

Mental Health Treat-and-Release Emergency Department Visits among New York City Adults, 2016 to 2023

A mental health treat-and-release emergency department (ED) visit is defined as an ED visit for a psychiatric condition that results in the patient being discharged without a hospital admission. ED visits are costly to both the healthcare system and individuals making such visits, and research has shown that many of these visits, in particular visits for mental health conditions, could be prevented if patients had access to adequate community-based care.^{1,2} Many factors—including structural racism, geographic inaccessibility, lack of insurance coverage, and others—play a role in preventing access to such care.³ If people were able to access mental health resources within their communities, they may be less likely to seek care in the ED.

Substantial changes in mental health care services have occurred over the last several years with the common goal of improving the abilities of people living with mental illness to live and thrive within their own communities by receiving the treatment and support they need in outpatient settings. In 2015, New York State began integrating mental health services into Medicaid managed care to increase access to community-based services. New York City (NYC)'s mental health crisis response system expanded its ability to manage crises within the community, including increased capacity of the 988 crisis support line and faster response times of mobile crisis teams. The City has also increased its capacity for support services for people with complex mental health needs, as well as the number of apartment units available for individuals with mental illness experiencing chronic homelessness.

This data brief examines trends and characteristics of mental health treat-and-release ED visits. These patients are of particular interest because, unlike patients who visit the ED and are subsequently hospitalized, their visits likely could have been avoided if they had been able to receive care in their communities. This data brief looks at visits among NYC adults from 2016 to 2023, focusing on demographic characteristics, primary diagnoses for the visits, and individuals who frequently make mental health treat-and-release ED visits.

Definitions:

Mental health treat-and-release emergency department visit: A visit to the emergency department with a psychiatric condition as the primary diagnosis, resulting in treatment and subsequent discharge to home or self-care. Unit of analysis is visit, not individual.

Primary diagnosis codes: See Epi Data Tables below for list of diagnosis codes covered in this analysis.

Gender/sex: The “male/female” variable is recorded in the Statewide Planning and Research Collaborative System as “gender.” It may represent sex assigned at birth or gender identity.

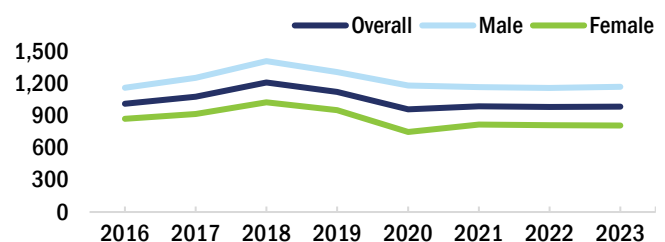
Individual who frequently makes mental health treat-and-release ED visits: An individual who made five or more mental health treat-and-release ED visits in the 12 months preceding their most recent visit, including that visit.

Mental health treat-and-release emergency department visit rates remained stable from 2016 to 2023

- In 2023, 39,318 adults made a total of 62,027 mental health treat-and-release ED visits in NYC. The rate was 982 visits per 100,000 adults.
- From 2016 to 2023, the overall trend in mental health treat-and-release ED visit rates was stable. However, while the overall trend did not change, there were changes in trends among some groups, as discussed in the following sections.
- From 2016 to 2023, the rate for visits among both males and females remained stable. Males had higher visit rates across all years in this period.

Mental health treat-and-release emergency department visits in New York City, 2016 to 2023

Age-adjusted rate per 100,000 adults

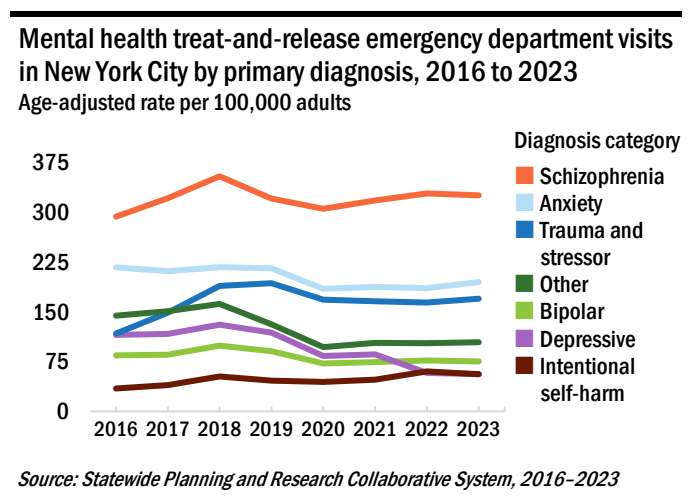


Male/female data may represent sex assigned at birth or gender identity.

