NEW YORK STATE | Office of Mental Health

Profile of the New York State Public Mental Health System

September 2023

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Section 1 | Prevalence of Mental Illness in New York State and Other Key Indicators

In the mental health system, prevalence measures the segment of a population impacted by a given condition. Prevalence data is useful in determining the scope of a specific condition, determining the range of necessary prevention and treatment services, and influencing policy decisions. Much of the prevalence data presented within this section is based on information derived from The National Survey on Drug Use and Health (NSDUH). The NSDUH is a survey directed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that is administered on an annual basis. NSDUH data is collected from the non-institutionalized, United States civilian population aged 12 years and older via in-person interviews. The reports include estimates of substance use and mental illness at the national, state, and sub-state regional levels. The data collected helps to "identify the extent of substance use and mental illness among different subgroups, estimate trends over time, and determine the need for treatment services." [1]

In addition to the NSDUH, two other frequently cited sources of prevalence data are the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS). The BRFSS is a standardized telephone survey conducted continuously throughout the year that collects data on preventative health and risk behaviors among non-institutionalized U.S. adults aged 18 and older.[2] The YRBS is conducted biennially and monitors select categories of risk behaviors among youth and adolescents in Grades 9-12.[3]

Prevalence of Mental Illness, Serious Mental Illness and Serious Emotional Disturbance

SAMHSA defines any mental illness (AMI) "as having at least one mental disorder, other than a developmental or substance-use disorder, in the past 12 months, regardless of the level of impairment."[4] The prevalence rate of AMI for the New York State general population within the past 12 months for adults aged 18+ in 2021 was 20.2%.[5]

Serious mental illness (SMI) is defined "as having at least one mental disorder, other than a developmental or substance-use disorder, in the past 12 months that resulted in serious impairment" that "substantially interferes with or limits one or more major life activities." [4] The estimated prevalence rate for serious mental illness (SMI) among adults aged 18+ in the U.S. is 5.4 percent.[6] This estimate is an evidence-based rate applied to the total adult population. Comparatively, the NSDUH survey analysis estimates that 5.6 percent of non-institutionalized U.S. adults aged 18 and older are diagnosed with SMI.[5] The prevalence rate for adults in New York State is 4.23 percent. NSDUH prevalence rates are particularly useful as they can be filtered by region, population subgroups, and other variables to better understand local mental health trends and service needs.

Childhood serious emotional disturbance (SED) is defined by SAMHSA "as the presence of a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities."[7] The estimated prevalence rate for SED in children between the ages of nine and 17 in the U.S. is 12 percent (a prevalence rate for children under age nine has not been estimated).[6] This methodology consists of applying an evidence-based rate to the total youth population in this age group.

[1] Substance Abuse and Mental Health Services Administration. (2019). https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

[2] Centers for Disease Control and Prevention. (2019) Behavioral Risk Factor Surveillance System. https://www.cdc.gov/brfss/data_documentation/index.htm

[3] Centers for Disease Control and Prevention. (2019) Youth Risk Behavior Survey Data. https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm

[4] Substance Abuse and Mental Health Services Administration. The NSDUH Report. (November 19, 2013). https://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.htm

[5] Center for Behavioral Health Statistics and Quality. Results from the 2021 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): SAMHSA; 2021. https://www.samhsa.gov/data/report/2021-nsduh-state-specific-tables

[6] National Association of State Mental Health Program Directors Research Institute. (2019). SMI/SED Prevalence Estimates. https://www.nri-inc.org/media/1673/adults-with-smi-and-children-with-sed-prevalence-in-2019.xlsx

[7] Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (1993, May 20). Definition of children with a serious emotional disturbance. https://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf

Prevalence of Specific Diagnoses of Mental Illness

The table below represents the national prevalence rates for specific diagnoses of mental illness, as calculated by the National Institute of Mental Health (NIMH).

NIMH Prevalence Estimates

Diagnosis	Age Group	National Prevalence Rate[1]
Anxiety, Past Year	18+	19.1%
Anxiety, Lifetime	13-18	31.9%
Bipolar Disorder, Past Year	18+	2.8%
Bipolar Disorder, Lifetime	13-18	2.9%
Schizophrenia	18+	0.25-0.64%

The 2021 NSDUH indicates that 20.1 percent of youth ages 12-17 and 8.3 percent of adults aged 18+ nationwide reported a major depressive episode within the past year. In New York State, 20.33 percent of youth ages 12-17 and 6.5 percent of adults aged 18+ reported a major depressive episode within the past year.[2]

About Prevalence Data

Prevalence rates for mental illness are influenced by a number of variables. For instance, the methodologies used within the field of psychiatric epidemiology continue to evolve at a rapid pace. Social indicators such as age, race, gender, marital status, socio-economic and immigration status all impact the reliability of the data. Additionally, the gap between estimated prevalence and those receiving treatment within the public mental health system must consider the proportion of individuals who elect to not pursue treatment, those that are treated within the private sector, and those who seek alternate forms of treatment such as self-help programs, alternative medicine, or faith-based counseling. Finally, the ability to identify all those in need of treatment remains elusive. For these reasons, the wide estimation ranges should be used with discretion.

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[1] National Institute of Mental Health. (2019). Statistics Topics. https://www.nimh.nih.gov/health/statistics/index.shtml

[2] Center for Behavioral Health Statistics and Quality. Results from the 2021 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): SAMHSA; 2021.

https://www.samhsa.gov/data/report/2021-nsduh-state-specific-tables

Morbidity and Mortality

Studies have shown that the life expectancy of people diagnosed with psychosis, bipolar mood disorder, and depression is as much as 10 to 25 years shorter than that of the general population.[1] There are several risk factors contributing to this trend, including suicide, tobacco use, comorbid medical conditions, and co-occurring substance use disorders.

Suicide and Self-harming Behavior

More than 1,600 individuals in New York State died by suicide in 2021. Per the CDC, the age-adjusted suicide rate in New York State was 7.9 per 100,000 population in 2021, which ranked the second lowest in the United States.[2] The 2021 NSDUH data shows that 3.9 percent of adults aged 18 and older in New York State had serious thoughts of suicide in the past year.[3] In 2021, the YRBS found that 9.6 percent of respondents in Grades 9-12 had attempted suicide on one or more occasions during the previous twelve-month period, with 16.8 percent seriously considering suicide during the same time period.[4]

The New York State Community Health Indicator Reports (CHIRS) track the number of hospitalizations due to self-inflicted injury.[5] The most recent data indicates there were nearly 8,700 hospitalizations resulting from self-harm in 2020. This represents an estimated prevalence rate of 4.5 per 10,000 population. Note that these numbers do not necessarily represent suicide attempts, but rather instances in which intentional self-injury was inflicted and resulted in hospitalization.

Smoking

12 percent of New York adults reported that they currently smoke, according to the 2021 BRFSS. However, this percentage increased to 22.2 among those who also reported frequent distress (problems with stress, depression, or emotions on at least 14 of the previous 30 days).[6] In comparison, the 2021 NSDUH indicated that 15.4 percent of adults aged 18 and older reported using cigarettes in the past month.

According to 2018-2019 NSDUH results, 24.4 percent of adults reporting any mental illness and 28.7 percent of adults with serious mental illness report cigarette use in the past month.[7] This time period is the most recent for which this data is available due to the COVID-19 pandemic.

Comorbid Medical Conditions

Comorbid medical conditions exist where psychological and physical health conditions occur simultaneously in an individual, regardless of the order in which the conditions occur.[8] These conditions can lead to impaired functioning, higher rates of hospitalization, and other adverse health outcomes. Research has shown that individuals who are diagnosed with comorbid medical conditions are at an increased risk of premature death. According to the 2021 BRFSS, 36.2 percent of New York State adult residents were diagnosed with high cholesterol, 30.5 percent were diagnosed with high blood pressure, 29.1 percent were identified as obese, and 11.4 percent were diagnosed with diabetes.[6]

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[1] World Health Organization. (2014) Information sheet: Premature Death Among People with Severe Mental Disorders. https://www.who.int/mental_health/management/info_sheet.pdf

[2] Centers for Disease Control and Prevention. (2021) Suicide Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

[3] Center for Behavioral Health Statistics and Quality. Results from the 2021 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): SAMHSA; 2021.
https://www.samhsa.gov/data/report/2021-nsduh-state-specific-tables

[4] Centers for Disease Control and Prevention. (2021) Youth Risk Behavior Survey Data. https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

[5] New York State Community Health Indicator Reports. (Last revised: February 2023)
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=it&ind_id=Hh15

[6] Centers for Disease Control and Prevention. (2021) Behavioral Risk Factor Surveillance System. https://www.cdc.gov/brfss/data_documentation/index.htm

[7] Center for Behavioral Health Statistics and Quality. 2018-2019 NSDUH State Prevalence Estimates. Rockville (MD): SAMHSA; 2019.
https://www.samhsa.gov/data/report/2018-2019-nsduh-state-prevalence-estimates

[8] Goodell S., Druss B.G., and Walker E.R. (February 2011). Mental disorders and medical comorbidity. The Synthesis Project. Research Synthesis Report No. 21.
https://www.rwjf.org/en/library/research/2011/02/mental-disorders-and-medical-comorbidity.html

According to the most recent data available, nearly 75 percent of New York State's Medicaid population aged 18-64 that were admitted to a psychiatric inpatient facility in calendar years 2012-2013 (n=14,458) were diagnosed with at least one comorbid medical condition. Among this cohort, approximately 43 percent were diagnosed with hypertension, more than 20 percent were diagnosed with diabetes, and nearly 25 percent were diagnosed with obesity. Similarly, 57 percent of transitional age youth aged 18-24 (n=2,277) admitted to a psychiatric inpatient facility during this same period were diagnosed with at least one comorbid medical condition, and approximately 30 percent were diagnosed with two or more comorbid medical conditions.[1]

Co-occurring Disorders and Dual Diagnoses

Individuals with co-occurring disorders are diagnosed with a simultaneous mental health issue and a substance use disorder (SUD). According to the 2021 NSDUH, approximately 7.6 percent of adults in the U.S. had concurrent psychological illness and SUD within the past year. Approximately 2.5 percent of adults in the U.S. reported serious mental illness (SMI) and SUD within the past year. Among adolescents experiencing a major depressive episode (MDE) within the past year, 3.7 percent also reported a SUD during that same period. Nearly 2.9 percent of adolescents reported a co-occurring MDE with severe impairment and SUD. Impairment is determined by rating levels of problems experienced by youths in specific functions, such as school, work, and social roles. Severe impairment is measured by ratings of seven or greater on a scale of ten.[2]

Mental illness has been identified as a risk factor for Opioid Use Disorder (OUD).[3] OUD is defined as meeting criteria for heroin use disorder or pain reliever use disorder in the past 12 months. The 2021 NSDUH reports that approximately 2 percent, or 5.6 million individuals aged 12+ in the U.S. have been diagnosed with OUD within the past year.[2]

In New York State, the proportion of individuals with a concurrent mental health diagnosis and substance use diagnosis is 21.9%, which represents a continued steady decrease from 25% in 2019. The most common dual diagnoses in New York State in 2022 (excluding tobacco-related diagnoses) included: alcohol and depression (22.1%) and alcohol and anxiety (21.2%).[6]

Estimates for a national prevalence rate for individuals with a simultaneous mental health issue and an intellectual or developmental disability (IDD) range from 14 percent[4] to approximately 30 to 40 percent. While the discrepancies are due in part to differences in methodological approaches, these figures are still believed to be underreported, undertreated, and underdiagnosed as "symptoms of mental illness often present differently" in individuals living with IDD, and "determining accurate psychiatric diagnosis becomes especially difficult as the level of intellectual functioning declines." It is believed that the most common mental health conditions among people living with IDD are anxiety, depression, bipolar disorder, and schizophrenia.[5]

The proportion of individuals in New York State with both mental health and IDD diagnoses has decreased to 4.8% from 5.2% over the past five years. Among this population, the most common dual diagnoses in 2022 included: intellectual disability and anxiety (20.5%); intellectual disability and conduct-related disorders (19.3%); and intellectual disability and depression (18.6%).[6]

Mental Health America Ranks New York State's Mental Health System Eighth in Nation

Mental Health America ranked New York State's mental health system eighth overall in the nation, in a comprehensive study which examined prevalence, access, and prevention efforts.[7]

The annual State of Mental Health report used data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and SAMHSA's National Survey of Drug Use and Health (NSDUH) to analyze specific measures for all 50 states and the District of Columbia to give a snapshot of mental health across the nation, and inform policy and decision-making to improve systems of care.

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[1] OMH Office of the Chief Medical Officer - Internal Medicaid Claims Data

[2] Center for Behavioral Health Statistics and Quality. Results from the 2021 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): SAMHSA; 2021. https://www.samhsa.gov/data/report/2021-nsduh-state-specific-tables

[3] Cochran BN, Flentje A, Heck NC, et al. Factors predicting development of opioid use disorders among individuals who receive an initial opioid prescription: mathematical modeling using a database of commercially-insured individuals. Drug Alcohol Depend 2014;138:202–8

[4] Campbell, M., & Malone, R. P. (1991). Mental retardation and psychiatric disorders. Hospital and Community Psychiatry, 42(4), 374-379; Cooper, S.A., Smiley, E., Morrison, J, Williamson, A., & Allan, L. (2007). Mental Ill-Health in adults with intellectual disabilities: Prevalence and associated factors. British Journal of Psychiatry, 190, 27-35.

