



Mental Health Treatment Among Adults: United States, 2024

Elizabeth M. Briones, Ph.D., and Maria A. Villarroel, Ph.D.

Key findings

Data from the National Health Interview Survey

- In 2024, 19.3% of adults took medication for their mental health and 14.0% received counseling or therapy from a mental health professional in the past 12 months. Women were more likely than men to have received either treatment.
- Adults ages 30–44 were more likely to have taken medication than those ages 65–74 and 75 and older. Adults 75 and older were least likely to have received counseling or therapy.
- Adults with incomes less than 100% of the federal poverty level (FPL) were more likely to have taken medication and as likely to have received counseling or therapy as adults with incomes greater than 400% FPL.
- Adults living in nonmetropolitan areas were most likely to have taken medication and least likely to have received counseling or therapy from a mental health professional.

Introduction

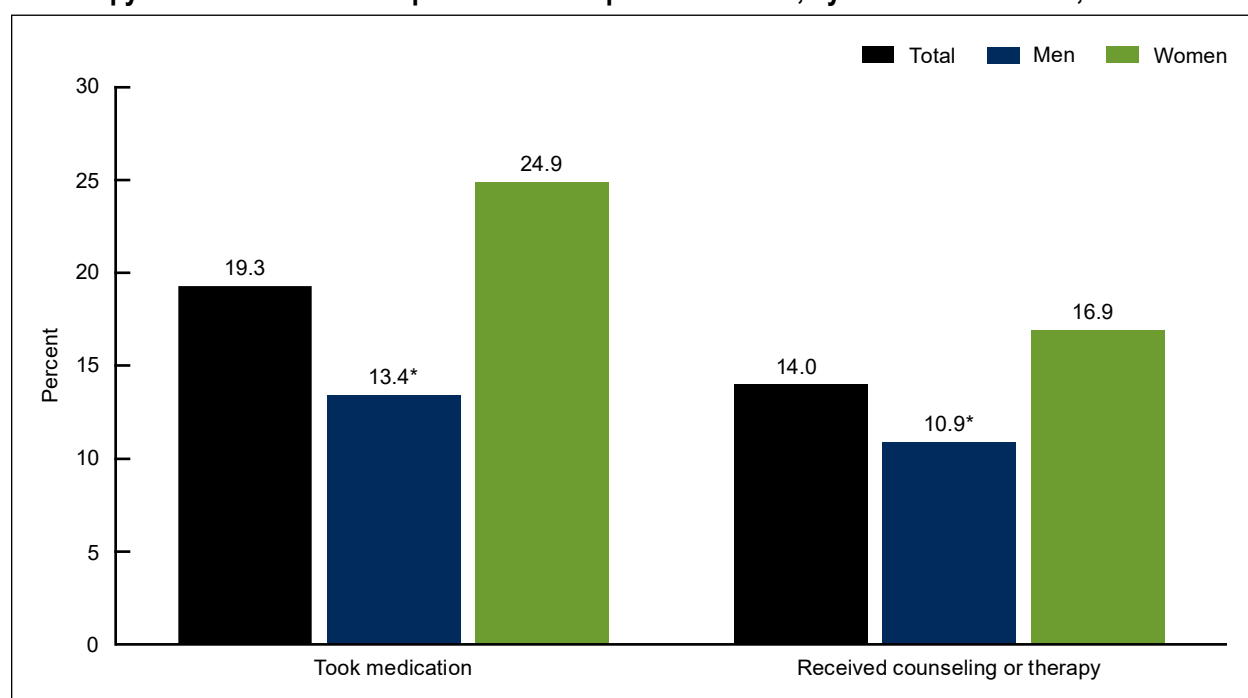
Mental health is a key component for overall well-being. In 2023, an estimated 58.7 million adults age 18 and older had any mental, behavioral, or emotional disorder in the past year. About one-half of them received mental health treatment, most often counseling or medication (1). Mental health treatment may vary by subpopulation due to differences in the prevalence of mental health conditions and the need for and access to treatment (1). This report uses data from the 2024 National Health Interview Survey (NHIS) to examine the use of prescription medication for mental health and the receipt of counseling or therapy from a mental health professional in the past 12 months among U.S. adults, by selected characteristics.



