2025

Mental Health Epidemiological Profile

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CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

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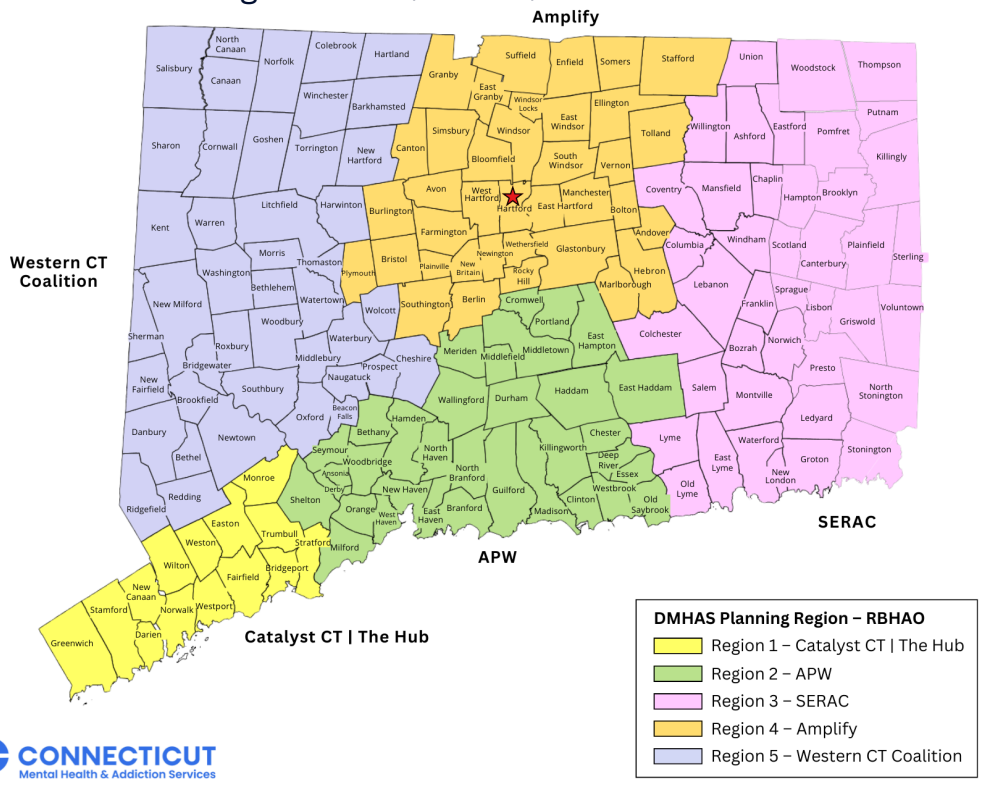
INTRODUCTION

Mental health, as defined by the World Health Organization (WHO), is a state of well-being in which every individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[1]

A mental health condition affects mood, thinking, and behavior. It is characterized by a clinically significant disturbance in an individual's thinking, emotional regulation, mood, or behavior, associated with distress or impairment in important areas of functioning. Mental health disorders can range from mild to severe and examples include depression, anxiety, psychosis, and schizophrenia.[2,3]

This epidemiological profile aims to describe mental health in Connecticut. Data about mental health conditions, risk and protective factors, and effects have been synthesized to present a high-level summary. In addition, the profile examines mental health across demographic groups and DMHAS planning regions.

Connecticut consists of five planning regions, designated by the Department of Mental Health and Addiction Services (DMHAS), each of which is managed by a Regional Behavioral Health Action Organization (RBHAO).



BACKGROUND

In recent decades, concern about declining mental health has risen.

The National Institute of Mental Health (NIMH) showed an increase in the global burden of mental disorders from 1990 to 2019.[4] Mental illness is a common health concern in the US, affecting more than 1 in 5 adults in 2024. A similar trend is found among youth; in 2024, 18.8% of adolescents 12 to 17 years old had moderate or severe symptoms of generalized anxiety disorder (GAD), while 15.4% had a major depressive episode in the past year.[5]

Social isolation plays a key role in mental health across the lifespan.

Multiple studies and national survey data have shown that, for individuals from youth to older adults, loneliness is correlated with mental health issues such as depression, anxiety, and poor mental health.[6] Social isolation and loneliness have long been a mental health concern for older adults due to changes in lifestyle and functioning that coincide with aging. These concerns increased during the COVID-19 lockdown.[7] The National Poll on Healthy Aging found that, in 2018, about 1 in 4 adults aged 50 and older reported feeling socially isolated some or most of the time. The reported *prevalence* rose to over 50% (or 2 in 4 adults) in 2020, according to the same poll.[8]

These concerns also extended to the general population, but most notably to youth and young adults, who were faced with loss of in-person social interaction due to the shift to remote learning.[9,10] During that time, social media and online connections bridged gaps in social interaction for many, easing social isolation for some but increasing isolation and loneliness for others.[11]

Youth and young adults remain a population of heightened concern.

Mental health among youth and young adults continues to be of heightened concern because these age groups may have experienced post-COVID effects such as social anxiety, social isolation, and decreased socialization.[12] For example, Connecticut Behavioral Risk Factor Surveillance System (BRFSS) data for 2023 indicate that nearly 10% of young adults (18-24) report usually or always feeling lonely, and nearly 24% report poor mental health, compared to 6% and 14% of all adults, respectively. Similarly, CT Youth Risk Behavior Survey data show that nearly 28% of youth report poor mental health.[13]

PREVALENCE

Prevalence of past-year mental illness in Connecticut is similar to national prevalence. Prevalence of mental illness is lowest among adults 26 and older compared to younger adults (18-25) and youth (12-17).

