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## **Healthcare Expenditures for Treatment of Mental Disorders: Estimates for Adults Ages 18 and Older, U.S. Civilian Noninstitutionalized Population, 2019**

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### **Highlights**

- **In 2019, approximately 44 million adults, or 17.3 percent of the adult U.S. population, reported expenditures for the treatment of mental disorders.**
- **Medical spending to treat adults with mental disorders totaled \$106.5 billion in 2019.**
- **The number of females with expenses for the treatment of mental disorders was almost double that of males (29.1 million versus 14.8 million).**
- **The largest portion of direct medical spending on mental disorders among adults in 2019 was for ambulatory visits (41.5 percent).**

### **Introduction**

According to World Health Organization, “mental health is an integral and essential component of health.”<sup>1</sup>

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<sup>1</sup> World Health Organization. *Mental Health: Strengthening Our Response*. <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Mental health includes our emotional, psychological, and social well-being. Mental illnesses or disorders are among the most common health conditions in the United States. Mental disorders affect people from all walks of life and all age groups. According to the Centers for Disease Control and Prevention, more than 50 percent of the U.S. population will be diagnosed with a mental illness or disorder at some point in their lifetime.<sup>2</sup>

Mental disorders, as defined in the Medical Expenditure Panel Survey (MEPS), include mental, behavioral, and neurodevelopmental conditions. Mental disorders include anxiety, depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, substance abuse, and other mental and neurodevelopmental illnesses.

This Statistical Brief presents estimates based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) of healthcare utilization and expenditures for the treatment of mental disorders among adults ages 18 and older in the U.S. civilian noninstitutionalized population. Only differences between estimates that are statistically significant at the 0.05 level are discussed in this Brief.

## **Findings**

*Number and percentage of population with expenditures for the treatment of mental disorders by selected demographic characteristics (figures 1 and 2)*

In 2019, an estimated 17.3 percent (43.9 million individuals) of adults age 18 and older in the U.S. civilian noninstitutionalized population had some healthcare expenditures for the treatment of mental disorders (figure 1). The number of females with expenses for the treatment for mental disorders was almost double that of males (29.1 million versus 14.8 million). Almost 20 (19.8) percent, or one in every five adults who were ages 65 and older, had expenditures for mental disorders in 2019. This was higher than the percentage of adults ages 18–64 (16.6 percent).

Approximately one in every five non-Hispanic White adults (21.7 percent) had expenditures for the treatment of mental disorders in 2019 (figure 2). This was more than double the percentages of non-Hispanic Black adults (10.1 percent) and Hispanic adults (9.7 percent) who had any expenditures for the treatment of mental disorders.

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<sup>2</sup> Division of Population Health. *About Mental Health*. June 2021. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/mentalhealth/learn/index.htm>

*Total expenditures for the treatment of mental disorders, by age and sex (figure 3)*

A total of \$106.5 billion in expenditures was reported for the treatment of mental disorders among adults 18 and older in 2019 (figure 3). A major share of these expenditures, \$88.4 billion, was spent on care for adults between the ages of 18 and 64, while only \$18.1 billion was spent on treatment for adults ages 65 and older.

Expenditures were higher for treatment of mental disorders for females than for males (\$61.5 billion versus \$45.0 billion).

*Percentage distribution of expenditures for the treatment of mental disorders by type of service (figure 4)*

Among all adults with any expense for the treatment of mental disorders, the highest proportion (41.5 percent) was spent on ambulatory visits (figure 4). This was followed by about 30 percent (29.8 percent) spent for prescription drugs. Expenditures for all other types of services (emergency room, hospital stays, and home health) comprised the remainder (28.7 percent) of the total expenditures for the treatment of mental disorders among adults in 2019.

*Percentage distribution of expenditures for the treatment of mental disorders by source of payment (figure 5)*

In 2019, a total of \$33.9 billion, or about one-third (31.8 percent) of expenditures for the treatment of mental disorders, was paid by private insurance (figure 5). The second biggest payer was Medicaid, with expenditures of \$27.6 billion, or a little over one-fourth (25.9 percent) of the total spent for the treatment of mental disorders among adults ages 18 and older. Almost one-fifth (19.1 percent) of mental disorder treatment expenditures were paid by Medicare, which paid a total of \$20.4 billion, followed by \$15.6 billion (14.7 percent) paid by individuals and families out of pocket.

