

National Health Statistics Reports

Number 181 ■ March 1, 2023

Emergency Department Visits Related to Mental Health Disorders Among Adults, by Race and Hispanic Ethnicity: United States, 2018–2020

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Abstract

Objective—This report describes emergency department (ED) visits related to mental health disorders among adults and assesses differences in mental health-related ED visit characteristics by race and Hispanic ethnicity.

Methods—Nationally representative estimates in this report are derived from data collected in the 2018–2020 National Hospital Ambulatory Medical Care Survey (NHAMCS), an annual survey of ED visits in the United States. Mental health-related ED visits were included if they had an *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) diagnosis code between F01 and F99. Race and Hispanic-ethnicity categories include non-Hispanic White, non-Hispanic Black, and Hispanic. Selected characteristics of patients, hospitals, and visits were assessed.

Results—Rates of mental health-related ED visits by race and Hispanic ethnicity were highest among non-Hispanic Black adults (96.8 visits per 1,000 adults), followed by non-Hispanic White (53.4) and Hispanic (36.0) adults. Rates of ED visits for specific mental health disorders, including substance use disorders, anxiety disorders, and mood disorders, were also highest among non-Hispanic Black adults. A higher percentage of visits by Hispanic (57.7%) and non-Hispanic Black (49.5%) adults had Medicaid as the expected primary source of payment than visits by non-Hispanic White adults (36.1%).

Conclusion—This report highlights differences by patient race and Hispanic ethnicity in ED visit characteristics related to mental health disorders.

Keywords: psychoactive substance use disorders • mood disorders • anxiety disorders • schizophrenia • National Hospital Ambulatory Medical Care Survey (NHAMCS)

Introduction

One in five adults (52.9 million) in the United States were living with a mental health disorder in 2020. However,

less than one-half of adults living with a mental health disorder received mental health services in the past year (1). Research has shown that Hispanic and non-Hispanic Black adults are less likely

to receive routine treatment for mental health disorders (1,2). In the absence of routine care, patients with mental health disorders often receive care related to a mental health disorder in emergency departments (EDs). The percentage of ED visits with a mental health diagnosis increased from 6.6% in 2007–2008 to 10.9% in 2015–2016 (3), and in 2019, mental health disorders were the seventh most common primary diagnosis at ED visits (4,5).

Prior analysis showed differences in rates of overall ED use by race and ethnicity (4), described specific mental health disorders diagnosed at ED visits (3), and assessed characteristics at mental health-related ED visits (6). The National Center for Health Statistics (NCHS) has provided counts and rates of mental health-related ED visits by race and Hispanic ethnicity from the National Hospital Ambulatory Medical Care Survey (NHAMCS) (5). However, targeted research is lacking on the magnitude of differences in ED use and characteristics of visits for mental health disorders by race and Hispanic ethnicity, specifically using recent nationally representative data. This report uses data from the 2018–2020 NHAMCS to compare patient, hospital, and visit



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characteristics of mental health-related ED visits by race and Hispanic ethnicity.

Methods

Data source

Data for this study include records from ED visits made by adults in the United States, which were abstracted from hospitals participating in the 2018, 2019, and 2020 NHAMCS. NHAMCS is an annual survey of ED visits at a sample of nonfederal, general, and short-stay hospitals from all 50 states and the District of Columbia. Data are collected in two stages: first, participating hospitals complete an induction survey about characteristics of their facility and services; second, field representatives abstract a sample of visits from participating hospitals. Visit records are then weighted to allow for nationally representative estimates using NHAMCS data. Weighted response rates for NHAMCS were 60.3% in 2018, 59.4% in 2019, and 35.1% in 2020.

Mental health-related ED visits among adults aged 18 and over were identified as having any *International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM)* diagnosis code between F01 and F99; NHAMCS includes up to five diagnoses per ED visit. In total, 5,926 visit records in the 2018–2020 NHAMCS met the above criteria. Analyses also assessed subcategories of mental health-related ED visits, with the following categories identified as having any of the associated ICD–10–CM diagnosis codes:

- Psychoactive substance use disorders (subsequently, substance use disorders): F10–F19
 - Alcohol use disorders: F10
 - Nicotine dependence: F17
 - Other substance use disorders: F11–F16, F18–F19
- Schizophrenia: F20–F29
- Mood disorders: F30–F39
- Anxiety-related disorders: F40–F49

Other mental health disorders (ICD–10–CM codes in F00 and F50–F99) were included in any mental

health disorder estimates but were not shown as their own category.