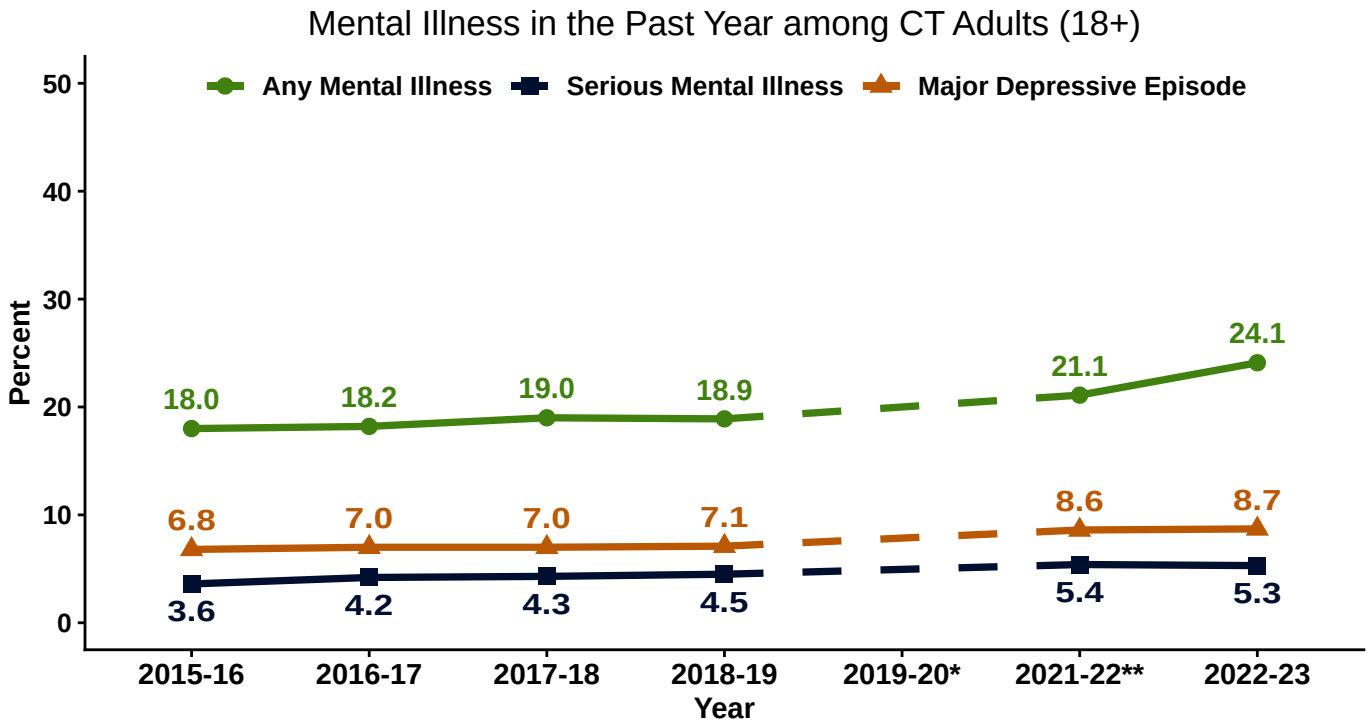
NSDUH 2022-2023 State Estimates[14]: Percent Reporting Mental Health Conditions in the Past Year by Age Group

	Any Mental Illness		***Serious Mental Illness (SMI)***		**Co-occurring Substance Use Disorder and SMI**		**Major Depressive Disorder**	
Age	**CT**	**US**	**CT**	**US**	**CT**	**US**	**CT**	**US**
12-17	-	-	-	-	-	-	19.7	18.8
18-25	36.4	35.0	10.6	11.0	6.7	5.7	21.6	18.8
26+	22.2	21.1	4.5	5.0	2.5	2.3	6.7	7.1

- = Estimate unavailable.

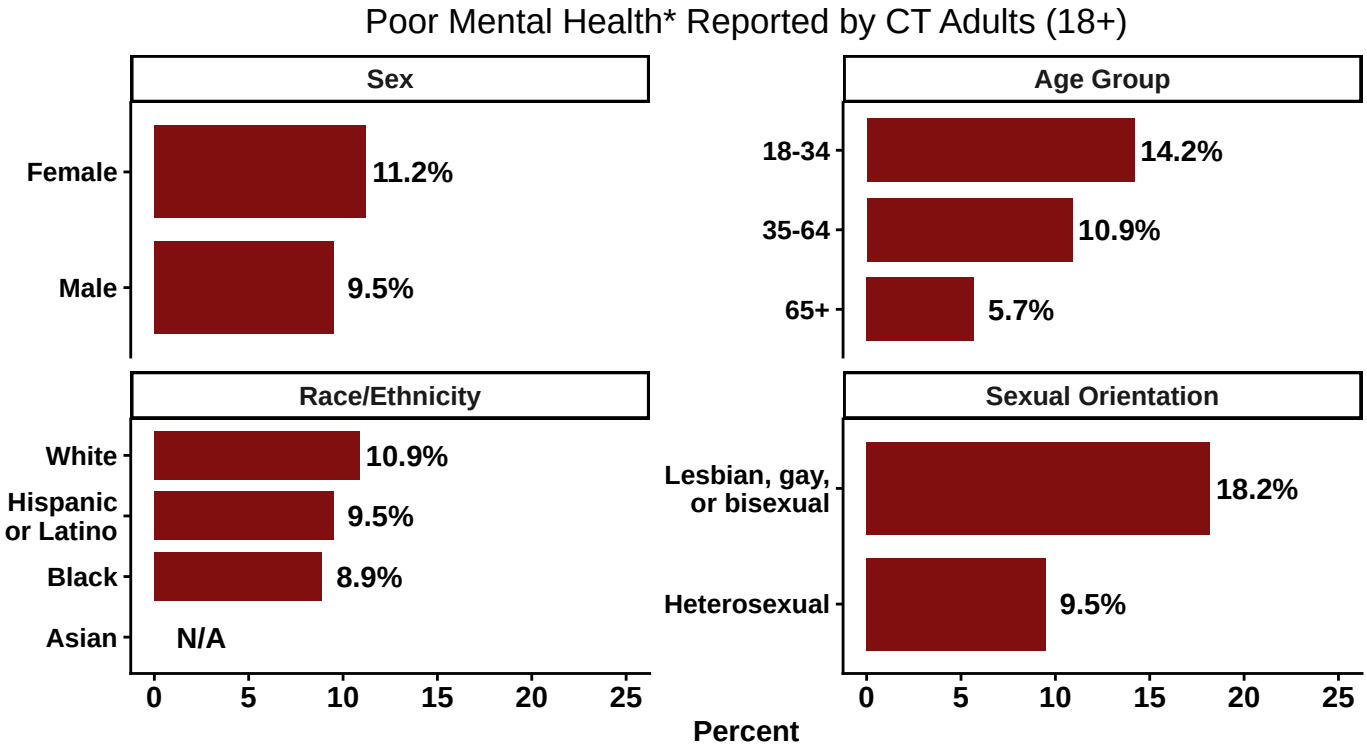
PREVALENCE AMONG ADULTS

Although prevalence of various forms of mental illness has stayed relatively static over the years, there was an increase in the prevalence of mental illness following the COVID-19 pandemic among adults in Connecticut.[15]



