NATIONAL CENTER FOR HEALTH STATISTICS
Data Brief

Number 567 | August 26, 2026

Codiagnosis of Mental Health or Behavioral Disorders at Health Center Visits by Youth With a Diagnosed Anxiety Disorder: United States, 2024

Jill J. Ashman, Ph.D., Loredana Santo, M.D., and Zachary J. Peters, M.P.H.

Key findings

Data from the National Ambulatory Medical Care Survey Health Center Component

- The health center visit rate for youth ages 8–18 years with a diagnosed anxiety disorder was 23.8 visits per 1,000 youth in 2024, and rates were higher for females (32.2) than males (15.2).
- About one-half of health center visits by youth with a diagnosed anxiety disorder also included a codiagnosis of selected mental health or behavioral disorders (50.3%).
- The percentage of visits with a codiagnosis of depression was higher for females, whereas the percentage of visits with a codiagnosis of attention-deficit/hyperactivity disorder (ADHD) or behavioral disorders was higher for males.
- The percentage of visits with a codiagnosis of ADHD or behavioral disorders was higher among children ages 8−12 years, whereas the percentage of visits with a codiagnosis of depression was higher among adolescents ages 13−18 years.

Introduction

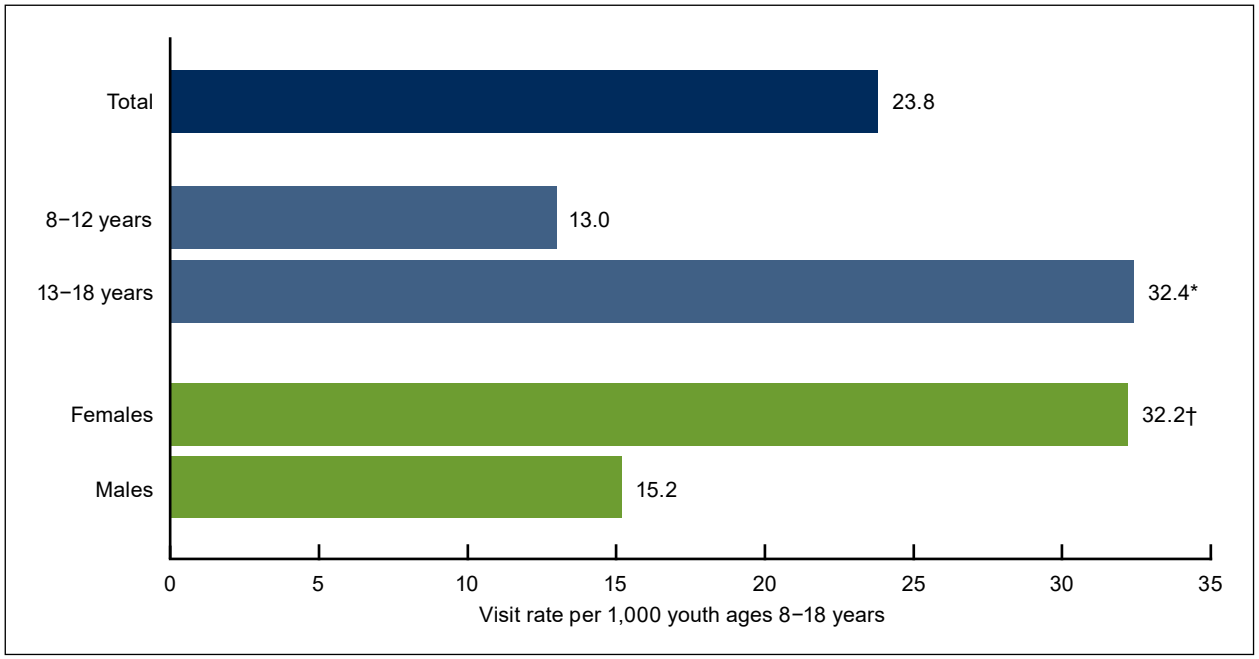
Anxiety is one of the most common mental health disorders, affecting about one-third of youth (1,2). Screening for anxiety is recommended for youth ages 8–18 years (3). This report describes visit rates to health centers by youth ages 8–18 years with a diagnosed anxiety disorder using data from the 2024 National Ambulatory Medical Care Survey Health Center (NAMCS HC) Component (4). It also describes the percentage of health center visits with a codiagnosis of selected mental health or behavioral disorders by age and sex. Health centers

are local, community-based clinics that provide care to people who may encounter issues accessing health care (5,6).