Patient race and Hispanic ethnicity were collected as separate variables and converted into a combined variable with categories of non-Hispanic White, non-Hispanic Black, Hispanic, and non-Hispanic other. Race and Hispanic ethnicity were missing from 19.0% and 17.8% of ED visits, respectively (unweighted); missing values were imputed as described elsewhere (7). Non-Hispanic other accounted for 5.3% of mental health-related visits among adults from 2018 to 2020 (unweighted) and includes people who identify as Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or multiple races. Due to small sample sizes leading to many unreliable estimates, non-Hispanic other is not included as its own category in this report but is included in total estimates.

Analyses also assess selected characteristics of patients, hospitals, and visits. Patient characteristics include sex, age group, urbanization level of residence, and expected primary source of payment. Hospital characteristics include region and metropolitan statistical area (MSA) status. Visit characteristics include arrival by ambulance, wait time of 1 hour or more, visit duration of 4 hours or more, and admission or transfer to a hospital.

Visit rates represent the annual average number of visits per 1,000 adults from 2018 to 2020, and were based on the July 1, 2018, July 1, 2019, and July 1, 2020, sets of estimates of the U.S. civilian noninstitutionalized population, as developed by the U.S. Census Bureau, Population Division. Percentage estimates include 95% confidence intervals calculated using the Korn–Graubard method and were assessed for reliability using NCHS Data Presentation Standards for Proportions (8). Lastly, studies have produced conflicting findings regarding changes in mental health-related ED use during the COVID-19 pandemic (9,10). Before performing analyses using the 2018–2020 NHAMCS, rate estimates from the 2020 survey year were compared with rate estimates from the prior 3 years, and it was determined that estimates of mental health-related ED use in 2020 NHAMCS

were similar and could be combined with prior years. For instance, the rate of mental health-related ED visits was 49.4 visits per 1,000 adults in 2020, compared with rates of 49.0 in 2017, 52.3 in 2018, and 57.5 in 2019.

All analyses were conducted using SAS-callable SUDAAN 11.0.3 software to account for the complex sampling design of NHAMCS. Differences between estimates across race and Hispanic-ethnicity categories were assessed using two-sided *t* tests at the $p < 0.05$ level.

Results

Rates of mental health-related ED visits, by race and Hispanic ethnicity

From 2018 to 2020, an average of 774,508 mental health-related ED visits occurred per year among adults in the United States, accounting for 12.3% of all ED visits made by adults. On average, 53.0 ED visits per 1,000 adults occurred per year in the United States in which any mental health disorder was diagnosed (Figure 1). Rates of ED visits for any mental health disorder were highest among non-Hispanic Black adults (96.8) compared with non-Hispanic White (53.4) and Hispanic (36.0) adults.

Substance use disorders were diagnosed at 27.6 ED visits per 1,000 adults per year, followed by anxiety-related disorders (14.3), mood disorders (12.2), and schizophrenia (4.6) (Figure 1). Non-Hispanic Black adults had the highest rates of substance use disorders (53.1), anxiety-related disorders (21.7), mood disorders (20.5), and schizophrenia (13.2), while Hispanic adults had the lowest rates of substance use disorders (20.0), anxiety-related disorders (9.3), and mood disorders (7.6).

Among specific substance use disorder categories, the annual average rates were similar for nicotine dependence, alcohol use disorders, and all other substance use disorders, which were diagnosed at 10.6, 10.0, and 9.1 ED visits per 1,000 adults per year, respectively (Figure 2). Non-Hispanic Black adults had the highest annual average rates of ED visits for nicotine

Figure 1. Annual average rates of mental health-related emergency department visits among adults, by race and Hispanic ethnicity: United States, 2018–2020