Source: Statewide Planning and Research Collaborative System, 2016–2023

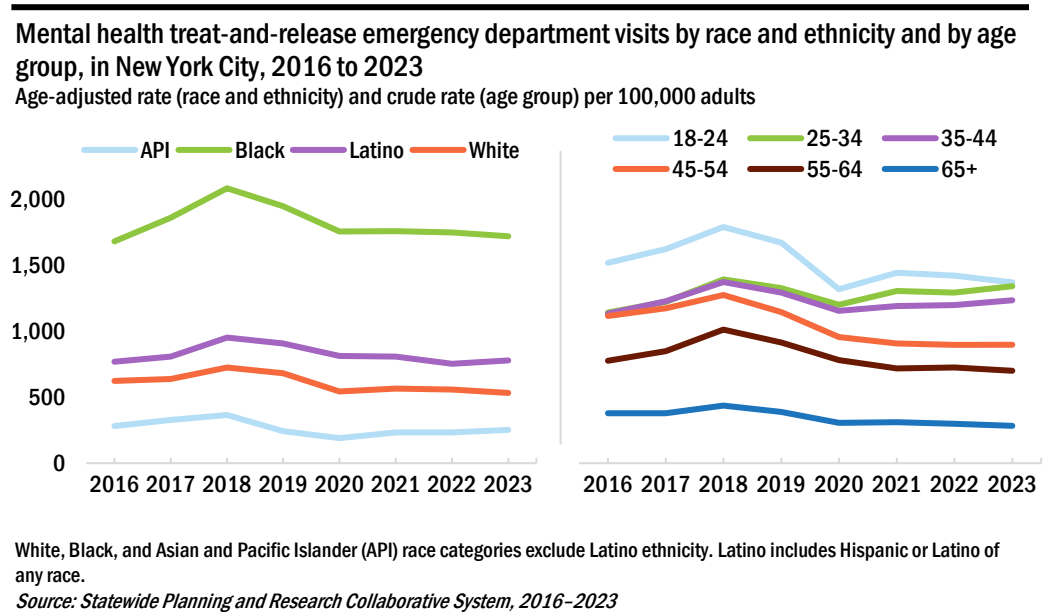
Schizophrenia was the most common primary diagnosis among mental health treat-and-release emergency department visits; intentional self-harm increased from 2016 to 2023

- The most common primary diagnosis category for mental health treat-and-release ED visits in NYC from 2016 to 2023 was schizophrenia disorders. They accounted for 34% of all visits in 2023. The next most common diagnosis in 2023 was anxiety disorders, which accounted for 20% of all visits.
- The rate for visits with a primary diagnosis of intentional self-harm increased by 6% annually from 2016 to 2023 (35 to 56 per 100,000 adults). This increase was driven by adults ages 25 to 34 and 35 to 44 (10% and 7% annual increases, respectively), as well as Black, Latino, and white adults (11%, 6%, and 5% annual increases, respectively).
- From 2016 to 2023, the rate of treat-and-release ED visits with a primary diagnosis of anxiety disorders decreased annually by 2%. The rate of visits with a diagnosis of depressive disorders decreased annually by 16% from 2018 to 2023. The rates of visits with bipolar disorders and trauma and stressor disorders diagnoses remained stable.



Black adults and younger adults had the highest mental health treat-and-release emergency department visit rates

- From 2016 to 2023, among racial and ethnic groups, Black adults consistently had the highest rate of mental health treat-and-release ED visits in NYC, while Asian and Pacific Islander (API) adults consistently had the lowest.
- The rate of treat-and-release ED visits among Black adults decreased by 4% annually from 2018 to 2023 (2,086 to 1,722 per 100,000). Latino adults also saw a 4% annual decrease from 2018 to 2023 (953 to 780 per 100,000). The visit rate for white and API adults remained stable.
- From 2016 to 2023, adults ages 18 to 24 had the highest mental health treat-and-release ED visit rate among age groups, while adults ages 65 and older had the lowest.
- The visit rates for adults ages 45 to 54 and 65 and older decreased annually by 5% from 2016 to 2023. The rate for adults ages 55 to 64 decreased by 7% annually from 2018 to 2023. The rates for adults ages 18 to 24, 25 to 34, and 35 to 44 remained stable.