Visit rates by age and sex

- The health center visit rate for youth ages 8−18 years with a diagnosed anxiety disorder was 23.8 visits per 1,000 youth in 2024. The visit rate was higher for adolescents ages 13–18 years (32.4) than children ages 8–12 (13.0) (Figure 1, Table 1).
- The visit rate for females (32.2) was higher than the visit rate for males (15.2).

Figure 1. Health center visit rates for youth with a diagnosed anxiety disorder, by age and sex: United States, 2024

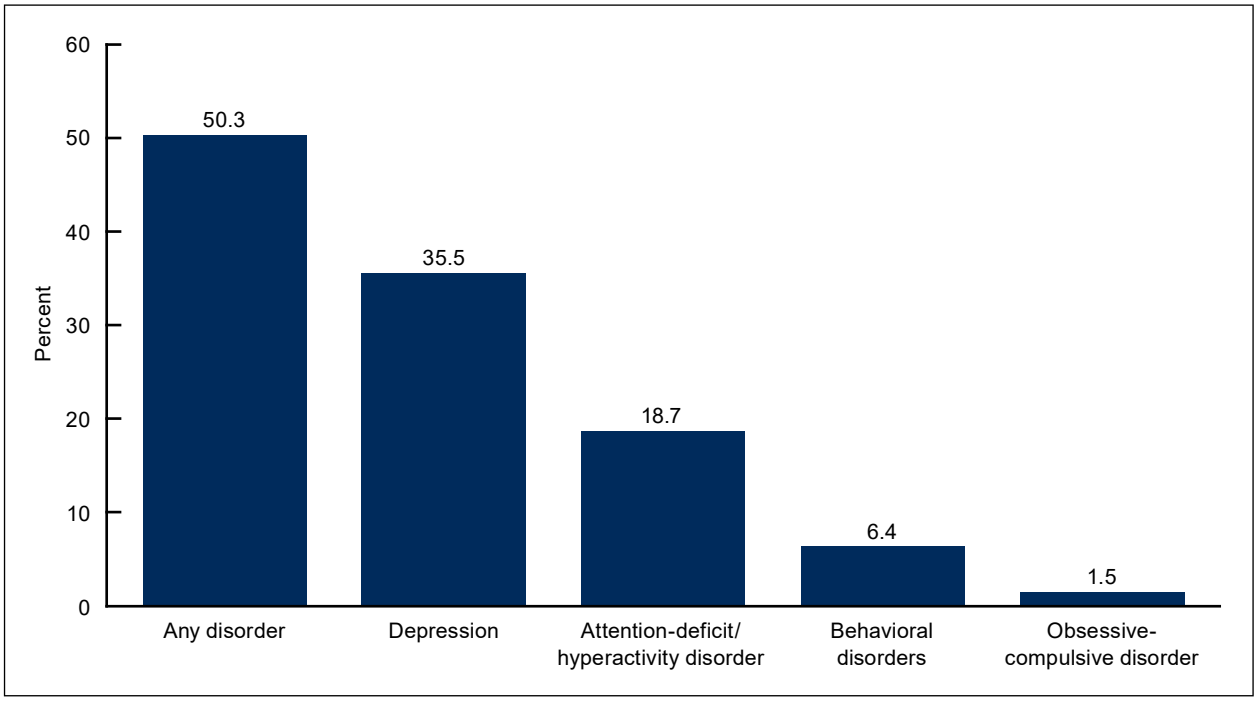


* Statistically significantly different from youth ages 8−12 years ($p < 0.05$).
† Statistically significantly different from males ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8−18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8−18 years) in the United States. Records with missing sex represent 1.5% of visits by youth ages 8−18 years and are excluded from the figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Codiagnosis of selected mental health or behavioral disorders

- An estimated 50.3% of health center visits by youth with a diagnosed anxiety disorder also included a codiagnosis of selected mental health or behavioral health disorders documented in the electronic health record (EHR), including depression, attention-deficit/hyperactivity disorder (ADHD), behavioral disorders, or obsessive-compulsive disorder (OCD) (Figure 2, Table 2).
- Among health center visits by youth with a diagnosed anxiety disorder, 35.5% had a codiagnosis of depression, 18.7% had ADHD, 6.4% had behavioral disorders, and 1.5% had OCD.

