

# 2026 Behavioral Health in Massachusetts

This dashboard includes key indicators of behavioral health access, finance, utilization, quality, and equity. Behavioral health care includes services and treatment for both mental health (MH) and substance use disorders (SUD).



## ACCESS

**METRICS FOCUSED ON ACCESS TO BEHAVIORAL HEALTH CARE SERVICES**

[EXPLORE](#) ►

From 2024 to 2025, the proportion of emergency department visits resulting in a length of stay exceeding 24 hours declined by 1.6 percentage points.

In 2025, 8.7% of behavioral health needs went unmet because of cost for families, and 5.4% went unmet for individuals.



## FINANCE

**METRICS FOCUSED ON SPENDING FOR BEHAVIORAL HEALTH CARE SERVICES**

[EXPLORE](#) ►

In 2024, spending on behavioral health services represented 8.1% of commercial, 22.4% of MassHealth, and 2.3% of Medicare Advantage health care spending.

The proportion of private commercial member cost-sharing for behavioral health services declined 1.4 percentage points in 2024, while increasing 0.3 percentage points for Medicare Advantage.



## UTILIZATION

**METRICS FOCUSED ON THE USE OF BEHAVIORAL HEALTH CARE SERVICES**

[EXPLORE](#) ►

From 2024 to 2025, behavioral health emergency department visits at acute care hospitals declined by 5.2% from 1,725 to 1,635 per 100,000 Massachusetts residents.

In 2023, the number of psychotherapy visits increased to 2,176 per 1,000 commercially insured members from 2,005 in 2022.



## QUALITY

**METRICS FOCUSED ON THE QUALITY OF BEHAVIORAL HEALTH CARE SERVICES**

[EXPLORE](#) ►

Between 2023 and 2024, the post-discharge follow-up rates for mental health increased following hospitalizations (1.8 percentage points) and after emergency department visits (2.1 percentage points).

From 2023 to 2024, depression and anxiety screening rates during primary care visits increased for both MassHealth (1.2 percentage points) and private commercial members (1.6 percentage points).



## EQUITY

**METRICS FOCUSED ON INEQUITIES IN BEHAVIORAL HEALTH CARE**

[EXPLORE](#) ►

In 2025, 27.2% of Metro Boston residents reported that they had a visit for behavioral health care or treatment in the past 12 months, the highest of any region.

In 2025, 16.5% of multiracial (or race not listed) resident families reported that they did not receive needed behavioral health care during the past 12 months because of cost, 8.8 percentage points higher than MA residents as a whole.

## CONTEXT

**AT-A-GLANCE HEALTH OUTCOME MEASURES ON THE MASSACHUSETTS BEHAVIORAL HEALTH CARE MARKET**

[EXPLORE](#) ►

Metrics are sourced from both CHIA and external publicly available datasets and reflect the most recent data available. The Behavioral Health Dashboard databook includes multi-year trends where data is available. For additional information, see the accompanying [interactive workbook](#), [databook](#), and [technical appendix](#).



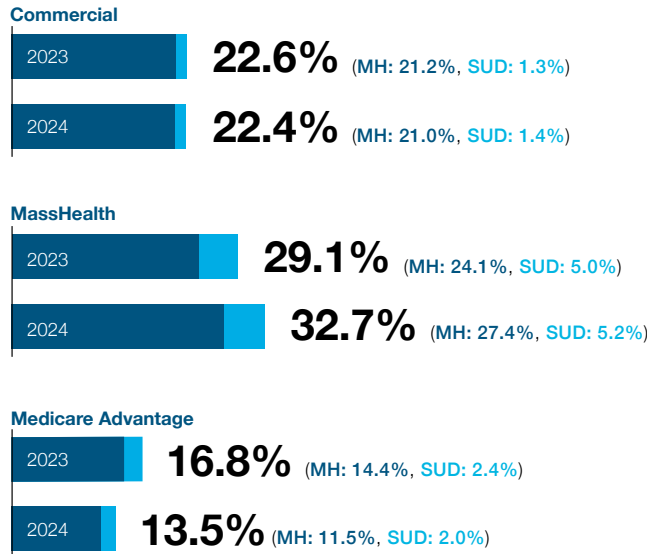
## BEHAVIORAL HEALTH CONTEXT AND PREVALENCE (page 1 of 2)