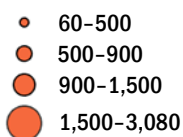


Neighborhoods with high poverty had higher mental health treat-and-release emergency department visit rates

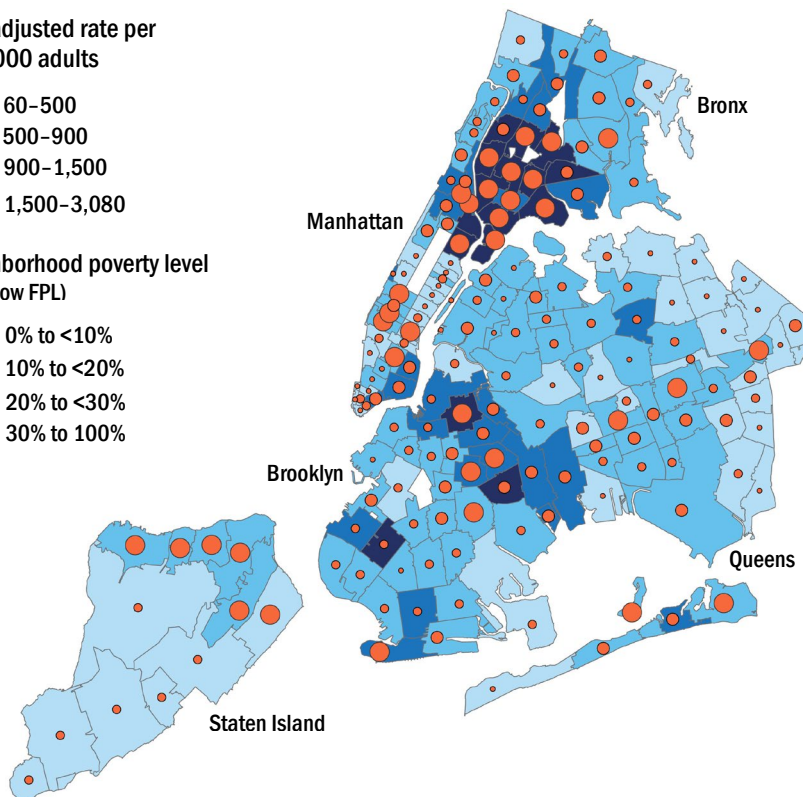
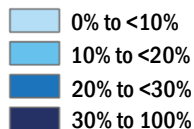
- In 2023, the rate of mental health treat-and-release ED visits in NYC neighborhoods with very high poverty (more than 30% of residents with incomes below the federal poverty level (FPL)) was 1,701 per 100,000 adults. The rate for neighborhoods with between 20% and less than 30% below FPL was 1,059 per 100,000; between 10% and less than 20% below FPL was 953 per 100,000; and for the wealthiest neighborhoods (under 10% of residents living below FPL), it was 608 per 100,000 adults.

Mental health treat-and-release emergency department visits and neighborhood poverty level[^] by modified ZIP code tabulation area (MODZCTA), New York City, 2023

Age-adjusted rate per 100,000 adults



Neighborhood poverty level (% below FPL)



[^]Neighborhood poverty level is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2018–2022).

Note: Some MODZCTAs had high visit rates despite low poverty levels, such as 11427 (Bellerose/Hollis Hills) and 10001, 10016, and 10019 (Midtown Manhattan). Many of the patients from these neighborhoods were homeless or had listed residences of shelters, hotels, or psychiatric institutions.

Sources: Statewide Planning and Research Collaborative System, 2023; American Community Survey, 2018–2022

Definitions:

Race and ethnicity: For this publication, Latino includes people of Hispanic or Latino origin, regardless of race, as reported on the patient's medical record in the Statewide Planning and Research Collaborative System. The Black, white, Asian or Pacific Islander (API), and other race categories do not include people of Latino origin.