Sex

- In 2024, 19.3% of adults took medication for their mental health and 14.0% had received counseling or therapy from a mental health professional in the past 12 months (Figure 1, Table 1).
- The percentage of adults who took medication for their mental health was higher for women (24.9%) than for men (13.4%).
- Women were also more likely to have received counseling or therapy from a mental health professional (16.9%) than men (10.9%).

Figure 1. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by sex: United States, 2024



* Significantly different from women ($p < 0.05$).

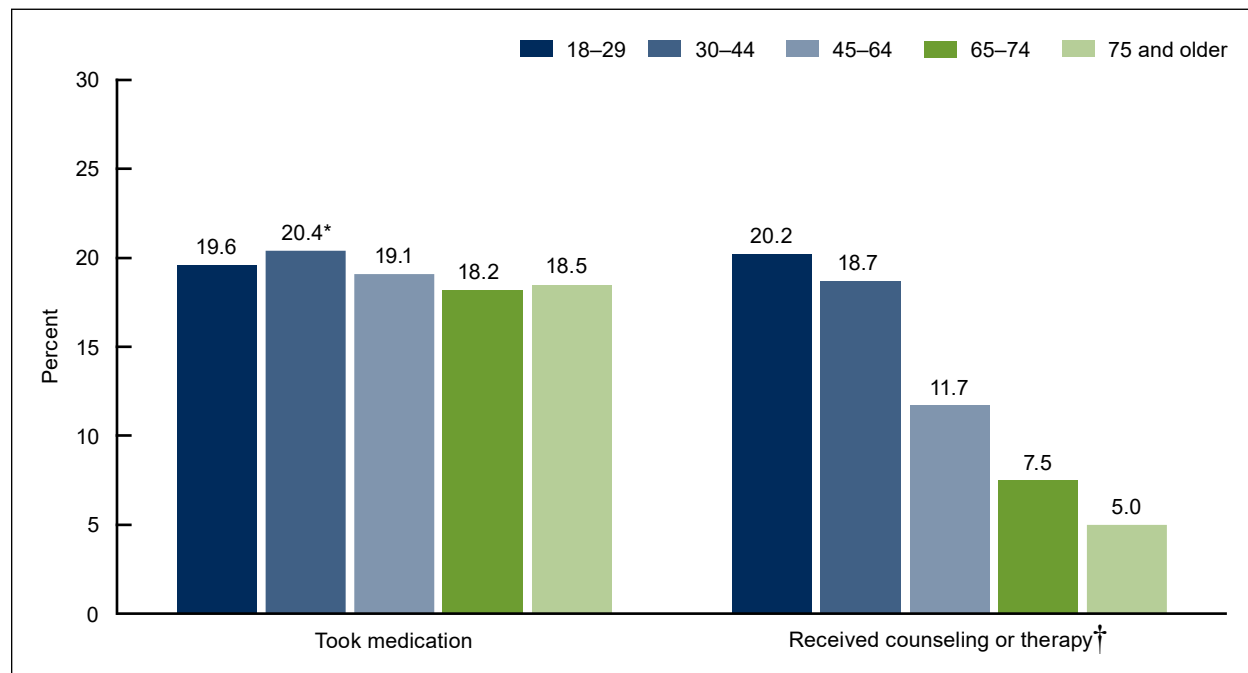
NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Age group

- Adults ages 30–44 were more likely (20.4%) than adults 75 and older (18.5%) and ages 65–74 (18.2%) to have taken medication for their mental health in the past 12 months (Figure 2, Table 2).
- Adults ages 18–29 (20.2%) and 30–44 (18.7%) were more likely to have received counseling or therapy from a mental health professional than adults ages 45–64 (11.7%), 65–74 (7.5%), and 75 and older (5.0%).

Figure 2. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by age group: United States, 2024



* Significantly different from ages 65–74 and 75 and older ($p < 0.05$).

† All pairwise comparisons are significantly different ($p < 0.05$) except for comparisons between ages 18–29 and 30–44.

