

Psychiatric Hospitalizations Among New York City Adults, 2016 to 2023

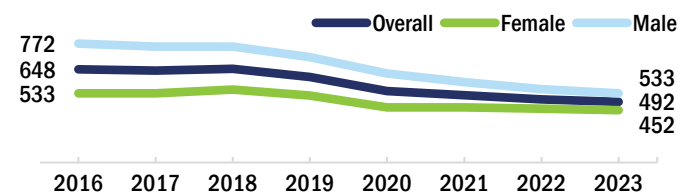
A psychiatric hospitalization is defined as at least one overnight stay in a psychiatric inpatient unit. Most adults visiting the emergency department for mental health conditions are not hospitalized, but hospitalization may help stabilize individuals experiencing worsening symptoms. While psychiatric hospitalizations can indicate need or burden of mental illness, it can also reflect the adequacy of non-hospital, community-based care and access.¹ Historical and structural factors such as housing discrimination, redlining, and economic insecurity have shaped mental health outcomes in marginalized and disinvested neighborhoods within New York City (NYC).² Substantial changes in mental health care services have occurred over the last several years with the aim to support people with mental illness to maintain stable, community-based living, and reduce psychiatric hospitalizations. In 2015, New York State began integrating mental

health and substance use services into Medicaid managed care with a goal of increasing access to community-based services and coordination of care. The mental health crisis response system in NYC has expanded to improve its ability to manage crises within the community. This includes increased capacity of the mental health support telephone hotline and faster response times of mobile crisis teams. The City has also increased capacity of outpatient mental health treatment and support services for New Yorkers with complex mental health needs and has increased the number of apartment units available for individuals with mental illness experiencing chronic homelessness. This data brief examines the characteristics and trends of psychiatric hospitalizations among NYC adults and identifies groups experiencing higher rates of psychiatric hospitalizations who may need greater access to community-based mental health services.

Psychiatric hospitalizations among adults have been decreasing since 2016

- In 2023, 22,902 adults experienced 31,259 psychiatric hospitalizations in NYC acute care hospitals, with a median length of stay of 11 days, slightly higher than the median stay of 9 and 10 days from 2016 to 2022.
- Between 2016 and 2023, the psychiatric hospitalization rate decreased annually by 5% (648 to 492 per 100,000), by 3% among females (533 to 452 per 100,000), and by 6% among males (772 to 533 per 100,000).

Age-adjusted psychiatric hospitalization rate per 100,000 adults by sex/gender, New York City, 2016 to 2023



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

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

Definitions: New York City adults are limited to NYC residents ages 18 and older upon hospital discharge.

Sex/gender: 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.

Race and ethnicity: Latino includes people of Hispanic or Latino origin regardless of race. Black, white, and Asian or Pacific Islander race categories exclude people of Latino or Hispanic origin.

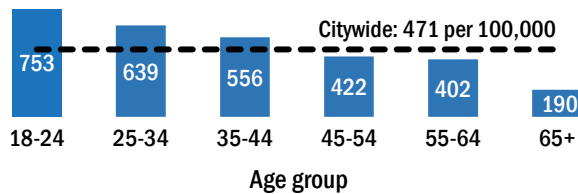
Data sources: Statewide Planning and Research Collaborative System (SPARCS) 2016-2023 is an administrative database of all hospital discharges reported by New York State (NYS) hospitals to the NYS Department of Health. The raw data used to produce this publication were provided by the New York State Department of Health (NYSDOH). 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. www.health.ny.gov/statistics/sparcs/ Diagnoses are coded according to the International Statistical Classification of Diseases and Related Health Problems-10th Revision framework.

Department of Health and Mental Hygiene Population Estimates modified from U.S. Census Bureau population estimates, 2020-2023. Updated September 2024. Rates were calculated using the intercensal population estimates updated in 2024 with a base file from the 2020 Census and differ from previously reported rates based on previous versions of population estimate using a base file from the 2010 Census.

American Community Survey 2018-2022 estimates were used for neighborhood poverty rate calculations.

Psychiatric hospitalizations continue to be highest among younger adults and males

Age-specific psychiatric hospitalization rate per 100,000 adults by age group, New York City, 2023



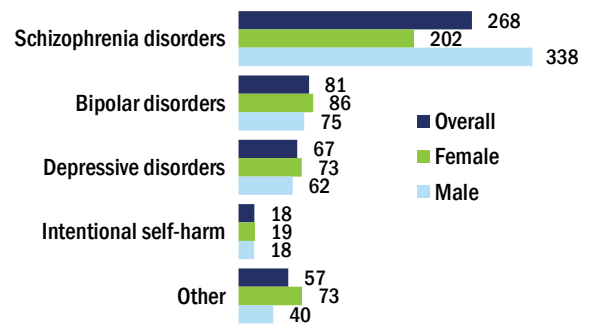
Source: Statewide Planning and Research Collaborative System, 2023

- Consistent with previous years in NYC, adults ages 18 to 24 years had the highest rate of psychiatric hospitalizations in 2023, four times the rate among adults ages 65 and older (753 vs. 190 per 100,000).
- Between 2016 and 2023, rates of adult psychiatric hospitalization decreased annually across all age groups, with the largest decreases occurring within ages 45 to 54 (9%), 55 to 64 (7%) and those 65 and older (7%).

Schizophrenia disorders account for more than half of all psychiatric visits in New York City, with males hospitalized at a higher rate than females

- Schizophrenia (55%), bipolar (16%), and depressive disorders (14%) made up 85% of the primary diagnoses for adult psychiatric hospitalizations in NYC in 2023.
- Males had over 1.5 times the rate of hospitalizations for schizophrenia compared with females in 2023. The rate among males decreased by 5% annually between 2018 and 2023 (444 to 338 per 100,000). The rate among females hospitalized for schizophrenia decreased by 3% annually between 2016 and 2023 (235 to 202 per 100,000).
- Comparatively, differences between males and females were smaller for psychiatric inpatient visits with primary diagnoses of bipolar disorders, depressive disorders, and intentional self-harm.