[5] Blanco, R., Hinton, J. (2017). *Mental Health Diagnosis in IDD: Bio-psycho-social Approach* [Webinar]. Association of University Centers on Disabilities. https://www.aucd.org/docs/webinars/Mental%20Health%20Diagnosis%20in%20IDD%20-%20AUCD.pdf

[6] NYS Medicaid Claims Data

[7] Mental Health America (2023). Overall Ranking 2023. https://mhanational.org/issues/2023/ranking-states#overall-ranking

Section 2 | The New York State Public Mental Health System

Overview

The following section provides an overview of the public mental health system in New York State. OMH uses the term "public mental health system" to refer to all mental health programs that are licensed, regulated, operated, funded, or approved by OMH. What this definition excludes are programs and services operated outside of OMH authority, including federally-operated programs, private practices, and primary care settings that provide mental health services, such as Federally Qualified Health Centers and most primary care clinics. While many such programs may provide mental health services, they do not fall within the direct purview of OMH unless they are otherwise jointly authorized or funded by OMH.

This section describes individuals receiving services in the system by selected demographic characteristics, severity of diagnoses, incidence of co-occurring disorders, employment status, and the service setting where they received care. This section also provides information on all programs operated, regulated and/or funded by the New York State Office of Mental Health (OMH), and includes a summary of State mental health system expenditures.

OMH estimates the number of people served in the public mental health system using data from the OMH Patient Characteristics Survey (PCS). The PCS collects information on recipients of mental health services for a one-week period, which is then analyzed and presented in weekly and annualized views. The annualized PCS data is projected using a statistical methodology developed by OMH's Nathan Kline Institute for Psychiatric Research[1]. Annual estimates are valuable for local and State-level planning, service delivery, resource management, finance, evaluation, and ongoing monitoring.

Analysis of Medicaid data suggests that the number of people served in the public mental health system may be higher than what is captured in the PCS. Possible reasons for this data limitation include the one-week survey period, and individuals served before or after the survey period that were not captured in the data. Another explanation is that not all individuals who receive mental health services access them in mental health settings, and instead may be receiving such services in primary care settings. In addition, people who are not engaged in treatment are not captured in the PCS data. Therefore, the annualized number of people served reported in this section represents a subset of individuals in need of and accessing mental health services.

About the PCS Survey

The characteristics of adults and children served in New York's public mental health system are described in this report using data obtained from the OMH Patient Characteristics Survey (PCS).

OMH conducts the PCS during a one-week period on a biennial basis to gather clinical and demographic information for people who receive mental health services from programs the agency operates, funds, or licenses.

Due to the COVID-19 pandemic, the 2021 PCS was delayed until 2022.

The most recent PCS includes over 206,000 survey responses by programs providing direct services during a one-week period in October 2022. Unless otherwise indicated, all data in this section represents annualized data from the 2022 PCS.

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[1] Laska EM, Meisner M, Wanderling J, Siegel C. (2003). Estimating population size and duplication rates when records cannot be linked. Stat Med. Vol. 22 (3403–3417).

Individuals Served by the Public Mental Health System

The chart below illustrates the number of individuals served by the New York State public mental health system as reported during each one-week survey period from 2015 through 2023.

Number of Individuals Served [1]
One-Week PCS Survey Period
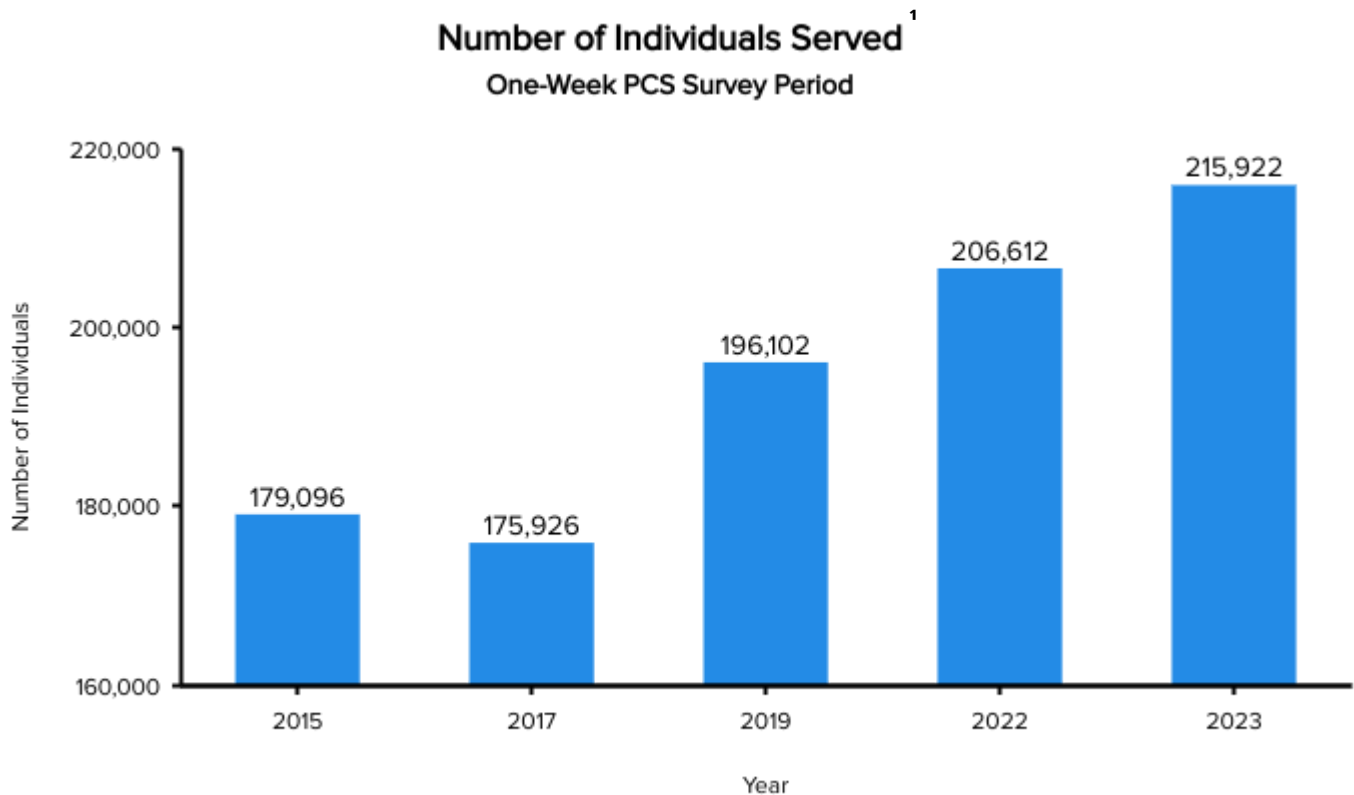
Growth of the Population Served by the Public Mental Health System, 2015-2023

↑ 36,826   ↑ 20.56%
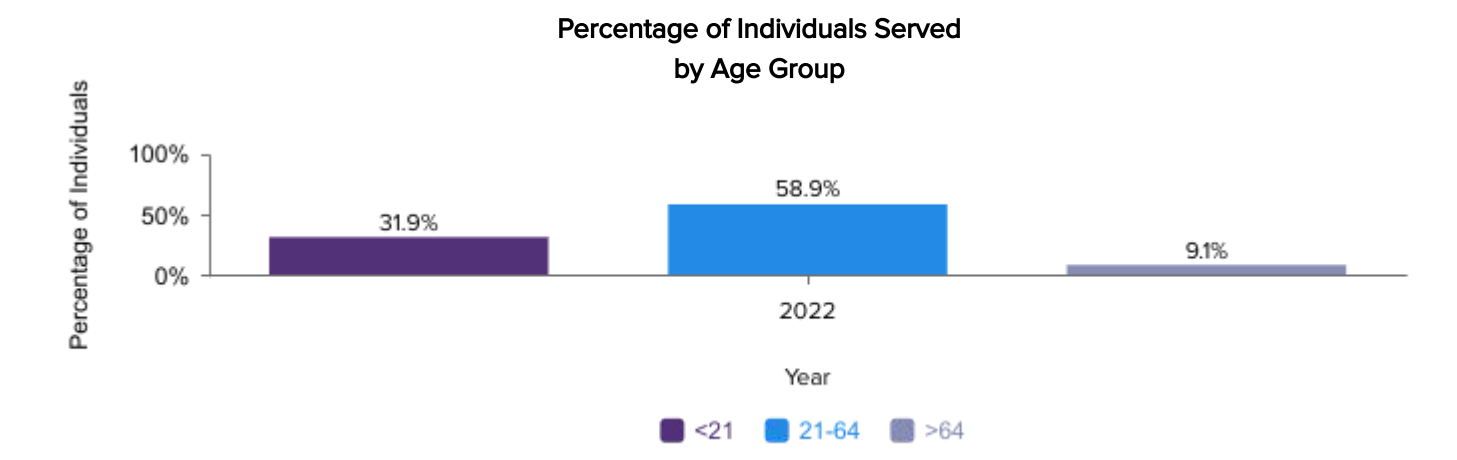
Nearly 216,000 individuals were served by New York State's public mental health system during the one-week survey period in October 2023, reflecting an increase of nearly 21% from the 2015 PCS survey week. Comparatively, the total population of New York State has remained relatively stable over this same period. This increase in service utilization may be explained by a number of factors, including: expanded programming, expanded efforts in regard to behavioral health parity, higher demand for treatment services, increased awareness of mental health issues, and stigma-reduction efforts.

[1] Note: Prior versions of this trend figure included annualized estimates for individuals served, which are under revision after data anomalies were identified in the annualization. The current figure presents the weekly numbers instead of the estimates.

Age

While the total number of individuals served by New York State's public mental health system has increased, the distribution of services among the three primary age groups has remained relatively consistent. The 2022 PCS annualized estimates, as illustrated below, indicate that the majority of individuals served in 2022 were those aged 21-64 (approximately 59 percent). Individuals under the age of 21 represented less than 32 percent of those served, while those 65 and older accounted for more than nine percent of those served. Responses of "unknown" are not represented in these percentages. The lower service levels among older adults may be related, in part, to how these individuals receive services. Older adults are often more likely to pursue treatment in primary care and long-term care settings when they present with signs of behavioral disturbances, rather than receive services in mental health-specific settings.[1]

Percentage of Individuals Served by Age Group

Percentage of Individuals

100%

50%   31.9%   58.9%

0%   9.1%

2022

Year

■ <21   ■ 21-64   ■ >64

The illustration below depicts the service rates of individuals served in the public mental health system by age group per 1,000 persons in the New York State general population, per 2021 US Census estimates.[2]

Rates of Individuals Served, by Age Group

Under 21   59.0

21-64   46.1

Over 64   23.6

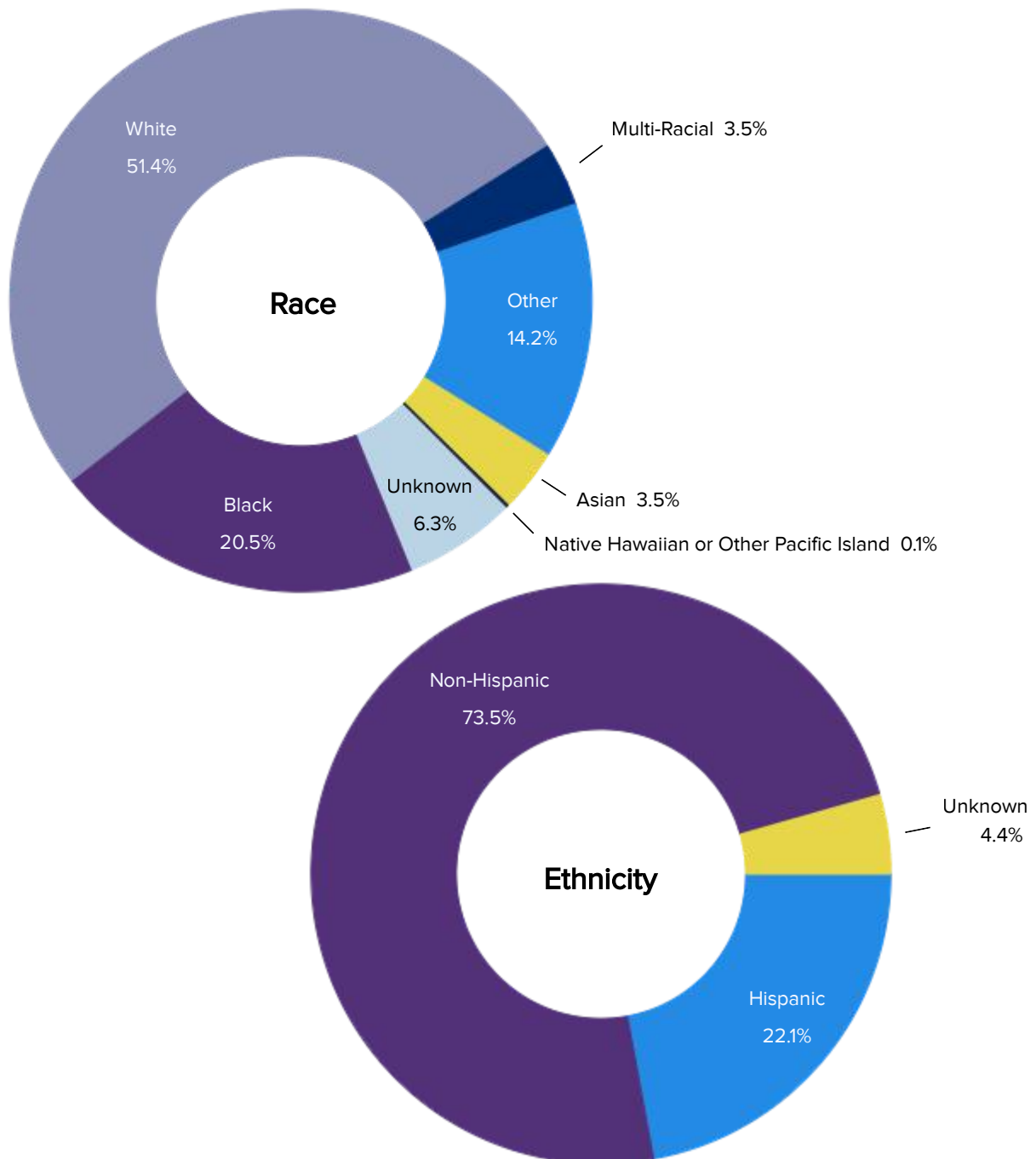Per 1,000 Persons in the New York State Population