Figure 2. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder: United States, 2024



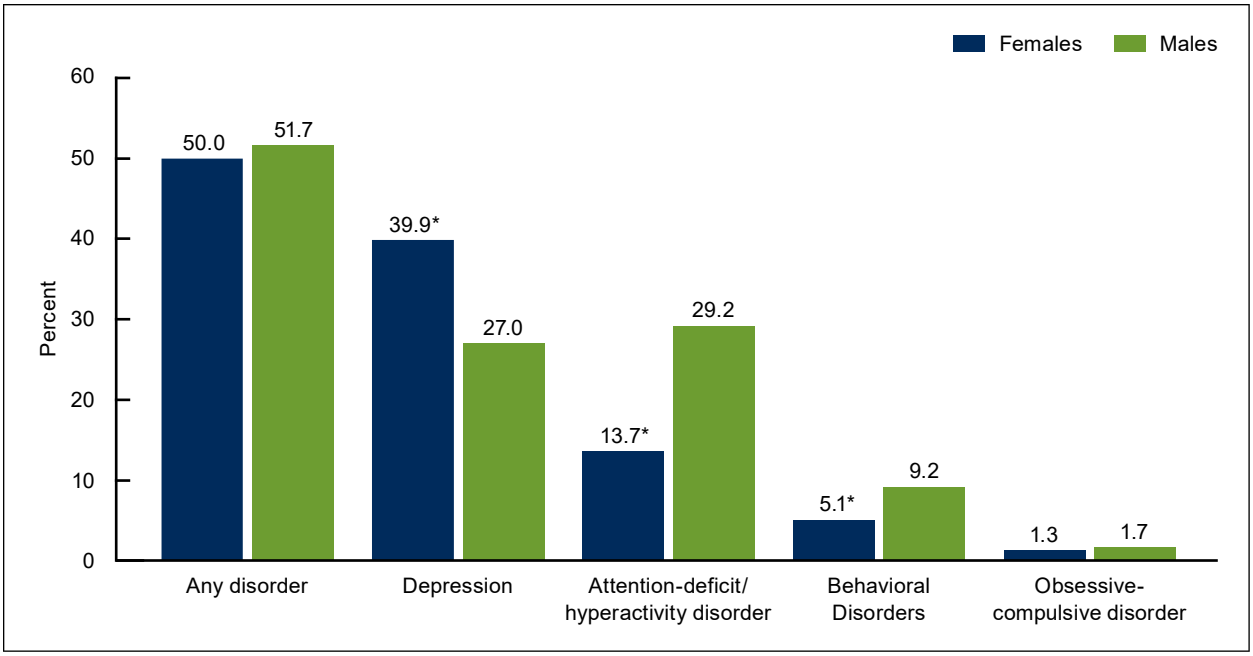
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8–18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Codiagnosis of mental health or behavioral disorders by sex

- The percentage of health center visits with a diagnosed anxiety disorder among youth that included EHR documentation of a codiagnosis of selected mental health or behavioral disorders did not differ between females (50.0%) and males (51.7%). However, differences were observed by sex for selected individual disorders (Figure 3, Table 3).

- The percentage of health center visits by youth with a diagnosed anxiety disorder and a codiagnosis of depression was higher for females (39.9%) compared with males (27.0%).
- The percentage of health centers visits by youth with a diagnosed anxiety disorder and a codiagnosis of ADHD or behavioral disorders was higher for males (29.2% and 9.2%, respectively) compared with females (13.7% and 5.1%, respectively).
- The percentage of health center visits by youth with a codiagnosis of OCD was similar for females (1.3%) and males (1.7%).

Figure 3. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder, by sex: United States, 2024



