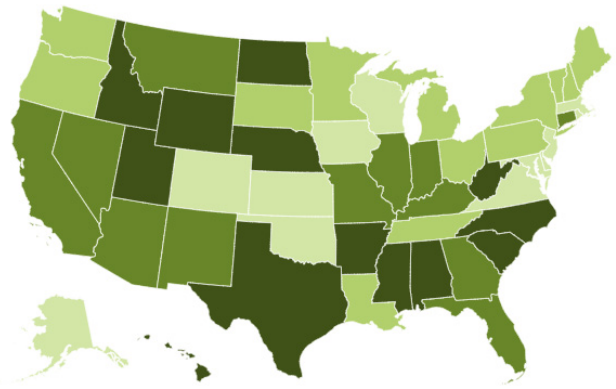
Each year, SAMHSA's National Survey on Drug Use and Health (NSDUH) asks respondents who did not receive mental health treatment about their reasons for not receiving care. In 2023, the most common reason adults reported that they did not receive treatment was that they thought they should have been able to handle their mental health, emotions, or behavior on their own (70.50%). The second most common reason was that they thought treatment would cost too much (59.80%).[20]

Many adults also reported a lack of access to or awareness of treatment providers. Nearly half (48.60%) of adults reported they did not know how or where to get treatment in 2023, and 40.70% reported they could not find a treatment program or a health care professional that they wanted to go to.[21]

Rank	State	%	#
1	Maine	13.10	17,000
2	Arkansas	15.50	45,000
3	South Carolina	16.70	58,000
4	Missouri	18.20	91,000
5	Louisiana	18.50	67,000
6	Hawaii	18.60	23,000
7	Alabama	19.10	90,000
8	Illinois	20.40	214,000
9	Oklahoma	20.80	60,000
10	Florida	21.50	416,000
11	Idaho	21.50	35,000
12	Connecticut	21.60	64,000
13	New Mexico	21.70	41,000
14	West Virginia	21.90	42,000
15	Kansas	22.20	56,000
16	Mississippi	22.70	48,000
17	Georgia	23.50	208,000
18	Tennessee	23.50	166,000
19	Kentucky	24.10	83,000
20	Virginia	24.20	162,000
21	California	24.50	815,000
22	South Dakota	24.50	16,000
23	Vermont	24.50	11,000
24	North Carolina	24.60	169,000
25	Ohio	24.80	220,000
26	North Dakota	24.90	14,000

Rank	State	%	#
27	Indiana	25.20	135,000
28	Texas	25.20	597,000
29	Michigan	25.90	203,000
30	New Hampshire	25.90	35,000
31	New York	25.90	378,000
32	Alaska	26.00	16,000
33	Iowa	26.10	60,000
34	Arizona	26.20	178,000
35	Montana	26.20	26,000
36	Pennsylvania	26.70	291,000
37	Delaware	27.40	22,000
38	Rhode Island	27.40	24,000
39	New Jersey	28.50	193,000
40	District of Columbia	29.70	21,000
41	Colorado	29.90	168,000
42	Massachusetts	30.50	153,000
43	Oregon	30.90	127,000
44	Washington	31.10	270,000
45	Nevada	31.60	88,000
46	Minnesota	32.50	133,000
47	Nebraska	33.90	46,000
48	Maryland	35.90	168,000
49	Wisconsin	37.40	164,000
50	Utah	37.50	123,000
51	Wyoming	37.80	18,000
	National	25.20	6,866,000

Adults with any mental illness (AMI) whose private insurance does not cover treatment for mental or emotional problems



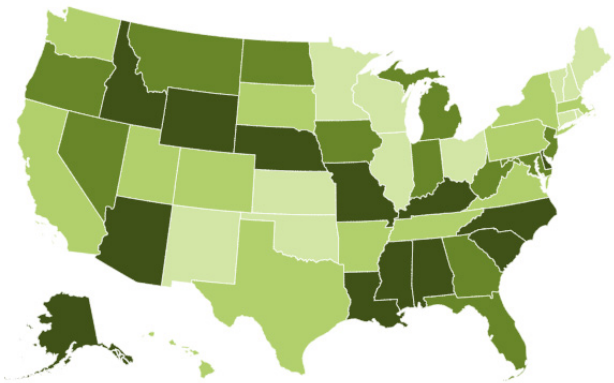
In 2022-2023 combined data, **9.60%** of adults with AMI had private health insurance that did not cover mental health treatment – **totaling nearly 3 million people in the U.S.**

The state prevalence of adults with AMI whose private insurance does not cover mental health coverage ranges from:

2.30% (DC) Ranked 1-13 — **20.40% (SC) Ranked 39-51**

Youth access to care

Youth (ages 12-17) whose private insurance does not cover treatment for mental or emotional problems



In 2022-2023 combined data, **8.60%** of youth (ages 12-17) had private health insurance that did not cover mental health treatment – **totaling over 1 million youth in the U.S.**

The state prevalence of youth whose private insurance does not cover mental health coverage ranges from:

3.00% (ME) Ranked 1-13 — **18.00% (AL) Ranked 39-51**

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires that insurance coverage of mental health and substance use disorder benefits be no more restrictive than coverage of benefits for medical or surgical care.[22] However, people continue to have to pay more out-of-pocket for mental health care than physical health care. A 2021 study found that adults who were treated for depression or anxiety had almost twice the out-of-pocket spending as those who did not have a mental health condition.[23] In 2024, the Biden Administration finalized new rules to strengthen and incentivize enforcement of MHPAEA, which were a supplement to the original rules finalized in 2013.[24] However, in 2025, the Departments of Labor, Health and Human Services, and the Treasury announced that they would not be enforcing the new rules, and had plans to rescind or modify them, undermining access to behavioral health services for youth and adults across the U.S.[25] Without enforcement from the federal government, states bear the primary responsibility to enforce MHPAEA.