At-a-glance behavioral health outcome measures in Massachusetts

Behavioral health care encompasses an array of services that can meaningfully shape patient outcomes and form the foundation for a well-performing health care system. In the years following the onset of the COVID-19 pandemic, there was a sharp increase in the need for and expansion of behavioral health care services covered by commercial plans for children and adolescents.<sup>1</sup> The demand for and usage of these services remains high; this dashboard is intended to provide a comprehensive overview of indicators related to behavioral health care access, finance, utilization, quality, and equity in Massachusetts.

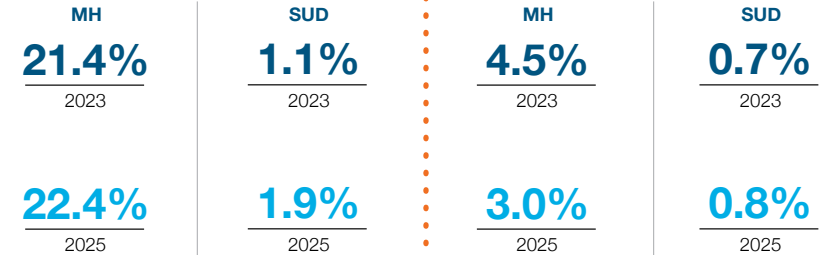
### Behavioral Health Member Months

Percentage of members with a mental health and/or substance use disorder diagnosis.



### Behavioral Health Visits

Percentage of Massachusetts residents who had a visit for mental health or substance use disorder in the past 12 months.



### Behavioral Health ED Visits

Percentage of Massachusetts residents who reported that their most recent emergency department visit was related to mental health or substance use disorder.



ACCESS



FINANCE



UTILIZATION



QUALITY



EQUITY

## BEHAVIORAL HEALTH CONTEXT AND PREVALENCE (page 2 of 2)

At-a-glance behavioral health outcome measures in Massachusetts

### Suicide Deaths

Number of suicide deaths per 100,000 Massachusetts residents.

Per 100,000  
(age-adjusted)

**8.2**

2022

**8.5**

2023

**8.3**

2024

### Alcohol-Induced Deaths

Number of alcohol-induced deaths per 100,000 Massachusetts residents.

Per 100,000  
(age-adjusted)

**11.8**

2022

**10.7**

2023

**9.7**

2024

### Drug Overdose Deaths

Number of drug overdose deaths per 100,000 Massachusetts residents.

Per 100,000  
(age-adjusted)

**37.4**

2022

**33.6**

2023

**21.8**

2024

### Tobacco and Alcohol Use

Percentage of Massachusetts adults who reported regular tobacco use and/or heavy drinking.

Tobacco Use

**10.4%**

2022

**9.8%**

2023

**8.8%**

2024

Heavy Drinking

**6.7%**

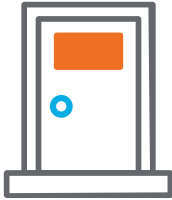
2022

**6.4%**

2023

**5.5%**

2024

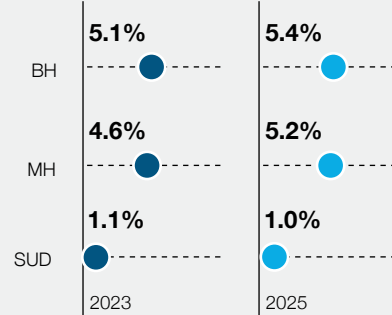


## ACCESS

Measures of access to behavioral health care services highlight residents' inability to obtain appropriate care. Understanding these trends can help guide efforts to reduce barriers and improve Massachusetts residents' access to timely behavioral health care.

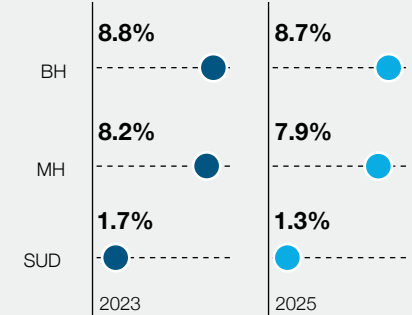
### Individual Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts residents who reported that they did not receive needed behavioral health care during the past 12 months because of cost.