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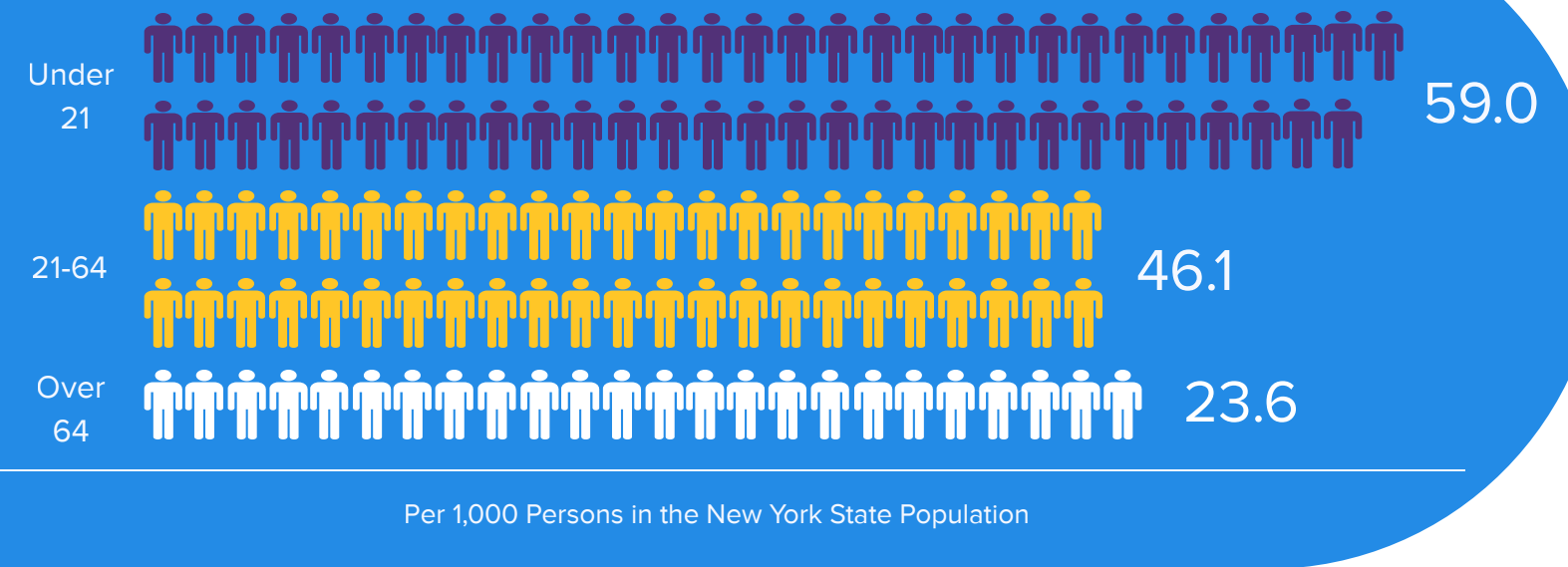
[1] Karel, M.J., Gatz, M., & Smyer, M. (2012). Aging and mental health in the decade ahead: What psychologists need to know. American Psychologist. Vol. 67 (184-198).

[2] United States Census (2019). https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html

Race and Ethnicity

The charts below present the race and ethnic distribution of people served within the public mental health system. This data should be interpreted with some caution due to the small size of select racial groups in the general population and noted fluctuations in these rates identified through analyses of past PCS cohorts.

However, as service rates for most racial and ethnic groups[1] have been relatively stable across multiple PCS survey years, marked differences have become apparent within the rates of service experienced by these groups. Factors influencing the service rate may be directly and indirectly related to race and ethnicity, including access to service settings apart from the public mental health system, such as private practice or primary care. Other factors that influence the service rate may include insurance type and coverage, language barriers, and various cultural dynamics related to mental health.

White 51.4%

Multi-Racial 3.5%

Race

Other 14.2%

Black 20.5%

Unknown 6.3%

Asian 3.5%

Native Hawaiian or Other Pacific Island 0.1%

Non-Hispanic 73.5%

Unknown 4.4%

Ethnicity

Hispanic 22.1%

[1] Please note that the Hispanic/Latino data includes individuals of all racial identities.

The figure below presents the race and ethnic distribution of people served per 1,000 persons of that race or ethnicity in the general population in 2022. By race, the highest annual rate of service utilization is among those identifying as Multi-Racial (57.9 per 1,000), followed by Black/African American (52.6), White (33.7), and Asian (2.4). Among those identifying as Hispanic/Latino, the rate is 51.3 and Non-Hispanic is 41.4. It should be noted that the Hispanic/Latino data includes individuals of all racial identities.

Service Rates
### by Race and Ethnicity (Per Capita)
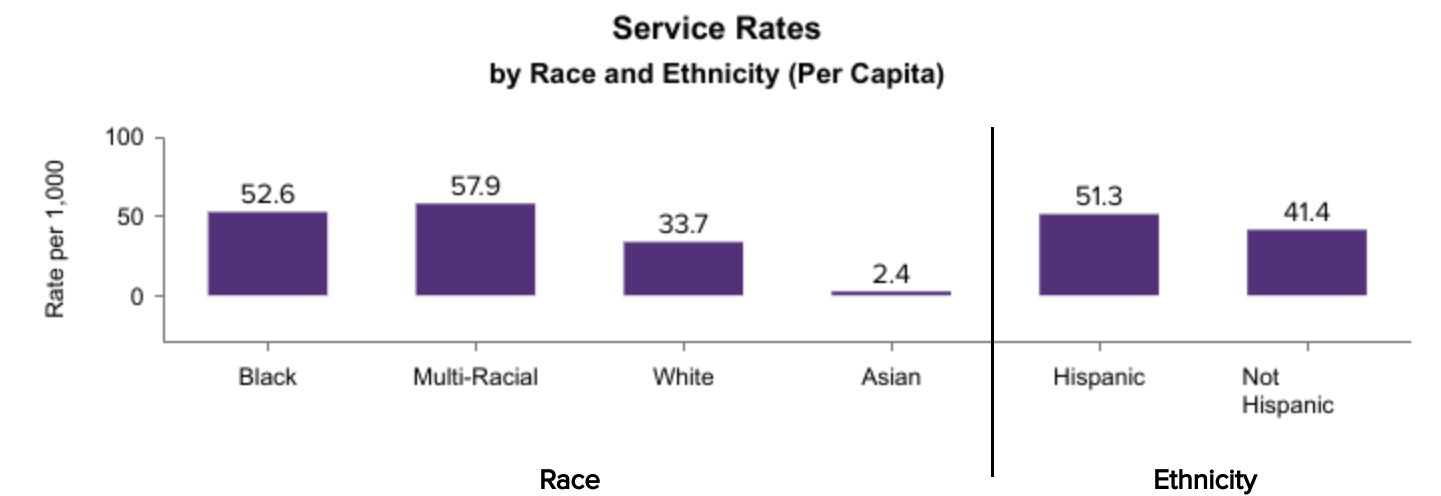
Language

The primary language used by individuals served by the public mental health system is English, at a rate of 90 percent, followed by Spanish (6.1 percent), Indo-European (one percent), Afro-Asiatic (0.4 percent), and Asian/Pacific Islander (0.5 percent). Responses of unknown or other languages accounted for approximately two percent.
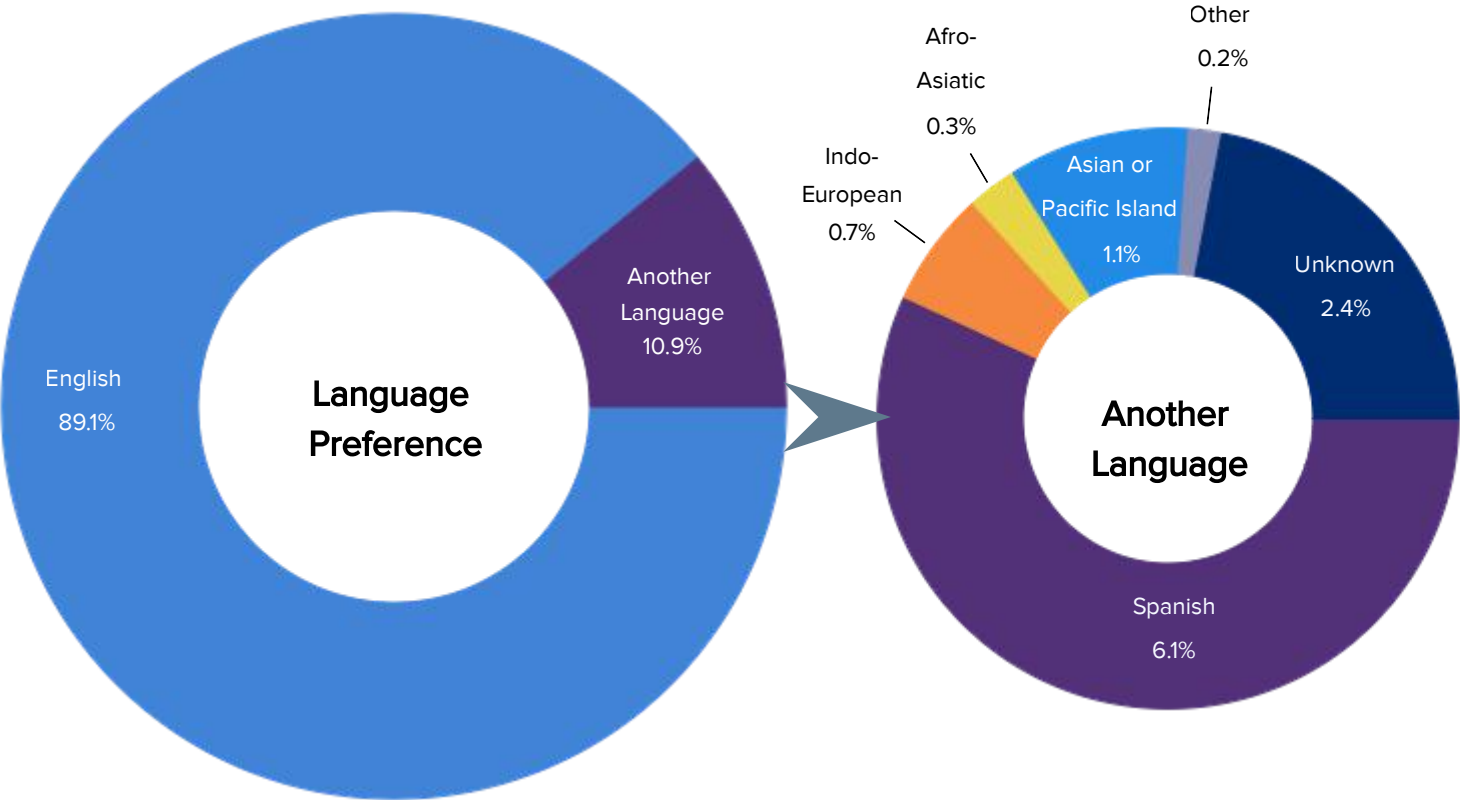
Sex and Gender Identity

