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# Mental Health and Substance Use State Fact Sheets

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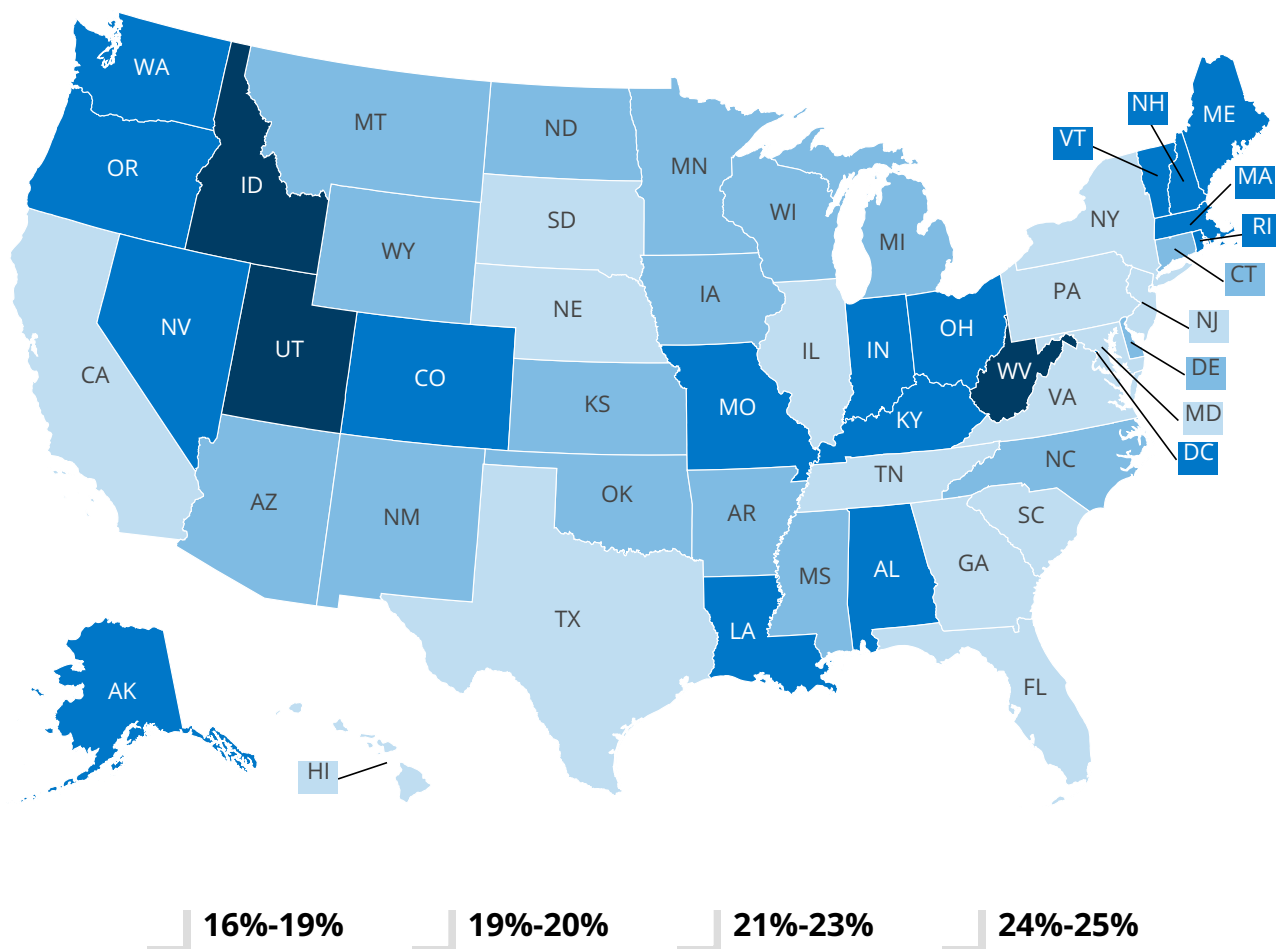
The coronavirus pandemic and resulting economic downturn have taken a toll on [mental health](https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use-people) people, with over [30%](https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-disorder-during-covid-19-pandemic/) of adults in the U.S. now reporting symptoms consistent with anxiety and/or depressive disorder. Among these adults, over [20%](https://www.kff.org/other/state-indicator/counseling-or-therapy-among-adults-reporting-symptoms-of-anxiety-and-or-depressive-disorder-during-the-covid-19-pandemic/) report needing, but not receiving, mental health counseling or therapy. This need for services comes at a time when mental health resources are already strained, and people with mental health diagnoses face barriers to care.

In this national summary and in the accompanying fact sheets, we examine national and state mental health both before and during the coronavirus pandemic. We find that mental health access, and coverage vary from state to state. For example, in 2017-2018, the share of adults with [mental illness](https://www.kff.org/other/state-indicator/mental-illness/) ranged from 16.1% in New Jersey to 25.3% in Utah. In 2018, age-adjusted [suicide](https://www.kff.org/other/state-indicator/suicide-rate/) ranged from 7.4 per 100,000 in the District of Columbia to 25.0 per 100,000 in New Mexico. Below, we highlight more findings from the national analysis. In the accompanying state reports, we present detailed state-level data for all fifty states and the District of Columbia.