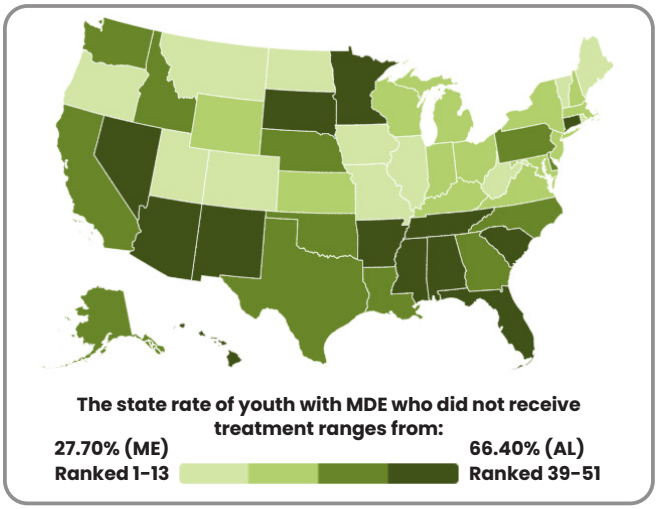
Adults with AMI whose private insurance does not cover treatment for mental or emotional problems

Rank	State	Rate	#
1	District of Columbia	2.30	2,000
2	Iowa	2.40	8,000
3	Massachusetts	4.20	32,000
4	Virginia	4.80	41,000
5	New Jersey	5.00	40,000
6	Alaska	5.10	3,000
7	Delaware	5.30	5,000
8	Maryland	5.30	33,000
9	Oklahoma	5.30	13,000
10	Colorado	5.40	39,000
11	Rhode Island	5.60	6,000
12	Kansas	5.80	15,000
13	Wisconsin	5.90	43,000
14	Oregon	6.00	32,000
15	New York	6.10	96,000
16	Louisiana	6.80	19,000
17	Vermont	7.00	5,000
18	Washington	7.20	69,000
19	Pennsylvania	7.30	96,000
20	Michigan	7.80	69,000
21	New Hampshire	7.90	15,000
22	Maine	8.10	12,000
23	Minnesota	8.20	48,000
24	Ohio	8.80	88,000
25	Tennessee	8.80	56,000
26	South Dakota	9.10	7,000
27	Connecticut	9.40	34,000
28	Indiana	9.60	60,000
29	Montana	9.90	9,000
30	Kentucky	10.20	36,000
31	Illinois	10.50	119,000
32	Arizona	10.70	68,000
33	California	11.40	338,000
34	Florida	11.40	185,000
35	New Mexico	11.50	20,000
36	Missouri	11.70	66,000
37	Nevada	12.00	39,000
38	Georgia	13.00	128,000
39	Utah	13.20	67,000
40	Texas	13.30	305,000
41	Alabama	14.20	61,000
42	Nebraska	14.20	26,000
43	West Virginia	14.90	25,000
44	Idaho	15.40	39,000
45	Wyoming	15.60	9,000
46	North Carolina	15.90	135,000
47	Arkansas	17.00	45,000
48	Mississippi	17.30	29,000
49	Hawaii	17.80	19,000
50	North Dakota	18.80	15,000
51	South Carolina	20.40	75,000
	National	9.60	2,843,000

Youth whose private insurance does not cover treatment for mental or emotional problems

Rank	State	Rate	#
1	Maine	3.00	2,000
2	Kansas	4.50	6,000
3	District of Columbia	4.80	1,000
4	Oklahoma	4.90	6,000
5	Rhode Island	5.00	2,000
6	Connecticut	5.30	8,000
7	Ohio	5.30	24,000
8	Illinois	6.00	32,000
9	Minnesota	6.00	18,000
10	Vermont	6.00	1,000
11	New Hampshire	6.10	3,000
12	New Mexico	6.10	4,000
13	Wisconsin	6.90	17,000
14	Massachusetts	7.20	22,000
15	Washington	7.20	23,000
16	Pennsylvania	7.30	35,000
17	Virginia	7.30	29,000
18	California	7.40	110,000
19	New York	7.40	47,000
20	Colorado	7.50	17,000
21	Hawaii	7.50	4,000
22	South Dakota	7.50	3,000
23	Tennessee	7.70	17,000
24	Utah	8.10	20,000
25	Texas	8.40	86,000
26	Arkansas	8.50	6,000
27	Michigan	8.60	34,000
28	Oregon	8.60	13,000
29	New Jersey	8.80	33,000
30	Georgia	8.90	34,000
31	Montana	8.90	4,000
32	West Virginia	9.20	5,000
33	Nevada	9.40	12,000
34	North Dakota	9.50	3,000
35	Iowa	10.20	14,000
36	Maryland	10.30	29,000
37	Indiana	10.40	29,000
38	Florida	10.50	73,000
39	Wyoming	10.50	3,000
40	Missouri	10.70	27,000
41	Nebraska	11.40	12,000
42	North Carolina	11.40	46,000
43	Mississippi	11.80	8,000
44	Alaska	11.90	3,000
45	Delaware	12.80	5,000
46	Louisiana	12.90	15,000
47	Idaho	13.00	12,000
48	Arizona	13.30	28,000
49	Kentucky	14.70	23,000
50	South Carolina	17.20	32,000
51	Alabama	18.00	29,000
	National	8.60	1,070,000