Nearly 55 percent of those served in the public mental health system in 2022 were female, 44 percent were male, and less than one percent were non-binary. In an effort to more accurately capture data on gender identity, OMH began including additional measures to identify the number of transgender individuals who are served by the public mental health system. An annualized estimate of 19,810 individuals (2.2 percent) identified as transgender.[1]

Sexual Orientation

- Heterosexual 67.9%
- Homosexual 3%
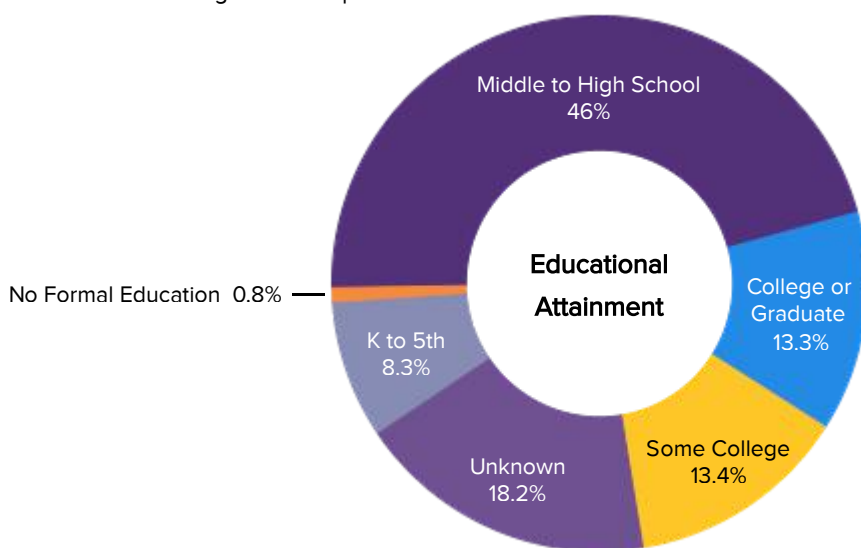- Bisexual 4.2%
- Unknown 25%
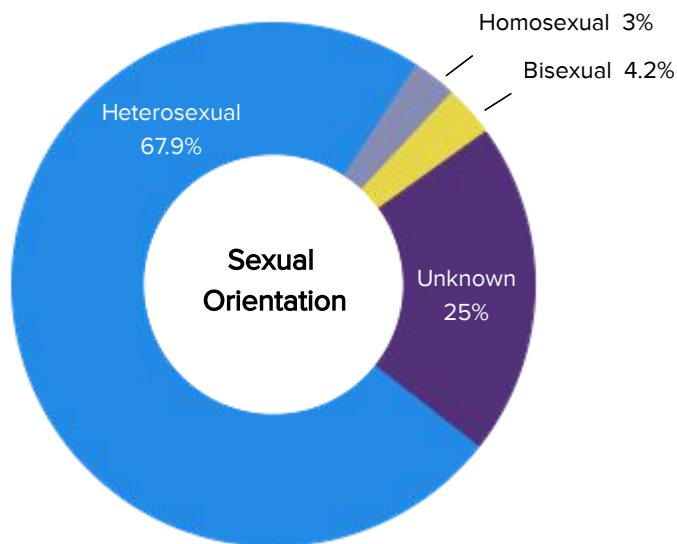
Sexual Orientation

Nearly 68 percent of the public mental health population identify as straight or heterosexual, with three percent of the population identifying as gay, lesbian, or homosexual, and 4.2 percent bisexual. A response was not recorded for 25 percent of this population.

Education

Approximately half (46 percent) of those served by the public mental health system have attained a middle to high school education level. More than one quarter (26.7 percent) of public mental health service recipients attained at least some college experience, while 8.3 percent attained only an elementary-level education. Less than one percent reported no formal education.

The American Community Survey (ACS) and U.S. Census data are used to produce official estimates for education attainment data in New York State.[2] Among the New York State population aged 18 to 24 in 2021, nearly 61 percent have at least some college experience, 29.8 percent have a high school diploma or equivalent, and 9.5 percent did not attain at least a high school diploma. Among those aged 25 and older, 63.7 percent have at least some college experience, 24.4 percent have a high school diploma or equivalent, and 12 percent did not attain at least a high school diploma.


Educational Attainment

- Middle to High School 46%
- College or Graduate 13.3%
- Some College 13.4%
- Unknown 18.2%
- K to 5th 8.3%
- No Formal Education 0.8%

[1] Sex is identified as assigned sex at birth or sex on birth certificate. Transgender identity data is collected separately from sex.

[2] United States Census (2021). Educational Attainment.
https://data.census.gov/table?t=Educational+Attainment&g=040XX00US36&tid=ACSST1Y2021.S1501

Tobacco Usage

Studies have shown that many individuals who are diagnosed with a mental illness also use tobacco products, which places those individuals at additional risk for comorbid health conditions.[1] The 2022 annualized PCS data estimates that more than 20 percent of individuals served use tobacco products. However, less than 15 percent of this sub-population are estimated to have received cessation medication.
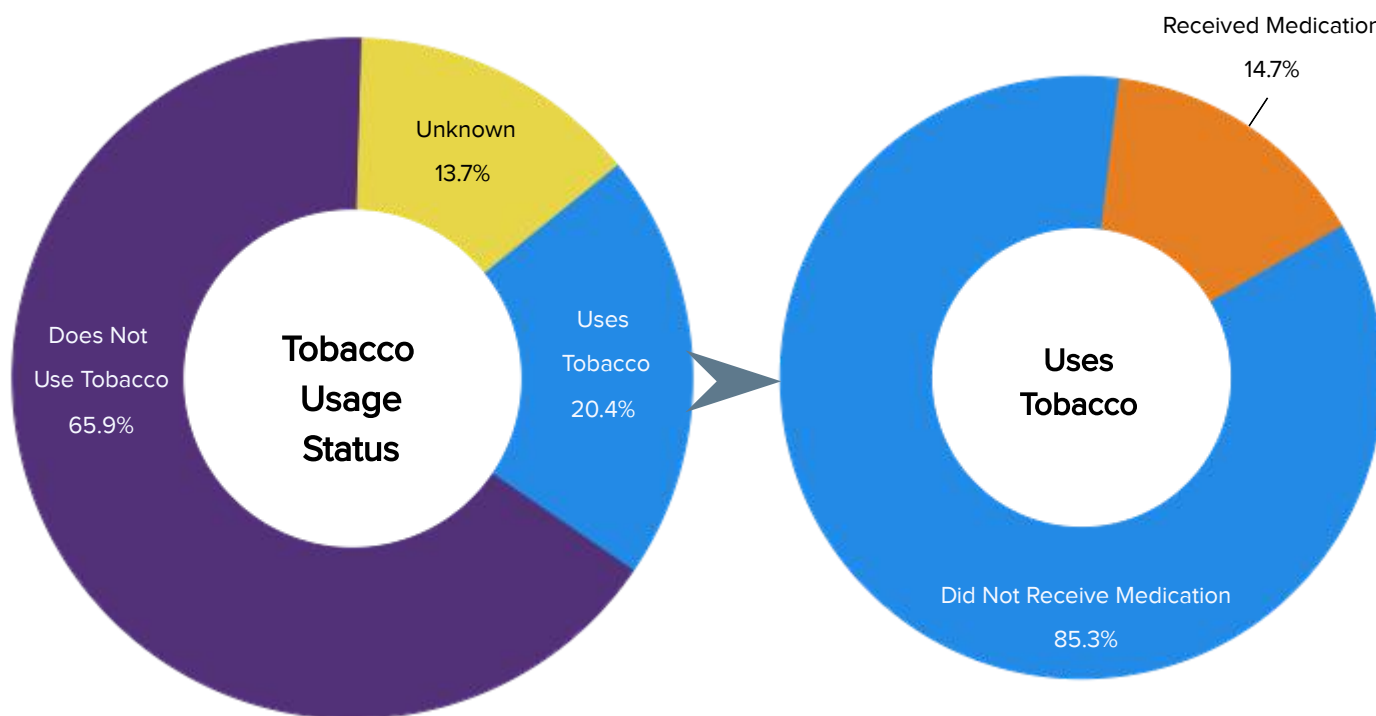
Employment Status

Mental health and mental wellness models emphasize recovery and resilience-oriented treatment that supports opportunities for individuals with mental illness to make the transition from inpatient mental health settings to their communities. Employment in the community is a key component of recovery. Individuals with serious mental illness who maintain employment for an extended period of time frequently experience a number of benefits, including improvements in self-esteem and symptom management.

Annualized PCS survey data estimates that more than 201,000 individuals (22.4 percent) within the New York State public mental health system were employed. This represents an estimated increase of nearly 2.8 percent from 2019.

By continuing to expand recovery-oriented services and confronting stigma, OMH is optimistic that a greater amount of progress will be made in coming years to increase rates of employment among adults diagnosed with mental illness.

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[1] Lipari, R.N. and Van Horn, S.L. Smoking and mental illness among adults in the United States. The CBHSQ Report: March 30, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Household Composition

The one-week PCS survey results show that more than 155,000 recipients (approximately 75 percent) cohabitate with others, while nearly 68,000 individuals (32.7 percent) live alone.

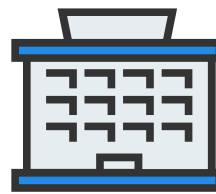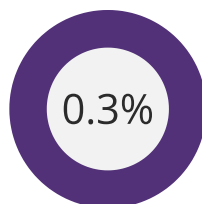| Cohabitates		Lives Alone
75.2%		32.7%

Living Situation

Per PCS annual estimates, more than 680,000 recipients of public mental health services live in private residences (including permanent supportive housing), and less than 2,400 live in State-operated residences. More than 58,000 reside in other forms of housing, and nearly 55,000 individuals are believed to be homeless. Approximately 13.8 percent of respondents were either not asked or did not respond to this survey question.
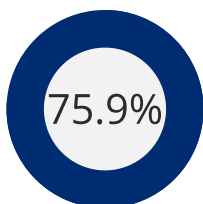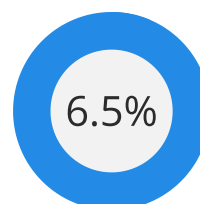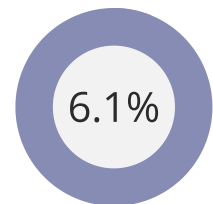
Private Residence	State-Operated Residence	Other Residence	Homeless
75.9%	0.3%	6.5%	6.1%

Mental Illness, Serious Mental Illness, and Serious Emotional Disturbance

Many adults and children served in the New York State public mental health system are engaged in services because they experience symptoms that impede their day-to-day functioning.

Annualized 2021 PCS data estimates that approximately 93 percent of those served by the public mental health system have been diagnosed with a mental illness or emotional disturbance that is a diagnosable disorder or functional impairment.
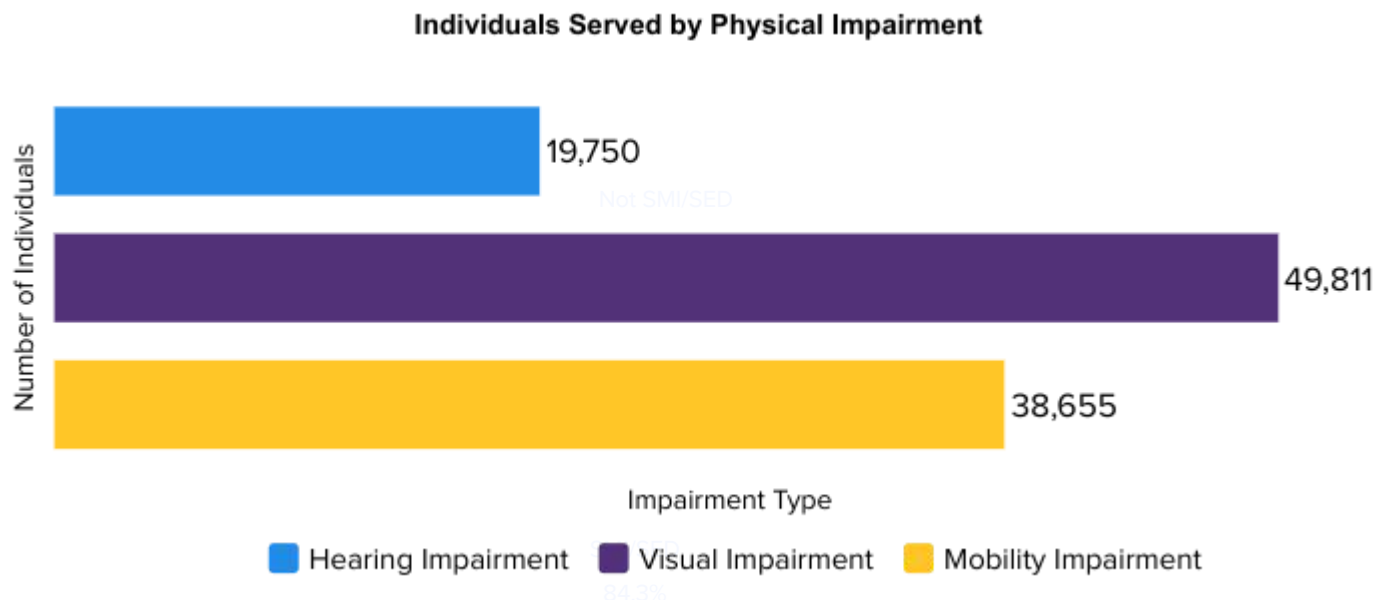
Adults who are diagnosed with serious mental illness (SMI) experience significant functional impairments at work, in school, and within other areas of their lives such as personal relationships. Likewise, children with serious emotional disturbance (SED) may find that it substantially limits their functioning in school, family or community activities.