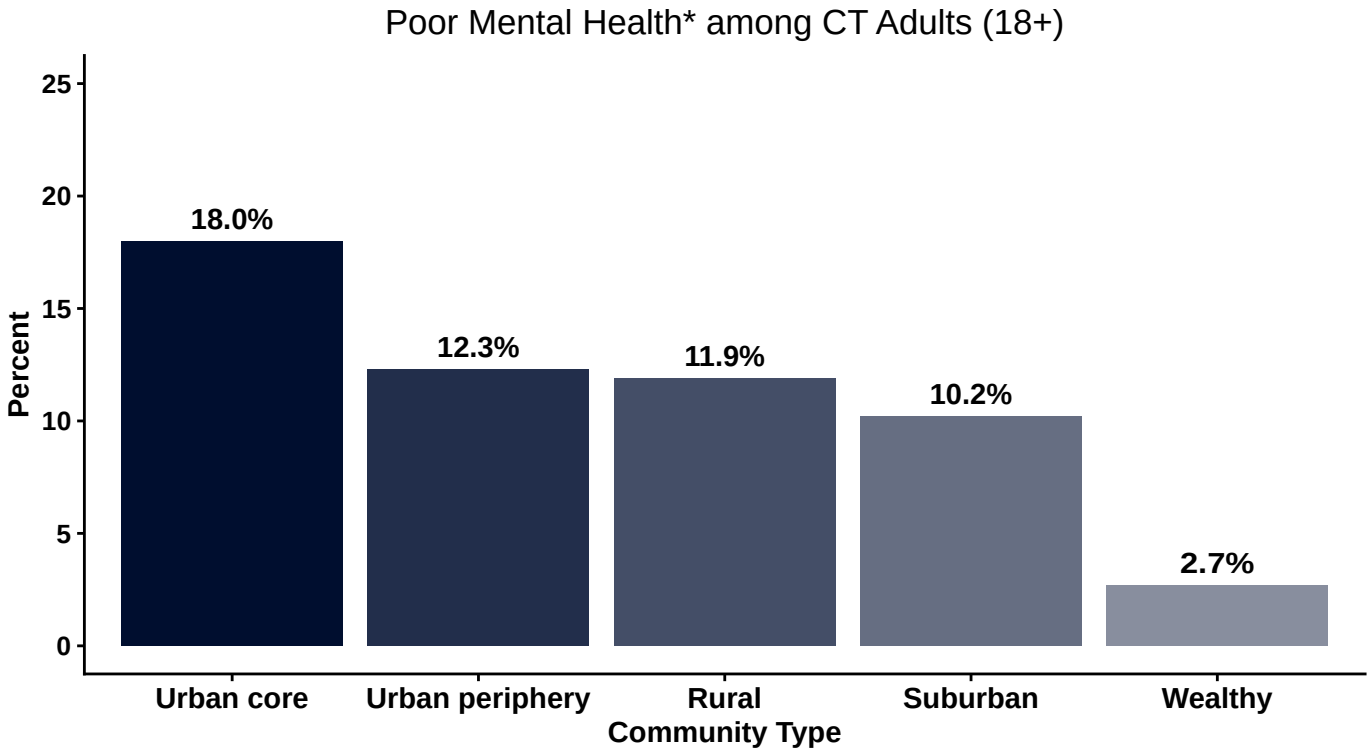
*State estimates for these years are no longer available due to impact of COVID-19 on survey methodology.
**Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology.
Source: National Survey on Drug Use and Health (NSDUH), 2015-2023

Ten percent of Connecticut adults reported that their mental health was "not good" on 16 or more days out of the past 30 days. About twice the percentage of lesbian, gay, or bisexual adults reported their mental health was "not good" for the majority of the past month compared to heterosexual adults.[16]



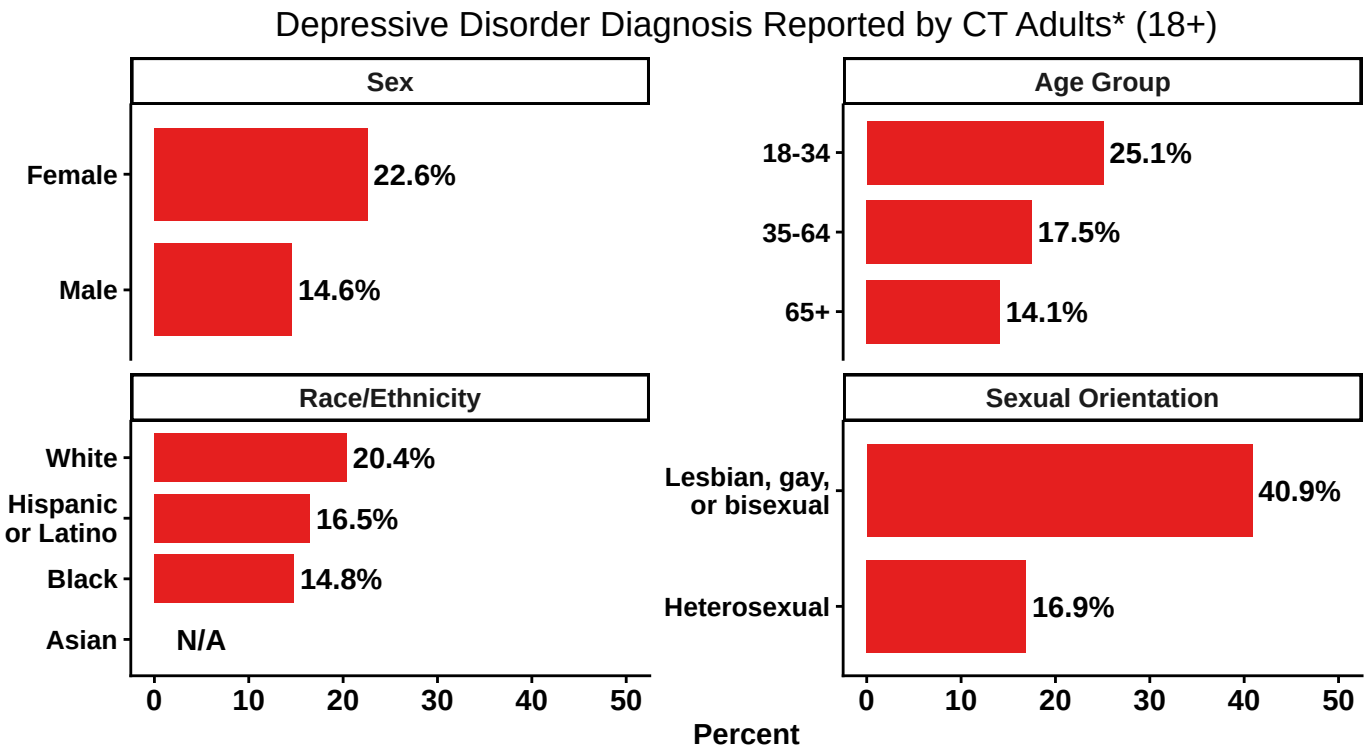
*Poor mental health = reporting that mental health (including stress, depression, and problems with emotions) was "not good" on 16 or more days in the past 30 days.
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

Self-reported poor mental health is six times more prevalent among adult residents of urban core communities compared to wealthy communities.[17]



*Poor mental health = feeling down, depressed, or hopeless more than half the days or nearly every day in the past two weeks.
Source: DataHaven Community Wellbeing Survey (DCWS), 2024