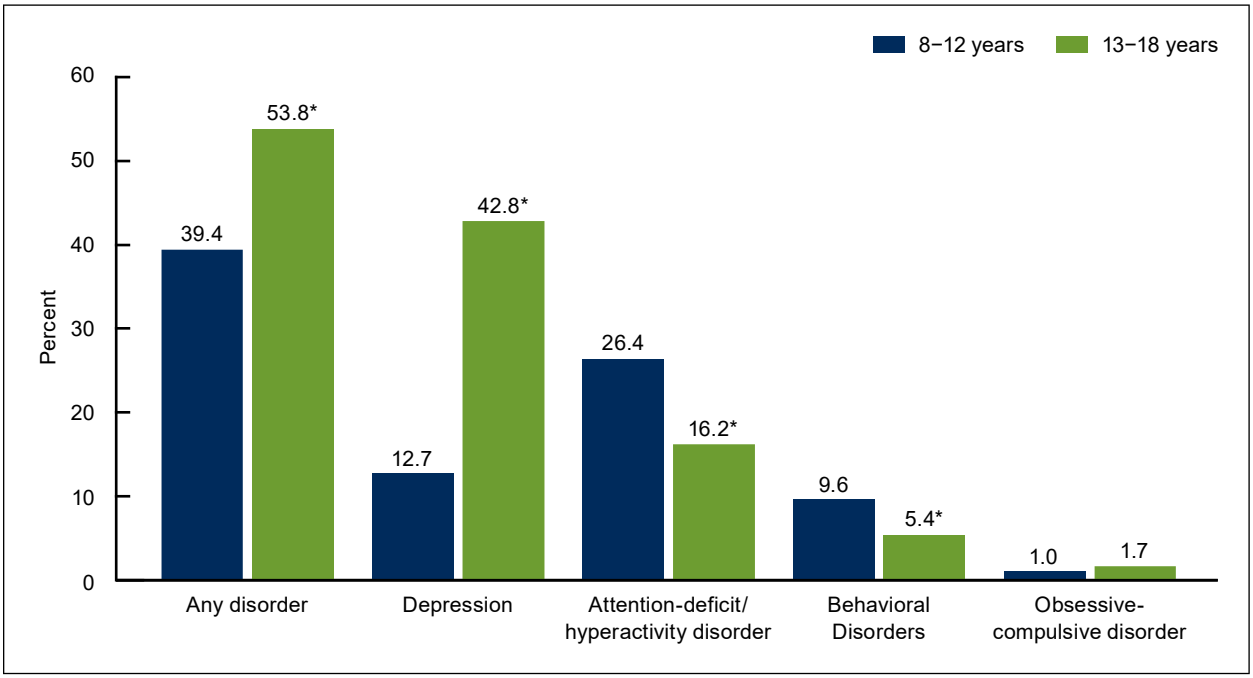
* Statistically significantly different from males ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8–18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders. Records with missing sex represent 1.5% of visits by youth ages 8–18 years and are excluded from the figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Codiagnosis of mental health or behavioral disorders by age

- The percentage of health center visits with a diagnosed anxiety disorder and codiagnosis of any selected mental health or behavioral disorder documented in the EHR was higher for adolescents ages 13–18 years (53.8%) compared with children ages 8–12 years (39.4%) (Figure 4, Table 4).
- The percentage of health center visits with a diagnosed anxiety disorder and codiagnosis of depression was higher among adolescents ages 13–18 (42.8%) compared with children ages 8–12 years (12.7%).

- The percentage of health center visits with a codiagnosis of ADHD or behavioral disorders was higher for children ages 8−12 years (26.4% and 9.6%, respectively) compared with adolescents ages 13−18 years (16.2% and 5.4%, respectively).
- No significant differences were observed in the percentage of health center visits by youth with a codiagnosis of OCD by age.

Figure 4. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder, by age: United States, 2024



* Statistically significantly different from youth ages 8–12 years ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8−18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Summary

This report presents nationally representative estimates of health center visits by youth diagnosed with an anxiety disorder in the United States during 2024. The overall rate was 23.8 visits per 1,000 youth. Rates differed by age and sex, with adolescents ages 13–18 years having higher visit rates than children ages 8–12 years, and females having higher visit rates than males. About one-half of visits by youth with a diagnosed anxiety disorder (50.3%) included a codiagnosis of depression, ADHD, behavioral disorders, or OCD. Depression was the most common codiagnosis. The percentage of visits with a codiagnosis of selected mental health or behavioral disorders among youth with a diagnosed anxiety disorder differed by age and sex.

Definitions

Diagnosed anxiety disorder: Visits with documentation in the EHR of a diagnosed anxiety disorder. Included diagnoses were based on the American Psychiatric Association's definition of anxiety disorders (7). Because the data do not specify a primary diagnosis, all visits containing an *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) diagnosis code of F06.4, F40, F41, F93.0, or F94.0 were included. Both current and previously established diagnoses documented at the visit were included.

Health center: Local, community-based clinics that provide care to those who may encounter issues accessing health care (5). Health center staff treat people with medical, dental, mental health, substance use, and other healthcare needs. Staff include doctors, dentists, therapists, social workers, eye doctors, obstetricians or gynecologists, pediatricians, case managers, and other medical staff (5). Both Federally Qualified Health Centers, which received funding from the Health Resources and Services Administration (HRSA), and health center program look-alikes, which met qualifications but did not receive funding from HRSA (6), were included in the sample.