ZIP Code Tabulation Areas (ZCTA): Generalized areal representations of the United States Postal Service ZIP code service areas. **Modified ZCTAs (MODZCTA)** include merged ZCTAs with low population count to match population denominators.

Neighborhood poverty level: Neighborhood poverty (based on MODZCTA) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2018–2022). Neighborhoods are categorized into four groups as follows: "Low poverty" neighborhoods are those with <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10 to <20% of the population below FPL; "High Poverty" neighborhoods have 20 to <30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL.

Annual percent change: The year-over-year percent change within a specific segment of the data, with the assumption that the rate changes at a constant percentage of the rate of the previous year.

Note: Rates are age-adjusted to the U.S. 2000 standard population, except for age-specific rates.

Individuals who frequently make mental health treat-and-release emergency department visits accounted for a quarter of all treat-and-release visits in 2023

- In 2023, individuals who frequently made mental health treat-and-release ED visits in NYC (five or more visits in 12 months) accounted for 6% of all individuals and 26% of all such visits.
- From 2017 to 2020, the percentage of total visits made by individuals who made frequent visits increased annually by 6%, from 25% to 30%. Then, from 2020 to 2023, the percentage decreased annually by 4%, from 30% to 26%.
- In 2023, these individuals accounted for 41% of all visits with a primary diagnosis of schizophrenia disorders.

Implications

From 2016 to 2023, the rate of mental health treat-and-release ED visits in NYC remained steady, similar to treat-and-release ED visits for all causes. Visit rates were highest among males, young adults ages 18 to 24, Black adults, and residents of neighborhoods with very high poverty. From 2016 to 2023, the most common primary diagnosis category was schizophrenia disorders. These findings mirror the characteristics of individuals discharged from a psychiatric hospitalization. Lastly, the proportion of individuals who frequently make mental health treat-and-release ED visits peaked in 2020 and subsequently returned to lower historical norms.

While NYC has improved its capacity to support New Yorkers with mental health needs in recent years, these findings suggest that the needs of some groups are not being adequately met in community-based settings. In particular, increasing early detection and treatment programs for young adults and increasing accessibility to community-based mental health services for historically marginalized groups such as Black adults (for example, increasing options for culturally sensitive and appropriate care) would better

enable them to find care prior to being in an acute crisis that results in seeking care at an ED.

Systemic racism and the historical disinvestment of lower income neighborhoods are major contributors to these outcomes, and addressing these issues requires systemic change, including dismantling discriminatory policies, investing in equitable healthcare and education, and promoting cultural competence within mental healthcare systems. As outlined in [Care, Community, Action: A Mental Health Plan for NYC](#), the NYC Health Department has developed strategies to address many of these challenges, including consolidating and streamlining personalized access to mental health care, stable housing, and community-based rehabilitation services for New Yorkers with mental illness.

For free, confidential mental health and substance use support for you and your loved ones, call or text 988 or chat online at nyc.gov/988, anytime. Trained counselors are available 24/7 by phone in over 200 languages and by text and chat services in English and Spanish.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's [Health Equity](#) webpage.

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Data sources: [Statewide Planning and Research Collaborative System \(SPARCS, 2016–2023\)](#) is an administrative database of all hospital discharges reported by New York State (NYS) hospitals to the NYS Department of Health (NYSDOH). The raw data used to produce this publication was provided by NYSDOH. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the authors and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here. Diagnoses are coded according to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision framework (ICD-10). Data on sex/gender are specified as “gender” with category labels of “male” and “female” and may represent gender identity or sex assigned at birth. For more details visit <https://www.health.ny.gov/statistics/sparcs/>.

[NYC Department of Health and Mental Hygiene Population Estimates](#) are modified from US Census Bureau intercensal population estimates 2000-2023, updated September 2024, were used for denominators in rate calculations, except for neighborhood poverty. [American Community Survey \(2018–2022\)](#) estimates were used for neighborhood poverty rate calculations.