Based on annualized PCS data, it is estimated that more than 86 percent of individuals who received services in the public mental system have been designated as having SMI or SED.

|	
Any Mental Illness	92.6%
SMI/SED	86.1%

Hearing, Visual, and Mobility Impairment

An estimated 7.7% percent of individuals served by the public mental health system report a hearing or visual impairment, while 4.3 percent live with impaired mobility.
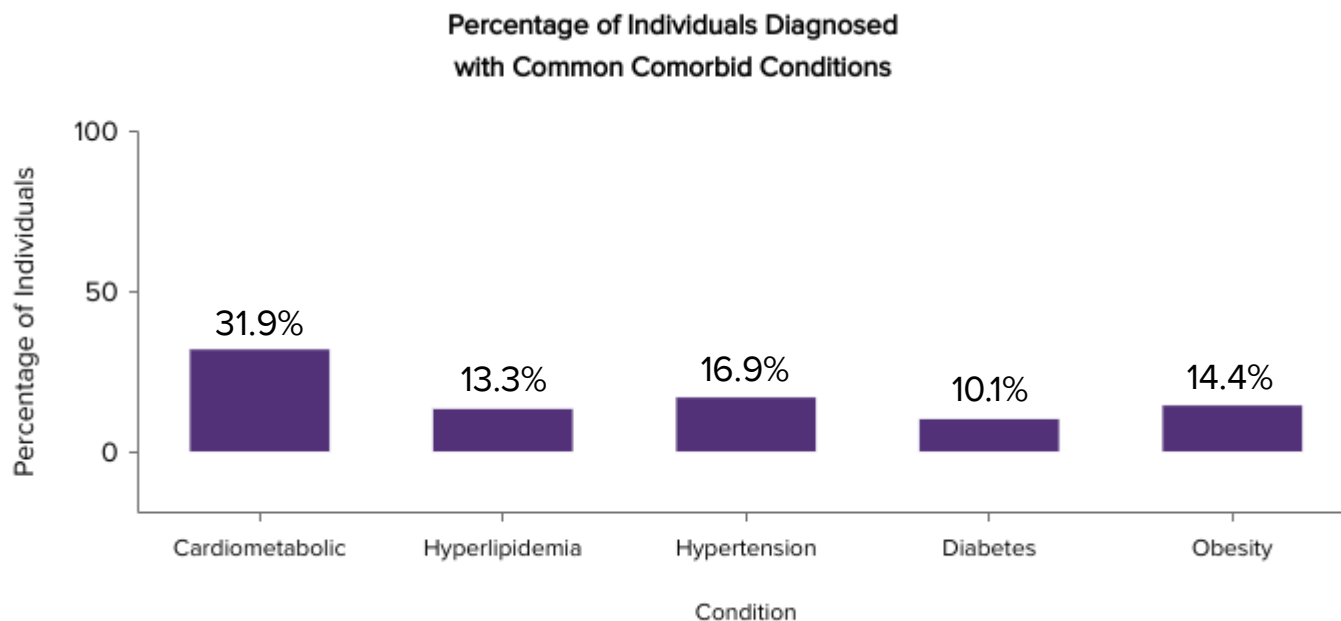
Individuals Served by Physical Impairment

Impairment Type	Number of Individuals
Hearing Impairment	19,750
Visual Impairment	49,811
Mobility Impairment	38,655

Comorbid Medical Conditions

Individuals living with mental illness are at a high risk for developing comorbid conditions.[1] In fact, many of the psychotropic medications used to treat mental illness have been associated with the development of certain cardiometabolic conditions.[2] PCS annual estimates indicate that nearly 370,000 individuals in the public mental health population (approximately 41 percent) have been diagnosed with at least one chronic medical condition, with more than half of this number experiencing two or more conditions concurrently. The complex and bidirectional relationship between the development of mental and medical disorders reinforces the necessity for the integration of medical and behavioral health care services.

Comorbid Medical Conditions

- None 45.6%
- One 18.1%
- Two or More 22.7%
- Unknown 13.5%
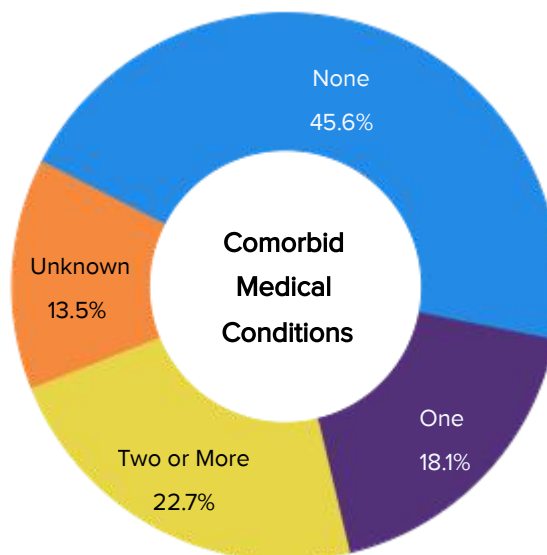
Common Comorbid Medical Conditions

As illustrated in the figure below, the most common conditions reported during the 2022 PCS survey week included cardiometabolic conditions, hyperlipidemia, hypertension, diabetes, and obesity. Note that cardiometabolic conditions include hyperlipidemia, hypertension, and obesity; therefore, some overlap in reporting may exist.

Percentage of Individuals Diagnosed with Common Comorbid Conditions

Condition	Percentage
Cardiometabolic	31.9%
Hyperlipidemia	13.3%
Hypertension	16.9%
Diabetes	10.1%
Obesity	14.4%

[1] Druss, B.G., Walker, E.R. Mental disorders and medical comorbidity (2011, February). Research Synthesis Report, 21. https://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf

[2] Abosi, O., Lopes, S., Schmitz, S., & Fiedorowicz, J. G. (2018). Cardiometabolic effects of psychotropic medications. Hormone molecular biology and clinical investigation, 36(1),
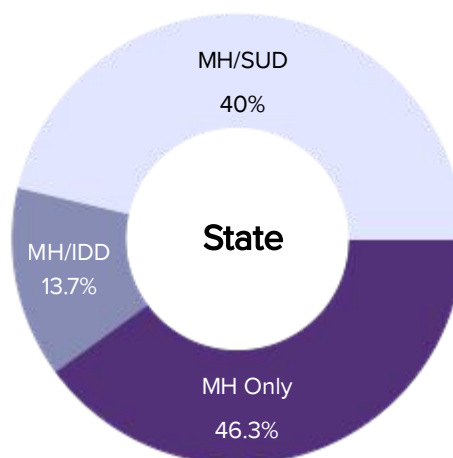
Co-occurring and Dual Diagnoses

Approximately 28 percent of individuals served in the public mental health system have a co-occurring diagnosis of mental health and substance use disorder, or a dual diagnosis of mental health and developmental disability.

The figures below describe where individuals with co-occurring or dual diagnoses are treated in the public mental health system, by program auspice. It is important to note that in some cases the these data may represent differences in program screening and documentation practices, as well as client/population differences within such programs.

Diagnoses in State-Operated Settings

Annualized 2022 PCS data shows that more than 46 percent of service recipients in State-operated settings have only a mental health diagnosis. The percentage of individuals served in State-operated settings who are diagnosed with a co-occurring disorder of mental health and substance use is 40 percent. Nearly 14 percent of individuals served in State-operated settings were diagnosed with a dual diagnosis of mental health and developmental disability.

MH/SUD 40%

State

MH/IDD 13.7%

MH Only 46.3%

Diagnoses in Local Settings

Approximately 73 percent of service recipients in the local sector have only a mental health diagnosis. The percentage of individuals served in local settings who are diagnosed with a co-occurring disorder of mental health and substance use is more than 16 percent. Nearly 11 percent of individuals served in local settings were diagnosed with a dual diagnosis of mental health and developmental disability.

MH Only 73.1%

Local
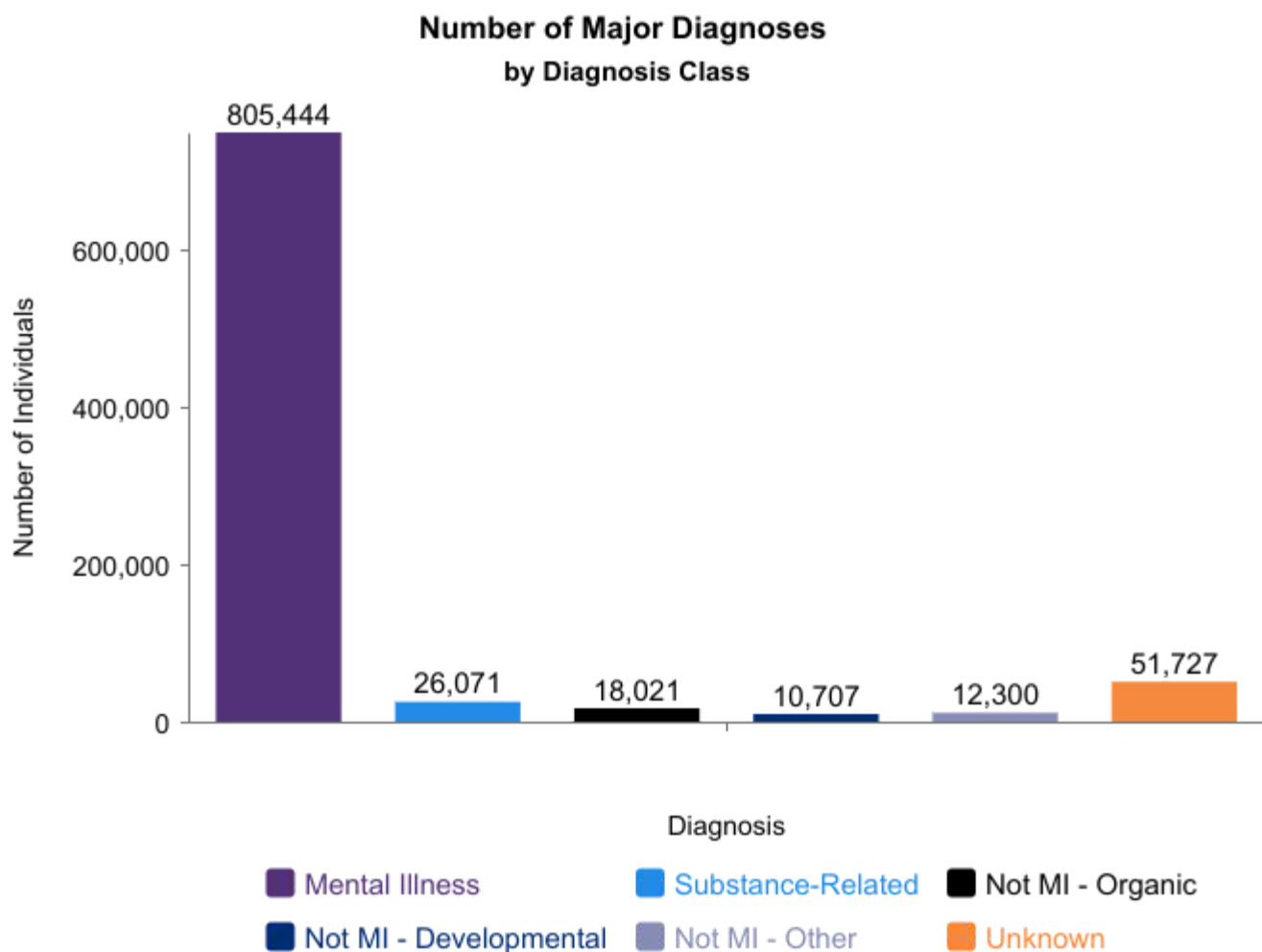
MH/SUD 16.3%

MH/IDD 10.6%
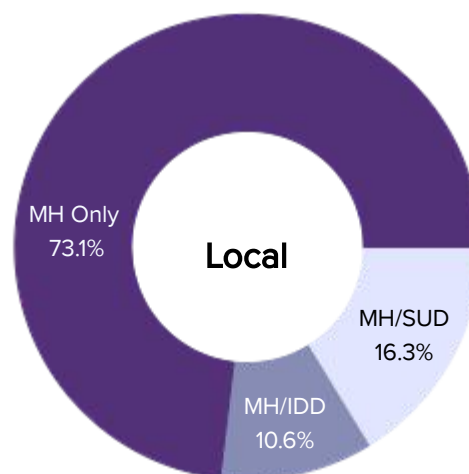
The data presented here support the continuation of collaborative, interdisciplinary efforts across New York State's mental hygiene agencies (the Office of Mental Health, the Office of Addiction Supports and Services, and the Office for People with Developmental Disabilities); a theme that is also strongly communicated through the local services plans developed by local governmental units.