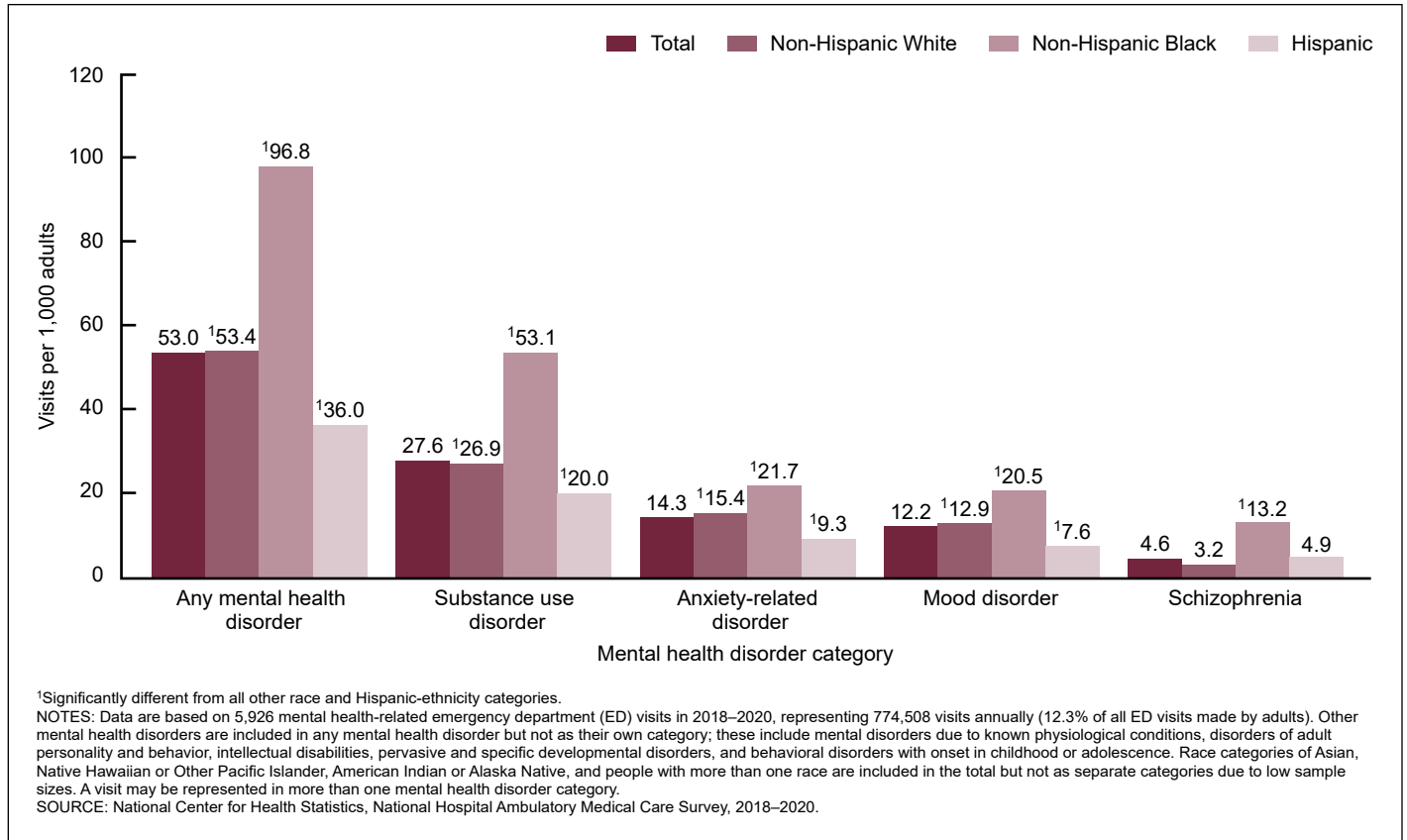