Youth (ages 12-17) with a major depressive episode (MDE) who did not receive mental health services in the past year



In 2022-2023 combined data, over half (50.80%) of youth (ages 12-17) with a major depressive episode (MDE) did not receive any treatment or counseling for depression in the past year. That is a 5% improvement over 2021-2022 combined data. Still, over 2 million youth with depression are not receiving care. In Alabama (ranked 51) nearly two-thirds of youth with MDE did not receive treatment in 2022-2023.

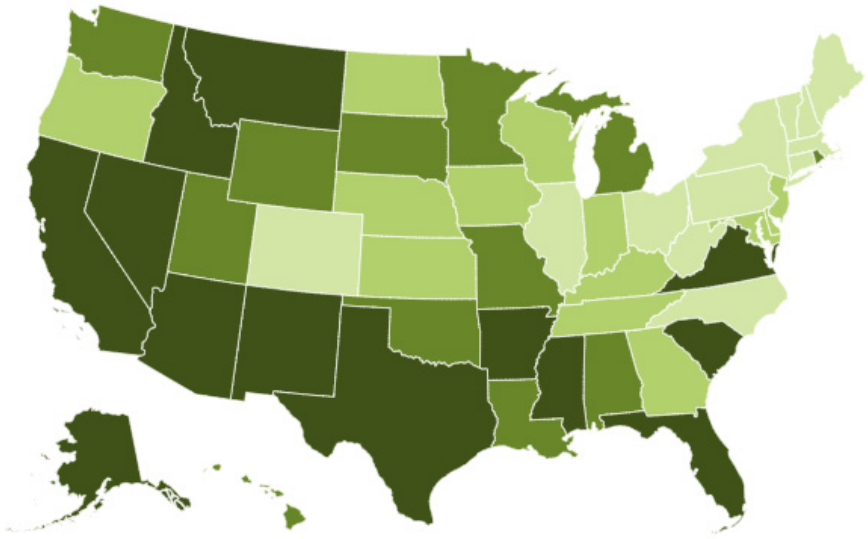
In 2023, 85.30% of youth reported not receiving care because they felt they should have been able to handle their mental health on their own. Nearly 3 in 5 (58.90%) youth reported being worried what people would think or say if they got treatment, and 58.20% were worried that the information they shared would not be kept private.[26]

Fear of involuntary treatment is also a major barrier to youth seeking mental health care. In 2023, nearly half (46.20%) of youth reported that they did not get treatment because they were afraid of being committed to a hospital or forced into treatment against their will.[27]

Rank	State	%	#
1	Maine	27.70	5,000
2	Missouri	37.70	38,000
3	Vermont	37.80	3,000
4	Illinois	38.20	78,000
5	Iowa	39.80	17,000
6	Colorado	40.00	42,000
7	North Dakota	41.50	5,000
8	Utah	41.50	21,000
9	Oregon	42.50	27,000
10	Montana	43.00	7,000
11	Rhode Island	43.30	6,000
12	West Virginia	44.40	11,000
13	District of Columbia	45.20	2,000
14	Ohio	45.60	77,000
15	Kentucky	45.70	34,000
16	New York	46.70	95,000
17	Wisconsin	46.80	27,000
18	Michigan	47.70	66,000
19	Wyoming	47.80	4,000
20	Virginia	47.90	63,000
21	Massachusetts	48.00	37,000
22	Indiana	48.30	39,000
23	Maryland	48.50	57,000
24	Kansas	49.10	24,000
25	New Jersey	49.10	59,000
26	New Hampshire	49.80	11,000

Rank	State	%	#
27	North Carolina	50.10	78,000
28	Pennsylvania	50.40	88,000
29	Delaware	50.80	7,000
30	Georgia	51.10	70,000
31	Idaho	51.10	20,000
32	Nebraska	52.10	19,000
33	Texas	52.20	216,000
34	California	52.40	267,000
35	Louisiana	52.70	34,000
36	Oklahoma	53.10	30,000
37	Washington	53.40	59,000
38	Alaska	55.00	5,000
39	New Mexico	56.70	22,000
40	Florida	57.10	166,000
41	Hawaii	57.10	6,000
42	South Carolina	57.80	38,000
43	Arkansas	59.00	29,000
44	Nevada	59.50	39,000
45	South Dakota	59.80	5,000
46	Mississippi	60.30	26,000
47	Arizona	61.50	81,000
48	Connecticut	61.90	26,000
49	Tennessee	63.70	61,000
50	Minnesota	64.10	67,000
51	Alabama	66.40	46,000
	National	50.80	2,360,000