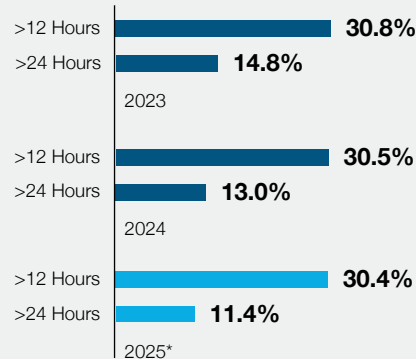
### Family Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts families who reported that they did not receive needed behavioral health care during the past 12 months because of cost.



### Behavioral Health-Related ED Visits Resulting in Excess Length of Stay

Percentage of behavioral health-related emergency department visits in Massachusetts that resulted in a length of stay exceeding 12 or 24 hours.



\*Excess length of stay 2025 data is preliminary and subject to change pending release and analysis of final data. All other data presented is considered final.

For at-a-glance health outcome measures in Massachusetts, see the Behavioral Health Context and Prevalence pages. For additional information on the metrics displayed above, including data sources, see the technical appendix and databook.

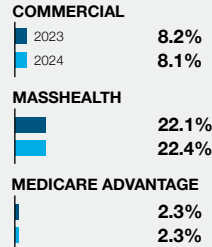


## FINANCE

Health care expenditures reflect both price—the amount paid to providers by plans, employers, and patients—and use of services. Patterns of behavioral health care spending overall and by service category across the Commonwealth offer insights into how and where resources and behavioral health care dollars are allocated.

### Overall Behavioral Health Spending

Spending attributed to behavioral health services as a percentage of total health care spending by insurance category.



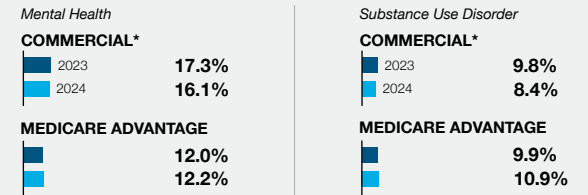
### Behavioral Health Care Out-of-Pocket Costs

Percentage of Massachusetts individuals who paid the entire cost of their most recent behavioral health visit without reimbursement.



### Behavioral Health Member Cost-Sharing

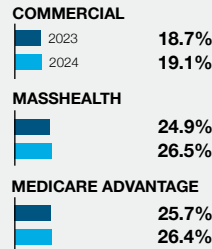
Percentage of total behavioral health care costs paid by Massachusetts residents through copays, coinsurance, and deductibles.



Note: MassHealth reported no cost-sharing for these services.

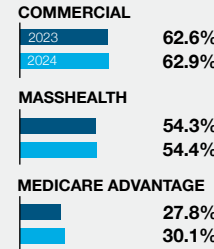
### Behavioral Health Inpatient Spending

Percentage of total behavioral health spending attributed to services provided after being admitted to a hospital/facility.



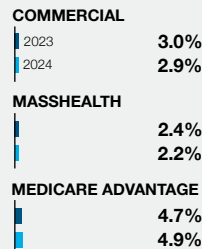
### Behavioral Health Outpatient Spending

Percentage of total behavioral health spending attributed to services provided without an overnight stay.



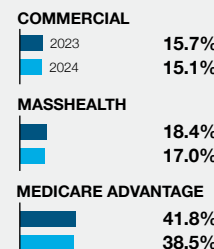
### Behavioral Health ED/Observation Spending

Percentage of total behavioral health spending attributed to emergency department visits or observation stays provided without formal admission.



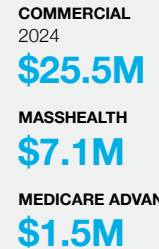
### Behavioral Health Prescription Drug Spending

Percentage of total behavioral health spending attributed to prescription drugs.



### Primary Care and Behavioral Health Integration

Additional behavioral health care spending on integrated primary care behavioral health screenings.