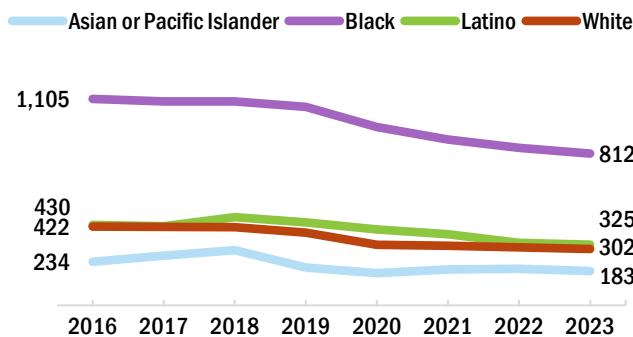
Age-adjusted psychiatric hospitalization rate per 100,000 adults by primary diagnosis and sex/gender, New York City, 2023



Male/female data may represent gender identity or sex assigned at birth. Source: Statewide Planning and Research Collaborative System, 2023

Psychiatric hospitalizations are highest among historically marginalized groups

Age-adjusted psychiatric hospitalization rate per 100,000 adults by race and ethnicity, New York City, 2016 to 2023



White, Black, and Asian or Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

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

- Among Black New Yorkers, between 2016 and 2023, there were average annual decreases in the rates of psychiatric hospitalizations (4% - 1,105 to 812 per 100,000) and among males (6% - 1,461 to 953 per 100,000).
- Between 2018 and 2023, the rate of psychiatric hospitalization among Black adults decreased annually by 6% (1,091 to 812 per 100,000) and by 8% among males (1,414 to 953 per 100,000). The rate among females decreased annually by 3% between 2016 and 2023 (810 to 685 per 100,000).
- When examining rates by race, gender and age, the highest rates in 2023 among males were Black males ages 25 to 34, and highest rates among females in 2023 were Black females ages 18 to 24.

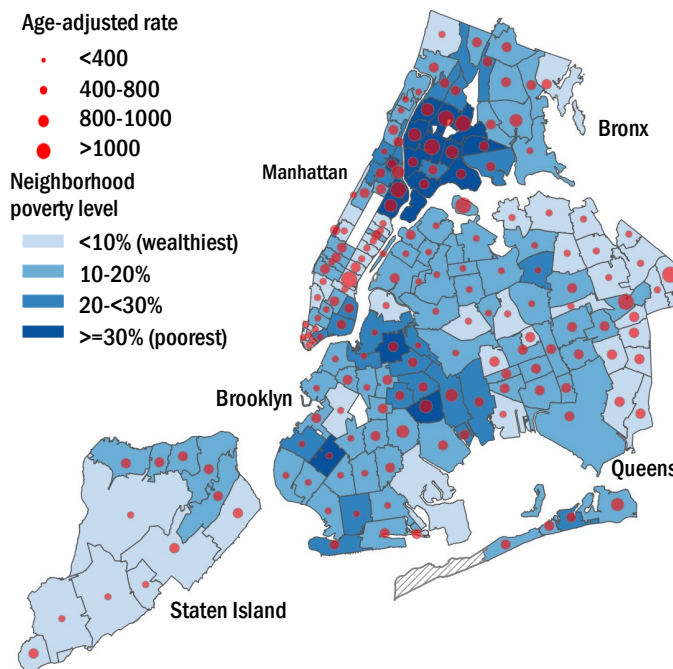
Definition: Primary Diagnosis is the condition recorded as the chief reason for admission of patient to hospital for care. Schizophrenia disorders include spectrum and other psychosis disorders not otherwise specified. Bipolar disorders include specified and unspecified bipolar disorders, and other related disorders. Intentional self-harm includes suicidal ideation and attempt. Other includes but not limited to other specified and unspecified mood disorders, trauma and stressor related disorders, anxiety disorders, mental disorders affecting pregnancy childbirth or the puerperium, and personality disorders.

- Among Latino New Yorkers, between 2016 and 2023, there was an average annual decrease of 4% (430 to 325 per 100,000) in the rate of psychiatric hospitalizations, and between 2018 and 2023, the rate decreased by 7% annually (472 to 325 per 100,000).
- Between 2016 and 2023, there was an average annual decrease of 6% among Latino males (241 to 186 per 100,000), and between 2019 and 2023, the rate decreased by 12% annually (197 to 186 per 100,000). The rate of psychiatric hospitalizations for Latino females remained stable.
- The rate of psychiatric hospitalizations decreased by 5% annually among Asian and Pacific Islanders (API) adults (234 to 183 per 100,000), and by 6% annually among API males (241 to 186 per 100,000), between 2016 and 2023. The rate of psychiatric hospitalizations API females remained stable.
- Between 2016 and 2023, the rate of psychiatric hospitalizations among white adults decreased by 6% annually (472 to 325 per 100,000), and by 7% annually among white males (467 to 300 per 100,000) and by 4% annually among white females (377 to 303 per 100,000).

Bronx residents and adults living in the poorest neighborhoods are hospitalized for mental illness at higher rates

- The highest hospitalization rates in 2022-2023 (ranging from 969 to 1,567 per 100,000 adults) were concentrated in the central and southwest Bronx neighborhoods of Belmont and Mt. Hope, West Farms and Crotona Park East, and Morrisania; in the Queens neighborhoods of Queens Village, East Elmhurst, Glen Oaks, and Far Rockaway; and in the Manhattan neighborhoods of East Harlem and Murray Hill.
- Some higher rates, particularly in Manhattan, can be explained in part by the presence of homeless shelters and mental health residential programs in these areas.
- In 2023, adults living in neighborhoods with a very high poverty level had the highest rate of psychiatric hospitalizations (843 per 100,000 adults) compared with neighborhoods with high, medium, and low poverty levels (843 vs. 526, 453, and 366 per 100,000, respectively).