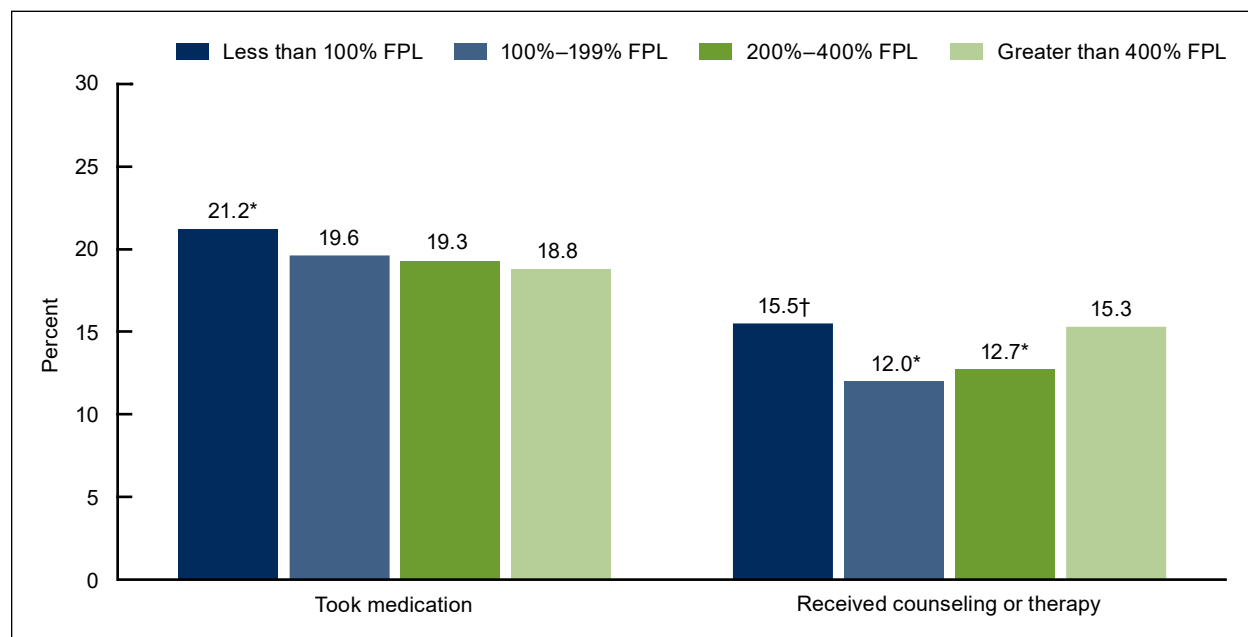
NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Family income

- Adults with family incomes less than 100% of the federal poverty level (FPL) were more likely to have taken medication for their mental health in the past 12 months (21.2%) than those with family incomes greater than 400% FPL (18.8%) (Figure 3, Table 3).
- Adults with family incomes less than 100% FPL (15.5%) and those with incomes greater than 400% FPL (15.3%) were more likely to have received counseling or therapy from a mental health professional compared with adults with family incomes of 200%–400% FPL (12.7%) or 100%–199% FPL (12.0%).

Figure 3. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by family income: United States, 2024



* Significantly different from greater than 400% FPL ($p < 0.05$).

† Significantly different from 100%–199% FPL and 200%–400% FPL ($p < 0.05$).

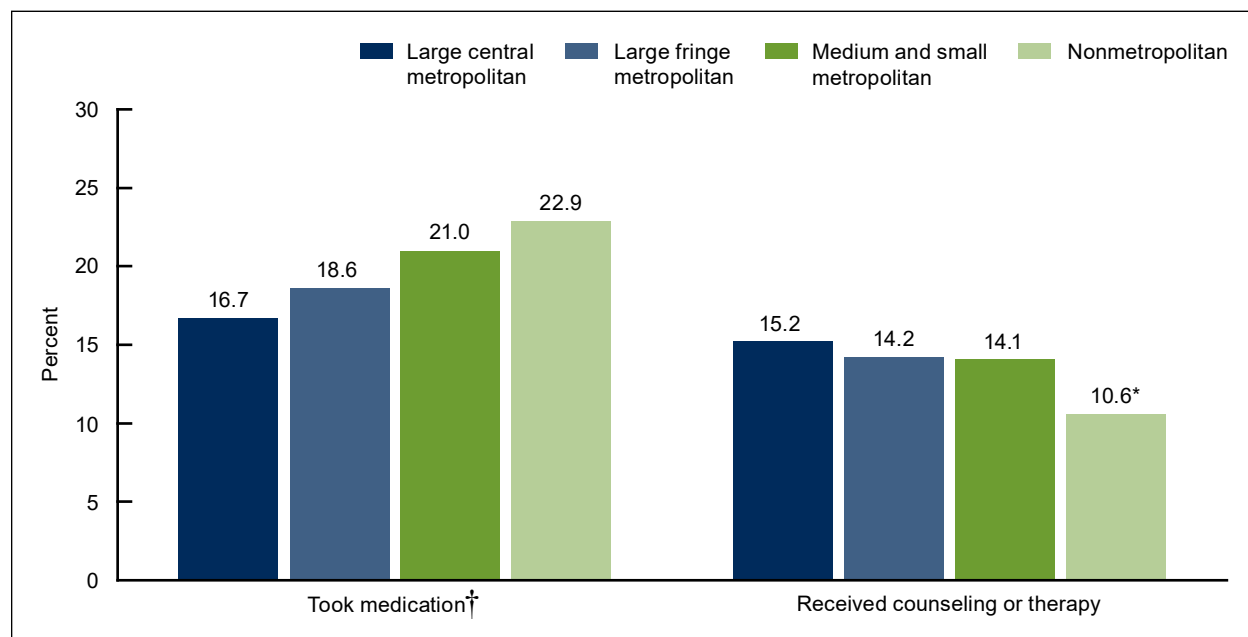
NOTES: FPL is federal poverty level. Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Urbanization level