**Data Source**

The estimates in this Statistical Brief are based on data from following 2019 files: Full Year Consolidated Data File (HC-216), Medical Conditions File (HC-214), Prescribed Medicines File (HC-213A), Hospital Inpatient Stays (HC-213D), Emergency Room Visits (HC-213E), Outpatient Visits (HC-213F), Office-Based Medical Provider Visits (HC-213G), Home Health (HC-213H), and Appendix to MEPS 2019 Event Files (HC-213I).

## Definitions

### *Mental disorders*

This Brief analyzes adults ages 18 and older with a mental disorder as reported in connection with healthcare utilization. The conditions reported by respondents were coded by professional coders to fully specified International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. Conditions with Clinical Classifications Software Refined (CCSR) codes MBD000–MBD034 (including mental, behavioral, and neurodevelopmental disorders as well as opioid-, alcohol-, and substance abuse-related conditions) were used in this Brief.

### *Expenditures*

Total expenditures are defined as payments from all sources (see definitions below) for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, home healthcare, and prescribed medicine purchases reported by respondents in the MEPS-HC. Payments for other medical expenses, such as durable and nondurable supplies, medical equipment, eyeglasses, ambulance services, as well as for dental expenses are excluded.

### *Age*

Age was defined as age at the end of calendar year 2019 (or on the last date of MEPS eligibility if the person was out of scope at the end of the year).

### *Ambulatory*

Office-based and outpatient visits were called Ambulatory visits.

### *Race/ethnicity*

MEPS respondents were asked if each family member was Hispanic or Latino and about each family member's race. Based on this information, categories of race and Hispanic origin were constructed as follows: Hispanic; White, non-Hispanic (no other races reported); Black, non-Hispanic (no other races reported); and other/multiple races, non-Hispanic.

### *Sources of payment*

Sources of payment are classified in following categories in this Brief:

- Out of pocket (e.g., direct payments from individuals and families).
- Private insurance: Payments made by private insurance plans covering hospital and other medical care services (excluding payments from Medicare, Medicaid, and other public sources). Payments from TRICARE (Armed Forces-related coverage) are included in this category.
- Medicare: Payments by Medicare, which is a federally financed health insurance plan for persons aged 65 and older, persons receiving Social

Security Disability payments, and persons with end-stage renal disease.

- Medicaid: Payments by Medicaid and the Children's Health Insurance Program (CHIP), which are means-tested government programs jointly financed by federal and state funds that provide healthcare to those who are eligible.
- Other sources: Includes payments from the U.S. Department of Veterans Affairs (except TRICARE); other federal sources (Indian Health Service, military treatment facilities, and other care provided by the federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid/CHIP); workers' compensation; and various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources).

## **About MEPS**

The Medical Expenditure Panel Survey Household Component (MEPS-HC) collects nationally representative data on health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS-HC is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). More information about the MEPS-HC can be found on the MEPS Web site at <http://www.meps.ahrq.gov/>.

## **References**

The following methodology reports contain information on the survey and sample designs for the MEPS-HC and MEPS Medical Provider Component. Data collected in these two components are jointly used to derive MEPS healthcare expenditure data.

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. 1997. Agency for Health Care Policy and Research (AHCPR), Rockville, MD.