Adult psychiatric hospitalizations rate per 100,000 adults by modified ZIP code tabulation areas (MODZCTA)* and neighborhood poverty level,** New York City, 2022-2023



*Data for MODZCTA 11109 suppressed due to small cell size. Data for MODZCTA 11697 suppressed to prevent back-calculation. Neighborhood poverty level (based on ZCTA) is defined as the percentage of the population living below the Federal Poverty Line based on the American Community Survey (2018-2022)

Source: Statewide Planning and Research Collaborative System, 2022-2023

Definitions:

ZIP Code

Tabulation Areas

(ZCTA) are

generalized

geographic areas

created by the

U.S. Census

Bureau to

approximate U.S.

Postal Service ZIP

Codes, while

Modified ZIP Code

Tabulation Areas

(MODZCTA)

include ZCTAs with

low population

counts that were

merged with

similar

neighboring ZCTAs

and have

populations of at

least 3,000

people.

Neighborhood

Poverty Level

(based on ZCTA) is

defined as the

percentage of the

population living

below the Federal

Poverty Line (FPL)

based on the

American

Community Survey

(2018-2022), and

are categorized

into four groups:

“Low poverty”

neighborhoods

with <10% of the

population living

below the FPL;

“Medium poverty”

neighborhoods

with 10-<20% of

the population

below FPL; “High

Poverty”

neighborhoods

with 20-<30% of

the population

living below the

FPL; “Very high

poverty”

neighborhoods

with ≥30% of the

population living

below the FPL.

30-day and 90-day readmission rates

Psychiatric readmissions within 30 or 90 days after discharge are common and are used as indicators of mental health care quality. In 2023, 13% and 20% of patients, respectively, were readmitted to any NYC hospital, consistent with prior estimates. The 30-day readmission rates were the highest among adults ages 55 to 64, API adults, individuals hospitalized for schizophrenia-related disorders, and Staten Island residents. The 90-day readmission rates were the highest among males, adults ages 55 to 64, Black adults, individuals hospitalized for schizophrenia-related disorders and living in high poverty neighborhoods, and Staten Island residents.

Implications

Psychiatric hospitalizations among adults decreased from 2016 to 2023. During this same period, numerous changes to the mental health service system occurred with the common goal of supporting people with mental illness to live and thrive in their own communities. The sustained decrease through 2023 suggests that investments in community mental health care and housing contributed to these goals. It is worth noting that during this time frame, hospitals were required to repurpose psychiatric beds to care for COVID-19 patients which may also have contributed to decreased psychiatric hospitalizations. Despite the decrease in adult psychiatric hospitalizations, some groups continued to experience disproportionately higher rates, particularly among young adults, Black adults, and individuals living in higher poverty neighborhoods. These findings demonstrate the need to increase early detection and treatment programs for young adults, and to eliminate barriers to access of mental health treatment and services for marginalized groups impacted by structural racism and historical disinvestment. Addressing systemic racism and the historic disinvestment of lower income neighborhoods requires systemic change, including dismantling discriminatory policies, investing in equitable healthcare and education, and promoting cultural competence within mental healthcare systems. [Care, Community, Action: A Mental Health Plan for New York City](#) proposes to address many of these challenges through several initiatives to increase early detection and treatment programs, and by consolidating and streamlining personalized access to mental health care, stable housing, and community-based rehabilitation services for New Yorkers with mental illness.

Notes: Rates and counts may differ slightly from other published sources. All data presented in this report are limited to NYC residents ages 18 and older with at least one hospitalization for a psychiatric condition from a NYC acute care hospital. Trends in rates were evaluated using Joinpoint Regression Program, Version 5.2.0.0. April, 2024; Statistical Research and Applications Branch, National Cancer Institute. Annual Percent Change (APC) measures 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. Average Annual Percent Change (AAPC) is a summary measure of the trend over a pre-specified fixed interval. It allows us to use a single number to describe the average APCs over a period of multiple years.

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](#) page.

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Acknowledgements: Kinjia Hinterland, Evette Cordoba

References: ¹Lutterman T. [Tracking the history of state psychiatric hospital closures from 1997 to 2015](#). Accessed July 16, 2025. ²Alroy KA, Cavalier H, Crossa A, Wang SM, Liu SY, Norman C, Sanderson M, Gould LH, Lim SW. Can changing neighborhoods influence mental health? An ecological analysis of gentrification and neighborhood-level serious psychological distress-New York City, 2002-2015. *PLoS One*. 2023 Apr 5;18(4):e0283191. doi: 10.1371/journal.pone.0283191. PMID: 37018221; PMCID: PMC10075454. ³Wojas E, Meausoone V, Norman C. Adult Psychiatric Hospitalizations in New York City. Department of Health and Mental Hygiene: Epi Data Brief (71); June 2016.