- The percentage of adults who took medication for their mental health in the past 12 months increased with decreasing urbanization. Adults living in large central metropolitan areas were least likely to have taken medication (16.7%), followed by 18.6% of adults in large fringe metropolitan areas, 21.0% of adults in medium and small metropolitan areas, and 22.9% of those living in nonmetropolitan areas (Figure 4, Table 4).
- The percentage of adults living in nonmetropolitan areas who had received counseling or therapy from a mental health professional (10.6%) was lower than adults living in medium and small metropolitan areas (14.1%), large fringe metropolitan areas (14.2%), and large central metropolitan areas (15.2%).

Figure 4. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by urbanization level: United States, 2024



* Significantly different from large central, large fringe, and medium and small metropolitan areas ($p < 0.05$).

† All pairwise comparisons are significantly different ($p < 0.05$).

NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Summary

In 2024, the prevalence of U.S. adults age 18 and older who received mental health care in the past 12 months varied by sociodemographic characteristics.

About one in five adults took prescription medication in the past 12 months (19.3%) for feelings of depression or anxiety or to help with other emotions, behaviors, or their mental health. The percentage of adults who took medication for their mental health was higher among women compared with men, adults ages 30–44 compared with ages 65–74 and 75 and older, those with family incomes less than 100% FPL compared with greater than 400% FPL, and those living in nonmetropolitan areas compared with metropolitan areas of any size.

About one in seven adults received counseling or therapy in the past 12 months from a mental health professional (14.0%) such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. The percentage who received counseling was higher among women compared with men, and among adults ages 18–29 and 30–44 compared with older age groups. In contrast to the pattern for prescription medication, the receipt of counseling was higher among both those with incomes below 100% FPL and greater than 400% FPL compared with those with incomes between these endpoints. Receipt of counseling also was higher among those living in metropolitan areas of any size than in nonmetropolitan areas.

Definitions

Family income as percentage of federal poverty level: Calculated from the family’s income in the previous calendar year and family size using the U.S. Census Bureau’s poverty thresholds (2). Income was imputed when missing (3).

Received counseling or therapy in the past 12 months: Based on a yes response to the question, “During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?” This measure includes all Sample Adults in the denominator, regardless of their response to questions in the survey about mental health symptoms or ever having been diagnosed with depression or anxiety.

Took medication for mental health in the past 12 months: Adults were asked how often they felt worried, nervous, or anxious, followed by the survey question, “Do you take prescription medication for these feelings?” They were also asked how often they felt depressed, followed by the question, “Do you take prescription medication for depression?” Those who answered that they did not take medication for feelings of either anxiety or depression (or who did not know or refused to answer these two questions) were later asked, “During the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior, or mental health?” Adults who responded yes to any of the three questions were considered to have taken medication for their mental health in the past 12 months. This measure includes all Sample Adults in the denominator, regardless of their response to survey questions about mental health symptoms or ever having been diagnosed with depression or anxiety.

Urbanization level: Urbanization level was divided into four categories using the 2023 NCHS Urban–Rural Classification Scheme for counties (4). Large metropolitan areas are metropolitan statistical areas of 1 million people or more and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 people and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties.