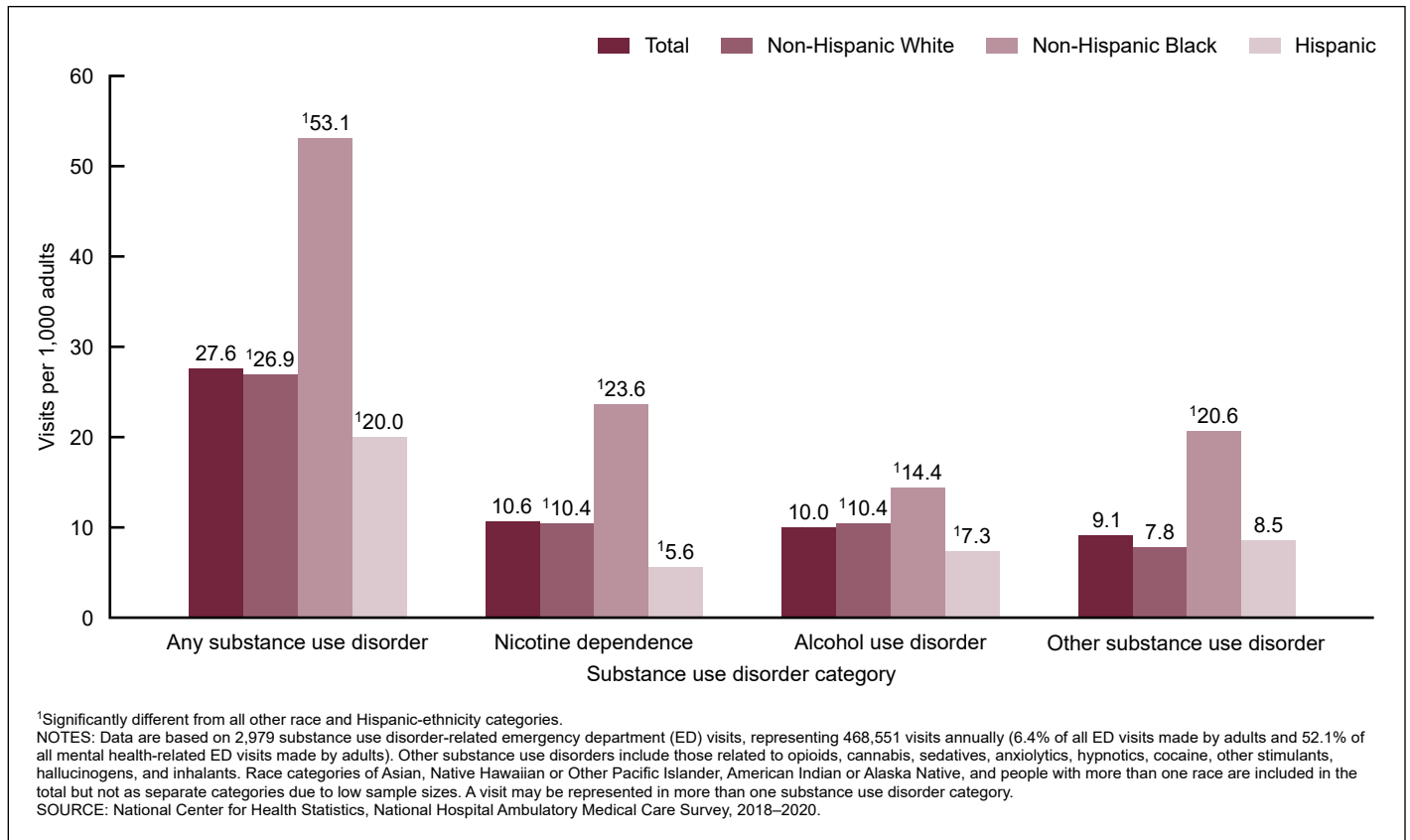