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Epi Data Tables

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Psychiatric Hospitalizations among New York City Adults, 2016-2023

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Data Sources

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Table 1. Psychiatric hospitalization rates among adults, New York City, 2016-2023*Source: Statewide Planning and Research Collaborative System (SPARCS), 2016-2023*

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

Year	Population	Hospitalizations	Crude Rate	Age-adjusted Rate
2016	6,964,136	44,555	639.8	648.3
2017	6,991,444	44,015	629.6	641.6
2018	7,010,367	44,689	637.5	650.8
2019	7,021,440	41,785	595.1	611.2
2020	6,938,785	36,883	531.5	544.1
2021	6,734,657	34,119	506.6	524.5
2022	6,668,379	32,294	484.3	504.4
2023	6,637,294	31,259	471.0	491.8

Table 2. Length of stay (days) for psychiatric hospitalizations among adults, New York City, 2016-2023

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

Year	Mean	Median
2016	14.7	10
2017	14.4	10
2018	13.7	9
2019	13.9	10
2020	14.2	10
2021	14.1	10
2022	15.1	10
2023	16.5	11

Table 3. Adult psychiatric hospitalization by demographic, social and neighborhood characteristics, New York City, 2023

Sources: Statewide Planning and Research Collaborative System (SPARCS) 2023; American Community Survey 2018-2022

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

	Count	Percent of total hospitalizations	Crude Rate	Age-adjusted Rate	Mean length of stay
Sex/Gender¹					
Female	14,910	48%	425.4	451.9	15
Male	16,327	52%	521.2	533.0	18
Age group					
18-24	5,135	16%	753.1		13
25-34	8,722	28%	639.5		15
35-44	6,363	20%	555.7		16
45-54	4,230	14%	422.3		18
55-64	4,078	13%	401.9		20
65+	2,712	9%	189.6		22
Race and Ethnicity²					
Asian or Pacific Islander	1,839	6%	170.9	183.5	18
Black	11,002	35%	757.8	812.2	18
Latino	5,816	19%	323.8	324.7	15
White	6,334	20%	289.3	301.7	16
Other	6,268	20%			16
Primary diagnosis³					
Schizophrenia Disorders	17,115	55%	257.9	268.1	21
Bipolar Disorders	5,074	16%	76.4	80.9	14
Depressive Disorders	4,322	14%	65.1	67.5	13
Intentional Self-Harm	1,163	4%	17.5	18.2	6
Other	3,585	11%	54.0	57.1	8
Borough of residence					
Bronx	6,972	22%	674.5	696.9	17
Brooklyn	9,276	30%	461.5	478.1	16
Manhattan	6,175	20%	446.7	459.8	17
Queens	7,074	23%	387.6	419.0	17
Staten Island	1,762	6%	456.1	487.5	13
Neighborhood Poverty Level⁴					
0 to <10% (low)	4,941	16%	336.8	366.2	17
10% to- <20% (medium)	13,708	44%	432.1	453.0	17
20% to <30% (high)	6,638	21%	517.1	525.8	16
30% to 100% (very high)	5,972	19%	836.0	843.2	16
Primary payor source⁵					
Medicaid	11,578	37%			16
Commercial	11,414	37%			15
Medicare	6,520	21%			22
Self-Pay	678	2%			14
Other	1,069	3%			11

¹The "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.

²White, Black, Asian or Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Other category includes people identified as multiracial and American Indian or Alaskan Native origin.

³Primary Diagnosis is the condition recorded as the chief reason for admission of patient to hospital for care. Schizophrenia disorders include spectrum and other psychosis disorders not otherwise specified. Bipolar disorders include specified and unspecified bipolar disorders, and other related disorders. Intentional self-harm include suicidal ideation and attempt. Other includes but not limited to other specified and unspecified mood disorders, trauma and stressor related disorders, anxiety disorders, mental disorders affecting pregnancy childbirth or the puerperium, and personality disorders.

⁴Neighborhood Poverty Level (based on ZCTA) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2018-2022), and are categorized into four groups: "Low poverty" neighborhoods with <10% of the population living below the FPL; "Medium poverty" neighborhoods with 10-<20% of the population below FPL; "High Poverty" neighborhoods with 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods with ≥30% of the population living below the FPL.

⁵Other category includes workers compensation, other federal and non-federal programs, disability, Blue Cross, CHAMPUS/VA, Title V

Table 4. Adult psychiatric hospitalizations by primary diagnosis, age group, sex/gender, and race and ethnicity, New York City, 2023

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

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

	Population	Schizophrenia Disorders			Bipolar Disorders			Depressive Disorders			Intentional Self-Harm			Other		
		Count	Crude Rate	Age-adjusted	Count	Crude Rate	Age-adjusted	Count	Crude Rate	Age-adjusted	Count	Crude Rate	Age-adjusted	Count	Crude Rate	Age-adjusted
Age group																
18-24	681,865	2,190	321.2		941	138.0		941	138.0		236	34.6		827	121.2	
25-34	1,363,948	4,907	359.8		1,466	107.5		924	67.7		263	19.3		1,162	85.2	
35-44	1,145,006	3,713	324.3		1,084	94.7		661	57.7		196	17.1		709	61.9	
45-54	1,001,582	2,546	254.2		657	65.6		561	56.0		154	15.4		312	31.2	
55-64	1,014,588	2,424	238.9		587	57.9		649	64.0		144	14.2		274	27.0	
65+	1,430,305	1,322	92.4		337	23.6		586	41.0		170	11.9		297	20.8	
Sex/Gender¹																
Female	3,504,810	6,745	192.4	201.7	2,787	79.5	85.9	2,400	68.5	72.6	612	17.5	18.7	2,366	67.5	72.9
Male	3,132,483	#####	330.9	337.8	2,283	72.9	75.4	1,919	61.3	62.1	550	17.6	17.8	1,211	38.7	40.0
Race and Ethnicity²																
Asian or Pacific Islander	1,075,935	953	88.6	92.5	292	27.1	29.1	292	27.1	30.6	85	7.9	8.9	217	20.2	22.5
Black	1,451,816	7,587	522.6	556.2	1,435	98.8	109.2	912	62.8	67.5	238	16.4	17.3	830	57.2	62.0
Latino	1,796,335	2,802	156.0	156.7	874	48.7	48.9	1,046	58.2	58.0	292	16.3	16.2	802	44.6	44.9
Other		3,454			1,101			836			231			646		
White	2,189,583	2,319	105.9	109.0	1,372	62.7	67.9	1,236	56.4	57.0	317	14.5	14.5	1,090	49.8	53.2

¹The "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.

²White, Black, Asian or Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Other category includes people identified as multiracial and American Indian or Alaskan Native origin.