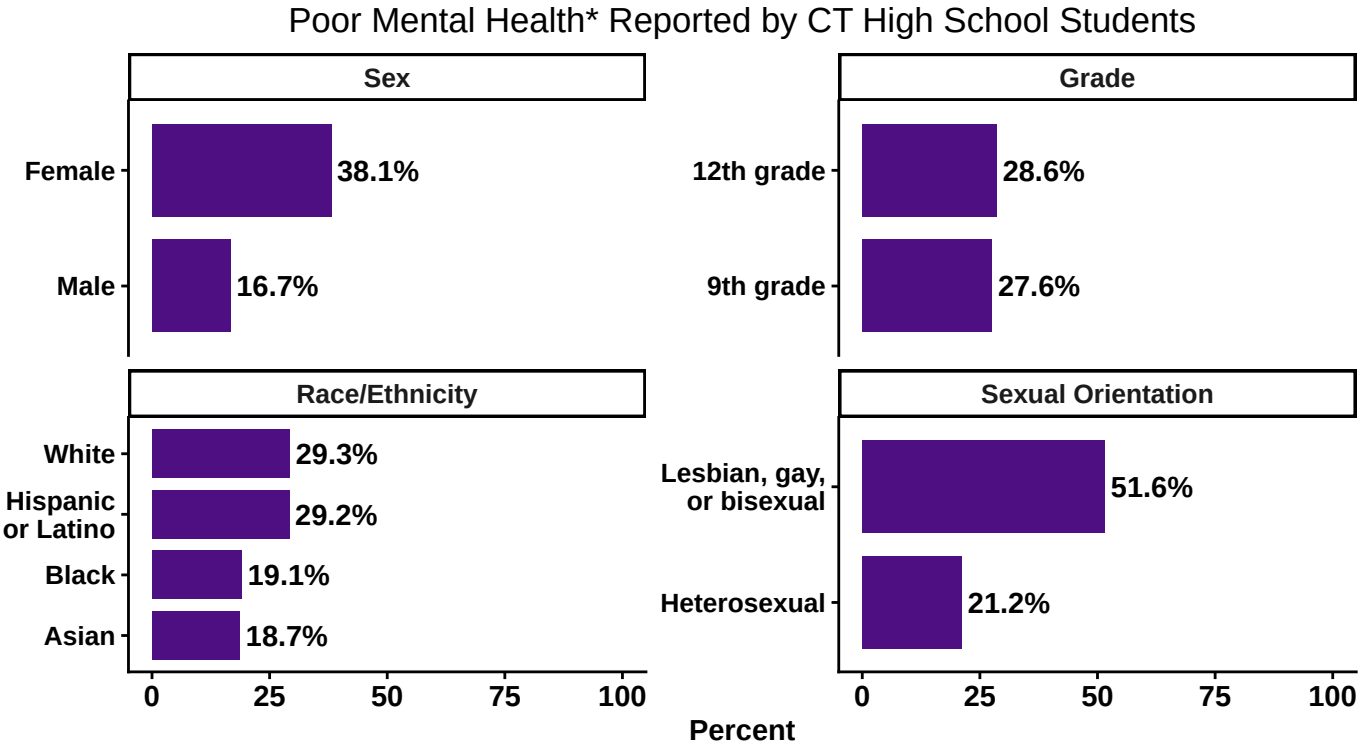
About one fifth (18.7%) of CT adults reported having ever been told they have a depressive disorder. The percentage of lesbian, gay, or bisexual adults who have ever been told that they have a depressive disorder (including depression, major depression, dysthymia, or minor depression) is more than twice the percentage of heterosexual adults. A higher percentage of female adults, young adults (18-34), and White adults report that they have ever been told that they have a depressive disorder compared to males, other age groups, and Hispanic or Latino and Black adults, respectively.[16]



*Survey respondents were asked if they had ever been told they have "a depressive disorder (including depression, major depression, dysthymia, or minor depression)."
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

PREVALENCE AMONG YOUTH

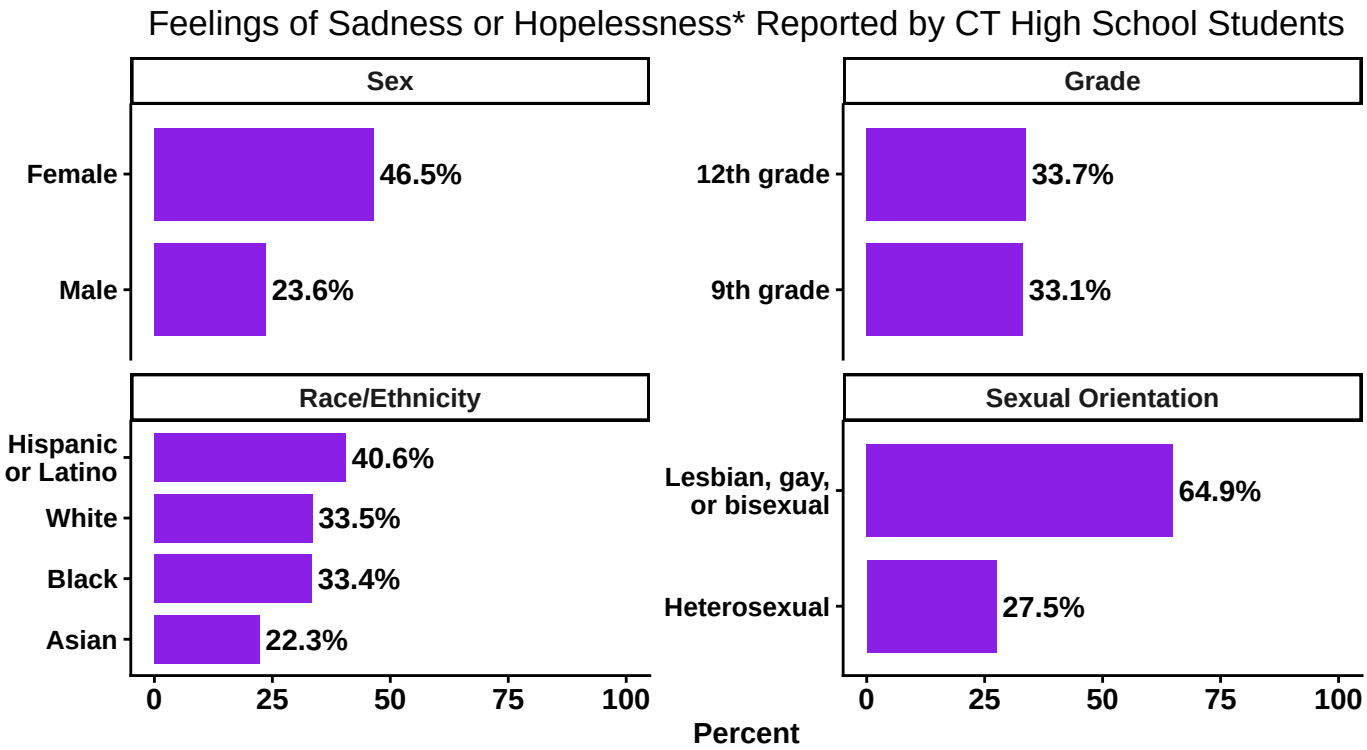
More than one quarter (27.8%) of CT high school students reported that their mental health was "not good" most of the time or always, in the past 30 days. The percentage of lesbian, gay, or bisexual students who report poor mental health (including stress, anxiety, and depression) is more than twice the percentage of heterosexual students. A higher percentage of female students and White and Hispanic or Latino students report poor mental health compared to male students and Black and Asian students, respectively.[18]



*Poor mental health = reporting mental health (including stress, anxiety, and depression) was "not good" most of the time or always during the past 30 days.
Source: Connecticut School Health Survey (CSHS), 2023

In the past year, more than one third (35.2%) of high school students reported feeling sad or hopeless almost every day for 2 or more consecutive weeks to the extent that they stopped doing some usual activities.