EXPLORE THE INTERACTIVE WORKBOOK FOR MORE DETAILS

\*All metrics except Member Cost-Sharing represent commercial full-claim and commercial partial-claim data.

Notes: Please see end note 2 for more information.



## UTILIZATION

Utilization is the extent to which individuals engage with the health care system and use medical services. Measures of behavioral health discharges, length of stay, and use of services depict where and in what ways patients use behavioral health care. Utilization disparities may reflect unmet needs in communities across Massachusetts.

### Behavioral Health-Related Inpatient Discharges

Number of inpatient discharges at acute care hospitals in Massachusetts that are related to behavioral health conditions.\*

281,335

2023

286,530

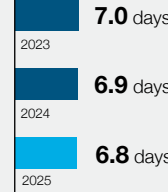
2024

294,801

2025

### Behavioral Health-Related Length of Stay

Average length of stay in acute care hospitals in Massachusetts for discharges associated with any behavioral health condition.\*



### Behavioral Health-Related ED Visits

Number of emergency department visits at acute care hospitals that are related to behavioral health conditions per 100,000 Massachusetts residents.\*

Per 100,000

1,859

2023

1,725

2024

1,635

2025

### Opioid-Related Inpatient Discharges

Number of inpatient discharges at acute care hospitals that are related to opioid use per 100,000 Massachusetts residents.\*

Per 100,000

432

2023

430

2024

439

2025

### Opioid-Related ED Visits

Number of emergency department visits at acute care hospitals that are related to opioid use per 100,000 Massachusetts residents.\*

Per 100,000

66.8

2023

62.6

2024

61.2

2025

### Psychotherapy Visits

Number of psychotherapy visits per 1,000 commercially insured members in Massachusetts ages 0-64.

Per 1,000

2,005

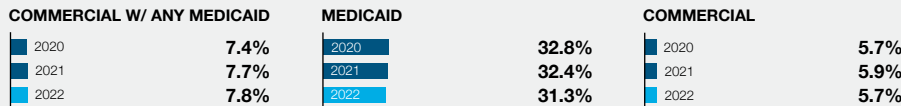
2022

2,176

2023

### BHCA Service Utilization

Massachusetts members ages 0-18 who utilize Behavioral Health Services for Children and Adolescents (BHCA) under their primary insurance plan.



\*Numbers vary from those in the 2025 Behavioral Health Dashboard due to changes in methodology.

Notes: 2025 data presented on this page is preliminary and subject to change pending release and analysis of final data. All other data presented is considered final. For at-a-glance health outcome measures in Massachusetts, see the Behavioral Health Context and Prevalence pages. For additional information on the metrics displayed above, including data sources, see the technical appendix and databook.

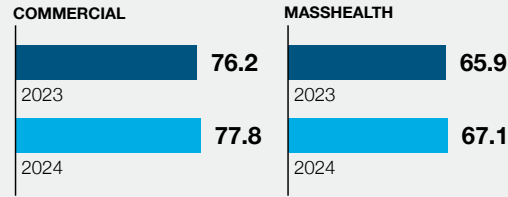


## QUALITY

Assessing the quality of behavioral health care in Massachusetts includes measures such as behavioral health screenings in primary care, follow-up visits after hospitalization for mental illness, and ongoing treatment of SUD conditions

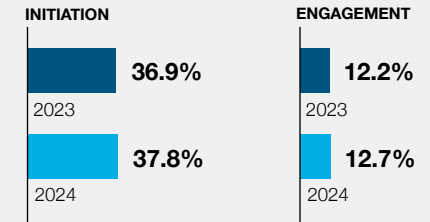
### Behavioral Health Screening in Primary Care

Massachusetts adult patients who reported being screened for depression and anxiety during a primary care visit based on aggregate survey responses on a 0-100 scale.



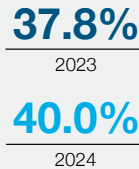
### Initiation and Engagement of SUD Treatment

Percentage of Massachusetts patients with a new episode of substance use disorder who initiated and engaged in ongoing treatment.\*



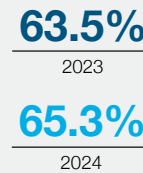
### Pharmacotherapy for Opioid Use Disorder

Percentage of new OUD pharmacotherapy events among Massachusetts residents ages 16 or older that were followed by at least 180 days of continuous medication treatment.