References:

1. Vandyk AD, Young L, MacPhee C, Gillis, K. Exploring the experiences of persons who frequently visit the emergency department for mental health-related reasons. *Qualitative Health Research*. 2017;28(4):587-599.
2. Clarke DE, Dusome D, Hughes L. Emergency department from the mental health client's perspective. *In J Ment Health Nurs*. 2007;16(2):126-131.
3. Mansuri A, Sullivan D. How barriers to mental health services can affect marginalized communities. Healthline. Nov 1, 2024. Accessed Oct 28, 2025. www.healthline.com/health/barriers-to-mental-health-services

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Epi Data Tables

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Data Sources

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American Community Survey (2018–2022) estimates were used for neighborhood poverty rate calculations.

Table 1. Adult mental health treat-and-release emergency department visits, New York City, 2016–2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2016–2023

Year	Count	Age-Adjusted Rate per 100,000
2016	68,714	1,007.8
2017	73,200	1,075.0
2018	82,280	1,206.4
2019	76,081	1,118.5
2020	64,473	956.3
2021	63,616	984.5
2022	62,253	977.3
2023	62,027	982.5

Table 2. Adult mental health treat-and-release emergency department visits, by demographic variables and primary diagnosis category, New York City, 2016–2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2016–2023

	Rate per 100,000*							
	2016	2017	2018	2019	2020	2021	2022	2023
Sex/gender								
Female	867.7	912.8	1,021.7	947.4	745.5	816.0	807.7	807.1
Male	1,158.4	1,249.0	1,405.5	1,302.8	1,179.5	1,162.7	1,155.7	1,167.4
Unknown [^]	-	-	-	-	-	-	-	-
Age group (years)								
18-24	1,512.8	1,617.1	1,783.8	1,665.7	1,313.9	1,439.2	1,417.3	1,364.6
25-34	1,138.1	1,218.5	1,388.0	1,323.4	1,196.1	1,301.5	1,288.2	1,337.4
35-44	1,129.9	1,222.8	1,368.1	1,288.2	1,151.4	1,186.3	1,193.4	1,231.1
45-54	1,112.7	1,170.2	1,270.2	1,140.5	951.8	905.3	893.8	895.0
55-64	773.8	846.2	1,008.9	911.0	778.8	716.8	722.4	698.0
65+	378.6	377.1	435.1	386.1	304.9	310.1	297.9	282.3
Race/ethnicity								
Asian or Pacific Islander	282.8	329.2	365.7	243.5	190.2	234.2	232.7	251.6
Black	1,682.9	1,862.7	2,086.1	1,950.2	1,757.5	1,759.9	1,751.2	1,722.2
Latino	770.0	808.0	953.1	909.3	814.0	807.7	754.3	779.6
White	623.7	639.0	725.8	682.9	543.7	566.1	558.3	533.1
Other [^]	-	-	-	-	-	-	-	-
Borough of residence								
Bronx	1,409.6	1,457.5	1,618.9	1,500.2	1,290.2	1,329.0	1,314.5	1,345.7
Brooklyn	1,024.3	1,086.6	1,171.9	1,072.5	885.4	886.1	923.1	919.5
Manhattan	1,021.8	1,229.1	1,365.8	1,208.1	1,063.9	1,057.5	1,005.0	995.8
Queens	778.7	804.7	874.0	855.2	759.8	822.6	779.5	806.9
Staten Island	876.6	716.9	1,318.9	1,288.3	1,028.8	1,129.0	1,222.6	1,143.7
Primary diagnosis								
Anxiety disorders	217.3	211.4	217.6	215.9	185.0	187.7	186.1	194.9
Bipolar disorders	84.6	85.5	99.2	91.0	72.3	74.5	76.8	75.3
Depressive disorders	115.6	116.7	130.8	119.0	83.8	86.2	57.9	56.3
Other	144.4	151.1	162.2	131.5	97.0	103.5	103.0	104.3
Schizophrenia and other psychotic disorders	293.8	321.7	354.6	321.3	305.4	318.4	328.8	325.8
Suicide and intentional self-harm	34.6	39.9	52.7	46.5	44.4	48.1	60.3	56.0
Trauma and stressor disorders	117.5	148.8	189.4	193.4	168.5	166.2	164.4	169.8

* Rates are age-adjusted to Census 2000 U.S. standard population, except for age-specific rates, and include population 18 and older in the denominator.

[^] Population estimates were unavailable for "Unknown" sex/gender category and "Other" race/ethnicity category, so rates per 100,000 could not be calculated.