Youth (ages 12-17) who did not have a preventive health visit in the past year



The state rate of youth who did not have a preventive visit in the past year ranges from:

14.70% (NH) **Ranked 1-13** — **37.90% (NV)** **Ranked 39-51**

In 2022-2023 combined data, 28.60% of youth (ages 12-17) did not have a preventive health visit in the past year. **That totaled over 7 million youth in the U.S.** In Nevada (ranked 51), nearly 4 in 10 adolescents did not receive preventative care in 2023.

Despite being identified as a goal for improvement in Healthy People 2030, the percentage of adolescents who have received preventive care has decreased over time. In 2016-2017, the baseline years for measurement, 21.30% of adolescents had not received a preventive care visit.[28]

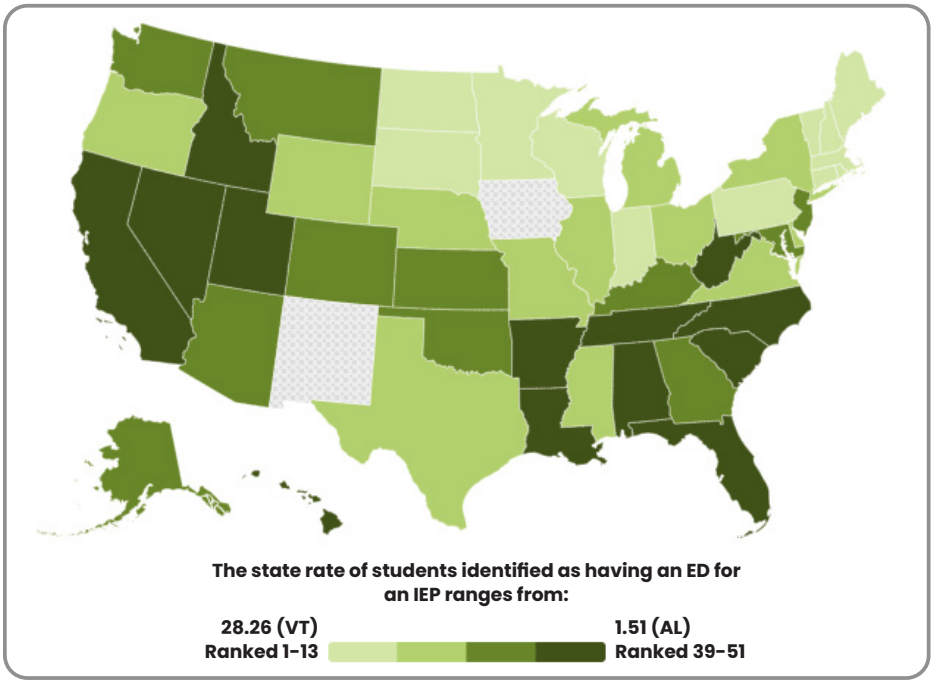
Several expert organizations and agencies, including the National Academy of Medicine and the Department of Health and Human Services, recommend that all adolescents receive an annual preventive health care visit.[29,30] Preventive health care visits are especially critical during adolescence to promote wellness and identify physical and mental health problems as early as possible. Fifty percent of individuals with a mental health condition will show symptoms during their adolescent years.[31] These preventive visits are often the only place adolescents receive necessary mental health screenings, including screenings for depression and substance use.

The Community Preventive Services Task Force for Healthy People 2030 recommends creating school-based health centers to increase access to preventive health services and meet youth with care where they are, especially in communities where access to primary care may be limited.[32] Mental health screenings can also be implemented in schools in health classes, or as part of a ubiquitous mental health screening and education protocol outside of clinical settings.[33] A 2025 survey of K-12 principals found that nearly one-third of U.S. public schools mandate mental health screenings for students, but many reported a lack of resources as a barrier to connecting students to care.[34] Consistent state and federal funding for school mental health services is critical to ensure all youth have access to early identification and intervention for their mental health.

Rank	State	Rate	#
1	New Hampshire	14.70	13,370
2	Maine	15.50	13,647
3	Vermont	16.00	6,862
4	North Carolina	18.50	150,038
5	Pennsylvania	20.00	184,185
6	District of Columbia	21.00	6,945
7	Massachusetts	21.00	101,236
8	West Virginia	21.60	26,894
9	Colorado	22.50	97,950
10	Connecticut	22.50	60,457
11	Illinois	22.60	222,816
12	New York	23.20	322,332
13	Ohio	23.60	213,702
14	Oregon	24.20	74,314
15	Kansas	24.60	60,099
16	Georgia	24.90	227,348
17	Kentucky	25.00	87,763
18	Iowa	25.10	64,007
19	Nebraska	25.10	42,059
20	Maryland	25.90	119,784
21	Indiana	26.00	140,546
22	North Dakota	26.00	15,040
23	Wisconsin	26.50	120,309
24	Tennessee	26.60	142,677
25	New Jersey	26.90	190,970
26	Delaware	27.40	19,967