Data source and methods

Analyses were conducted using the 2024 NHIS. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). Interviews are typically initiated face-to-face in respondents’ homes, but follow-ups to complete interviews may be conducted over the telephone (5). Estimates are based on U.S. adults age 18 and older. For more information on the survey, visit the NHIS website: <https://www.cdc.gov/nchs/nhis/index.htm>.

Point estimates and corresponding confidence intervals were calculated using SAS-callable SUDAAN software (6) to account for the complex sample design of the survey. The Taylor series linearization method was used for estimation of standard errors, and confidence intervals

were calculated using the Korn–Graubard method for complex surveys. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Measures of mental health treatment were not mutually exclusive. All estimates in this report meet NCHS data presentation standards for proportions (7).

About the authors

Elizabeth M. Briones and Maria A. Villarroel are with the National Center for Health Statistics, Division of Health Interview Statistics.

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Figure tables

Data table for Figure 1. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by sex: United States, 2024

Mental health treatment and sex	Percent (95% confidence interval)	Standard error
Took medication		
Total	19.3 (18.8–19.9)	0.27
Men	13.4* (12.8–14.1)	0.32
Women	24.9 (24.1–25.7)	0.41
Received counseling or therapy		
Total	14.0 (13.5–14.5)	0.26
Men	10.9* (10.3–11.5)	0.32
Women	16.9 (16.2–17.6)	0.37

* Significantly different from women ($p < 0.05$).
 NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
 SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 2. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by age group: United States, 2024

Mental health treatment and age group	Percent (95% confidence interval)	Standard error
Took medication		
18–29	19.6 (18.1–21.1)	0.75
30–44	20.4* (19.3–21.4)	0.52
45–64	19.1 (18.2–20.0)	0.47
65–74	18.2 (17.1–19.4)	0.56
75 and older	18.5 (17.2–19.9)	0.66
Received counseling or therapy†		
18–29	20.2 (18.7–21.8)	0.79
30–44	18.7 (17.7–19.8)	0.53
45–64	11.7 (11.0–12.5)	0.38
65–74	7.5 (6.8–8.3)	0.39
75 and older	5.0 (4.3–5.8)	0.37
<p>* Significantly different from ages 65–74 and 75 and older ($p < 0.05$).</p> <p>† All comparisons are significantly different ($p < 0.05$) except for comparisons between ages 18–29 and 30–44.</p> <p>NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.</p> <p>SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.</p>		

Data table for Figure 3. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by family income: United States, 2024

Mental health treatment and family income	Percent (95% confidence interval)	Standard error
Took medication		
Less than 100% FPL	21.2* (19.5–23.0)	0.89
100%–199% FPL	19.6 (18.4–20.9)	0.64
200%–400% FPL	19.3 (18.2–20.3)	0.54
Greater than 400% FPL	18.8 (18.0–19.7)	0.42
Received counseling or therapy		
Less than 100% FPL	15.5† (13.9–17.2)	0.84
100%–199% FPL	12.0* (11.0–13.1)	0.55
200%–400% FPL	12.7* (11.8–13.6)	0.44
Greater than 400% FPL	15.3 (14.6–16.1)	0.39
<p>* Significantly different from greater than 400% FPL ($p < 0.05$). † Significantly different from 100%–199% FPL and 200%–400% FPL ($p < 0.05$). NOTES: FPL is federal poverty level. Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.</p>		

Data table for Figure 4. Percentage of adults who took medication for their mental health or received counseling or therapy from a mental health professional in past 12 months, by urbanization level: United States, 2024

Mental health treatment and urbanization level	Percent (95% confidence interval)	Standard error
Took medication*		
Large central metropolitan	16.7 (15.9–17.6)	0.45
Large fringe metropolitan	18.6 (17.5–19.7)	0.55
Medium and small metropolitan	21.0 (20.0–22.0)	0.52
Nonmetropolitan	22.9 (21.7–24.3)	0.66
Received counseling or therapy		
Large central metropolitan	15.2 (14.3–16.1)	0.45
Large fringe metropolitan	14.2 (13.2–15.3)	0.52
Medium and small metropolitan	14.1 (13.1–15.2)	0.54
Nonmetropolitan	10.6† (9.6–11.7)	0.52
<p>* All pairwise comparisons are significantly different ($p < 0.05$). † Significantly different from large central, large fringe, and medium and small metropolitan areas ($p < 0.05$). NOTES: Estimates for taking medication and receiving counseling or therapy are not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.</p>		

Suggested citation

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