Figure 2. Annual average rates of substance use disorder-related emergency department visits among adults, by race and Hispanic ethnicity: United States, 2018–2020



dependence (23.6) and alcohol use disorders (14.4), while Hispanic adults had the lowest visit rates for both categories (5.6 and 7.3, respectively).

Selected characteristics at mental health-related ED visits, by race and Hispanic ethnicity

Tables 1–3 provide patient, hospital, and visit characteristics of mental health-related ED visits by race and Hispanic-ethnicity categories.

Patient characteristics

Among all adults, a higher percentage of mental health-related ED visits occurred among men (51.7%) than women (48.3%) (Table 1). A similar pattern was observed for non-Hispanic Black and Hispanic adults, with higher percentages of mental health-related ED visits among men (55.8% and 57.1%, respectively). Among non-Hispanic White adults, a similar percentage of visits occurred among women (50.6%) and men (49.4%).

Among all adults, the percentage of mental health-related ED visits decreased with increasing age, with 56.3% of visits among adults aged 18–44, 30.1% among adults aged 45–64, and 13.6% among adults aged 65 and over (Table 1). This pattern was generally consistent across race and Hispanic-ethnicity groups. However, a higher percentage of visits among Hispanic and non-Hispanic Black adults were by patients aged 18–44 (65.3% and 61.0%, respectively) compared with visits among non-Hispanic White adults (52.6%). Conversely, a lower percentage of visits among non-Hispanic Black adults were by patients aged 65 and over (9.9%) compared with visits among non-Hispanic White adults (16.1%).

A higher percentage of mental health-related ED visits among Hispanic and non-Hispanic Black adults were by adults living in large metropolitan areas (69.8% and 54.0%, respectively) compared with visits among non-Hispanic White adults (40.2%).

Overall, Medicaid was the expected primary source of payment at 41.5% of mental health-related ED visits, followed

by Medicare (23.2%), private insurance (21.2%), and no insurance (11.3%). This pattern was generally consistent across race and Hispanic-ethnicity groups, although some percentages did not meet reliability criteria among Hispanic adults. However, the percentage of mental health-related ED visits with Medicaid as the expected primary source of payment was higher among Hispanic (57.7%) and non-Hispanic Black (49.5%) adults than non-Hispanic White adults (36.1%). Conversely, the percentage of mental health-related ED visits with private insurance as the expected primary source of payment was higher among non-Hispanic White adults (23.7%) than non-Hispanic Black (15.8%) and Hispanic (15.7%) adults.

Hospital characteristics

Regional distributions within race and Hispanic-ethnicity categories also differed. A higher percentage of visits among Hispanic adults occurred at hospitals located in the West (47.5%) than visits among non-Hispanic White (22.3%) and non-Hispanic Black (10.3%) adults (Table 2). A higher percentage of visits among non-Hispanic Black and non-Hispanic White adults occurred at hospitals located in the South (42.3% and 36.6%, respectively) compared with visits among Hispanic adults (17.7%). A higher percentage of mental health-related ED visits among non-Hispanic Black and Hispanic adults occurred at hospitals in MSAs (95.7% and 94.7%, respectively) than visits among non-Hispanic White adults (85.3%).

Visit characteristics

Patients arrived by ambulance at nearly one-third (32.9%) of all mental health-related ED visits among adults, with no significant differences by race and Hispanic ethnicity (Table 3). Patients waited to be seen for 1 hour or more at 14.0% of all mental health-related ED visits, with higher percentages among Hispanic (17.3%) and non-Hispanic Black (17.2%) patients than non-Hispanic White patients (12.5%), although the difference between Hispanic and non-Hispanic White patients was not significant. Patients had visit durations of 4 hours or more at 44.4% of mental

health-related ED visits, with higher percentages among Hispanic (51.3%) and non-Hispanic Black (48.6%) patients than non-Hispanic White patients (41.1%). Patients were admitted or transferred to a hospital at 21.0% of mental health-related ED visits, with a higher percentage of visits resulting in admission or transfer among non-Hispanic White (22.5%) and Hispanic (21.3%) patients than non-Hispanic Black patients (15.6%), although the difference between Hispanic and non-Hispanic Black patients was not significant.

Discussion

Nationally representative data from NHAMCS highlight differences in the use of EDs for mental health disorders by race and Hispanic ethnicity. In 2018–2020, non-Hispanic Black adults had higher rates of ED visits for all categories of mental health disorders assessed compared with non-Hispanic White and Hispanic adults, including substance use disorders, anxiety disorders, mood disorders, and schizophrenia. This aligns with prior research assessing pediatric use of EDs for mental health disorders (11) and could be expected given that rates of ED visits overall are higher among non-Hispanic Black people (4). Hispanic adults had the lowest rates of ED visits for any mental health disorders, substance use disorders, anxiety disorders, and mood disorders.

The distributions of many characteristics at mental health-related ED visits also differed by race and ethnicity. Among non-Hispanic White adults, percentages of mental health-related ED visits were similar for men and women, whereas visits among non-Hispanic Black and Hispanic adults were more likely to be among men compared with women. Non-Hispanic Black and Hispanic patients were more likely to have longer wait times and visit durations at mental health-related ED visits than non-Hispanic White patients, consistent with prior research looking at wait times (12) and lengths of visit at all ED visits by race and ethnicity (13). However, Sonnenfeld and colleagues found that after adjusting for several factors, including location and visit volume of the ED, racial differences

in wait time decreased (12); similar factors may also account for differences in wait times at mental health-related visits. Higher percentages of visits by Hispanic and non-Hispanic Black adults had Medicaid as the expected primary source of payment, which is consistent with other information showing that higher percentages of non-Hispanic Black and Hispanic adults are covered by Medicaid compared with non-Hispanic White adults (14). Visits by non-Hispanic Black patients were less likely to result in admission or transfer to a hospital than non-Hispanic White patients, aligning with past research assessing admissions among all ED visits (13).