Rank	State	Rate	#
27	Michigan	27.60	208,251
28	Missouri	27.70	134,471
29	Washington	27.80	156,313
30	Hawaii	28.10	26,710
31	Louisiana	28.20	104,711
32	Oklahoma	28.30	94,969
33	Utah	28.40	94,461
34	Wyoming	28.50	13,653
35	South Dakota	29.10	21,790
36	Alabama	30.00	116,896
37	Rhode Island	30.20	22,465
38	Minnesota	30.40	134,995
39	Arkansas	30.90	74,780
40	Virginia	30.90	203,168
41	South Carolina	31.30	123,341
42	Alaska	32.10	18,604
43	Montana	32.10	26,709
44	New Mexico	32.90	54,653
45	Florida	33.00	504,058
46	Arizona	35.00	196,552
47	Texas	35.10	915,572
48	Mississippi	35.50	86,878
49	California	36.60	1,125,809
50	Idaho	37.10	60,642
51	Nevada	37.90	87,981
	National	28.60	7,333,751

Students (K-12) identified with emotional disturbance (ED) for an individualized education program (IEP)



In the 2023-2024 school year, only 0.663% of students are identified as having an emotional disturbance (ED) for an individualized education program (IEP).** Under the Individuals with Disabilities Education Act (IDEA), ED is one of the disability categories that can make a student eligible for special education services and an IEP. This number is critically low compared to the prevalence of severe mental health concerns among youth. For example, in 2023, 3.4 million youth reported experiencing MDE with severe impairment, compared to only 317,641 who were identified with ED for an IEP.

IEPs are critical for ensuring that youth with disabilities can receive the individualized services, supports, and accommodations to succeed in a school setting. However, schools continue to report problems with adequate funding and staffing to meet the behavioral health needs of their students. A 2024 survey of schools from the National Center for Education Statistics found that less than half (48%) of schools reported they could effectively provide mental health services to students who needed them. That was a 10% decrease from data collected during the 2021-2022 school year. Over half of schools reported that they were unable to meet students' mental health needs due to a lack of staffing (55%) and funding (54%) in 2023.[35] Despite emergency school funding following the COVID-19 pandemic and increased efforts to eliminate the teacher shortage in special education, there were still about 8 students with disabilities for every one certified or qualified teacher or paraprofessional in the U.S. in 2022.[36]

Efforts by the Trump administration to dismantle the Department of Education and limit access to school mental health funds are jeopardizing schools' ability to serve their students with mental health needs. While states are responsible for decisions regarding how they implement the Individuals with Disabilities Education Act (IDEA) and use funding, the Department of Education is responsible for IDEA enforcement and distribution of that funding to states. If states are not adequately providing students with disabilities with the supports or accommodations they need, the Department of Education can withhold federal funds.[37] States already differ significantly in how they provide special education services, but without an agency to enforce IDEA compliance, those disparities will likely widen as states make difficult decisions about where to cut funding. Further, the federal government contributes about 12% of special education funding to states.[38] If the federal government dismantles the Department of Education, it should assign enforcement of IDEA to another agency and continue providing funding for school mental health services. As states are given more jurisdiction over education policies, they must continue to invest in accommodations and supports for students with disabilities.

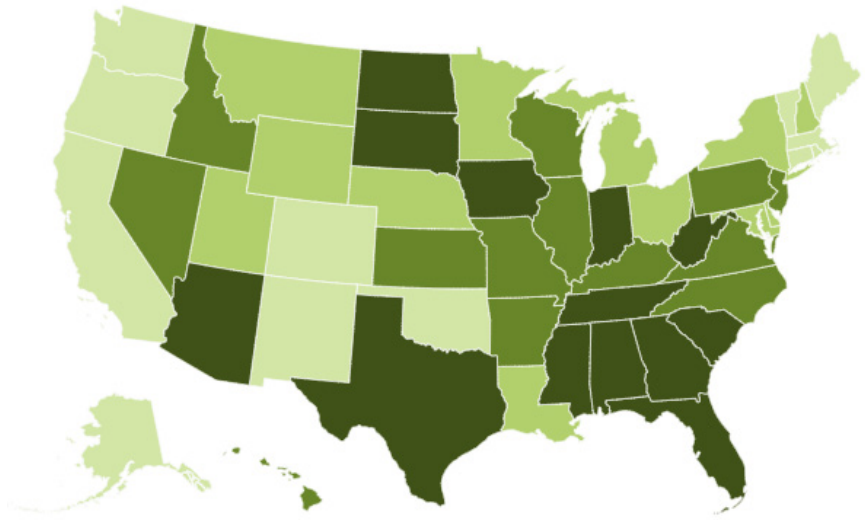
Rank	State	Rate	#
1	Vermont	28.26	2,104
2	Massachusetts	19.41	17,133
3	Minnesota	18.98	16,032
4	Pennsylvania	15.73	26,467
5	Maine	13.96	2,320
6	Wisconsin	11.63	8,886
7	Indiana	11.16	11,260
8	New Hampshire	10.87	1,762
9	Connecticut	10.52	5,186
10	North Dakota	10.37	1,202
11	South Dakota	10.19	1,408
12	Rhode Island	9.74	1,294
13	Nebraska	9.05	2,801
14	Illinois	8.68	15,330
15	Oregon	8.62	4,721
16	Delaware	8.15	1,136
17	Texas	7.93	41,696
18	Michigan	7.49	10,316
19	Ohio	7.48	12,174
20	Missouri	7.46	6,385
21	Virginia	7.06	8,648
22	Wyoming	6.98	630
23	New York	6.60	16,246
24	Mississippi	6.25	2,672
25	Kentucky	6.10	3,856
26	Arizona	6.04	6,622