Primary Diagnosis is the condition recorded as the chief reason for admission of patient to hospital for care. Schizophrenia disorders include spectrum and other psychosis disorders not otherwise specified. Bipolar disorders include specified and unspecified bipolar disorders, and other related disorders. Intentional self-harm include suicidal ideation and attempt. Other includes but not limited to other specified and unspecified mood disorders, trauma and stressor related disorders, anxiety disorders, mental disorders affecting pregnancy childbirth or the puerperium, and personality disorders.

Table 5. Adult psychiatric hospitalizations by age group, sex/gender, and race and ethnicity, New York City, 2023

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

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

Race and Ethnicity ¹	Age group											
	18-24		25-34		35-44		45-54		55-64		65+	
	Count	Crude Rate	Count	Crude Rate	Count	Crude Rate	Count	Crude Rate	Count	Crude Rate	Count	Crude Rate
Asian or Pacific Islander												
Overall	351	363.9	529	239.9	386	199.1	241	138.1	193	114.2	139	62.7
Female	197	393.8	262	223.0	186	179.9	120	127.2	124	140.0	80	66.8
Male	154	331.7	267	259.2	200	221.1	121	151.0	69	85.9	59	57.9
Black												
Overall	1,821	1228.1	3,273	1189.5	2,280	963.5	1,491	670.9	1,476	584.2	654	206.4
Female	835	1087.7	1,293	914.0	992	797.5	747	611.1	713	506.9	374	191.6
Male	986	1378.8	1,977	1478.7	1,288	1147.5	742	742.0	763	681.3	280	230.2
Latino												
Overall	1,124	498.8	1,620	442.7	1,108	341.1	773	268.0	728	268.8	463	144.3
Female	598	531.9	719	392.4	538	335.7	408	274.1	411	282.3	306	160.1
Male	524	464.0	899	492.1	568	345.2	365	261.4	317	253.1	157	120.9
White												
Overall	695	361.3	1,463	311.8	1,247	338.4	894	297.9	968	315.6	1,066	192.9
Female	378	376.2	775	321.9	625	347.2	415	285.0	448	300.9	583	189.9
Male	317	345.0	685	299.8	622	330.1	479	310.0	520	329.5	483	196.5
Other												
Overall	1,144		1,837		1,342		831		713		390	
Female	497		762		573		398		331		220	
Male	645		1,074		766		431		382		170	

¹White, Black, Asian or Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Other category includes people identified as multiracial and American Indian or Alaskan Native 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 6. Adult psychiatric hospitalization by United Hospital Fund (UHF) 42 neighborhood, New York City, 2023

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

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

Borough	UHF 42 ¹	UHF 42 Neighborhood	Count	Crude Rate	Age-adjusted Rate
Bronx					
	101	Kingsbridge - Riverdale	251	351.0	380.8
	102	Northeast Bronx	779	501.6	567.4
	103	Fordam - Bronx Park	1,214	657.8	659.5
	104	Pelham - Throgs Neck	1,126	508.7	533.9
	105	Crotona - Tremont	1,596	1059.8	1068.8
	106	High Bridge - Morrisania	1,285	841.8	847.0
	107	Hunts Point - Mott Haven	721	707.0	707.3
Brooklyn					
	201	Greenpoint	271	241.3	236.0
	202	Downtown - Heights - Slope	682	317.7	329.6
	203	Bedford Stuyvesant - Crown Heights	1,824	675.6	683.6
	204	East New York	1,034	700.5	718.9
	205	Sunset Park	383	419.5	428.5
	206	Borough Park	818	354.7	370.8
	207	East Flatbush - Flatbush	1,296	561.7	604.3
	208	Canarsie - Flatlands	684	433.3	492.2
	209	Bensonhurst - Bay Ridge	510	317.5	345.7
	210	Coney Island - Sheepshead Bay	866	382.3	442.5
	211	Williamsburg - Bushwick	908	541.9	521.8
Manhattan					
	301	Washington Heights - Inwood	650	312.3	317.1
	302	Central Harlem - Morningside Heights	907	613.2	592.1
	303	East Harlem	995	1119.6	1143.0
	304	Upper West Side	582	299.7	328.7
	305	Upper East Side	443	247.7	271.0
	306	Chelsea - Clinton	720	499.4	516.5
	307	Gramercy Park - Murray Hill	810	660.8	712.2
	308	Greenwich Village - Soho	129	183.2	180.4
	309	Union Square, Lower East Side	686	417.4	425.5
	310	Lower Manhattan	133	244.1	265.7
Queens					
	401	Long Island City - Astoria	580	343.4	356.2
	402	West Queens	1,271	354.3	370.9
	403	Flushing - Clearview	494	237.1	276.5
	404	Bayside - Littleneck	180	247.9	287.7
	405	Ridgewood - Forest Hills	599	291.8	315.4
	406	Fresh Meadows	239	304.6	324.9
	407	Southwest Queens	905	423.8	453.5
	408	Jamaica	1,188	469.6	511.3
	409	Southeast Queens	990	575.6	659.7
	410	Rockaway	748	759.5	802.4
Staten Island					
	501	Port Richmond	340	633.4	635.9
	502	Stapleton - St. George	644	632.6	663.4
	503	Willowbrook	249	327.5	366.3
	504	South Beach - Tottenville	529	341.8	372.1

¹The United Hospital Fund classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: <https://a816-health.nyc.gov/hdi/epiquery/sites/default/files/2021-02/uhf-zip-information.pdf>.