Selected mental health or behavioral disorders: Visits with documentation in the EHR of a diagnosed mental health or behavioral disorder. Selected disorders included depression, ADHD, behavioral disorders, and OCD. These disorders were selected based on research showing that youth diagnosed with an anxiety disorder were also often diagnosed with one or more of these disorders (2,7). The "any disorder" category shown in Figures 2−4 includes only the disorders listed here. Disorders were identified using ICD−10−CM diagnosis codes: depression (F32, F33); ADHD (F90); behavioral disorders (F91, F93 [excludes F93.0], F94 [excludes F94.0], F98); and OCD (F42). Both current and previously established diagnoses documented at the visit were included.

Visit rates: Calculated by dividing the estimates of visits by the number of the U.S. civilian noninstitutionalized population (8) for age group and sex.

Data source and methods

Data for this report are from the 2024 NAMCS HC Component. Of 384 eligible health centers, 107 submitted data on 10,075,943 visits occurring from January 1 through December 31, 2024, resulting in an unweighted response rate of 27.9% and a weighted response rate of 24.7%. Weighting was conducted to account for sampling probabilities and nonresponse, resulting in nationally representative estimates of health center visits to all 50 U.S. states and the District of Columbia. Participating health centers submitted data for all visits that occurred in 2024 (4). ICD−10−CM diagnosis codes were used to define an anxiety disorder and selected mental health or behavioral disorders. Categories are not mutually exclusive, so the same visit may contain documentation in the EHR of a diagnosis for any or all the selected disorders, including depression, ADHD, behavioral disorders, and OCD. Analyses for this report were conducted using data from the NAMCS HC Component restricted-use data file. A public-use version of this file is available on the NAMCS website. Count estimates and measures of variance may differ

between restricted and public-use files. Information about accessing the restricted-use data file is available.

Data analyses were performed using the statistical packages SAS version 9.4 (SAS Institute, Cary, N.C.) and SAS-callable SUDAAN version 11.0 (RTI International, Research Triangle Park, N.C.). Two-tailed *t* tests with a significance level of $p < 0.05$ were used to determine statistically significant differences. All estimates were assessed for reliability using National Center for Health Statistics data presentation standards for proportions and rates (9,10).

About the authors

Jill J. Ashman, Loredana Santo, and Zachary J. Peters are with the National Center for Health Statistics, Division of Health Care Statistics.

References

1. National Institute of Mental Health. Anxiety Disorders. Available from: https://www.nimh.nih.gov/health/topics/anxiety-disorders.
2. Zavadenko NN, Nesterovskiy YE, Zavadenko AN, Shypilova EM. Anxiety disorders as comorbid states in psychoneurological disorders in children. Neuroscience and Behavioral Physiology. 2025 Jan;55(1):101−8. DOI: https://doi.org/10.1007/s11055-025-01759-2.
3. US Preventive Services Task Force; Mangione CM, Barry MJ, Nicholson WK, Cabana M, Coker TR, Davidson KW, et al. Screening for anxiety in children and adolescents: US Preventive Services Task Force Recommendation Statement. JAMA. 2022 Oct 11;328(14):1438−44. DOI: https://dx.doi.org/10.1001/jama.2022.16936. PMID: 36219403.
4. National Center for Health Statistics Research Data Center National Ambulatory Medical Care Survey Health Center Component 2024 restricted use file data dictionary. 2026. Available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/2024/2024-NAMCS-HC-Component-RDC-Data-Dictionary.pdf.
5. Health Resources and Services Administration. What is a Health Center? Available from: https://bphc.hrsa.gov/about-health-center-program/what-health-center.
6. Health Resources and Services Administration. What is a Health Center Program Look-Alike (LAL)? Available from: https://bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes.
7. Diagnostic and statistical manual of mental disorders, 5th edition. American Psychiatric Association, Text Revision (DSM-5-TR). 2022. DOI: https://doi.org/10.1176/appi.books.9780890425787.
8. U.S. Census Bureau. Postcensal estimates of the civilian noninstitutionalized population of the United States (estimates are from special tabulations developed for the National Center

for Health Statistics by the Population Division, U.S. Census Bureau using the July 1, 2024, set of state population estimates). Available from: https://www.census.gov/topics/population.html.

9. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez JF, et al. National Center for Health Statistics data presentation standards for proportions. Vital Health Stat 2. 2017 Aug;(175):1−22. PMID: 30248016

10. Parker JD, Talih M, Irimata KE, Zhang G, Branum AM, Davis D. et.al. National Center for Health Statistics data presentation standards for rates and counts. Vital Health Stat 2. 2023. Mar;(200). 2023. DOI: https://dx.doi.org/10.15620/cdc:124368.

Figure tables

Data table for Figure 1. Health center visit rates for youth with a diagnosed anxiety disorder, by age and sex: United States, 2024

Characteristic	Visit rate per 1,000 youth ages 8−18 years (95% confidence interval)
Total	23.8 (15.7−36.1)
Age group (years)	
8−12	13.0 (8.2−20.4)
13−18	32.4* (21.5−48.9)
Sex	
Females	32.2† (21.5−48.1)
Males	15.2 (9.8−23.4)

* Statistically significantly different from youth ages 8−12 years ($p < 0.05$).
† Statistically significantly different from males ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8−18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8−18 years) in the United States. Records with missing sex represent 1.5% of visits by youth ages 8−18 years and are excluded from the figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Data table for Figure 2. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder: United States, 2024

Codiagnosis	Percent (95% confidence interval)
Any disorder	50.3 (44.8–55.9)
Depression	35.5 (31.2–40.1)
Attention-deficit/hyperactivity disorder	18.7 (15.8–21.8)
Behavioral disorders	6.4 (4.7–8.5)
Obsessive-compulsive disorder	1.5 (1.0–2.1)

NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8–18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Data table for Figure 3. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder, by sex: United States, 2024

Codiagnosis	Females	Males
	Percent (95% confidence interval)	
Any disorder	50.0 (44.2–55.7)	51.7 (45.8–57.5)
Depression	39.9* (34.9–45.1)	27.0 (23.1–31.3)
Attention-deficit/hyperactivity disorder	13.7* (11.2–16.5)	29.2 (25.1–33.5)
Behavioral disorders	5.1* (3.6–7.0)	9.2 (6.8–12.1)
Obsessive-compulsive disorder	1.3 (0.8–1.9)	1.7 (1.0–2.5)

* Statistically significantly different from males ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8–18 years with a diagnosed anxiety disorder, representing an estimate of approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders. Records with missing sex represent 1.5% of visits by youth ages 8–18 years and are excluded from the figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Data table for Figure 4. Codiagnosis of selected mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder, by age: United States, 2024

Codiagnosis	8–12 years	13–18 years
	Percent (95% confidence interval)	
Any disorder	39.4 (31.8–47.3)	53.8* (48.0–59.5)
Depression	12.7 (9.1–17.0)	42.8* (37.7–47.9)
Attention-deficit/hyperactivity disorder	26.4 (21.4–32.0)	16.2* (13.7–19.0)
Behavioral disorders	9.6 (6.4–13.7)	5.4* (4.0–7.0)
Obsessive-compulsive disorder	1.0 (0.6–1.6)	1.7 (1.1–2.3)

* Statistically significantly different from youth ages 8–12 years ($p < 0.05$).
NOTES: In 2024, there were 96,009 visits (unweighted) at health centers by youth ages 8–18 years with a diagnosed anxiety disorder, representing approximately 1,120,100 visits (7.6% of all visits by youth ages 8–18 years) in the United States. The categories are not mutually exclusive, so the same visit may contain documentation in the electronic health record of a diagnosis for any or all the selected disorders.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2024.

Suggested citation

Ashman JJ, Santo L, Peters ZJ. Codiagnosis of mental health or behavioral disorders at health center visits by youth with a diagnosed anxiety disorder: United States, 2024. NCHS Data Brief. 2026 Aug;(567):1–11. DOI: https://dx.doi.org/10.15620/cdc/252464.

Copyright information

National Center for Health Statistics

Carolyn M. Greene, M.D., *Acting Director*
Amy M. Branum, Ph.D., *Associate Director for Science*

Division of Health Care Statistics
Carol J. DeFrances, Ph.D., *Director*
Alexander Strashny, Ph.D., *Associate Director for Science*

For email updates on NCHS publication releases, subscribe online:
www.cdc.gov/nchs/updates.

For questions or general information about NCHS:
Tel: 1–800–CDC–INFO (1–800–232–4636) | TTY: 1–888–232–6348
Internet: www.cdc.gov/nchs | Online request form: www.cdc.gov/info

ISSN 1941–4927 Print ed. | ISSN 1941–4935 Online ed.

CS366770