Rank	State	Rate	#
27	Alaska	5.87	751
28	Oklahoma	5.52	3,651
29	Colorado	5.52	4,600
30	District of Columbia	5.47	441
31	Montana	5.26	777
32	Maryland	5.22	4,485
33	New Jersey	5.10	6,672
34	Georgia	4.98	8,459
35	Kansas	4.80	2,204
36	Washington	4.64	4,960
37	Hawaii	4.15	696
38	Idaho	4.10	1,282
39	Nevada	3.80	1,769
40	California	3.73	21,757
41	Florida	3.70	10,371
42	Tennessee	3.25	3,159
43	West Virginia	3.22	746
44	North Carolina	2.97	4,509
45	Utah	2.42	1,629
46	South Carolina	2.33	1,783
47	Louisiana	2.00	1,367
48	Arkansas	1.92	912
49	Alabama	1.51	1,096
50	New Mexico	*	*
51	Iowa	*	*

*Data from Iowa and New Mexico was not available for this measure.

**The rates in the table for this measure are shown as a rate per 1,000 students. The calculation was made this way for ease of reading.*

Mental health workforce availability



The state rate of mental health workforce ranges from:

140:1 (AK & MA) Ranked 1-13 — 740:1 (AL) Ranked 39-51

In 2024, there were 320 individuals for every one mental health provider in the U.S.*

While the ratio of mental health providers has improved each year, it has not kept pace with the number of people in the U.S. who need behavioral health care. As of August 2024, over one-third of the U.S. population (122 million people) lived in a mental health workforce shortage area.[39] Reflecting this strain, a 2022 survey by the American Psychological Association (APA) found that 6 in 10 psychologists were not accepting new patients, leaving many without the ability to receive care.[40]

States must continue to invest in training programs, tuition reimbursement, and loan forgiveness for people entering the behavioral health workforce – especially in rural and underserved communities. Several states have invested additional funds into these programs to address their workforce shortages in recent years. Maryland (ranked 20), for example, passed a law in 2023 that established a Mental Health Workforce Development Fund to help cover the cost of educating, training recruiting, and retaining behavioral health professionals and paraprofessionals.[41]

Low reimbursement rates are one of the primary barriers to recruiting and retaining the behavioral health workforce, including the peer support workforce. Medicaid, Medicare, and commercial insurers often reimburse so little for mental health services that providers stop accepting insurance, forcing patients to pay out-of-pocket and limiting access to care. Low reimbursement can also deter new providers from choosing to join the behavioral health workforce. States can use their authority to improve Medicaid reimbursement rates for providers. In Oregon (ranked 4), for example, the state Medicaid authority increased the Medicaid reimbursement rate up to 30% for behavioral health providers in 2023.[42] The CY 2026 Physician Fee Schedule proposed rule includes changes that help to rebalance primary and behavioral health care payment rates with specialty care under Medicare, which can help to recruit new behavioral health providers and/or retain the current behavioral health workforce.[43] However, states must now make decisions about where to cut costs in Medicaid due to changes passed in H.R. 1, the One Big Beautiful Bill Act,[44] which may cause some to further reduce Medicaid provider reimbursement rates.

Rank	State	#
1	Alaska	140:1
2	Massachusetts	140:1
3	District of Columbia	150:1
4	Oregon	150:1
5	Maine	180:1
6	Vermont	180:1
7	Washington	200:1
8	Rhode Island	210:1
9	California	220:1
10	Colorado	220:1
11	Connecticut	220:1
12	New Mexico	220:1
13	Oklahoma	230:1
14	New Hampshire	260:1
15	Utah	260:1
16	Wyoming	260:1
17	Montana	270:1
18	New York	280:1
19	Louisiana	290:1
20	Maryland	290:1
21	Michigan	300:1
22	Minnesota	300:1
23	Delaware	310:1
24	Nebraska	310:1
25	Ohio	310:1
26	Illinois	320:1

Rank	State	#
27	North Carolina	320:1
28	Hawaii	330:1
29	Kentucky	340:1
30	New Jersey	340:1
31	Pennsylvania	370:1
32	Arkansas	380:1
33	Idaho	400:1
34	Nevada	400:1
35	Wisconsin	400:1
36	Missouri	410:1
37	Virginia	410:1
38	Kansas	420:1
39	South Dakota	440:1
40	North Dakota	450:1
41	Mississippi	460:1
42	South Carolina	460:1
43	Florida	490:1
44	Indiana	500:1
45	Iowa	500:1
46	Tennessee	530:1
47	Arizona	550:1
48	Georgia	560:1
49	West Virginia	560:1
50	Texas	640:1
51	Alabama	740:1
	National	320:1

*The term "mental health provider" includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.