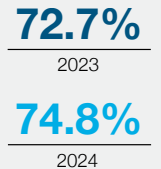
### 7-Day Follow-Up After Mental Health Hospitalization

Percentage of Massachusetts patients who had a follow-up visit within 7 days of being discharged after hospitalization for mental illness.



### 7-Day Follow-Up After ED Visit for Mental Illness

Percentage of Massachusetts patients who had a follow-up visit within 7 days of an emergency department visit for mental illness.



\*The initiation phase measures the percentage of members who initiated treatment through an inpatient alcohol or drug (AOD) admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of diagnosis. The engagement phase measures the percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.

Notes: Quality metrics presented in this analysis are statewide results. Get more insights from [CHIA's reporting on clinical quality measures](#) for behavioral health and other services.



## EQUITY (page 1 of 2)

The Equity domain highlights inequities in the Massachusetts behavioral health system. Measures in this domain help assess differences in residents' unmet needs and out-of-pocket costs, informing efforts to promote equitable care delivery.

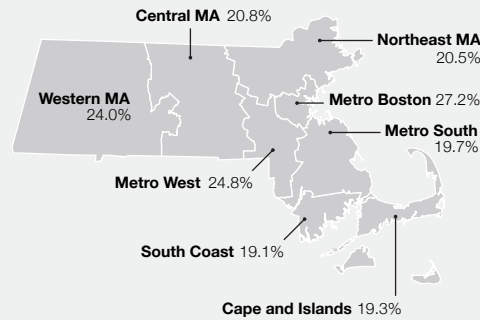
### Behavioral Health Visits

Percentage of Massachusetts residents who had a visit for mental health or substance use disorder care in the past 12 months.

#### BY RACE/ETHNICITY

	2023	2025
ALL RESIDENTS	21.6%	22.8%
WHITE, NON-HISPANIC	21.6%	23.4%
BLACK, NON-HISPANIC	19.8%	23.7%
ASIAN, NON-HISPANIC	12.9%	12.6%
ALL OTHER RACES	32.7%	27.8%
HISPANIC OF ANY RACE	22.3%	22.1%

#### BY REGION (2025)



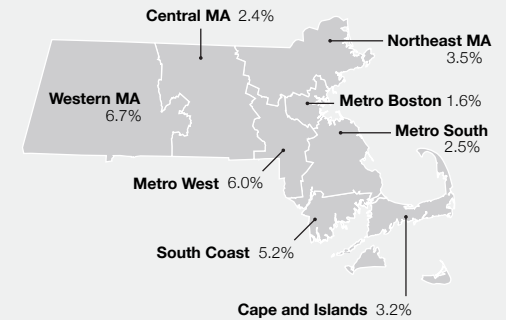
### Behavioral Health ED Visits

Percentage of Massachusetts residents who reported that their most recent emergency department visit was related to mental health or substance use disorders.

#### BY RACE/ETHNICITY

	2023	2025
ALL RESIDENTS	4.8%	3.5%
WHITE, NON-HISPANIC	5.9%	4.2%
BLACK, NON-HISPANIC	1.8%	1.3%
ASIAN, NON-HISPANIC	N/A	N/A
ALL OTHER RACES	N/A	N/A
HISPANIC OF ANY RACE	2.8%	4.2%

#### BY REGION (2025)



[EXPLORE THE INTERACTIVE WORKBOOK FOR MORE DETAILS](#)

Notes: N/A = Estimates for which sample size is fewer than 50 respondents. Estimates for mental health reported for residents age 5 years and older in 2023 and 2025. Estimates for alcohol and substance use care and treatment reported for residents age 12 years and older in 2023 and 2025. Exceedingly few residents reported substance use visit without also reporting a mental health visit (for example, in 2025: 0.4 percent, n=21). Care for substance use disorders in past 12 months reported in 2025 by only 2 residents ages 12 to 18. Behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older used in denominator. In 2025, "Behavioral Health Out-of-Pocket Costs" updated to include out-of-pocket spending for visits for both mental health and substance use disorder care. Due to this change, only 2025 data is shown.