Table 7. Adult psychiatric hospitalization rates by Modified Zip Code Tabulation Area (MODZCTA), New York City, 2022-2023

Source: Statewide Planning and Research Collaborative System (SPARCS) 2022-2023

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

	MODZCTA ¹	Neighborhood Poverty Level	Count	Crude Rate	Age-adjusted Rate
Bronx					
	10451	30-100%	521	687.8	728.7
	10452	30-100%	914	835.7	815.6
	10453	30-100%	925	833.0	814.5
	10454	30-100%	376	664.3	671.5
	10455	20-30%	421	685.2	674.8
	10456	30-100%	1,318	1075.9	1072.2
	10457	30-100%	1,499	1360.3	1365.5
	10458	20-30%	789	691.3	681.9
	10459	30-100%	592	825.5	832.1
	10460	30-100%	813	986.6	1004.3
	10461	10-20%	602	793.0	833.4
	10462	10-20%	536	471.6	486.3
	10463	10-20%	407	377.6	417.6
	10464	<10%	36	527.5	785.6
	10465	10-20%	207	300.5	319.6
	10466	10-20%	622	575.4	611.5
	10467	20-30%	1,114	779.6	785.9
	10468	20-30%	534	463.9	461.4
	10469	10-20%	541	496.5	560.3
	10470	10-20%	107	452.7	495.5
	10471	<10%	122	335.6	346.9
	10472	30-100%	483	520.4	521.4
	10473	20-30%	456	519.3	560.4
	10474	30-100%	106	674.8	655.2
	10475	10-20%	233	324.1	436.1
Brooklyn					
	11201	10-20%	398	345.5	357.5
	11203	10-20%	917	736.2	865.7
	11204	10-20%	346	301.7	319.3
	11205	20-30%	244	346.9	330.1
	11206	30-100%	976	789.4	785.2
	11207	20-30%	1,142	805.0	825.6
	11208	20-30%	851	548.6	556.9
	11209	10-20%	399	352.0	381.4
	11210	10-20%	365	393.9	430.6
	11211	20-30%	335	344.0	330.5
	11212	30-100%	1,080	888.8	945.5

¹ZIP Code Tabulation Areas (ZCTA) are generalized geographic areas created by the U.S. Census Bureau to approximate U.S. Postal Service ZIP Codes, while Modified ZIP Code Tabulation Areas (MODZCTA) include ZCTAs with low population counts were merged with similar neighboring ZCTAs.

Neighborhood poverty level (based on ZCTA) defined as percentage of residents living below the Federal Poverty Line (FPL) based on American Community Survey 2018-2022.

[^]Data for MODZCTA 11109 suppressed to small cell size. Data for MODZCTA 11697 suppressed to prevent back-calculation.

Table 7. Adult psychiatric hospitalization rates by Modified Zip Code Tabulation Area (MODZCTA), New York City, 2022-2023

Source: Statewide Planning and Research Collaborative System (SPARCS) 2022-2023

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

	MODZCTA ¹	Neighborhood Poverty Level	Count	Crude Rate	Age-adjusted Rate
Brooklyn					
	11213	20-30%	704	699.6	729.5
	11214	10-20%	425	304.2	322.6
	11215	<10%	281	246.4	282.2
	11216	10-20%	513	511.7	502.5
	11217	10-20%	247	355.2	420.7
	11218	10-20%	399	388.3	399.5
	11219	30-100%	452	388.0	399.2
	11220	20-30%	541	386.8	396.1
	11221	20-30%	680	484.0	478.0
	11222	<10%	210	310.7	315.5
	11223	20-30%	368	306.8	322.2
	11224	20-30%	432	567.1	720.2
	11225	10-20%	395	439.0	449.3
	11226	10-20%	1,022	651.8	676.2
	11228	10-20%	174	255.0	275.6
	11229	10-20%	353	284.3	333.0
	11230	10-20%	433	339.6	364.2
	11231	10-20%	167	275.4	309.2
	11232	10-20%	187	435.3	429.0
	11233	20-30%	964	772.3	774.6
	11234	<10%	511	373.9	420.6
	11235	10-20%	506	381.0	462.5
	11236	10-20%	743	483.2	534.5
	11237	20-30%	263	365.5	332.3
	11238	10-20%	316	331.2	362.5
	11239	20-30%	124	457.0	625.8
Manhattan					
	10001	10-20%	330	678.9	702.2
	10002	20-30%	587	458.9	519.2
	10003	10-20%	466	472.2	447.7
	10004	<10%	18	220.3	324.3
	10005	<10%	38	237.9	298.1
	10006	<10%	19	275.7	332.3
	10007	<10%	17	139.0	158.8
	10009	20-30%	408	406.6	409.9
	10010	<10%	161	275.0	266.0

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Neighborhood poverty level (based on ZCTA) defined as percentage of residents living below the Federal Poverty Line (FPL) based on American Community Survey 2018-2022.

^Data for MODZCTA 11109 suppressed to small cell size. Data for MODZCTA 11697 suppressed to prevent back-calculation.

Table 7. Adult psychiatric hospitalization rates by Modified Zip Code Tabulation Area (MODZCTA), New York City, 2022-2023

Source: Statewide Planning and Research Collaborative System (SPARCS) 2022-2023

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

MODZCTA ¹	Neighborhood Poverty Level	Count	Crude Rate	Age-adjusted Rate
Manhattan				
10011	<10%	293	326.1	346.2
10012	10-20%	95	250.9	250.0
10013	10-20%	123	248.0	250.2
10014	<10%	88	166.9	165.7
10016	<10%	1,290	1315.0	1437.5
10017	<10%	124	465.4	495.3
10018	10-20%	63	394.8	373.0
10019	10-20%	470	608.1	652.2
10021	<10%	127	181.3	210.9
10022	<10%	92	152.1	186.1
10023	<10%	233	206.9	226.2
10024	<10%	235	228.0	294.7
10025	10-20%	716	442.5	484.6
10026	10-20%	302	488.9	478.4
10027	20-30%	655	608.2	587.3
10028	<10%	149	195.3	230.5
10029	30-100%	1,103	938.8	968.6
10030	30-100%	298	611.2	590.4
10031	20-30%	348	358.2	345.9
10032	10-20%	391	408.7	419.1
10033	10-20%	258	281.6	288.1
10034	10-20%	205	321.2	343.2
10035	30-100%	948	1578.4	1566.6
10036	10-20%	313	564.1	583.0
10037	20-30%	285	886.7	947.5
10038	20-30%	128	311.6	374.5
10039	20-30%	246	541.8	536.1
10040	10-20%	162	240.5	250.5
10044	10-20%	44	222.4	242.2
10065	<10%	94	176.0	201.5
10069	20-30%	32	322.8	424.5
10075	10-20%	204	476.5	580.2
10128	<10%	262	278.2	287.4
10280	<10%	16	112.7	161.6
10282	<10%	14	143.1	231.4