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## **Suggested Citation**

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[https://meps.ahrq.gov/data\\_files/publications/st539/stat539.pdf](https://meps.ahrq.gov/data_files/publications/st539/stat539.pdf)

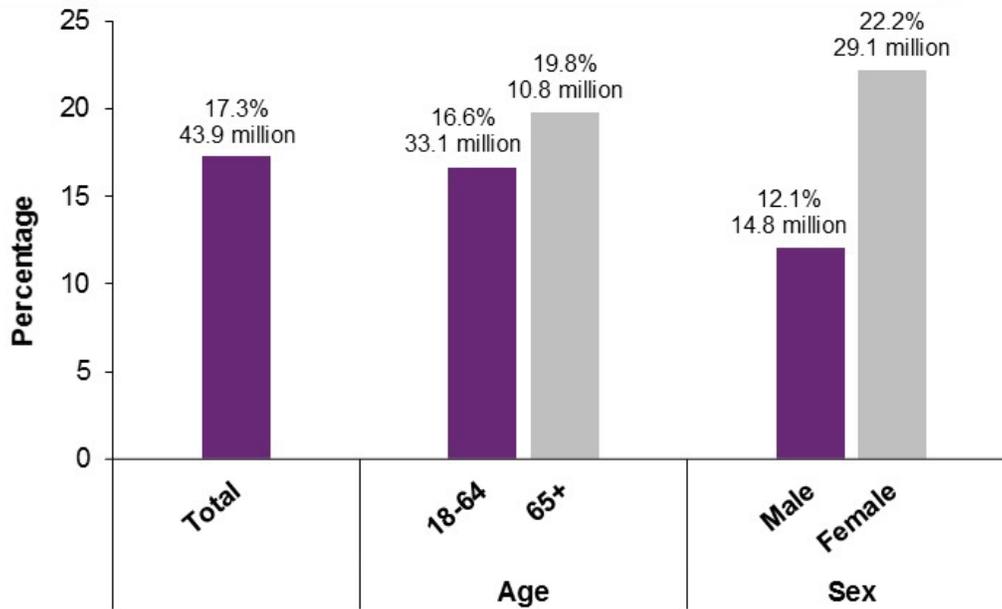
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and

tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please email us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

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**Figure 1. Number and percentage of adults ages 18 and older with treatment for mental disorders, by age and sex, 2019**



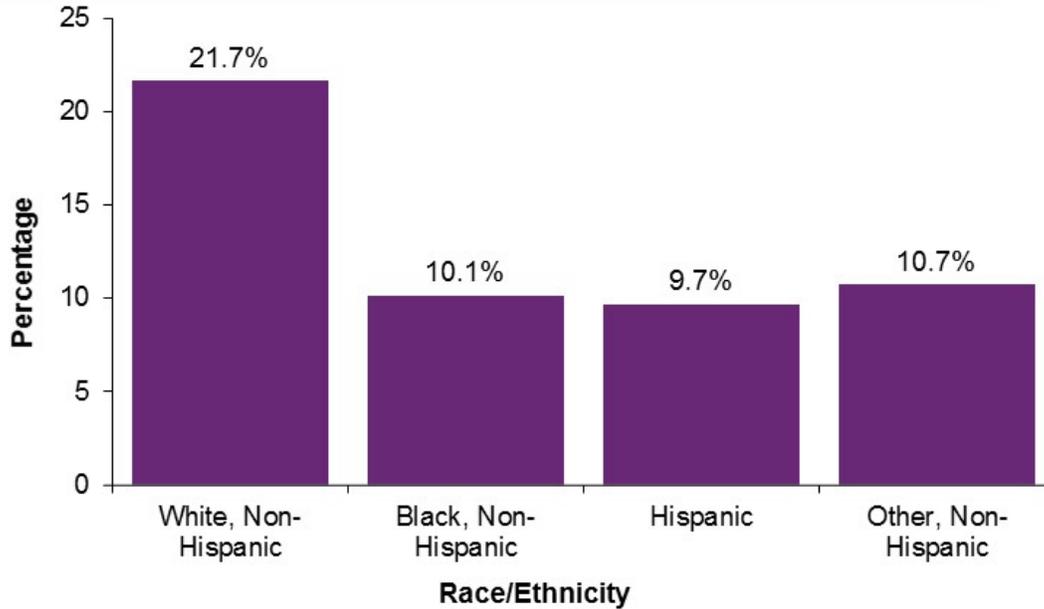
Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 1. Number and percentage of adults ages 18 and older with treatment for mental disorders, by age and sex, 2019**