The percentage of lesbian, gay, or bisexual students who report feelings of sadness and hopelessness is more than twice the percentage of heterosexual students. A higher percentage of female students and Hispanic or Latino students report feelings of sadness and hopelessness compared to male students and White, Black, and Asian students, respectively.[18]



*Survey respondents were asked if they ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months.
Source: Connecticut School Health Survey (CSHS), 2023

RISK & PROTECTIVE FACTORS

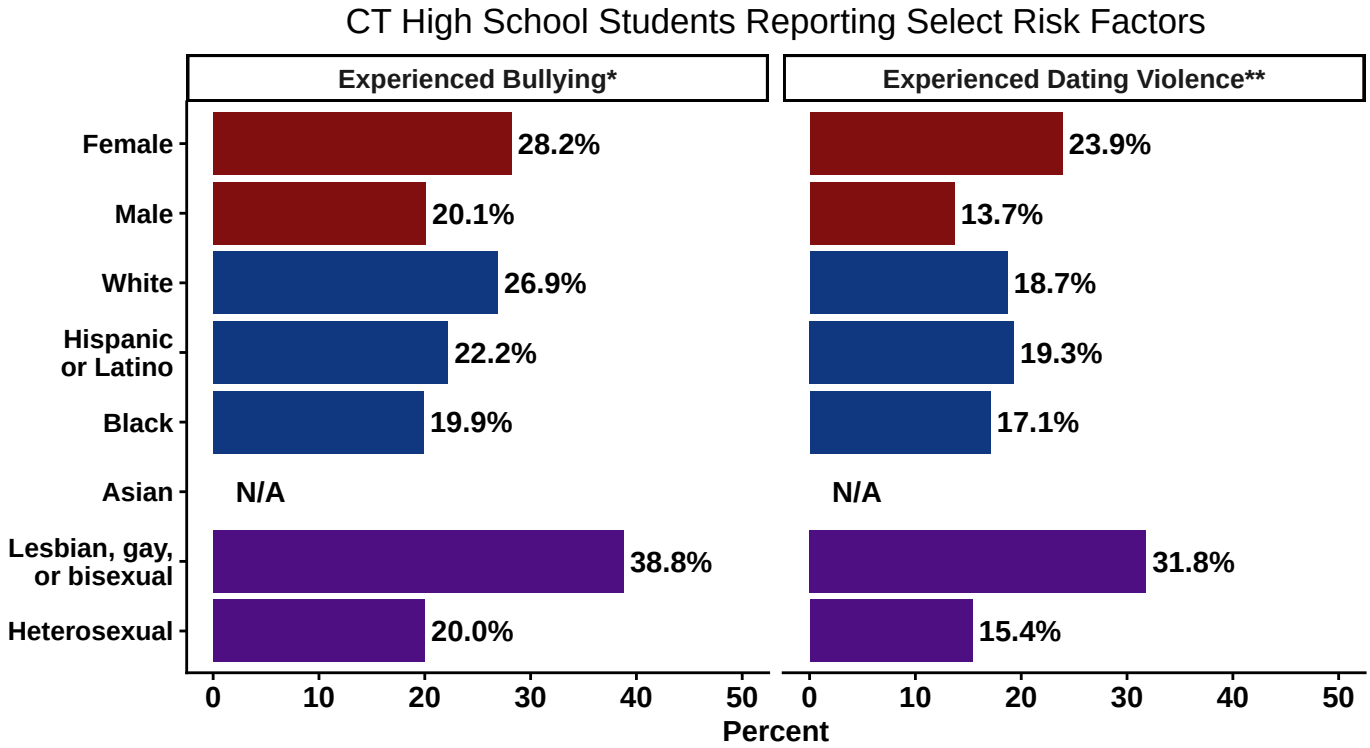
Mental health is influenced by various conditions and circumstances and the development of mental illness can be influenced by a complex interplay of several factors.[19] Risk factors are characteristics at the individual, social, and environmental level that can increase risk for developing a mental illness.

Risk Factors for Poor Mental Health [3,20,21,22]

Individual	Social & Environmental
• Biological factors • Age • Family history of mental health conditions in a blood relative, such as a parent or sibling • Family history of substance use or substance use disorder (SUD) • A previous or co-occurring mental illness • History of misusing substances (licit or illicit) • Prior or current substance use • History of *adverse childhood experiences (ACEs)* • An ongoing (i.e., chronic) medical condition • Brain damage as a result of a serious injury	• Social isolation or unhealthy relationships • Individual or community violence • Trauma (e.g., abuse, neglect, military combat, victimization or assault, witnessing violence, experiencing natural disasters, etc.) • Childhood trauma • Exposure to stressors in living environment or neighborhood • Limited access to basic resources • Stressful life situations

There is a higher prevalence of risk factors, such as bullying and dating violence, among female and lesbian, gay, or bisexual high school students.

Youth face challenges such as bullying, dating violence, and other adverse childhood experiences (ACEs) that are known risk factors and affect mental health. The prevalence of these challenges vary across *subpopulations*. For example, there is a higher prevalence of bullying (physical or electronic) among high school students who are female, White, or lesbian, gay, or bisexual (LGB). In addition, a higher percentage of female and LGB students report experiencing physical or sexual dating violence, compared to male and heterosexual students, respectively.[18]



*Includes physical or electronic bullying.
**Includes physical or sexual dating violence.
Source: Connecticut School Health Survey (CSHS), 2023

Protective factors are conditions or circumstances that protect individuals against the development of mental illness. Similar to risk factors, protective factors exist at various levels relative to the individual.