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Neighborhood poverty level (based on ZCTA) defined as percentage of residents living below the Federal Poverty Line (FPL) based on American Community Survey 2018-2022.

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Table 7. Adult psychiatric hospitalization rates by Modified Zip Code Tabulation Area (MODZCTA), New York City, 2022-2023

Source: Statewide Planning and Research Collaborative System (SPARCS) 2022-2023

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

Queens	MODZCTA ¹	Neighborhood Poverty Level	Count	Crude Rate	Age-adjusted Rate
	11004	<10%	417	1043.9	1391.1
	11101	10-20%	374	681.1	697.7
	11102	10-20%	218	501.7	515.9
	11103	10-20%	178	315.9	329.5
	11104	10-20%	106	242.9	267.5
	11105	10-20%	137	216.5	224.9
	11106	10-20%	191	292.2	301.3
	11109	<10%	^	^	^
	11354	10-20%	259	293.3	365.5
	11355	20-30%	367	285.0	318.0
	11356	<10%	142	340.7	362.7
	11357	<10%	128	190.1	237.2
	11358	<10%	119	202.0	242.7
	11360	<10%	80	247.8	288.4
	11361	<10%	122	263.3	308.3
	11362	<10%	58	201.7	247.7
	11363	<10%	26	229.1	299.6
	11364	<10%	122	206.1	252.5
	11365	10-20%	256	358.1	404.7
	11366	<10%	46	217.6	230.2
	11367	10-20%	207	319.8	327.8
	11368	10-20%	493	297.8	290.9
	11369	10-20%	170	347.3	366.4
	11370	10-20%	651	1439.0	1468.3
	11372	10-20%	262	248.1	275.7
	11373	10-20%	521	327.0	346.2
	11374	10-20%	252	331.9	369.3
	11375	<10%	325	269.7	294.7
	11377	10-20%	386	283.5	302.2
	11378	10-20%	166	282.2	304.5
	11379	<10%	131	219.1	249.8
	11385	10-20%	489	313.1	316.8
	11411	<10%	117	321.3	423.4
	11412	<10%	277	417.2	483.8
	11413	<10%	309	419.2	490.5
	11414	<10%	126	265.5	295.8
	11415	<10%	126	395.1	425.2

¹ZIP Code Tabulation Areas (ZCTA) are generalized geographic areas created by the U.S. Census Bureau to approximate U.S. Postal Service ZIP Codes, while Modified ZIP Code Tabulation Areas (MODZCTA) include ZCTAs with low population counts were merged with similar neighboring ZCTAs.

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Table 7. Adult psychiatric hospitalization rates by Modified Zip Code Tabulation Area (MODZCTA), New York City, 2022-2023

Source: Statewide Planning and Research Collaborative System (SPARCS) 2022-2023

Rate per 100,000 adults

Data are age-adjusted to the US 2000 Standard Population

	MODZCTA ¹	Neighborhood Poverty Level	Count	Crude Rate	Age-adjusted Rate
Queens					
	11416	10-20%	176	444.5	455.4
	11417	10-20%	184	406.4	421.7
	11418	10-20%	367	649.5	677.7
	11419	10-20%	328	461.9	492.5
	11420	10-20%	295	389.3	402.4
	11421	<10%	239	390.5	422.6
	11422	<10%	204	392.3	417.4
	11423	10-20%	245	514.5	572.5
	11426	<10%	99	333.9	365.7
	11427	10-20%	529	1350.4	1484.5
	11428	<10%	140	468.2	507.8
	11429	<10%	198	442.7	505.0
	11432	10-20%	569	573.4	608.0
	11433	10-20%	306	509.7	560.3
	11434	10-20%	496	451.6	509.9
	11435	10-20%	406	439.3	463.4
	11436	10-20%	141	434.5	463.3
	11691	10-20%	937	924.1	971.7
	11692	20-30%	245	672.9	699.2
	11693	10-20%	118	573.4	588.7
	11694	10-20%	254	753.8	742.0
	11697	<10%	^	^	^
Staten Island					
	10301	10-20%	487	759.7	776.7
	10302	10-20%	174	618.4	603.7
	10303	10-20%	221	548.4	541.6
	10304	10-20%	449	634.4	677.6
	10305	<10%	454	664.4	704.6
	10306	<10%	321	358.7	400.5
	10307	<10%	92	426.9	444.6
	10308	<10%	163	346.6	383.7
	10309	<10%	173	329.0	344.2
	10310	10-20%	257	659.9	702.3
	10312	<10%	290	291.6	317.1
	10314	<10%	435	287.0	328.4

¹ZIP Code Tabulation Areas (ZCTA) are generalized geographic areas created by the U.S. Census Bureau to approximate U.S. Postal Service ZIP Codes, while Modified ZIP Code Tabulation Areas (MODZCTA) include ZCTAs with low population counts were merged with similar neighboring ZCTAs.

Neighborhood poverty level (based on ZCTA) defined as percentage of residents living below the Federal Poverty Line (FPL) based on American Community Survey 2018-2022.