Measure	Total	Age, 18-64	Age, 65+	Sex, Male	Sex, Female
<b>Percentage of Adult Population</b>	17.3%	16.6%	19.8%	12.1%	22.2%
<b>Number of Adults in Millions</b>	43.9	33.1	10.8	14.8	29.1

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 2. Percentage of population with treatment for mental disorders among adults ages 18 and older, by race/ethnicity, 2019**



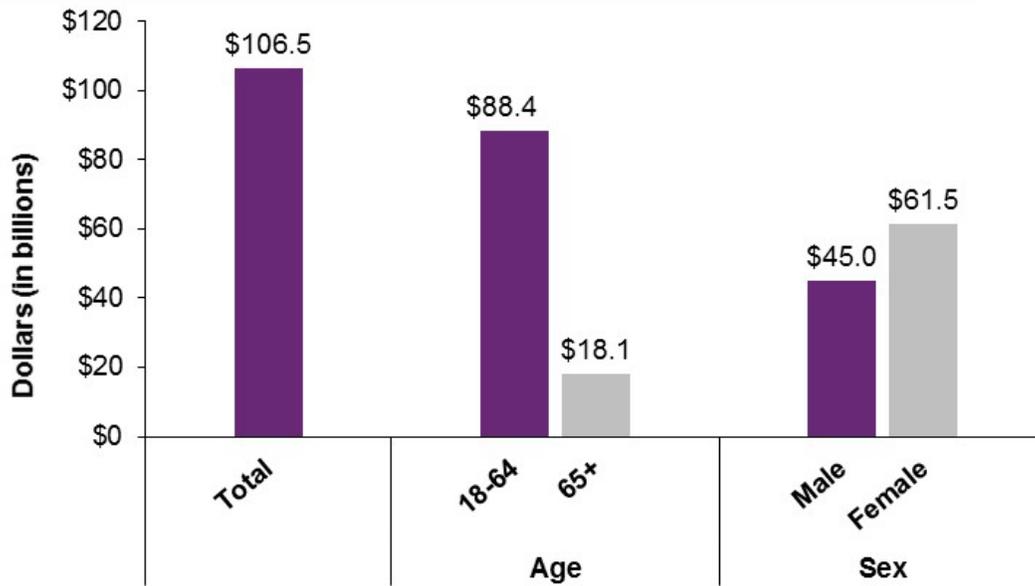
Source: Agency for Healthcare research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 2. Percentage of population with treatment for mental disorders among adults ages 18 and older, by race/ethnicity, 2019**

<b>Race/Ethnicity</b>	<b>Percentage of Population</b>
<b>White, Non-Hispanic</b>	21.7%
<b>Black, Non-Hispanic</b>	10.1%
<b>Hispanic</b>	9.7%
<b>Other, Non-Hispanic</b>	10.7%

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 3. Total expenditures for treatment of mental disorders among adults ages 18 and older, by age and sex, 2019**



Source: Agency for Healthcare research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 3. Total expenditures for treatment of mental disorders among adults ages 18 and older, by age and sex, 2019**

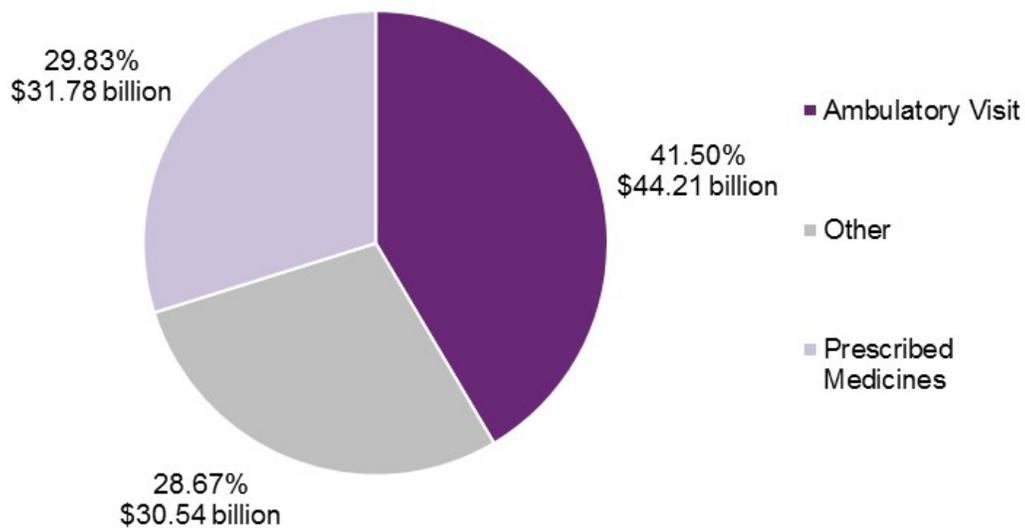
Measure	Total	Age, 18-64	Age, 65+	Sex, Male	Sex, Female
<b>Total Expenditures (\$, in billions)</b>	106.5	88.4	18.1	45.0	61.5