**Click on a state below to learn more.**

## Share of Adults With Any Mental Illness, 2017-2018

**United States: 19.0%**



## Key Findings

The state-level facts sheets explore the prevalence of mental illness and substance use and re and access, affordability, and costs of care. Key findings include:

**Mental health symptoms have increased during the COVID-19 pandemic.** Average biweel October 2020 found that 37.7% of adults in the U.S. reported symptoms of anxiety and/or depre disorder, up from 11.0% (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>) in 20

The states with the highest percentage of adults reporting symptoms of anxiety and/or depre in October 2020 were New Mexico (43.7%), Nevada (42.6%), Kentucky (42.4%), Louisiana (41.4%) California (41.2%).

The states with the lowest percentage of adults reporting symptoms of anxiety and/or depre in October 2020 were North Dakota (29.4%), South Dakota (30.0%), Minnesota (30.7%), New H (31.2%), Iowa (31.5%).

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**Among adults who reported symptoms of anxiety and/or depressive disorder, 22.5% reported needing, but not receiving, counseling or therapy, based on data from October 2020.**

The states with the highest percentage of adults who reported symptoms of anxiety and/or depressive disorder and had an unmet need for counseling or therapy in October 2020 were Colorado (27.4%), Michigan (27.4%), Missouri (27.3%), Utah (26.6%), and Oregon (26.2%).

The states with the lowest percentage of adults who reported symptoms of anxiety and/or depressive disorder and had an unmet need for counseling or therapy in October 2020 were Hawaii (15.8%), North Dakota (16.0%), North Dakota (17.3%), Wyoming (17.8%), and New Hampshire (18.4%).

**Suicide (<https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>) is one of the top ten causes of death in the U.S. and has increased in almost every state over time.** In 2018, the age-adjusted suicide rate (<https://www.kff.org/other/state-indicator/suicide-rate/>) was 14.2 per 100,000.

States with the highest suicide rates in 2018 were New Mexico (25.0 per 100,000), Montana (24.8 per 100,000), Wyoming (24.8 per 100,000), Alaska (24.4 per 100,000), and Idaho (23.9 per 100,000).

States with the lowest suicide rates in 2018 were the District of Columbia (7.4 per 100,000), New Jersey (7.7 per 100,000), New York (8.3 per 100,000), Rhode Island (9.6 per 100,000), and Massachusetts (9.7 per 100,000).

**Deaths due to drug overdose increased nearly fourfold (<https://www.cdc.gov/drugoverdose/en/index.html>) from 1999 to 2018.** In the U.S. overall, the 2018 age-adjusted death rate (<https://www.kff.org/other/state-indicator/drug-overdose-death-rate-per-100000-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Drug%20Overdose%20Deaths%22,%22sort%22:%22desc%22%7D>) for all drug overdoses was 10.4 per 100,000.

States with the highest drug overdose death rates in 2018 were West Virginia (51.5 per 100,000), West Virginia (43.8 per 100,000), Maryland (37.2 per 100,000), Pennsylvania (36.1 per 100,000), and Ohio (35.8 per 100,000).

States with the lowest drug overdose death rates in 2018 were South Dakota (6.9 per 100,000), South Dakota (7.4 per 100,000), Iowa (9.6 per 100,000), North Dakota (10.2 per 100,000), and Texas (10.4 per 100,000).

**In 2017-2018, approximately one-third (34.3%) of adults with serious mental illness (SMI) in the past year did not receive mental health treatment (<https://www.kff.org/other/state-indicator/adults-with-serious-mental-illness-in-past-year-who-did-not-receive-treatment/>).**

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The states with the highest percentage of adults with SMI that did not receive mental health treatment are Alaska (54.9%), Louisiana (47.2%), Georgia (45.7%), Arizona (44.2%), and Missouri (43.0%).

The states with the lowest percentage of adults with SMI that did not receive mental health treatment are Tennessee (19.2%), South Dakota (23.9%), Vermont (23.9%), Washington (24.0%), and South Carolina (24.0%).

**Across all states, average out-of-pocket spending for adults with mental illness enrolled in employer health plans is higher than average out-of-pocket spending for adult enrollees with mental illness (\$1,347 vs. \$671).**

Average out-of-pocket spending for adults with large employer coverage who have a mental illness is highest in Connecticut (\$1,753), Wyoming (\$1,739), North Dakota (\$1,698), Montana (\$1,659), and Alaska (\$1,617).

Average out-of-pocket spending for adults with large employer coverage who have a mental illness is lowest in Michigan (\$998), Massachusetts (\$1,048), California (\$1,106), Iowa (\$1,106), and Wisconsin (\$1,106).

*Note: For more state-level comparisons, visit our [Mental Health and Substance Use Disorder](https://statedata/collection/mental-health-substance-use-disorder/) (<https://statedata/collection/mental-health-substance-use-disorder/>) data collection on KFF's State Health Facts. This collection allows for quick comparisons across states and for the creation of custom reports for selected indicators.*

Mental health and substance use disorders remain a key policy issue at the state level, especially in the wake of the COVID-19 pandemic. A recent [analysis](https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/projected-deaths-of-despair-during-covid-19/) (<https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/projected-deaths-of-despair-during-covid-19/>) found that by 2029, there may be 75,000 more deaths from suicide and alcohol or drug misuse as result of the pandemic and economic recession. The need for mental health care is continuing to increase even as many people have lost health insurance as a result of job loss and unemployment during the pandemic. This will likely exacerbate longstanding issues with access to care in mental health and substance use treatment services. As policymakers address the many issues created or highlighted by the pandemic and economic crisis, data will be pivotal to underpin policies directed at addressing longstanding and developing issues in mental health care.

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