The local sector includes county-operated, proprietary, and voluntary settings.

Major Diagnosis Class

Some individuals served by the public mental health system do not bear a primary diagnosis of mental illness. Other common diagnosis classes include substance-related and non-mental illness diagnoses. The three categories that comprise a diagnosis of "Not Mental Illness" are organic, developmental, and other. Organic illnesses are disorders due to known physiological conditions, and include conditions such as dementia and amnesia. Developmental disabilities include intellectual, pervasive, and specific developmental disorders. The "Other" category includes all other physical and non-mental disorders not already categorized.

The table below shows the number of individuals served within the public mental health system by major diagnosis class. Nearly 90 percent of those served in 2022 were diagnosed with mental illness. Approximately five percent received a diagnosis of "Not Mental Illness," and nearly three percent of those served had substance-related diagnoses.

Number of Major Diagnoses by Diagnosis Class

Legend:
- Mental Illness
- Substance-Related
- Not MI - Organic
- Not MI - Developmental
- Not MI - Other
- Unknown

Individuals Served by Program Auspice

The graphic below shows the annualized distribution of service in State-operated and local service settings in 2022. State-operated programs accounted for more than five percent of service volume in the public mental health system, while local programs provided approximately 95 percent of public mental health services statewide.

Number of Individuals Served

State
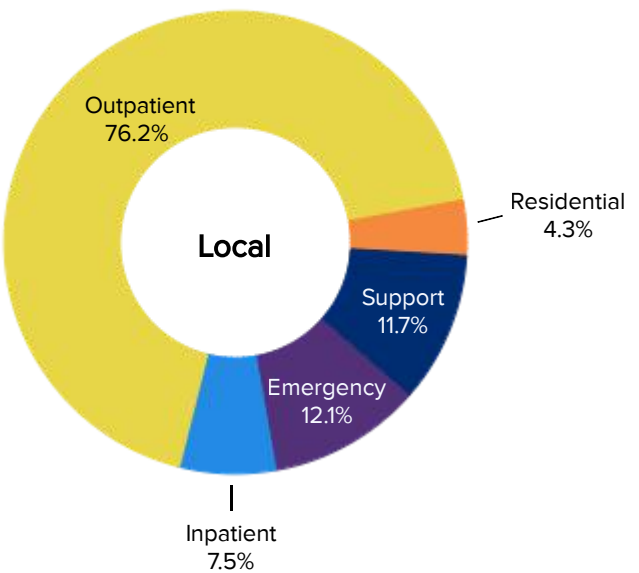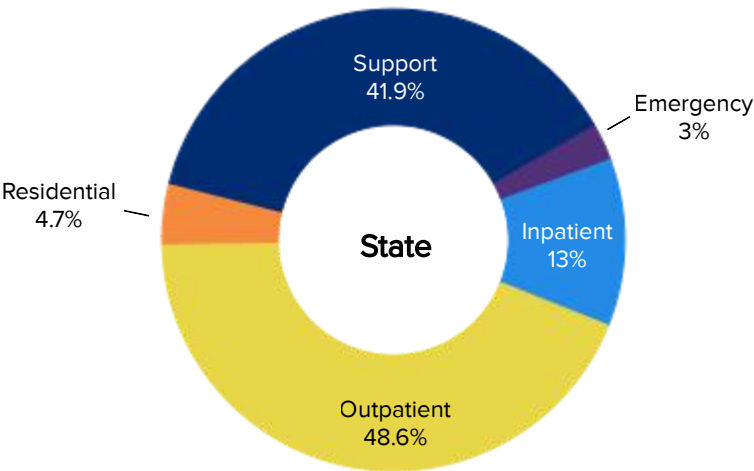46,727

Both
3,459
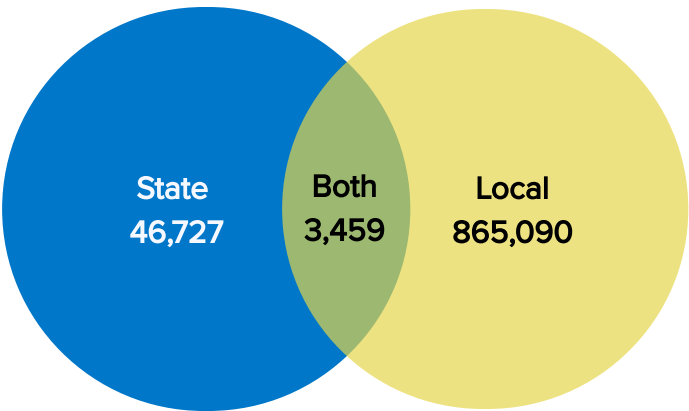
Local
865,090

As pictured, there is a small degree of overlap in program auspice access, which represents the estimated number of individuals who received services in both State-operated and local programs.

Therefore, the totals may exceed the annualized estimated number of individuals served due to some individuals seeking treatment in both auspices.

Percentage of Services by Auspice and Program Category

The charts below illustrate service volume in each auspice in 2017 across five program categories: emergency, inpatient, outpatient, residential, and support. Expanded descriptions of each program category are provided later in this section. Individuals may access more than one type of service within and across each auspice.

While State-operated and local service settings see similar percentages residential program services, there are substantial differences in the use of inpatient, outpatient, emergency, and support program services. For instance, outpatient services accounted for less than 49 percent of all services in State-operated settings, compared to more than 76 percent in local settings. In contrast, support services represented 42 percent of service volume received in State-operated settings, while approximately 12 percent of these services were rendered in local settings.

State

- Support 41.9%
- Emergency 3%
- Inpatient 13%
- Outpatient 48.6%
- Residential 4.7%

Local

- Outpatient 76.2%
- Residential 4.3%
- Support 11.7%
- Emergency 12.1%
- Inpatient 7.5%

# Percentage of People Served by Auspice and Demographics

The overwhelming majority of service recipients in the public mental health system are adults, who comprise nearly 90 percent of this population in State-operated service settings, and 74 percent in local settings.

The sex of service recipients varies based on service setting. Nearly two-thirds of individuals served in State-operated settings are male, while more than half of individuals served in local settings are female.

Age

Sex
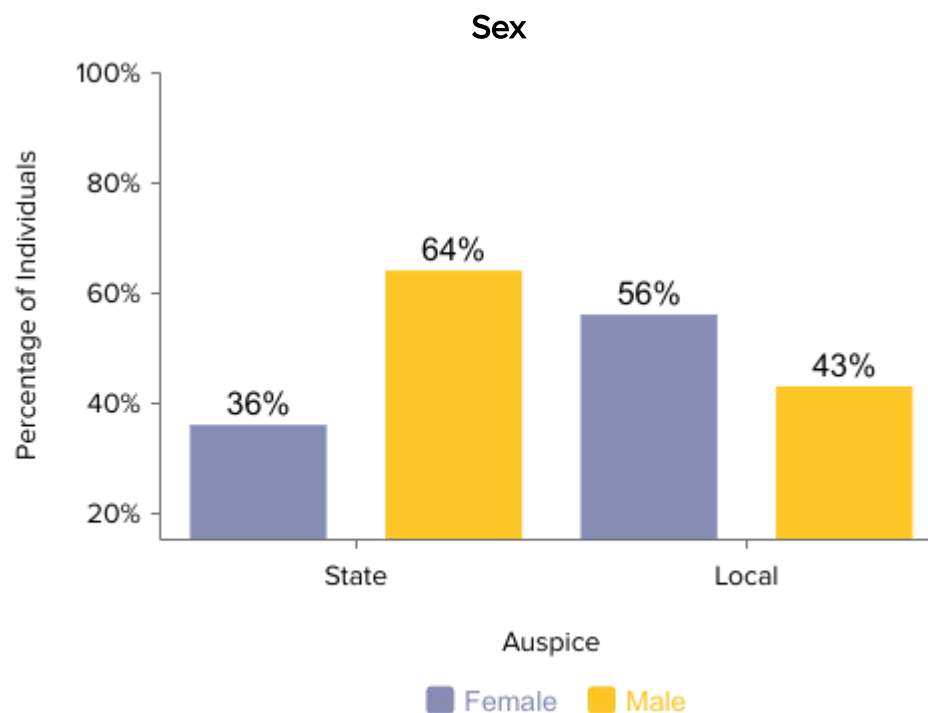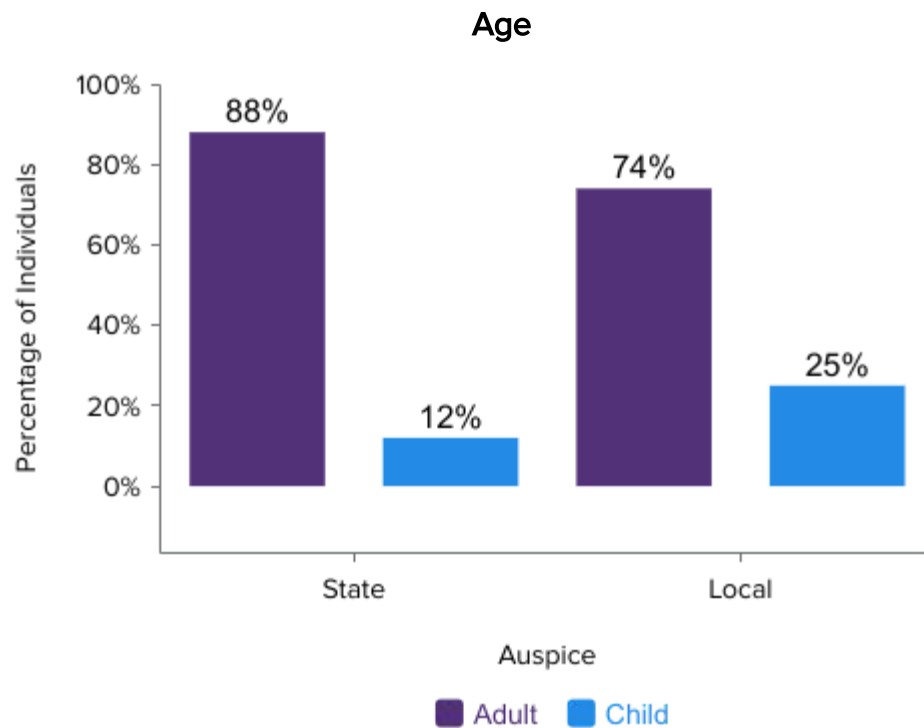
Insurance Coverage in the Public Mental Health System

The following figure illustrates the PCS annualized estimates for major payer source from 2013-2022. Rates for each source have remained relatively consistent over this time frame.
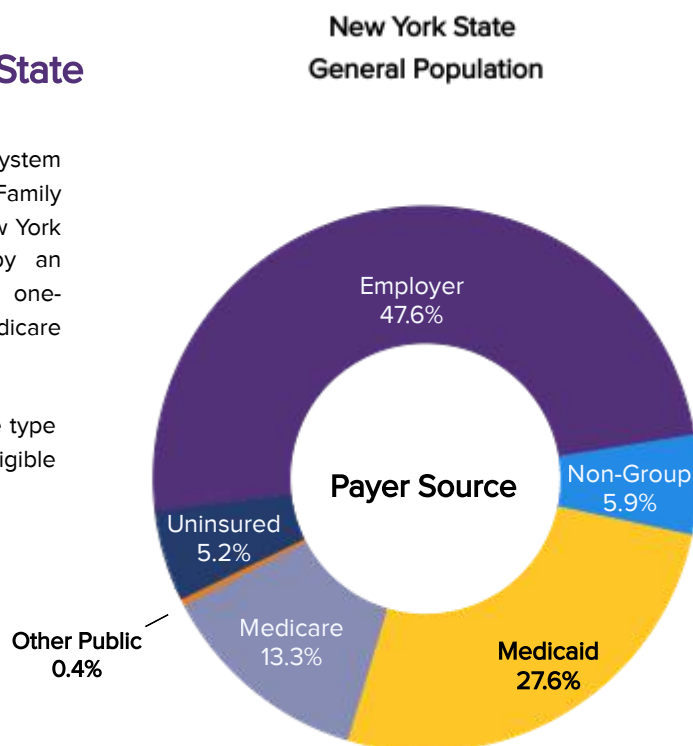