^Data for MODZCTA 11109 suppressed to small cell size. Data for MODZCTA 11697 suppressed to prevent back-calculation.

Table 8. 30-day and 90-day readmission rates of adult psychiatric hospitalizations sex/gender, age group, borough, and neighborhood poverty level,* New York City, 2023

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

	Hospitalizations Count	30-day Readmissions		90-day Readmissions		
		Count	Percent	Count	Percent	
Sex/Gender¹						
Female	14,910	1,900	13%	2,783	19%	
Male	16,327	2,096	13%	3,333	20%	
Age group						
18-24	5,135	666	13%	919	18%	
25-34	8,722	1,061	12%	1,624	19%	
35-44	6,363	783	12%	1,274	20%	
45-54	4,230	543	13%	885	21%	
55-64	4,078	578	14%	894	22%	
65+	2,712	365	13%	520	19%	
Race and Ethnicity²						
Asian or Pacific Islander	1,839	256	14%	356	19%	
Black	11,002	1,431	13%	2,319	21%	
Latino	5,816	704	12%	1,086	19%	
White	6,334	847	13%	1,208	19%	
Other	6,268	758	12%	1,147	18%	
Primary Diagnosis³						
Schizophrenia Disorders	17,115	2,382	14%	3,908	23%	
Bipolar Disorders	5,074	687	14%	945	19%	
Depressive Disorders	4,322	554	13%	727	17%	
Intentional Self-Harm	1,163	81	7%	131	11%	
Other	3,585	292	8%	405	11%	
Borough of residence						
Bronx	6,972	888	13%	1,417	20%	
Brooklyn	9,276	1,173	13%	1,798	19%	
Manhattan	6,175	743	12%	1,145	19%	
Queens	7,074	934	13%	1,380	20%	
Staten Island	1,762	258	15%	376	21%	
Neighborhood Poverty Level⁴						
0 to <10% (low)	4,941	635	13%	892	18%	
10% to- <20% (medium)	13,708	1,722	13%	2,650	19%	
20% to <30% (high)	6,638	816	12%	1,291	19%	
30% to 100% (very high)	5,972	823	14%	1,283	21%	

¹The "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.

²White, Black, Asian or Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Other category includes people identified as multiracial and American Indian or Alaskan Native origin.

³Primary Diagnosis is the condition recorded as the chief reason for admission of patient to hospital for care. Schizophrenia disorders include spectrum and other psychosis disorders not otherwise specified. Bipolar disorders include specified and unspecified bipolar disorders, and other related disorders. Intentional self-harm include suicidal ideation and attempt. Other includes but not limited to other specified and unspecified mood disorders, trauma and stressor related disorders, anxiety disorders, mental disorders affecting pregnancy childbirth or the puerperium, and personality disorders.

⁴Neighborhood Poverty Level (based on ZCTA) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2018-2022), and are categorized into four groups: "Low poverty" neighborhoods with <10% of the population living below the FPL; "Medium poverty" neighborhoods with 10-<20% of the population below FPL; "High Poverty" neighborhoods with 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods with ≥30% of the population living below the FPL.

Table 9. Disposition status upon discharge, New York City, 2023

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

Discharge Code	Disposition Description	Count	Percent of Total Hospitalizations
1	DISCHARGE/TRANSFER TO HOME/SELF-CARE	26,634	85.20%
65	DISCHARGE/TRANSFER TO PSYCHIATRIC HOSPITAL	1,451	4.64%
2	TRANSFER TO A DRG HOSPITAL	981	3.14%
6	DISCHARGE TO HOME UNDER CARE OF HOME HEALTH ORG.	719	2.30%
3	DISCHARGE/TRANSFER TO SKILLED NURSING FACILITY	408	1.31%
21	DISCHARGE/TRANSFER TO COURT/LAW ENFORCEMENT	279	0.89%
7	DISCHARGE/TRANSFER TO INPATIENT REHAB FACILITY	167	0.53%
62	LEFT AGAINST MEDICAL ADVICE	162	0.52%
4	DISCHARGE/TRANSFER TO INTERCARE FACILITY/HRF	114	0.36%
5	DISCHARGE/TRANSFER TO ANOTHER HEALTH CARE INST.	75	0.24%
70	TRANSFERRED TO A CANCER CTR	74	0.24%
93	SHORT TERM HOSPITAL WITH PLANNED READMISSION	31	0.10%
20	PSYCHIATRIC HOSPITAL UNIT WITH PLANNED READMISSION	28	0.09%
82	EXPIRED	27	0.09%
30	STILL A PATIENT/RESIDENT	24	0.08%
63	DISCHARGE/TRANSFER TO MCARE LTC HOSPITAL	21	0.07%
9	ADMITTED TO INPATIENT HOSPITAL	14	0.04%
84	CUST/SUPP CARE WITH PLANNED READMISSION	9	0.03%
81	HOME SELF-CARE WITH PLANNED READMISSION	8	0.03%
90	HOME HEALTH SERVICE WITH PLANNED READMISSION	8	0.03%
86	OTHER INSTITUTION WITH PLANNED READMISSION	8	0.03%
50	REHAB FACILITY/UNIT WITH PLANNED READMISSION	5	0.02%
66	DISCHARGED TO FEDERAL HOSPITAL	2	0.01%
87	HOSPICE-HOME	2	0.01%
95	HOSPICE - MEDICAL FACILITY	2	0.01%
64	COURT/LAW ENFORCEMENT WITH PLANNED READMISSION	2	0.01%
69	TRANSFER WITHIN FACILITY - MDCR SWING BED	1	0.00%
83	DISCHARGE TRANSFER TO CRITICAL ACCESS HOSPITAL	1	0.00%
92	FEDERAL HOSPITAL WITH PLANNED READMISSION	1	0.00%
43	NURSING FACILITY MCR-CERTIFIED WITH PLANNED READMISSION	1	0.00%