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 4. Percentage distribution of expenditures for treatment of mental disorders among adults ages 18 and older, by type of service, 2019**



**Expenditures, \$106.54 billion total**



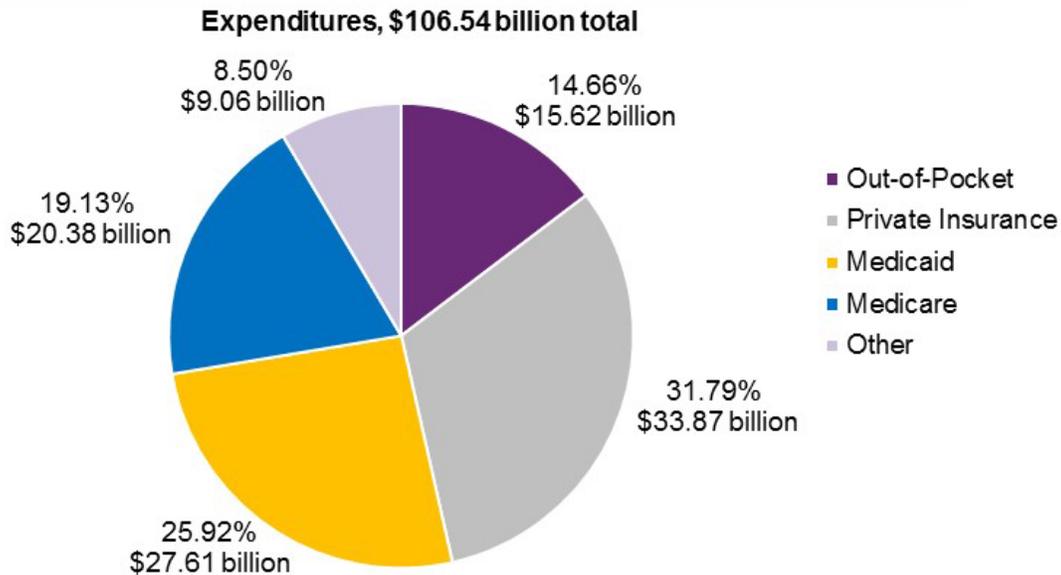
Source: Agency for Healthcare research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 4. Percentage distribution of expenditures for treatment of mental disorders among adults ages 18 and older, by type of service, 2019**

Type of Service	Percentage of Total Expenditures	Expenditures (\$, in billions)
<b>Ambulatory Visit</b>	41.50%	44.21
<b>Prescribed Medicines</b>	29.83%	31.78
<b>Other</b>	28.67%	30.54

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 5. Percentage distribution of expenditures for treatment of mental disorders among adults ages 18 and older, by source of payment, 2019**



Source: Agency for Healthcare research and Quality, Medical Expenditure Panel Survey, Household Component, 2019

**Figure 5. Percentage distribution of expenditures for treatment of mental disorders among adults ages 18 and older, by source of payment, 2019**

Source of Payment	Percentage of Total Expenditures	Expenditures (\$, in billions)
<b>Out-Of-Pocket</b>	14.66%	15.62
<b>Private Insurance</b>	31.79%	33.87
<b>Medicaid</b>	25.92%	27.61
<b>Medicare</b>	19.13%	20.38
<b>Other</b>	8.50%	9.06

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2019