Payer Source
Public Mental Health System
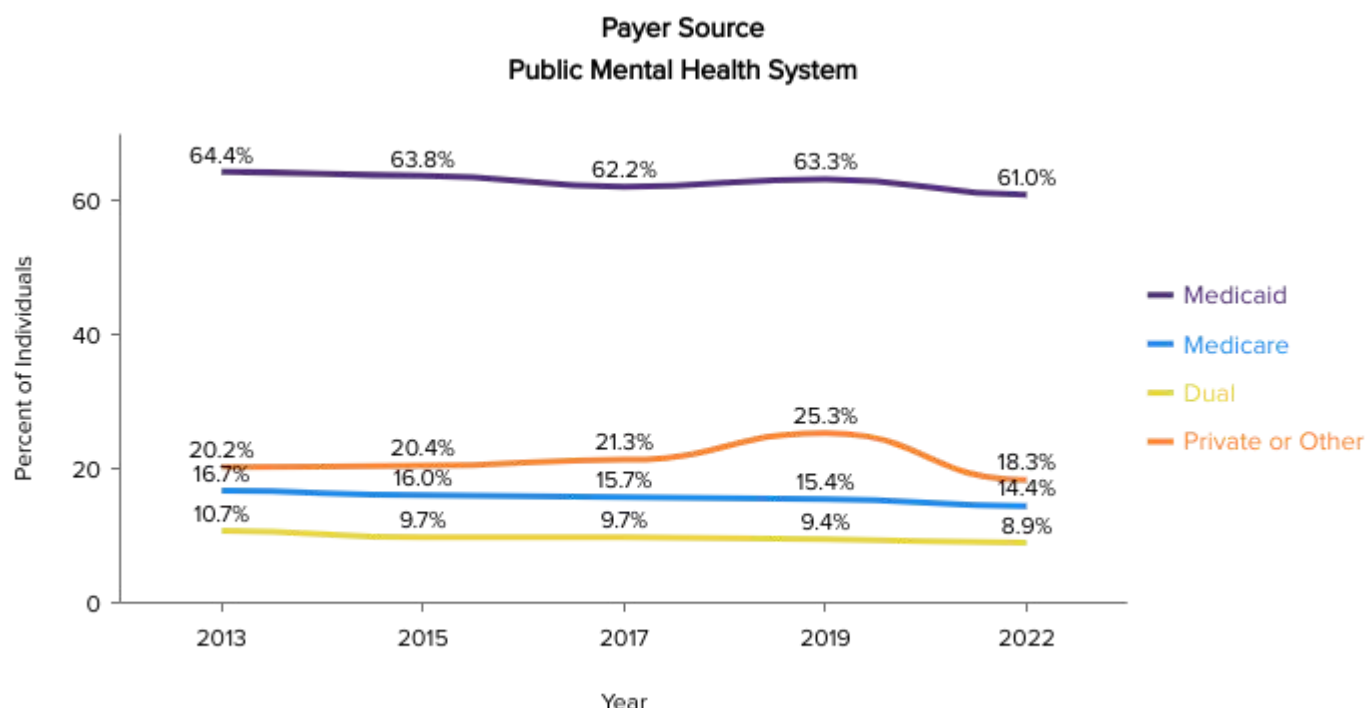
Insurance Coverage in New York State

While most recipients served by public mental health system are covered by Medicaid, the Henry J. Kaiser Family Foundation estimates that nearly 48 percent of the New York State general population in 2021 was covered by an employer-sponsored insurance program. More than one-quarter of the population had Medicaid, followed by Medicare at nearly 13.3 percent.[1]

For those individuals who report having more than one type of insurance (including Medicaid and Medicare dual-eligible individuals), the following hierarchy is used:

 1) Medicaid
 2) Medicare
 3) Employer
 4) Other Public
 5) Non-Group
 6) Uninsured

New York State
General Population

Payer Source

Employer 47.6%
Non-Group 5.9%
Medicaid 27.6%
Medicare 13.3%
Other Public 0.4%
Uninsured 5.2%

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[1] Henry J. Kaiser Family Foundation (2019). https://www.kff.org/other/state-indicator/total-population

Section 3 | Public Mental Health Service System Profile

New York's public mental health system is comprised of mental health programs that are licensed, funded or operated by OMH. Currently, OMH oversees approximately 1,900 licensed and 4,600 unlicensed programs, which fall into five major categories: inpatient, outpatient, emergency, support, and residential.

Inpatient Programs

Inpatient services provide stabilization, intensive treatment and rehabilitation with 24-hour care in a controlled environment. They are the selected settings only when the required services and supports cannot be delivered in community settings due to the treatment needs of the individual. OMH operates 24 State Psychiatric Centers, and licenses more than 100 other inpatient programs that collectively operate nearly 8,600 psychiatric inpatient beds statewide. Inpatient services are also provided on inpatient psychiatric units of general hospitals, at private psychiatric hospitals, and in residential treatment facilities.

State Psychiatric Centers (State PCs) are 24-hour psychiatric inpatient treatment programs that are operated by the New York State Office of Mental Health. OMH State PCs are accredited and regulated by the Joint Commission and the Centers for Medicare and Medicaid Services. Overall, OMH-operated settings account for nearly 18 percent of the inpatient programs in the State, and account for 30 percent of adult inpatient beds and nearly 24 percent of children's inpatient beds.

Inpatient psychiatric units of general hospitals (also referred to as Article 28 hospitals) are licensed, 24-hour inpatient treatment programs that are operated within a medical hospital and include full-time medical services, psychiatric services, social services, and around-the-clock nursing services. Jointly licensed by OMH and the New York State Department of Health, there are approximately 100 Article 28 psychiatric inpatient units operating nearly 5,000 beds throughout New York State.

Private psychiatric hospitals (also known as Article 31 hospitals) are 24-hour inpatient treatment programs that are licensed by OMH and operate in private hospitals that exclusively provide behavioral health services. There are currently six Article 31 hospitals statewide, operating a total of 790 beds.

Another type of inpatient psychiatric facility is a Residential Treatment Facility (RTF). RTFs provide fully-integrated mental health treatment services to children and youth between five and 21 years of age who are diagnosed with SED. These services are provided in 14-61 bed facilities which are certified by both OMH and either the Joint Commission or the Council on Accreditation (COA). Sometimes classified as residential, RTFs are less intensively staffed than inpatient units, but provide a much higher level of services and staffing than community residences, group homes, or childcare institutions. As of early 2023, there are 12 RTFs operating nearly 275 beds throughout the State.

Article 31 4.4%
RTF 8.8%
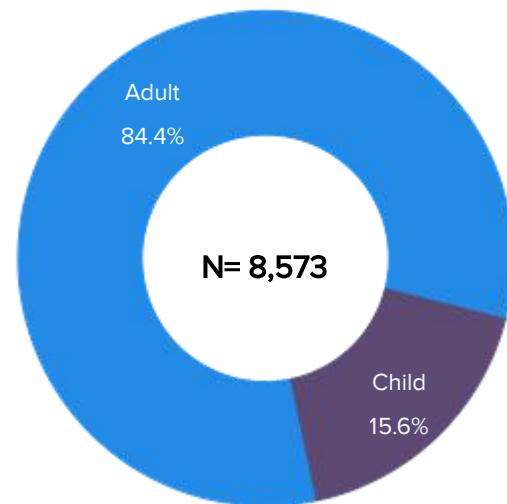State PC 17.6%
N= 136
Article 28 69.1%
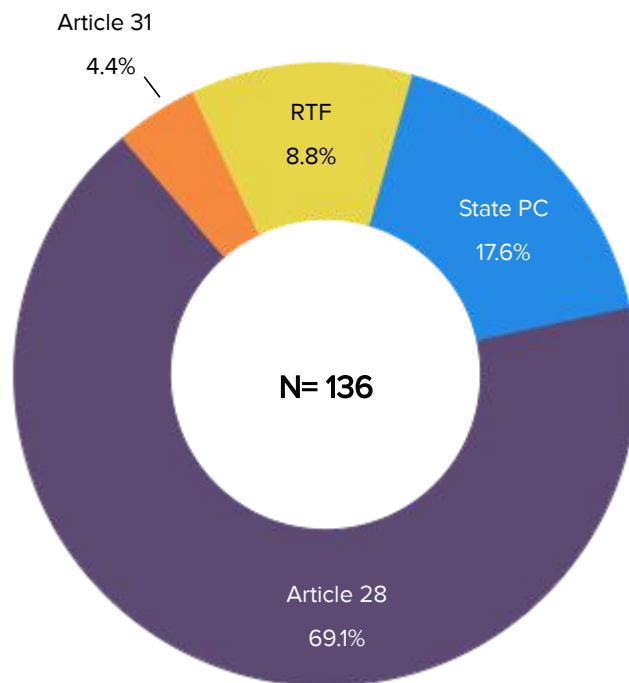
Inpatient Beds

Through early 2023, adult inpatient beds account for more than 84 percent of all civil inpatient beds in New York State. Of this number, nearly 63 percent are located within the psychiatric units of general (Article 28) hospitals, with another 30 percent in State PCs.
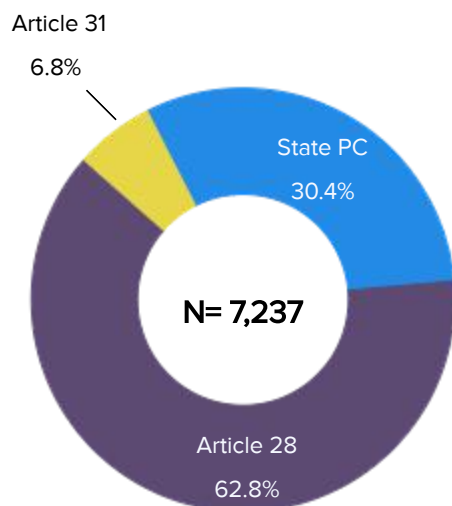
Nearly 34 percent of child inpatient beds are located in Article 28 hospitals, and approximately 21 percent are within Residential Treatment Facilities (RTFs). The remainder are almost evenly distributed between State PCs and private psychiatric hospitals.

	Adult	Child	TOTAL
State PC	2,203	314	2,517
Article 28	4,543	449	4,992
Article 31	491	299	790
RTF	-	274	274
TOTAL	7,237	1,336	8,573

All Inpatient Beds

Adult 84.4%

N= 8,573

Child 15.6%

Adult Inpatient Beds

Article 31 6.8%

State PC 30.4%

N= 7,237

Article 28 62.8%

Child Inpatient Beds

State PC 23.5%

RTF 20.5%

N= 1,336

Article 28 33.6%
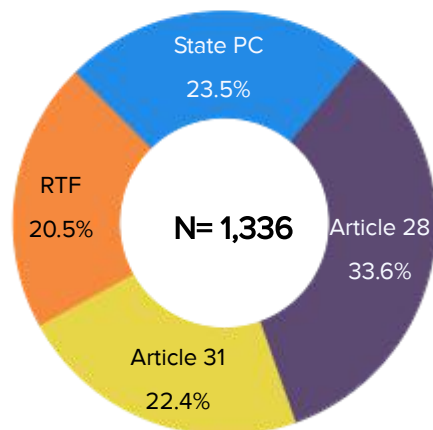
Article 31 22.4%

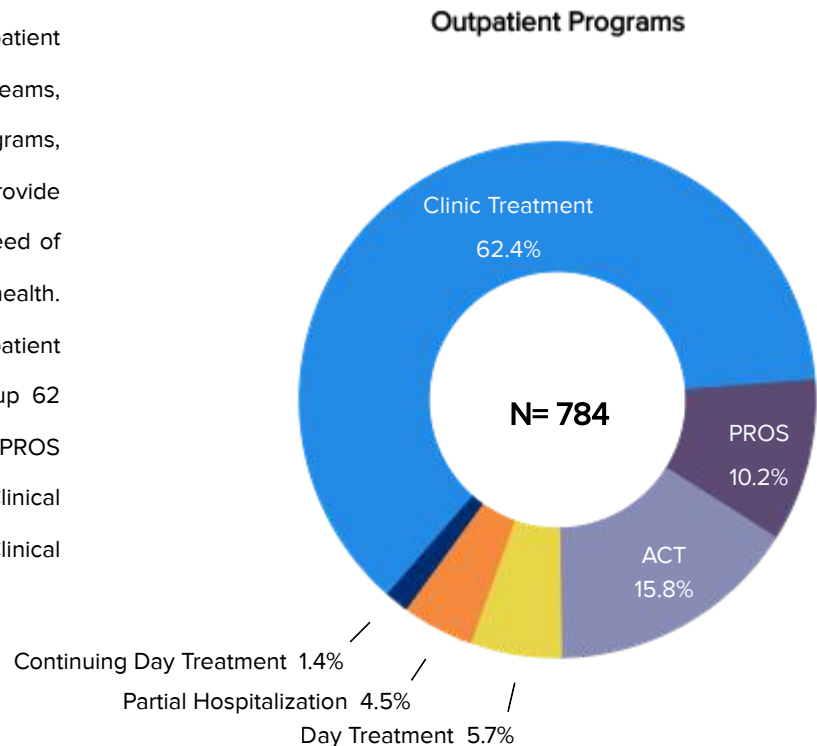## Outpatient Programs

OMH operates and regulates nearly 800 licensed outpatient programs. Assertive Community Treatment (ACT) teams, Personalized Recovery-Oriented Services (PROS) programs, Article 31 clinics, and Day Treatment programs provide treatment and rehabilitation to service recipients in need of community-based support to maintain their mental health. The most common and most largely utilized outpatient services are clinic treatment services, which make up 62 percent of all outpatient service programs. Note that PROS data includes both Comprehensive PROS with Clinical Treatment and Comprehensive PROS without Clinical Treatment.