Note: For this publication, Latino includes people of Hispanic or Latino origin, regardless of race, as reported on the patient's medical record in the Statewide Planning and Research Collaborative System. The Black, white, Asian or Pacific Islander (API), and other race categories do not include people of Latino origin. The "male/female" variable is recorded in the Statewide Planning and Research Collaborative System as "gender." It may represent sex assigned at birth or gender identity.

Table 3. Adult mental health treat-and-release emergency department visits, by neighborhood poverty level, New York City, 2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2023; American Community Survey, 2018–2022

	Count	Percent	Age-Adjusted Rate per 100,000
Neighborhood poverty level			
0 to <10%	8,002	12.9%	607.8
10 to <20%	28,761	46.4%	953.2
20 to <30%	13,289	21.4%	1,059.1
30 to 100%	11,974	19.3%	1,701.2
Unknown	1	0.0%	-

Neighborhood poverty level: The percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2018–2022). Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10 to <20% of the population below FPL; “High Poverty” neighborhoods have 20 to <30% of the population living below the FPL; “Very high poverty” neighborhoods have $\geq 30\%$ of the population living below the FPL.

Table 4. Adult mental health treat-and-release emergency department visits, by race/ethnicity, sex/gender, and age group, New York City, 2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2023

Race/ethnicity and sex/gender	Crude Rate per 100,000					
	18-24	25-34	35-44	45-54	55-64	65+
Asian or Pacific Islander	492.4	349.7	286.2	210.9	107.1	62.7
Female	525.7	279.2	278.5	241.7	115.1	60.1
Male	452.3	430.0	295.1	174.7	98.3	65.7
Black	2,295.0	2,639.1	2,341.6	1,394.0	1,061.1	314.7
Female	1,977.4	1,934.6	1,603.0	961.3	760.7	251.5
Male	2,633.1	3,380.1	3,159.2	1,923.0	1,437.6	416.0
Latino	994.9	1,066.1	952.8	773.7	526.1	268.0
Female	1,007.8	867.2	785.5	678.5	481.5	260.1
Male	981.2	1,264.5	1,114.6	875.3	578.0	279.6
White	633.1	580.3	667.1	557.1	477.0	247.3
Female	679.7	475.2	666.0	460.8	411.7	244.0
Male	580.0	690.2	668.2	647.9	538.6	251.5
Other*	-	-	-	-	-	-

* Population estimates were unavailable for "Other" category, so rates per 100,000 could not be calculated.

Note: For this publication, Latino includes people of Hispanic or Latino origin, regardless of race, as reported on the patient's medical record in the Statewide Planning and Research Collaborative System. The Black, white, Asian or Pacific Islander (API), and other race categories do not include people of Latino origin. The "male/female" variable is recorded in the Statewide Planning and Research Collaborative System as "gender." It may represent sex assigned at birth or gender identity.

Table 5. Adult mental health treat-and-release emergency department visits, by race/ethnicity, sex/gender, and primary diagnosis, New York City, 2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2023

Race/ethnicity and sex/gender	Age-Adjusted Rate per 100,000						
	Anxiety disorders	Bipolar disorders	Depressive disorders	Schizophrenia and other psychotic disorders	Suicide and intentional self-harm	Trauma and stressor disorders	Other
Asian or Pacific Islander	59.0	16.0	22.3	72.3	13.4	45.0	23.6
Female	62.0	15.8	26.3	56.4	14.7	47.2	24.9
Male	55.3	16.1	17.9	90.2	11.9	42.6	22.0
Black	195.9	127.8	66.6	745.9	90.9	297.7	197.4
Female	223.4	120.7	75.3	438.1	60.8	197.4	150.5
Male	163.6	136.4	57.2	1,093.2	125.5	411.0	251.0
Latino	212.5	54.9	54.2	213.9	48.4	122.2	73.5
Female	238.6	55.9	62.0	122.8	33.1	104.1	68.0
Male	183.3	54.1	46.3	307.8	64.2	141.0	79.3
White	159.0	46.7	38.5	110.4	36.5	87.2	54.8
Female	170.7	44.1	37.9	83.1	30.9	72.0	55.2
Male	147.2	49.4	39.2	137.5	41.7	102.2	53.8
Other*	-	-	-	-	-	-	-

* Population estimates were unavailable for "Other" category, so rates per 100,000 could not be calculated.