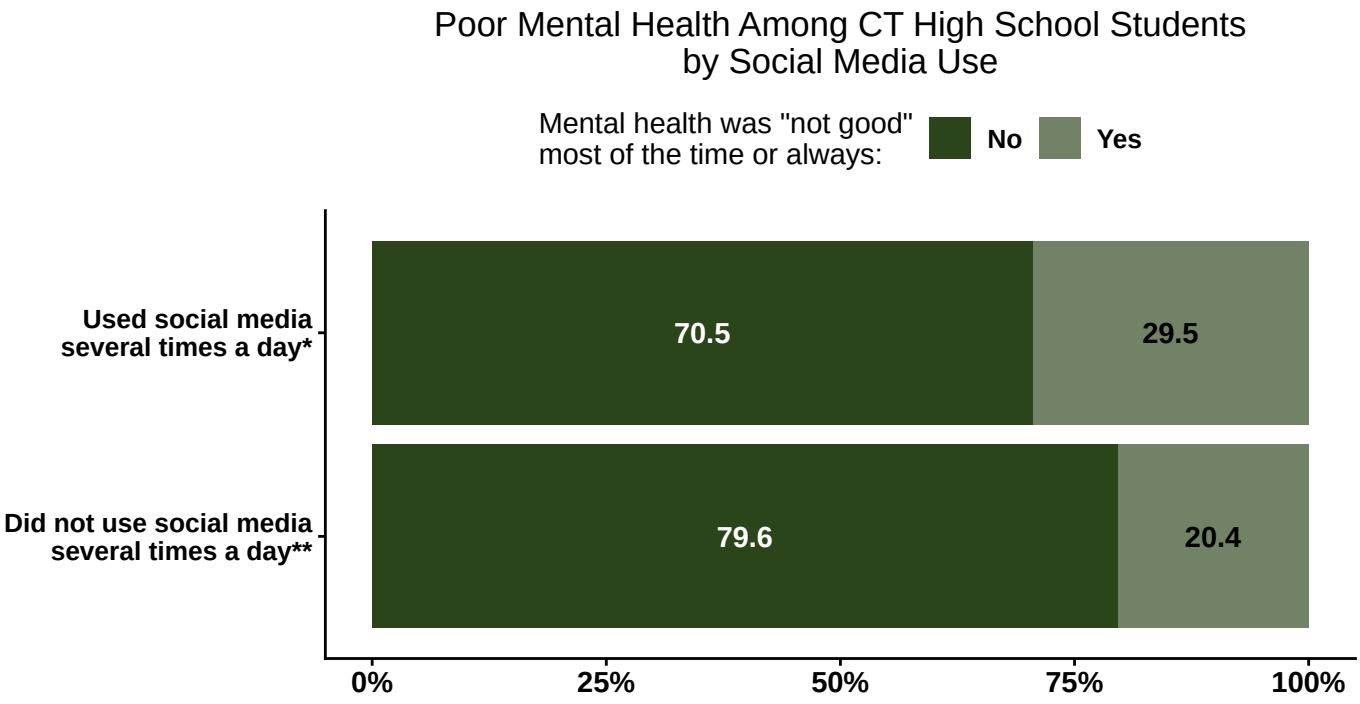
Protective Factors against Poor Mental Health [23,24,25,26]

Individual	Social & Environmental
• Effective coping and problem-solving skills • Emotional self-regulation • Subjective sense of self-sufficiency • Optimism • Healthy lifestyle (e.g., sufficient exercise, diet, and sleep, etc.) • Avoiding or limiting substance use (including prescription medications) and using medications only as directed • Religious or spiritual practices	• Social connectedness and/or support • Supportive relationships • Secure attachments in childhood • Participation in group activities outside of work and school • Adequate access to resources

SOCIAL MEDIA & YOUTH MENTAL HEALTH

Social media use can exist as both a risk and protective factor for youth mental health. For example, while social media offers connective benefits, it is also linked to adverse mental health effects.[27] As digital technology continues to evolve, social media has emerged as a powerful influence in the daily lives of youth. Platforms like Instagram, TikTok, and Snapchat offer ways to connect and express creativity, which can have positive impacts. At the same time, cyberbullying, discrimination, and perpetuation of *stigma* are risks, as well as exposure to carefully curated images of peoples' lives that result in unrealistic comparisons and standards, all of which can adversely impact youth mental health.[28]

About 30% of high schoolers who used social media several times a day reported that their mental health was "not good" most of the time or always. In contrast, one fifth (20.4%) of high schoolers who used social media less frequently reported poor mental health.[18]



*Includes students who reported using social media several times a day, about once an hour, or more than once an hour.
**Includes students who reported using social media a few times a month, about once a week, a few times a week, about once a day, or not using it at all.
Source: Connecticut School Health Survey (CSHS), 2023

The extent of social media use and the types of content accessed can play a major role in shaping mental health outcomes. Adolescents who spent more than seven hours per day on social media were significantly more likely to report symptoms of depression and anxiety, especially those lacking strong peer relationships.[29] Additionally, youth exposed to harmful online content (e.g., body shaming, self-harm, cyberbullying) were more likely to experience poor mental health outcomes, including depression, anxiety, and low self-esteem.[30]

While sharing uplifting content was linked to lower levels of depression and anxiety, private or comparison-based activities such as messaging, posting personal content, or browsing others' positive posts, were associated with increased risk for poor mental health. These negative effects were often driven by approval anxiety and social comparison, two factors especially influential during adolescence, a period marked by identity development and social sensitivity.[31]