This study uses nationally representative data from the most recent years available, yet it has limitations that should be considered. First, sample sizes from 2018–2020 NHAMCS were insufficient to include estimates of other race and ethnicity categories, including Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native people, and people of multiple races. In addition, estimates for some characteristics, particularly by Hispanic ethnicity, did not meet reliability criteria based on small sample size. Second, this study included visits with any mental health diagnosis listed, even if a mental health disorder was not the primary diagnosis or reason for visiting the ED. Lastly, race and Hispanic ethnicity were missing for a substantial portion of ED visits (19.0% and 17.8%, respectively) and were imputed when creating the combined race and Hispanic-ethnicity variable.

Conclusion

This report used NHAMCS to produce nationally representative estimates of mental health-related ED visits for selected race and Hispanic-ethnicity groups. Findings show differences by patient race and Hispanic ethnicity in characteristics of ED visits in which a mental health disorder was diagnosed.

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Table 1. Percentage of selected patient characteristics at mental health-related emergency department visits among adults, by patient race and Hispanic ethnicity: United States, 2018–2020

Patient characteristic	Total	Non-Hispanic		
		White	Black	Hispanic
		Percent (95% confidence interval)		
Sex				
Women	48.3 (46.3–50.3)	50.6 (48.1–53.1)	¹ 44.2 (40.3–48.2)	¹ 42.9 (37.2–48.8)
Men	51.7 (49.7–53.7)	49.4 (46.9–51.9)	² 55.8 (52.0–59.5)	² 57.1 (51.6–62.4)
Age group				
18–44	56.3 (54.3–58.3)	52.6 (50.1–55.1)	² 61.0 (57.3–64.5)	² 65.3 (60.4–70.0)
45–64	30.1 (28.0–32.3)	31.3 (28.5–34.2)	29.1 (25.1–33.4)	26.8 (21.0–33.2)
65 and over	13.6 (11.2–16.4)	16.1 (13.0–19.6)	¹ 9.9 (5.5–16.2)	*
Urbanization level				
Large metropolitan	46.7 (40.4–53.0)	40.2 (33.3–47.4)	^{2,3} 54.0 (44.9–63.0)	² 69.8 (59.6–78.8)
Medium and small metropolitan	36.3 (29.9–43.0)	38.9 (32.0–46.1)	⁴ 35.7 (27.2–45.0)	¹ 22.7 (14.0–33.4)
Nonmetropolitan	17.1 (13.4–21.3)	20.9 (16.2–26.2)	*	*
Expected primary source of payment⁵				
Private	21.2 (18.8–23.8)	23.7 (20.7–26.9)	¹ 15.8 (11.0–21.6)	¹ 15.7 (9.3–24.3)
Medicare	23.2 (20.8–25.9)	26.6 (23.5–29.9)	¹ 19.1 (14.1–24.9)	*
Medicaid	41.5 (38.6–44.5)	36.1 (32.9–39.4)	^{2,3} 49.5 (44.6–54.3)	² 57.7 (51.0–64.2)
Uninsured	11.3 (8.8–14.2)	10.6 (7.5–14.5)	13.4 (8.1–20.3)	*

* Estimate does not meet National Center for Health Statistics standards of reliability.

¹Significantly lower than non-Hispanic White adults.

²Significantly higher than non-Hispanic White adults.

³Significantly lower than Hispanic adults.

⁴Significantly higher than Hispanic adults.

⁵Missing or unknown in 13.4% of mental health-related visits (unweighted) and excluded from relevant analyses. Due to unreliability, also not shown is other payment, including worker's compensation and any other payment source, which accounted for 3.0% of emergency department (ED) visits; consequently, column percentages will not add to 100% for expected primary source of payment. Uninsured includes self-pay and no charge or charity.