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Glossary

Measure	Description of Measure	Source
Adults with any mental illness (AMI) in the past year	Any mental illness (AMI) aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These estimates are based on indicators of AMI rather than direct measures of diagnostic criteria. For details, see Section B of 2022-2023 National Surveys on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at https://www.samhsa.gov/data/report/2022-2023-nsduh-guide-state-tables-and-summary-sae-methodology. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Adults with substance use disorder (SUD) in the past year	Substance use disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. Beginning with the 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. Drug use includes the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Adults with serious thoughts of suicide in the past year	Adults ages 18 or older were asked: "At any time in the past 12 months, did you seriously think about trying to kill yourself?" If they answered "Yes," they were categorized as having serious thoughts of suicide in the past year. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases

Youth (ages 12-17) with at least one past year major depressive episode (MDE)	Major depressive episode (MDE) is based on the Diagnostic and Statistical Manual of Mental Disorders, 5th edition definition, which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. This measure is included for youth ages 12-17. For details, see Section B of 2022-2023 National Surveys on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at https://www.samhsa.gov/data/report/2022-2023-nsduh-guide-state-tables-and-summary-sae-methodology. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Youth (ages 12-17) with substance use disorder (SUD) in the past year	Among youth ages 12-17, substance use disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. Beginning with the 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. Drug Use includes the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Youth (ages 12-17) with serious thoughts of suicide in the past year	Youth ages 12-17 were asked: "At any time in the past 12 months, did you seriously think about trying to kill yourself?" If they answered "Yes," they were categorized as having serious thoughts of suicide in the past year. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases

Youth (ages 6-17) flourishing	Children ages 6-17 years were asked three questions that aimed to capture curiosity and discovery about learning, resilience, and self-regulation: 1. "How often does this child: show interest and curiosity in learning new things (K6Q71_R); 2. work to finish tasks they start (K7Q84_R); 3. stay calm and in control when faced with a challenge?" (K7Q85_R). The "Always" or "Usually" responses to the question indicate the child meets the flourishing item criteria. Questions were developed based on a review of positive health indicators by a Technical Expert Panel (TEP). This TEP included a representative group of experts in the field of survey methodology, children's health, community organizations, and family leaders. Additionally, there was a public comment period which yielded more interest in this concept. Youth were considered to be flourishing on this measure if they reached all three flourishing items. Data survey years: 2022-2023.	Child and Adolescent Health Measurement Initiative. 2022-2023 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 1/31/2025 from www.childhealthdata.org
Adults with substance use disorder (SUD) needing but not receiving treatment	Substance use disorder (SUD) estimates are based on DSM-5 criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table include prescription drug use disorder data from all past year users of prescription drugs. Respondents were classified as needing substance use treatment if they met Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for a drug or alcohol use disorder or received treatment for drug or alcohol use through inpatient treatment/counseling, outpatient treatment/counseling, medication-assisted treatment, telehealth treatment, or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used drugs or alcohol in their lifetime. Not receiving substance use treatment among those needing treatment (%) = 100 * [X1 ÷ (X1 + X2)], where X1 is the number of people not receiving treatment who needed treatment, X2 is the number people receiving treatment who needed treatment, and (X1+ X2) denotes the number of people who needed treatment. Data survey year: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases

Adults with any mental illness (AMI) who are uninsured	This measure is calculated using the variables AMIYR and IRINSUR4 from SAMHSA NSDUH. For IRINSUR4, a respondent is classified as NOT having any health insurance (IRINSUR4=2) if they meet EVERY one of the following conditions: 1. Not covered by Medicare (IRMEDICR=2); 2. Not covered by Medicaid/ CHIP (IRMCDCHP=2); 3. Not covered by Tricare, Champus, ChampVA, VA, or Military (IRCHMPUS=2); 4. Not covered by private insurance (IRPRVHLT=2); 5. Not covered by other health insurance (IROTHHLT=2). To calculate this measure, MHA created a crosstabulation between IRINSUR4=2 and STATE, among adults with AMI. Data survey year: 2022-2023	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Adults reporting 14+ mentally unhealthy days a month who could Not see a doctor due to costs	This measure is derived from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire. Mentally unhealthy days were determined using the calculated variable _MENT14D. _MENT14D is calculated from the following BRFSS question: "Now thinking about mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" (MENTHLTH). The calculated variable, _MENT14D, contains four values: Zero days when mental health was not good, 1-13 days when mental health was not good, 14+ days when mental health was not good, and don't know/refused/missing. Respondents were also asked: "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" (MEDCOST1). The measure was calculated based on individuals who answered "yes" to MEDCOST1 among those who answered "14+ days when mental health was not good" to _MENT14D. Data survey year: 2023.	Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Survey Data 2023, https://www.cdc.gov/brfss/annual_data/annual_2023.html Downloaded and calculated on 7/8/2025.