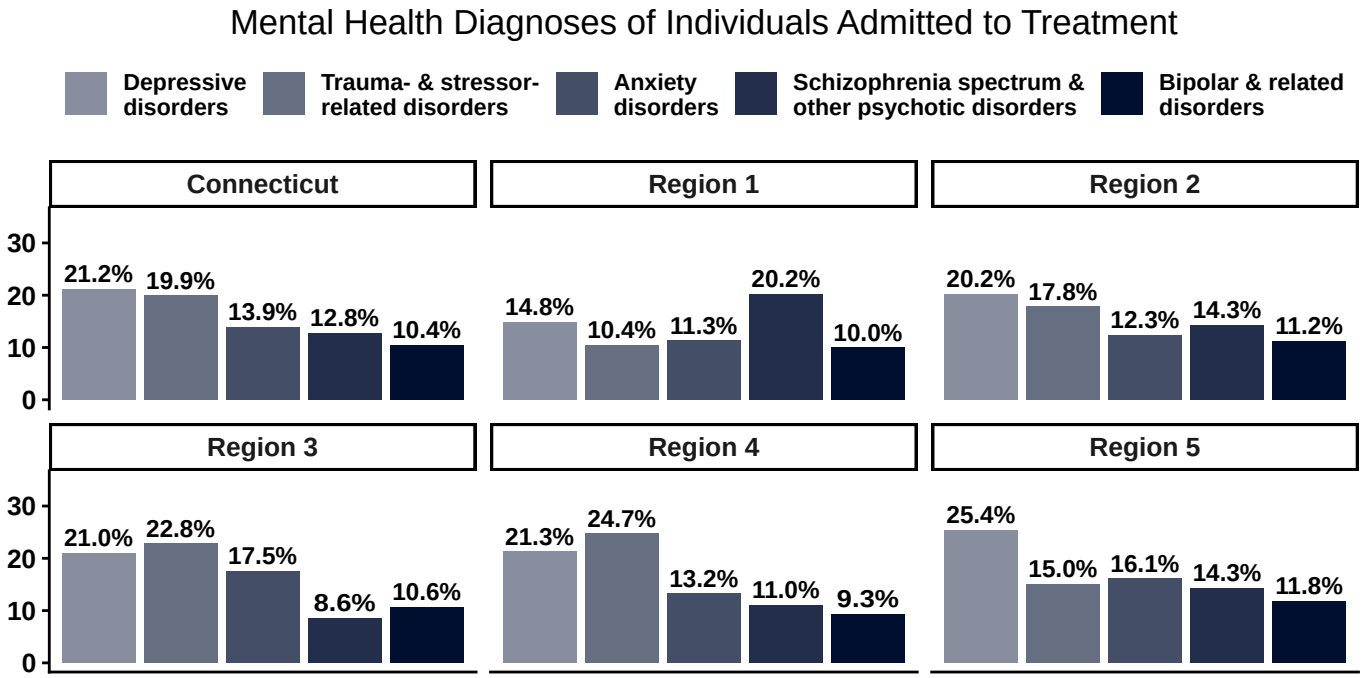
EFFECTS & CONSEQUENCES

Effects of mental illness include emotional and cognitive changes, behavioral shifts, and physical issues, which can adversely affect daily life, interpersonal relationships, school or employment, financial stability, and physical health and wellbeing. Depression has been linked to increased risk for chronic conditions such as diabetes, heart disease, and stroke.[32]

In their interactions with others, individuals with mental illness are subject to the effects of **stigma, prejudice, and discrimination**. Stigma can result in social isolation and is often a barrier to seeking or receiving treatment.[33]

Mental illness is a leading cause of disability among individuals. According to 2023 American Community Survey (ACS) data, *cognitive disorders* are among the top causes of disability in the US and Connecticut.[34] Mental illness is also associated with substantially reduced life expectancy. A systematic review estimated that mental illness was associated with an average of 15 years of potential life lost (YPLL).[35]

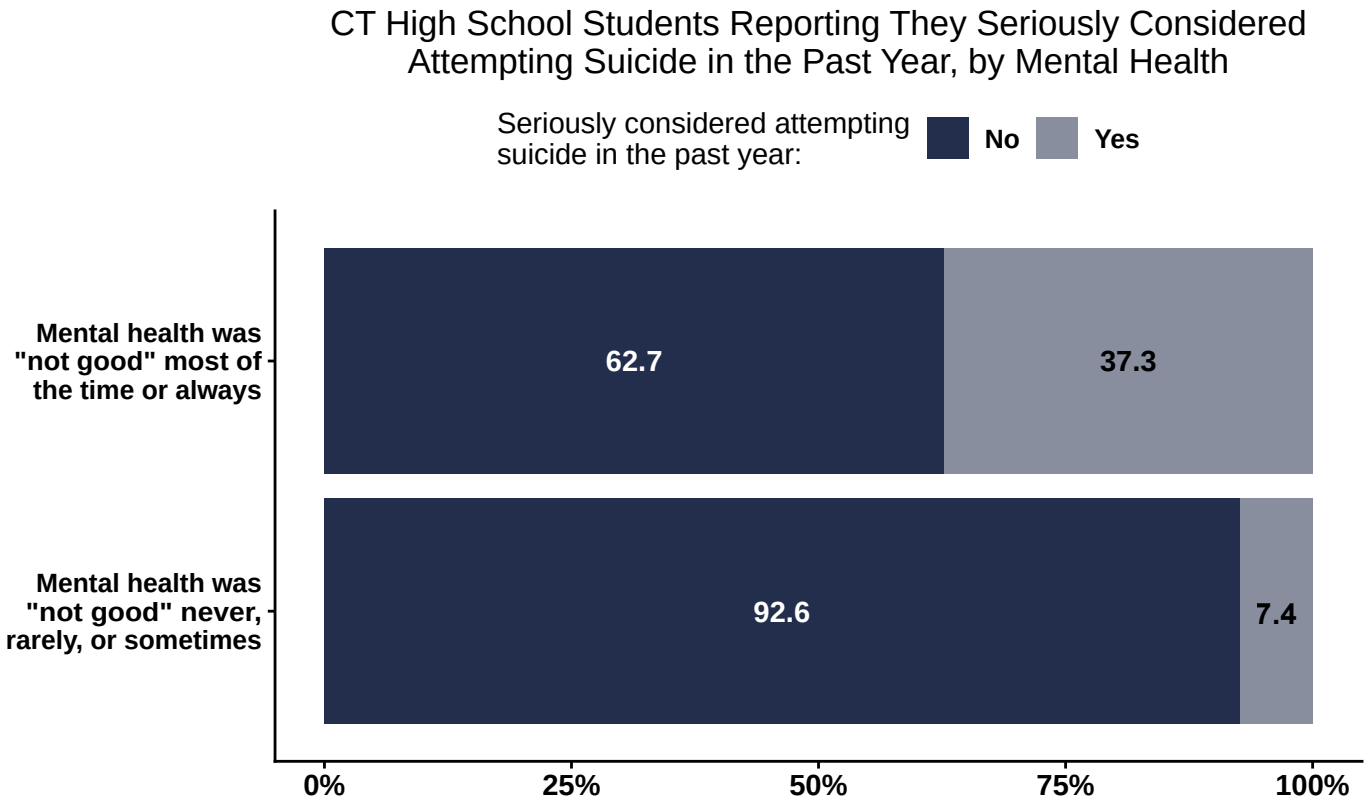
In Connecticut, depressive and trauma- or stressor-related disorders are the most common diagnoses among individuals admitted to treatment.
Region 1 differs such that schizophrenia spectrum and other psychotic disorders are the most prevalent diagnoses.[36]



Note. The data represented here is solely based on DMHAS-funded and -operated substance use and mental health programs and does not reflect data on all individuals receiving treatment in the state. Percentages are based on the total number of diagnoses in each region (e.g., Depressive disorders make up 25.4% of all diagnoses in Region 5).
Less prevalent diagnoses are not included here and clients with more than one diagnosis are counted once in each diagnostic category. As such, percentages do not total to 100.
Source: DMHAS Evaluation, Quality Management & Improvement (EQMI) Division, SFY24