Outpatient Programs

- Clinic Treatment 62.4%
- N= 784
- PROS 10.2%
- ACT 15.8%
- Day Treatment 5.7%
- Partial Hospitalization 4.5%
- Continuing Day Treatment 1.4%

Crisis Programs

Emergency programs provide rapid psychiatric and/or medical stabilization. They ensure the safety of persons who present a risk to themselves or others. The program types include Crisis Intervention, Crisis Residence, Crisis Respite, Home-Based Crisis Intervention, and Comprehensive Psychiatric Emergency Programs (CPEP). There are more than 220 crisis programs in New York State.

Support Programs

Support programs are community-based and help adults diagnosed with serious mental illnesses to live as independently as possible and help children with serious emotional challenges to remain with their families. These programs include General Support, Care Coordination, Self-Help, Vocational, Forensic, and Education services. While the array of services varies between adults and children, the goal is to support successful and full community living. There are nearly 3,000 support programs operating in New York State.

Residential Programs

Residential services are provided to maximize access to housing opportunities, particularly for persons with histories of multiple or extended psychiatric hospitalizations, homelessness, involvement with the criminal justice system, and co-occurring substance use disorder. In addition, these services assist individuals in developing functional skills needed to live independently and preserve tenure in the community. Residential services are also offered to children to provide short-term residential assessment, treatment, and aftercare planning. OMH residential programs provide more than 46,000 beds statewide. Services include Supported Housing, Apartment Treatment (Apt Tx), Supported/Single Room Occupancy (SP/SRO), Community Residence (CR), Community Residence/Single Room Occupancy (CR/SRO), and Other (Family Care and Residential Care Centers for Adults). Residential Treatment Facility (RTF) beds are excluded.

Residential Beds

- Supported Housing 44.1%
- SP/SRO 21.6%
- CR 11.9%
- Apt Tx 9.8%
- CR/SRO 7.2%
- Other 5.3%

N= 47,603
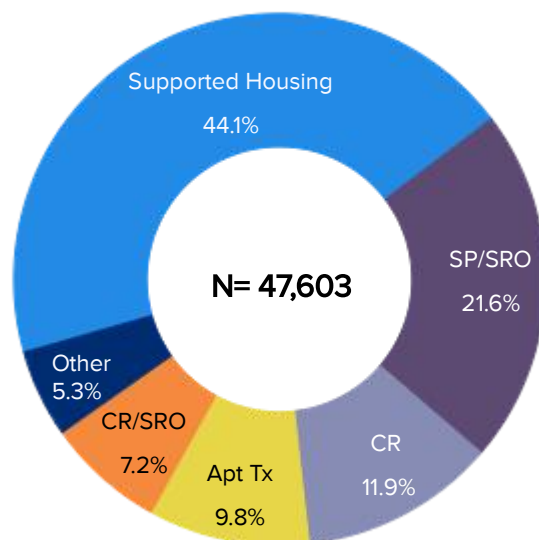
Find a Mental Health Program

Are you looking for a program in your county that was described in this section? The OMH website features the Mental Health Program directory, which includes both State-operated and local programs regulated by the agency. The directory includes program details such as county of operation, hours of operation, and program contact information. The program directory is maintained by the Office of Mental Health through the CONCERTS program database. All programs discussed in this section can be found at: https://my.omh.ny.gov/bi/pd

Section 4 | New York State Public Mental Health System Expenditures and Revenue

New York State funds one of the largest public mental health systems in the United States with annual operating expenditures in excess of $9 billion.

All data in this section is from the 2019 Summary of State Mental Health Expenditures reports prepared by the NYS OMH Finance Group. Data are lagged due to extended reporting and collection timelines for multiple data sources required to present gross expenditures across the entire public mental health system. These data include revenues to all public mental health system providers from all payment sources, including Medicaid, Medicare, deficit funding, SSI, client fees/direct pay, commercial insurance, and local/county funds.

New York State Mental Health Expenditures by Auspice

In the 2019-2020 state fiscal year, statewide mental health expenditures from all sources totaled nearly $9.1 billion, of which approximately three-quarters was spent within local auspices.

Under the OMH Transformation Plan, New York State has continued to direct a greater share of our resources to community-based services through savings from avoidable and unnecessary inpatient utilization. In future years, we continue to expect growth in the total expenditure amounts, but with an increasingly greater share of such growth in community-based, non-inpatient service settings.

Expenditures by Program Auspice
2019-2020 State Fiscal Year

Local
$6.9 Billion
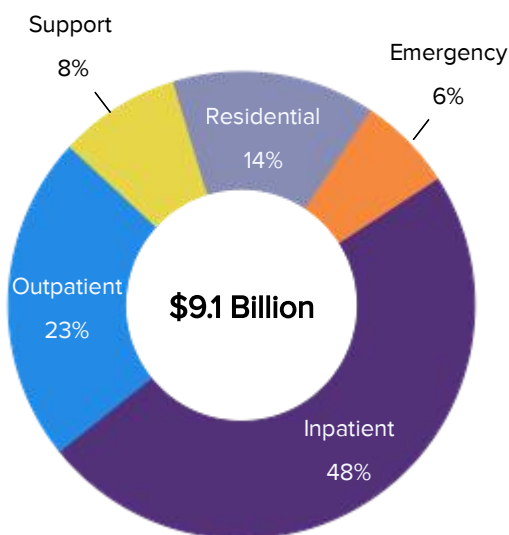
$9.1 Billion
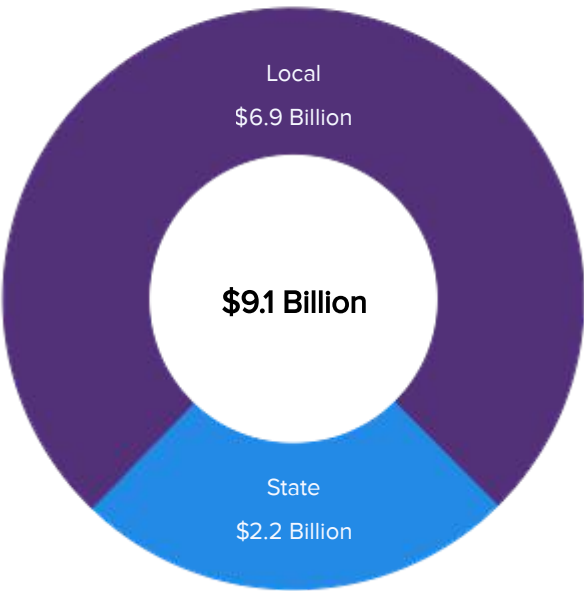
State
$2.2 Billion

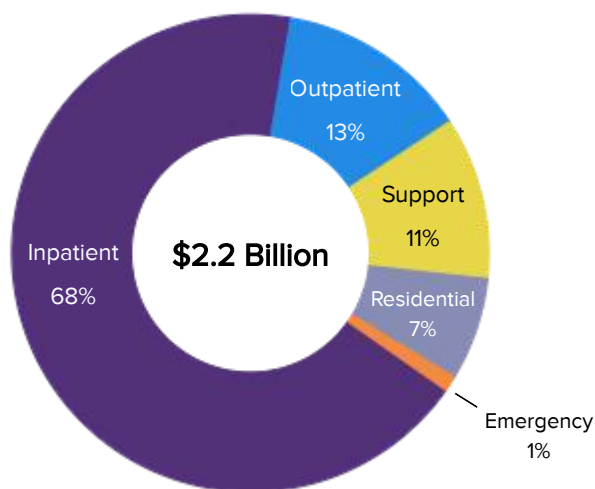# New York State Mental Health Expenditures by Service Type

More than 50 percent of mental health expenditures in the 2019-2020 state fiscal year were for inpatient services, which totaled more than $4.4 billion. Outpatient services accounted for nearly one-quarter of expenditures at $2.1 billion, followed by residential services at nearly $1.3 billion. Emergency and support services expenditures combined for just over $1.3 billion.

The figures below illustrate the total distribution of expenditures both throughout the total New York State public mental health system, as well as by program auspice.
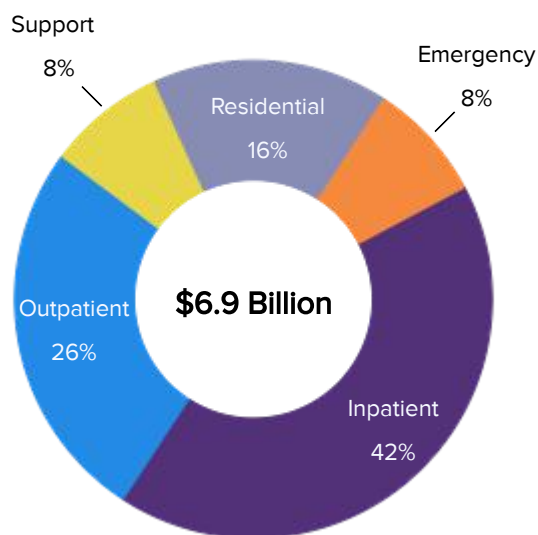
All Expenditures by Service Type

Support 8%
Residential 14%
Emergency 6%
Outpatient 23%
$9.1 Billion
Inpatient 48%

State Expenditures by Service Type

Outpatient 13%
Support 11%
Inpatient 68%
$2.2 Billion
Residential 7%
Emergency 1%

Local Expenditures by Service Type

Support 8%
Residential 16%
Emergency 8%
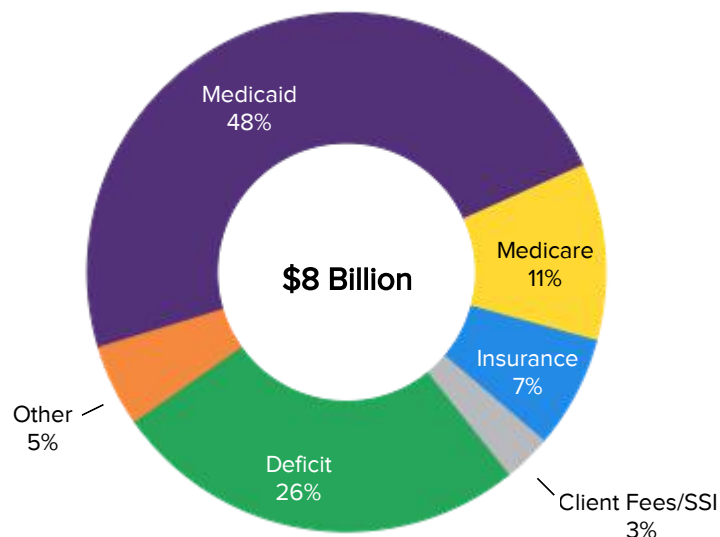Outpatient 26%
$6.9 Billion
Inpatient 42%

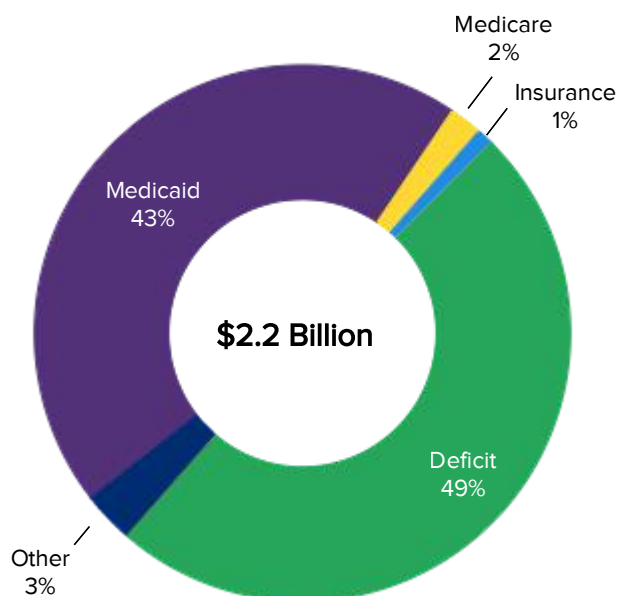25

New York State Mental Health Revenue by Payment Type

Medicaid paid more than $3.8 billion in the 2019-2020 state fiscal year, accounting for nearly half of all public mental health system provider revenue. Approximately one-quarter of provider revenue was from deficit funding (State general funds), followed by Medicare (11 percent), insurance (seven percent), and client fees/SSI (three percent). All other sources combined for an additional five percent of revenue.

The figures below illustrate the total distribution of revenue both throughout the total New York State public mental health system, as well as by program auspice.

All Mental Health Provider Revenue by Payment Type

Medicaid 48%
Medicare 11%
Insurance 7%
Client Fees/SSI 3%
Deficit 26%
Other 5%
$8 Billion

State Facilities Revenue by Payment Type

Medicare 2%
Insurance 1%
Medicaid 43%
Deficit 49%
Other 3%
$2.2 Billion

Local Providers Revenue by Payment Type

Other 5%
Medicaid 48%
Deficit 18%
Client Fees/SSI 5%
Insurance 10%
Medicare 14%
$5.8 Billion