Adults with any mental illness (AMI) reporting an unmet need for treatment	The variable, AMIYR_U is an indicator for any mental illness (AMI) based on the 2012 revised predicted probability of SMI (SMIPP_U). If SMIPP_U is greater than or equal to a specified cutoff point (0.0192519810) then AMIYR_U=1, and if SMIPP_U is less than the cutoff point then AMIYR_U=0. This indicator based on the 2012 model is not comparable with the indicator based on the 2008 model. AMI is defined as having serious, moderate, or mild mental illness. Specific details about this variable can be found in the Recoded Mental Health Appendix. MHTSKTHPY is defined as adults who sought or thought they should get mental health treatment but didn't receive it in the last 12 months. This measure was calculated using MHTSKTHPY=1 (south or thought they should get treatment, didn't receive it). Adults who did receive treatment for their mental health were excluded from this measure. Data survey years: 2022-2023	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Adults with any mental illness (AMI) with private insurance that did not cover mental or emotional problems	Adults with any mental illness (AMI) with private insurance that did not cover mental or emotional problems is defined as adults ages 18+ with AMI responding "No" to HLTINMNT. For more information on what classifies adults with AMI, see the measure Adults with Any Mental Illness (AMI). HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems?" Data survey years: 2022-2023	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Youth (ages 12-17) with private insurance that did not cover mental or emotional problems	Youth with private insurance that did not cover mental or emotional problems is defined as any individual ages 12-17 responding "No" to HLTINMNT. HLTINMNT is defined as: "Does [SAMPLE MEMBER POSS] private health insurance include coverage for treatment for mental or emotional problems?" Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases

Youth (ages 12-17) with major depressive episode (MDE) who did not receive mental health services	Youth with Past Year major depressive episode (MDE) Who Did Not Receive Treatment is defined as those who apply to having past year MDE as defined above ("Youth With At Least One Past Year Major Depressive Episode," YMDEYR) and respond "No" to YMDETXRX. YMDETXRX is a recoded variable from combining the data from the variables YTXMDEYR and YRXMDEYR. YTXMDEYR is calculated from the question, "At any time in the past 12 months, did you see or talk to a medical doctor or other professional about your [FEELNOUN]?" YRXMDEYR is calculated from the question. "During the past 12 months, did you take prescription medication that was prescribed for [NUMPROBS]?" A response of "No" to YMDETXRX includes all youth 12-17 who answered "No" to both YTXMDEYR and YRXMDEYR. Data survey years: 2022-2023.	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases
Youth (ages 12-17) who did not receive a preventive health visit in the past year	The survey question asks, "During the past 12 months, how many times did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up? (A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit)." This data was filtered to only include youth ages 12-17. Revisions and Changes: This survey question has not changed since 2016. However, the filter item (S4Q01) which asked about receipt of any medical care in the past 12 months did change in 2018. The change in that item led to a significant prevalence estimate change in 2018. In 2019, the item S4Q01 changed back to the original wording. Therefore, the 2018 data is not comparable to 2016, 2017, 2019 or beyond. Starting from 2021, new language was added specifying that health care visits done by video or phone should be included in the receipt of any medical care in the past 12 months. Data survey years: 2022-2023.	Child and Adolescent Health Measurement Initiative. 2022-2023 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 1/31/2025 from www.childhealthdata.org

Students identified with emotional disturbance for an individualized education program	This measure was calculated from data provided by IDEA Part B Child Count and Educational Environments, Common Core of Data. Under IDEA regulation, emotional disturbance is identified as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects a child's educational performance: 1. an inability to learn, which cannot be explained by intellectual, sensory or health factors; 2. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 3. inappropriate behavior or feelings under normal circumstances; 4. a general pervasive mood of unhappiness or depression; or 5. a tendency to develop physical symptoms or fears associated with personal or school problems. This term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined they have an emotional disturbance. Percent of Students Identified with Emotional Disturbance for an Individualized Education Program was calculated as the percent of children identified as having an emotional disturbance among all enrolled students of "school age," which includes kindergarten, grades 1-12, and "ungraded." Data survey years: 2023-2024.	IDEA Data Center, 2023 IDEA Section 618, State Level Data Files, Child Count and Educational Environments. https://data.ed.gov/dataset/idea-section-618-state-part-b-child-count-and-educational-environments/resources U.S. Department of Education, National Center for Education Statistics, Common Core of Data. https://nces.ed.gov/ccd/files.asp Downloaded and calculated on 1/31/2025.
Mental health workforce availability	Mental health workforce availability is the ratio of the county population to the number of mental health providers, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. These data come from the National Provider Identification data file, which has some limitations. Providers who transmit electronic health records are required to obtain an identification number, but very small providers may not obtain a number. While providers have the option of deactivating their identification number, some mental health professionals included in this list may no longer be practicing or accepting new patients. This may result in an overestimation of active mental health professionals in some communities. It is also true that mental health providers may be registered with an address in one county while practicing in another county. Data survey year: 2024.	County Health Rankings and Roadmaps. http://www.countyhealthrankings.org/