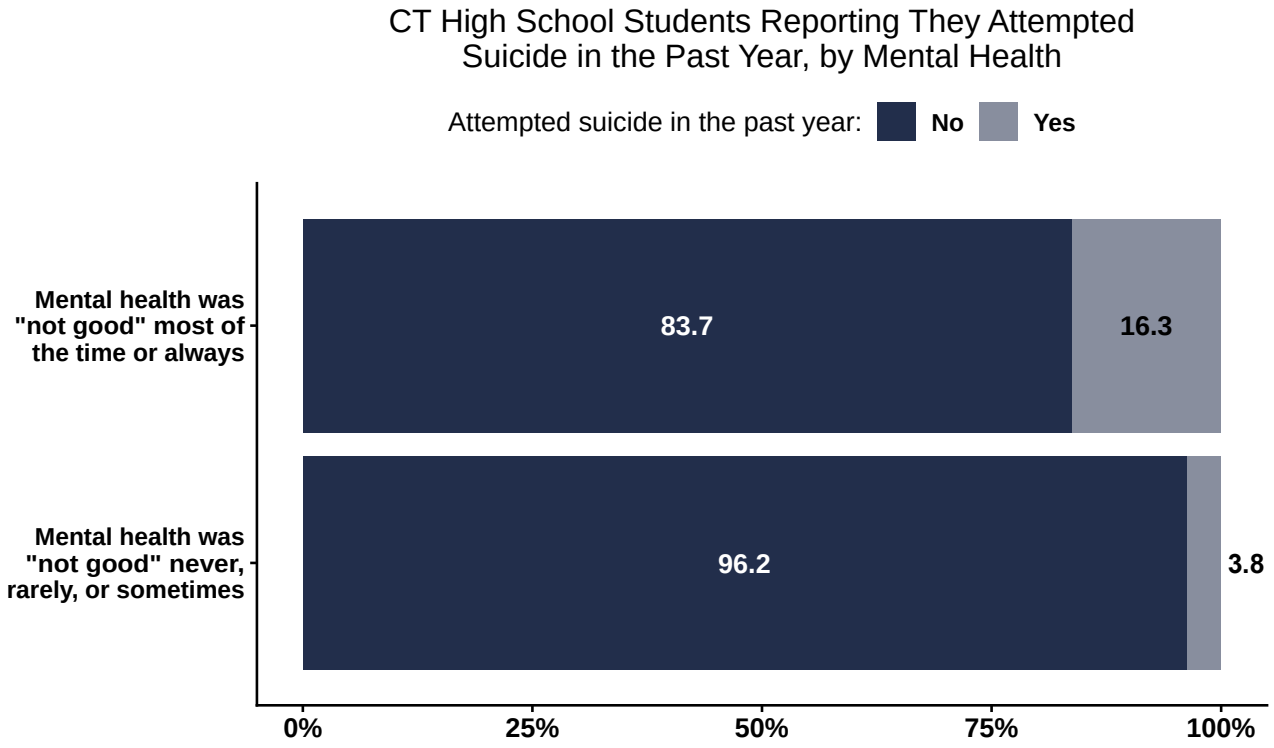
MENTAL HEALTH & SUICIDE AMONG YOUTH

Poor mental health is known to be connected to suicidal ideation and suicide attempts.[37] According to the 2023 CSHS, 37.3% of high school students who reported that their mental health was “not good” most of the time or always also reported having seriously considered attempting suicide.[18]



Source: Connecticut School Health Survey (CSHS), 2023

More than **15%** of high school students who reported that their mental health was “not good” most of the time or always also reported that they attempted suicide in the past year.[18]



Source: Connecticut School Health Survey (CSHS), 2023

CONCLUSIONS & CONSIDERATIONS

Key takeaways:

- After the COVID-19 pandemic, there was an increase in adults reporting that they experienced any mental illness (AMI) in the past year. Compared to adults (26+), young adults (18-25) have a higher prevalence of AMI, serious mental illness, co-occurring substance use disorder, and major depressive disorder.
- A higher percentage of female and lesbian, gay, or bisexual adults reported experiencing poor mental health in the past month compared to male and heterosexual adults, respectively.
- A higher percentage of individuals living in urban core communities reported experiencing poor mental health in the past month compared to other *community types*.
- A higher percentage of female, Hispanic, and lesbian, gay, or bisexual high school students reported feeling sad and hopeless or experiencing poor mental health in the past month compared to their peers.
- A higher percentage of high school students who report poor mental health report suicidal ideation and attempts compared to students who do not report poor mental health.
- Social media use has both risk and protective effects on youth mental health.
- Depressive and trauma- or stressor-related disorders are the most common diagnoses among individuals admitted to treatment in Connecticut. This is similar across DMHAS planning regions, except in Region 1, where schizophrenia spectrum and other psychotic disorders are the most prevalent diagnoses.

Considerations:

- This profile does not explore all forms of mental illness, and individual disorders may have different risk factors and affect different populations than those summarized here.
- This profile makes use of multiple data sources; the most recent data available from these sources are utilized in developing this profile.
- Due to changes in federal guidance, analyses based on some sociodemographic subpopulations are not included.
- Prevalence estimates from the 2021 Connecticut School Health Survey data should be interpreted with caution and should not be considered an accurate timepoint in trend analyses due to a COVID-precipitated shift to Fall semester administration from its traditional Spring administration. Prevalence estimates from the 2021 data should be interpreted with caution because (1) the reporting of risk behaviors tends to be lower in the fall semester and (2) the survey asked about students' behavior in the past 12 months which included a time when there were restricted opportunities for social interaction due to COVID-19.
- Prevalence estimates are omitted from this profile if they meet the following criteria:
  - **CSHS:** (a) cell count < 30 OR (b) coefficient of variation > 0.30
  - **CT BRFSS:** (a) cell count < 50 OR (b) coefficient of variation > 0.30
- The treatment data presented in this profile represents data collected from DMHAS-funded and -operated substance use and mental health programs and does not reflect data on all individuals receiving treatment in the state. In addition, information on individuals with substance use disorders is not presented in this profile.
- Note that the treatment data provided in this profile only includes clients who had a valid diagnosis; it excludes clients with no diagnosis. Thus, the percentages for the included diagnostic categories are larger than they would be if a "No diagnosis" category was included. If such a category was included, it would be one of the top diagnoses in each region. Additionally, less prevalent mental health diagnoses are not included in this data.

ADDITIONAL RESOURCES

For more data and information on mental health in Connecticut, visit the:

Connecticut SEOW Prevention Data Portal: http://preventionportal.ctdata.org/

CTData Collaborative: https://www.ctdata.org/

DataHaven: https://ctdatahaven.org/

GLOSSARY

Term	Definition
Adverse childhood experiences (ACEs)	Potentially traumatic events that occur in childhood (e.g., abuse, neglect, and household challenges) that may increase the risk for mental health problems, chronic illnesses, health-risk behaviors, and adverse social outcomes later in life.
Any Mental Illness (AMI)	AMI aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. NSDUH estimates provided in this profile are based on indicators of AMI rather than direct measures of diagnostic criteria.
Cognitive disorder	Serious difficulty concentrating, remembering, or making decisions due to a physical, mental or emotional condition.
Community type	Method of classifying communities using the Five Connecticuts (5CT), a classification system originally developed by Don Levy, Orlando Rodriguez, and Wayne Villemez. For more information, visit DataHaven's website.
Prevalence	The proportion of a population who have a specific characteristic in a given time period. It may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Protective factors	Individual, social or environmental characteristics that reduce individuals' vulnerability to negative health outcomes.
Risk factors	Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

GLOSSARY

Term	Definition
Serious Mental Illness (SMI)	SMI aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. NSDUH estimates provided in this profile are based on indicators of SMI rather than direct measures of diagnostic criteria.
Stigma	A set of negative beliefs, often unfounded, that a society or group of people have about something.
Subpopulation	A subgroup of a larger population of individuals or cases. It describes a specific group of individuals with common characteristics (e.g., race/ethnicity, age, risk factors)

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