## EQUITY (page 2 of 2)

The Equity domain highlights inequities in the Massachusetts behavioral health system. Measures in this domain help assess differences in residents' unmet needs and out-of-pocket costs, informing efforts to promote equitable care delivery.

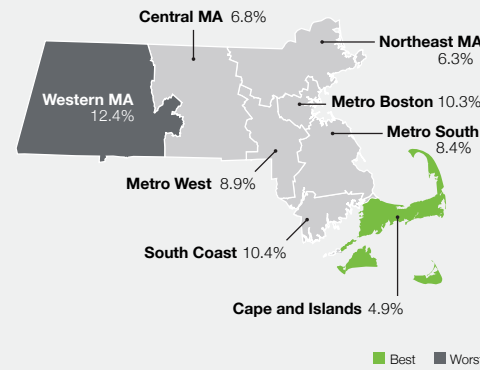
### Family Unmet Behavioral Health Needs Due to Cost

Percentage of Massachusetts families who reported that they did not receive needed behavioral health care during the past 12 months because of cost (lower is better).

#### BY RACE/ETHNICITY

Race/Ethnicity	2023	2025
ALL RESIDENTS	8.8%	8.7%
WHITE, NON-HISPANIC	7.9%	7.7%
BLACK, NON-HISPANIC	9.2%	8.7%
ASIAN, NON-HISPANIC	4.0%	9.7%
ALL OTHER RACES	6.0%	16.5%
HISPANIC OF ANY RACE	17.3%	10.9%

#### BY REGION (2025)



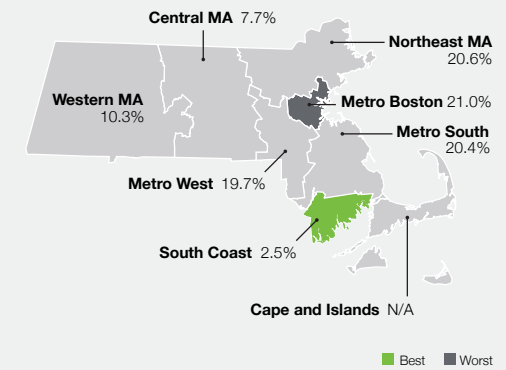
### Behavioral Health Out-of-Pocket Costs

Percentage of Massachusetts residents who reported they paid the entire cost of their most recent mental health visit out of pocket (lower is better).

#### BY RACE/ETHNICITY

Race/Ethnicity	2025
ALL RESIDENTS	17.2%
WHITE, NON-HISPANIC	20.9%
BLACK, NON-HISPANIC	12.1%
ASIAN, NON-HISPANIC	N/A
ALL OTHER RACES	N/A
HISPANIC OF ANY RACE	6.4%

#### BY REGION (2025)



[EXPLORE THE INTERACTIVE WORKBOOK FOR MORE DETAILS](#)

Notes: N/A = Estimates for which sample size is fewer than 50 respondents. Estimates for mental health reported for residents age 5 years and older in 2023 and 2025. Estimates for alcohol and substance use care and treatment reported for residents age 12 years and older in 2023 and 2025. Exceedingly few residents reported substance use visit without also reporting a mental health visit (for example, in 2025: 0.4 percent, n=21). Care for substance use disorders in past 12 months reported in 2025 by only 2 residents ages 12 to 18. Behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older used in denominator. In 2025, "Behavioral Health Out-of-Pocket Costs" updated to include out-of-pocket spending for visits for both mental health and substance use disorder care. Due to this change, only 2025 data is shown.



ACCESS



FINANCE



UTILIZATION



QUALITY



EQUITY

## NOTES

1. Massachusetts Health Policy Commission, *2023 Annual Health Care Cost Trends Report and Policy Recommendations* (Boston, September 2023), <https://www.mass.gov/doc/2023-health-care-cost-trends-report/download>.
2. Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from all detailed service category analysis showing CY 2023 and CY 2024 data: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.