Note: For this publication, Latino includes people of Hispanic or Latino origin, regardless of race, as reported on the patient's medical record in the Statewide Planning and Research Collaborative System. The Black, white, Asian or Pacific Islander (API), and other race categories do not include people of Latino origin.

Table 6. Adult mental health treat-and-release emergency department visits, individuals who frequently make mental health treat-and-release ED visits vs. one-time visitors, New York City, 2023

Source: Statewide Planning and Research Collaborative System (SPARCS), 2023

	Individuals who frequently make mental health treat-and-release ED visits [†]		One-Time Visitors [†]	
	Count*	Percent	Count*	Percent
Total				
Total	2,283	100.0%	28,191	100.0%
Sex				
Female	790	34.6%	13,715	48.7%
Male	1,493	65.4%	14,442	51.2%
Unknown	-	0.0%	34	0.1%
Age group (years)[^]				
18-24	220	9.2%	5,226	18.5%
25-34	702	29.5%	8,079	28.7%
35-44	624	26.2%	5,742	20.4%
45-54	405	17.0%	3,662	13.0%
55-64	321	13.5%	2,972	10.5%
65+	107	4.5%	2,218	7.9%
Unknown	-	0.0%	292	1.0%
Race/ethnicity[^]				
Asian or Pacific Islander	85	2.8%	1,435	5.1%
Black	1,214	39.3%	8,581	30.4%
Hispanic or Latino/a	604	19.6%	6,765	24.0%
White	711	23.0%	6,148	21.8%
Other	472	15.3%	5,261	18.7%
Primary diagnosis				
Anxiety disorders	1,481	9.2%	7,888	28.0%
Bipolar disorders	1,183	7.4%	1,757	6.2%
Depressive disorders	347	2.2%	2,228	7.9%
Other	1,435	9.0%	3,150	11.2%
Schizophrenia and other psychotic disorders	8,561	53.4%	5,372	19.1%
Suicide and intentional self-harm	983	6.1%	1,609	5.7%
Trauma and stressor disorders	2,038	12.7%	6,187	21.9%

* For total, sex/gender, age group, and race/ethnicity, counts are of individuals. For primary diagnosis, counts are of visits.

[^] Some individuals reported multiple race/ethnicities, so the sum of race/ethnicity counts is greater than the total number of individuals. Additionally, some individuals aged out of one age group and into the next during the time period of this analysis. These individuals are counted in both age groups, so the sum of age group counts is also greater than the total number of individuals.[†] Individuals who frequently make mental health treat-and-release ED visits: Individuals who made five or more mental health treat-and-release ED visits in the 12 months preceding their most recent visit, including that visit.[†] One-time visitors: Individuals who made only one mental health treat-and-release ED visit in the 12 months preceding that visit.

Note: For this publication, Latino includes people of Hispanic or Latino origin, regardless of race, as reported on the patient's medical record in the Statewide Planning and Research Collaborative System. The Black, white, Asian or Pacific Islander (API), and other race categories do not include people of Latino origin.

Table 7. Diagnosis codes included in this Epi Data Brief, based on the International Classification of Diseases, Revision 10 (ICD-10)*Source: International Classification of Diseases, Revision 10*

Diagnosis Category	ICD-10 Codes
Anxiety disorders	F06.4 F40-F41 F93.0 F94.0
Bipolar and related disorders	F06.33- F06.34 F30-F31 F34.0
Depressive disorders	F06.31- F06.32 F32-F33 F34.1 F53.0 N94.3
Schizophrenia and other psychotic disorders	F06.0- F06.2 F20 F22-F25 F28-F29 F53.1
Suicide and intentional self-harm	R45.851 T14.91 X71-X83 The specific intentional self-harm codes for T36-T65 and T71
Trauma and stressor related disorders	F43 F94.1- F94.2
Other	F06.30, F06.8 F09 F21 F34.8, F34.9 F39 F42 F44-F45 F48.1, F48.8, F48.9 F50-F52 F54 F59-F60 F63-F66 F68.1, F68.8 F69 F90-F91 F93.8, F93.9 F94.8, F94.9 F95 F98-F99 L98.1 O90.6 O99.34