NOTES: Race categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and people with more than one race are included in the total but not as separate categories due to low sample sizes. Data are based on 5,926 mental health-related ED visits in 2018–2020, representing 774,508 visits annually (12.3% of all ED visits made by adults). Ninety-five percent confidence intervals were calculated according to the Korn–Graubard method.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2018–2020.

Table 2. Percentage of selected hospital characteristics at mental health-related emergency department visits among adults, by patient race and Hispanic ethnicity: United States, 2018–2020

Hospital characteristic	Total	Non-Hispanic		
		White	Black	Hispanic
Region		Percent (95% confidence interval)		
Northeast	17.9 (14.7–21.6)	15.9 (12.6–19.8)	19.4 (14.7–24.8)	¹ 26.4 (19.6–34.2)
Midwest	23.8 (19.2–28.9)	25.1 (20.3–30.5)	28.0 (20.7–36.3)	*
South	35.0 (29.2–41.2)	36.6 (30.1–43.6)	² 42.3 (33.8–51.1)	³ 17.7 (11.1–26.1)
West	23.2 (18.4–28.5)	22.3 (17.0–28.3)	^{3,4} 10.3 (6.2–15.9)	¹ 47.5 (37.7–57.4)
Metropolitan statistical area (MSA)				
MSA	88.6 (84.8–91.7)	85.3 (80.5–89.2)	** ¹ 95.7 (92.3–97.9)	** ¹ 94.7 (89.7–97.8)
Non-MSA	11.4 (8.2–15.3)	14.7 (10.7–19.5)	*	*

* Estimate does not meet National Center for Health Statistics standards of reliability.

** Estimate meets National Center for Health Statistics standards of reliability, but its complement does not.

¹Significantly higher than non-Hispanic White adults.

²Significantly higher than Hispanic adults.

³Significantly lower than non-Hispanic White adults.

⁴Significantly lower than Hispanic adults.

NOTES: Race categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and people with more than one race are included in the total but not as separate categories due to low sample sizes. Data are based on 5,926 mental health-related emergency department (ED) visits in 2018–2020, representing 774,508 visits annually (12.3% of all ED visits made by adults). Ninety-five percent confidence intervals were calculated according to the Korn–Graubard method.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2018–2020.

Table 3. Percentage of selected visit characteristics at mental health-related emergency department visits among adults, by patient race and Hispanic ethnicity: United States, 2018–2020

Visit characteristic	Total	Non-Hispanic		
		White	Black	Hispanic
		Percent (95% confidence interval)		
Arrived by ambulance ¹	32.9 (30.4–35.5)	31.1 (28.2–34.0)	34.3 (30.2–38.7)	35.9 (29.5–42.6)
Wait time of 1 hour or more ²	14.0 (11.8–16.5)	12.5 (9.5–16.0)	³ 17.2 (13.1–21.9)	17.3 (11.6–24.3)
Visit duration of 4 hours or more ²	44.4 (41.9–46.9)	41.1 (38.0–44.2)	³ 48.6 (44.5–52.7)	³ 51.3 (45.1–57.5)
Admitted or transferred to any hospital	21.0 (18.6–23.5)	22.5 (19.5–25.8)	⁴ 15.6 (11.5–20.6)	21.3 (15.1–28.7)

¹Missing or unknown at 3.8% of mental health-related visits (unweighted) and excluded from relevant analysis.

²Wait time and visit duration were missing or unknown at 12.5% and 5.7% of mental health-related visits (unweighted), respectively, and excluded from relevant analyses.

³Significantly higher than non-Hispanic White adults.

⁴Significantly lower than non-Hispanic White adults.

NOTES: Race categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and people with more than one race are included in the total but not as separate categories due to low sample sizes. Data are based on 5,926 mental health-related emergency department (ED) visits in 2018–2020, representing 774,508 visits annually (12.3% of all ED visits made by adults). Ninety-five percent confidence intervals were calculated according to the Korn–Graubard method.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2018–2020.

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National Health Statistics Reports ■ Number 181 ■ March 1, 2023

Suggested citation

Peters ZJ, Santo L, Davis D, DeFrances CJ. Emergency department visits related to mental health disorders among adults, by race and Hispanic ethnicity: United States, 2018-2020. National Health Statistics Reports; no 181. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:123507>.

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